# Empowering nurse leaders to re-think and re-engineer the practice environment through the use of a conceptual framework for nurse retention

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Nurse Turnover
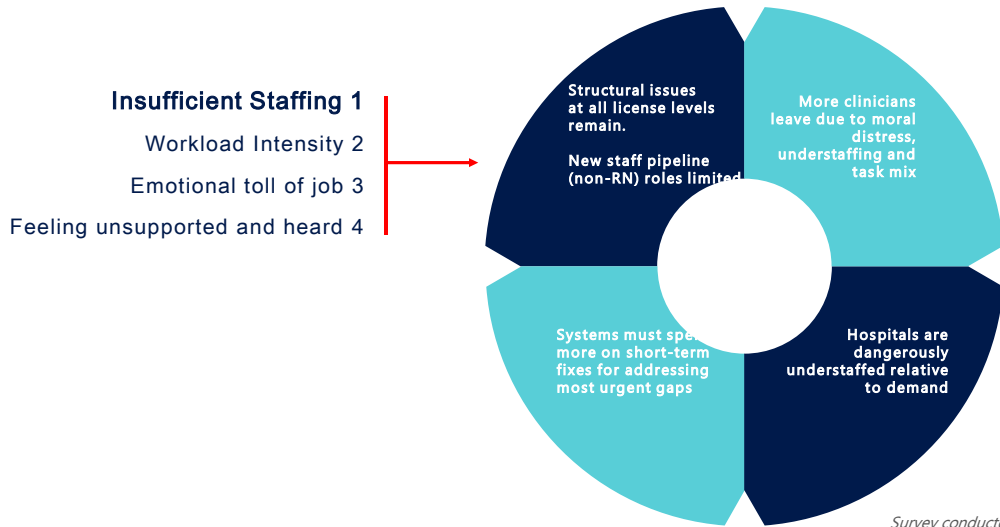## is a *Multi-Million* Dollar Problem
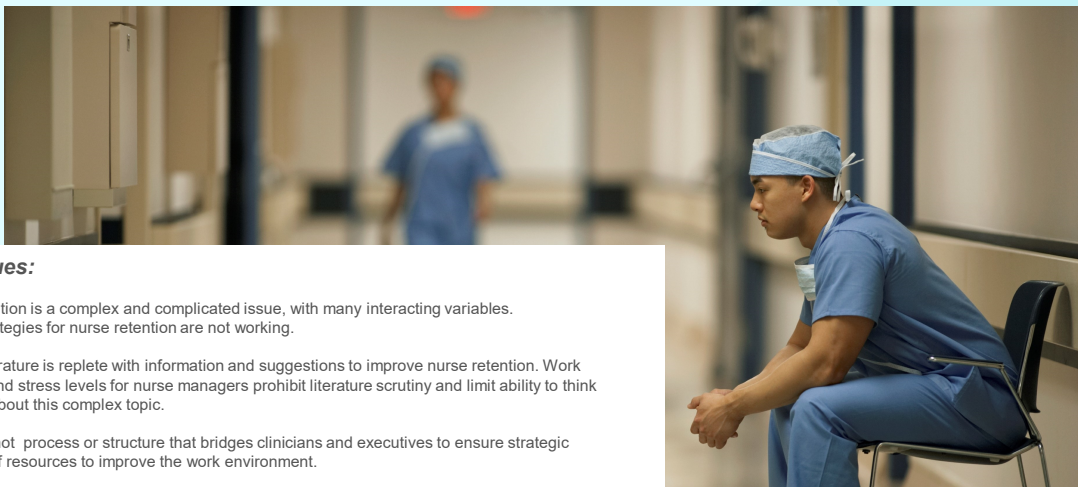
The issues:

Nurse retention is a complex and complicated issue, with many interacting variables. Legacy strategies for nurse retention are not working.

Nursing literature is replete with information and suggestions to improve nurse retention. Work demands and stress levels for nurse managers prohibit literature scrutiny and limit ability to think creatively about this complex topic.

There is a not process or structure that bridges clinicians and executives to ensure strategic allocation of resources to improve the work environment.

Why Nurses leave their jobs

Insufficient Staffing 1

Workload Intensity 2

Emotional toll of job 3

Feeling unsupported and heard 4

Structural issues at all license levels remain.

New staff pipeline (non-RN) roles limited

More clinicians leave due to moral distress, understaffing and task mix

Systems must spend more on short-term fixes for addressing most urgent gaps

Hospitals are dangerously understaffed relative to demand

Survey conducted 2021;

Advisory Board, 16 Things CEOs Need to Know in 2023 16 Things CEOs Need to Know in 2023 (advisory.com)

n=314

Money is not always the most important retention lever

$

Financial Incentives are both the most common and most effective retention lever, but money isn't a top driver for nurse intent to leave.

Financial Rewards are popular, but work conditions matter more

Percentage of Healthcare Workers Supporting Workforce Initiatives
n = 1,005; Feb. 2022

	Employee raise	One-time bonus	More frequent praise	Hiring more workers
Not offered	29%	35%	29%	38%
Ineffective	11%	10%	12%	11%
Neutral	17%	14%	21%	20%
Effective	43%	41%	38%	31%

■ Effective ■ Neutral ■ Ineffective ■ Not offered
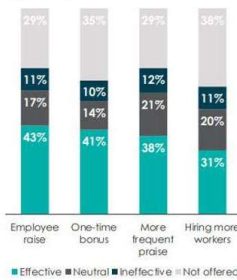
Top Priorities Influencing Nurses Decisions to Leave Current Position
N = 710, Nov 2021

Safe Environment

Work-Life Balance

Caring/Trusting Team

Doing meaningful work

Flexible work schedule

Valued by organization

Valued by manager

Inadequate compensation

Top Drivers of Nurse Retention

Press Ganey

2022 Survey Results

- **1.8M** Healthcare Employee Responses
- **40%** from nursing
- **30** long term drivers of retention identified

01

DRIVER 1
Like their work

02

DRIVER 2
Feel safe delivering error free, effective care

03

DRIVER 3
Organizational values, DEI

04

DRIVER 4
Organization has ethical business practices

05

DRIVER 5
Feel coworker support

Nurse Retention
Bottom Drivers

"Pay has to be fair and competitive; when it is, nurses are forgiving." *- Jeff Doucette, Press Ganey CNO*

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Doucette, J (2023) LinkedIn Nursing Listening Tour. Accessed 2021 05 05
https://www.linkedin.com/events/nurselisteningtourwithjeffdouce7029402714732187648/comments/

Always competing for last:

Pay

Staffing

3

Nurse Retention
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DRIVER 1
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DRIVER 4
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DRIVER 5
05 Feel coworker support

Always competing for last:

Pay   **Staffing**

The important role of the frontline manager

- Gatekeepers of the practice environment at the operating unit level.
- Pivotal role in overall retention efforts.
- Direct correlation between nurse managers' ability to cultivate a healthy practice environment and lower RN absenteeism, higher engagement, and lower turnover.
- "Every effort must be made by organizations to address barriers to effective nurse manager practices as part of their RN workforce stabilization plan."

Boston-Fleishauer & Westead. (2022). What nurse leaders should know about RN intent to leave. Advisory.com 2022 11 2

Get the cape out of the closet

1. Assess current intent to leave within their population.
2. Stay interviews
3. Engage in thoughtful conversations with flight risks
4. Pay more attention
5. Take reasonable measures to avoid staff turnover in light of age, education level, social support, workplace violence and job burn out
6. Assess the status of the organization
7. Understand the factors that impact nurse turnover in various facilities
8. Look at strategies to overcome the impact on staffing
9. Ensure positive perceptions of support
10. Maintain intrinsic motivation
11. Promote even higher levels of motivation
12. Consider the new insights about relationships between workload perception, burnout and intent to leave when developing strategies to improve the work environment
13. Develop support programs that can help clinicians achieve a better work-life balance
14. Prevent disturbances of nurses' rest breaks
15. Proactively engage with older staff to discuss their retirement plans

Most want to do one
thing and do it well:
they care for patients.

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thing and do it well:
they care for patients.

Nurse Retention

What's a leader to do?
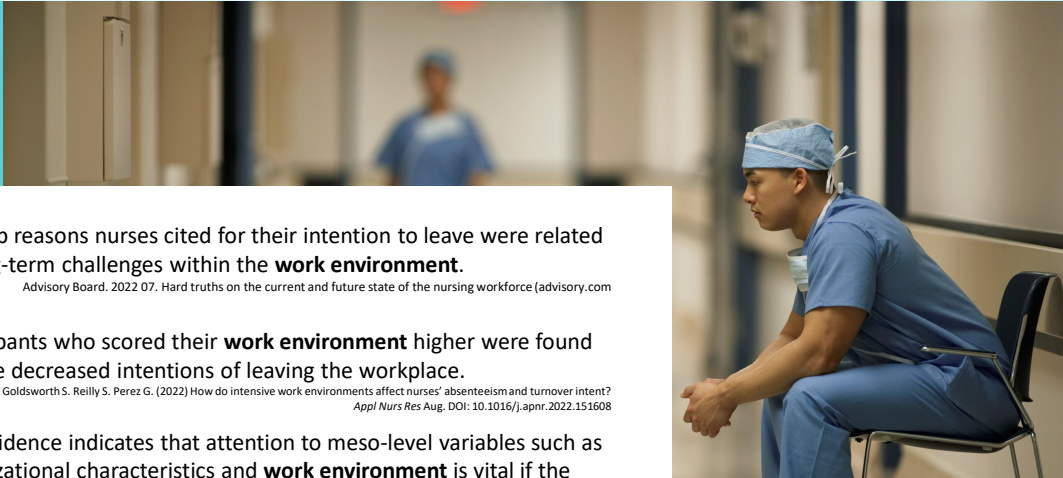
The top reasons nurses cited for their intention to leave were related to long-term challenges within the **work environment**.

Advisory Board. 2022 07. Hard truths on the current and future state of the nursing workforce (advisory.com

Participants who scored their **work environment** higher were found to have decreased intentions of leaving the workplace.

Heistad A. Goldsworth S. Reilly S. Perez G. (2022) How do intensive work environments affect nurses' absenteeism and turnover intent? *Appl Nurs Res* Aug. DOI: 10.1016/j.apnr.2022.151608

The evidence indicates that attention to meso-level variables such as organizational characteristics and **work environment** is vital if the working environment is to improve and nurses' intention to stay is to increase.

Yahyai A. Hewiston A. Efstathiou N. Carrick-Sen D. (2022) Nurses' intention to stay in the work environment in acute healthcare; a systematic review. *J Res Nurs*. doi: 10.1177/17449871221080731

.Getting organized

OpenStreetMap Blog
Office Worker with Mountain of Paperwork | OpenStreetMap Blog

Slide 1
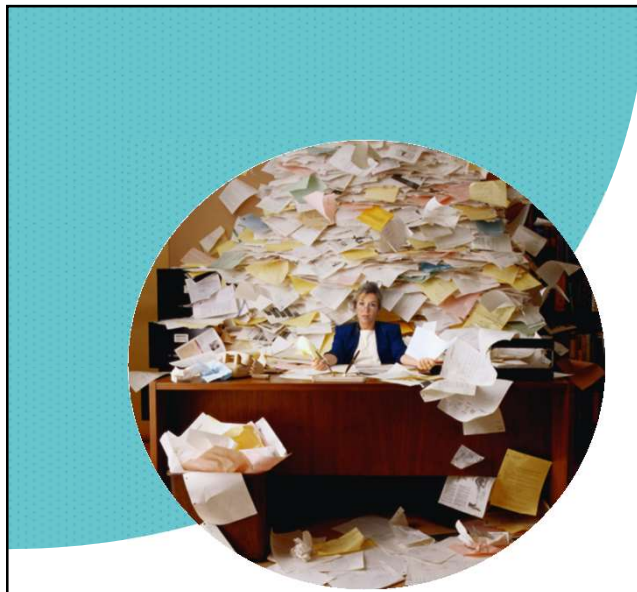
Figure 2
Significant direct/indirect effects within the final model

Cowden T. Cummings G. (2015) Testing a theoretical model of clinical nurses' intent to stay. *Health Care Management Review.* April-June 2015.

Models and theories from the Nursing literature that address nurse retention, intent to stay, intent to leave, turnover.

Aluwiher-Samaranayake D. Gellatly I. Cummings G. Ogilvie E. (2018) A contextual work-life experiences model to understand nurse commitment and turnover. *Journal of Advance Nursing.* 2018; 74: 2053-2063

Wahyanto T. Supriyanto S. Damayanti N. Hartini S. Lstari R. (2020(People equity model as an effort to increase employees' intention to stay. *Journal of Public Health Research.* 2020: 9: 1843

Figure 1. Development of People Equity Model as an Effort to Increase Employees' Intention to Stay.

Tourangeau, A, Cummings G, Cranley, L, Ferron E, Harvey S. (2009) Determination of hospital nurse intention to remain employed: broadening our understanding. *Journal of Advanced Nursing.* https://doi.org/10.1111/j.1365-2648.2009.05190.x

Slide 2

The Approach
Begin with data, end with direction

200+
Peer Reviewed Nursing Literature

18
Concepts Identified

- Searched
  o Peer reviewed nursing literature produced a litany of results for related nurse retention terms
- Sorted
  o Using specific criteria, papers that presented ONLY related empirical outcomes were selected
- Analyzed
  o 18 concepts for nurse retention were identified
- Arranged
  o Combining concepts with two simple theorists, a conceptual framework for nurse retention was created

Slide 1

Cone Health Conceptual Framework for Nurse Retention™

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Slide 2
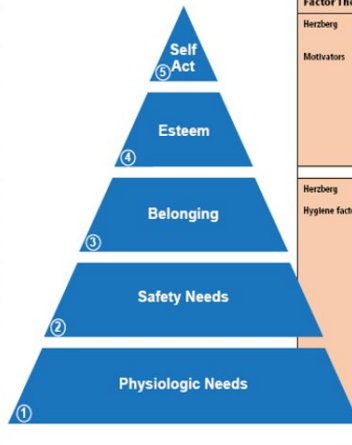
Heat map of current state: 2019

Inside the Area's Only COVID-19 Hospital

Traditional unit level action planning

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Traditional unit level action planning – six months later

Green = completed

Yellow = semi completed

Orange = not completed

For every cell that is not green = time, energy and resources wasted

No actions were measured for success, sustainability, or staff feedback

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Creating a process for taking action:

3 easy steps-

1. Gather data directly from staff. Sort into two categories. Analyze, map onto the Framework.

2. Using the Framework and the theorists as a guide, *strategically* plan using three simple steps. Implement.

3. Measure results, use wins to anchor unit culture; repeat.

Pilot unit - mixed acuity ICU/Step down

UNIT/WAVE			WL ICU/TWO/Pro
METRICS			
PP #15 FY 21		Vol Adj Vac Rates	42.53
PP#26 FY 21		Vol Adj Vac Rates	18.13%
FY20 Cumulative Turnover Voluntary Terms			19.90%
FY 21 Cumulative TO Vol Terms			9.70%

"This unit consistently runs 50% lower in turnover than other units in the hospital".
Nursing Executive Director, January 2022

FY 22 Turnover Voluntary Terminations: 9.0% (sustained gains)

24

## Quality Improvement project: purpose
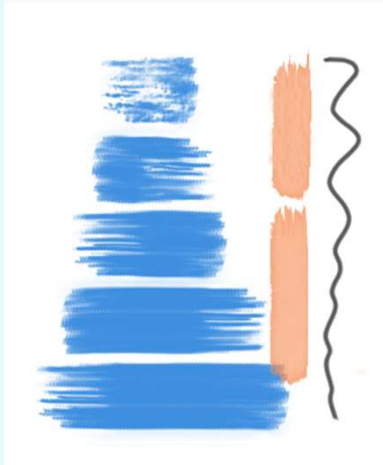
Determine if an action planning, implementation, evaluation process based on a newly constructed conceptual framework for nurse retention affects:
- turnover rates
- vacancy rates
- work effectiveness scores
- headcount turnover
- cost of nurse turnover
- engagement

Determine if use of the conceptual framework changes implementers' thinking about nurse retention.

25

Quality improvement project: January 2022 – August 2022
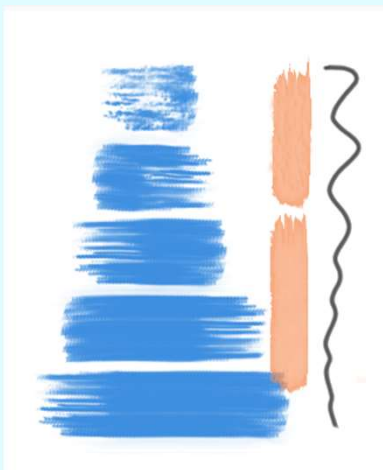
Five inpatient units:
- 3 Med Surg
- 1 ICU
- 1 Behavioral Health

Evaluation tools:
- Laschinger's Work Effectiveness Tool II
- Implementer's Survey (Cone Health)

Metrics:
- Voluntary Turnover Rate
- Vacancy Rate
- Engagement scores
- Average active employees

26

Laschinger's Work Effectiveness Tool II: only 8 of 18 concepts were measured by survey items

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Selected outcomes

- Four of five units completed full cycle

- Three of four units had n high enough for survey responses to be analyzed: 1 ICU, 2 Med/Surg

- Laschinger's Work Effectiveness Tool II:
  - Total responses improved in 4 of 8 concepts measured.
  - Two highest units improved in all 8 concepts measured.

- •Implementers' Survey Tool revealed use of CH CFW action planning process:
  - Helped with organizing information from staff
  - Helped structure thinking in terms of Maslow's theory and literature-based concepts
  - Shaped thinking about nurse work environment in terms of individual concepts and where they lie on the Framework
  - Changed thinking about nursing retention and the work environment

Results overall:

- **Decreased:**
  - Voluntary Turnover
  - Vacancy Rates
  - Travel RN costs

- **Increased:**
  - RN Engagement
  - Avg Active FTE's
  - Overall Cost Savings

- **Improved:**
  - Long Term Job Commitment

Results*
*Shaded cells indicate improvement

- **4 of 5:** Units completing a full cycle

- **3 of 4:** Units with high enough survey responses qualifying for analysis (ICU & 2 Med/Surg)

- Laschinger's Work Effectiveness Tool II:
  - Total responses improved in 4 of 8 concepts measured.
  - Two units improved in all 8 concepts measured.

- Implementers' survey tool helped with:
  - Organizing info from staff
  - Structuring thinking in terms of Maslow's theory
  - Mapping data to the Framework

Unit	Voluntary Turnover rates (down is good)		Vacancy rates (down is good)		Average Active employees (up is good)		Validated/reliable survey tool: Laschinger's Work Effectiveness Tool II
	RNs/LPNs only		RN/LPN direct care 3PPD ave		RNs/LPNs only		All staff
	Vol TO pre: FY 21	VOL TO post: FY 22	Vacancy % PPD 5	Vacancy % PPD 22	FTEs FY 21	FTEs FY 22	Weighted mean score comparisons pre and post implementation
Unit A Mixed Ac	9.7%*	9.10%	29.20%	21.31	51.8	54.9	Improved in all 8 concepts; 20 pf 22 questions
Unit B MedSurg APH	11.50%	20.80%	47.72%	33.34%	34.9	38.5	Improved in all 8 concepts; 21 of 22 questions
Unit C MedSurg MCH	32.00%	14.50%	69.61%	79.62%	37.5	21.5	Improved in 4 concepts; 8 of 22 questions
Unit D MedSurg MCH	15.30%	13.70%	39.79%	38.95%	32.6	29.2	N too small for post survey

Results: Engagement

- Nurse managers indicated improved engagement in staff, anecdotally.
- Engagement scores improved consistently in top three performing units, inconsistently in 4th unit.

	Cone Health Employee Engagement Survey results 2020 and 2022 - Engagement questions only (up is good)									
	Engagement overall		Pride in org		Rec for employment		Rec for services		Wkg here in 3 years	
Unit	2020	2022	2020	2022	2020	2022	2020	2022	2020	2022
	4.09	4.28	4.24	4.39	4.11	4.32	4.16	4.29	3.83	4.12
	4.18	4.42	4.24	4.42	4.21	4.4	4.17	4.39	4.07	4.49
	4.29	4.5	4.45	4.33	4.27	4.67	4.25	4.67	4.2	4.33
	4.08	4.06	4.18	4.21	4.11	4.08	4.05	3.96	3.98	4

One-year results: Cost savings

	Cone Health Conceptual Framework for Nurse Retention(R) Unit action planning process									
	RN Terminations by headcount and replacement costs*									
	PRE implementation		INTRA implementation			POST implementation			TOTALS	
Unit	Terms Pre 6 months	Replacements Costs pre	Terms Intra 6 months	Replacement Cost intra	Cost reduction from baseline	Terms post 6 months	Replacement costs post	Cost reduction from baseline	Total replacement cost reduction from baseline	
A	16	$ 837,600.00	16	$ 837,600.00	0	10	$ 523,500.00	$ 314,100.00	$ 314,100.00	
B	6	$ 314,100.00	2	$ 104,700.00	$ 209,400.00	2	$ 104,700.00	$ 209,400.00	$ 418,800.00	
C	7	$ 366,450.00	2	$ 104,700.00	$ 261,750.00	2	$ 104,700.00	$ 261,750.00	$ 523,500.00	
Totals	39	$ 1,518,150.00	20	$ 1,047,000.00	$ 471,150.00	14	$ 732,900.00	$ 785,250.00	$ 1,256,400.00	

*Based on NSI Nursing Solutions Inc (2023) 2023 NSI National Health Care Report Retention & RN Staffing Report.
NSI_National_Health_Care_Retention_Report.pdf
According to the survey, the average cost of turnover for a bedside RN is $52,350

Conclusions: Why does it work?

Applicable to any work situation, our methods are proven, simple and effective:

1. Data are stratified according to concepts derived from empirical outcomes; uses the theorists to guide analysis and action;

2. Organizes data to simplify its review and ensures actions are strategic and relevant to specific unit/work group culture.

3. Capitalizes on variability in unit and work group cultures; helps define and anchor unit culture to hire for fit.

4. Provides a common language to link clinicians and executives.

Emergency Division – 6 Emergency Departments
Data aggregation across division
Solving for division level issues

The Vision

Heat map for current state; org/div/unit snapshot
We can't change what we don't see

Unit planning; building unit cultures
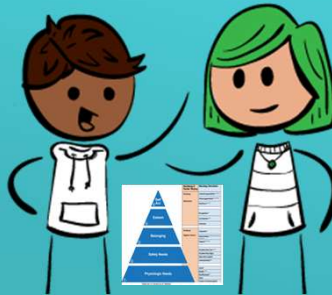**Real time change; hire for fit**
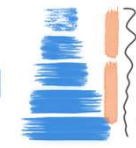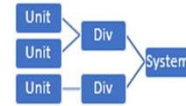
Escalate issues to system level for change
Aggregate data, move initiatives forward

Common language
The language of nurse retention

Strategic planning
Conservation of energy and resources

Measures
Close the loop
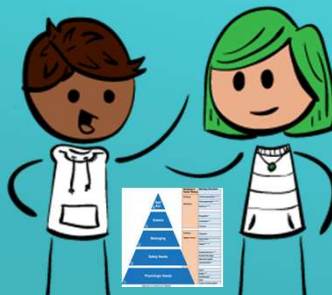
Data and evidence driven
Helps mitigate the DRIFT

Hiring for fit

Creator: danp68 | Credit: Getty Images/iStockphoto
Copyright: Daniel Padavona

Common language
The language of nurse retention

Strategic planning
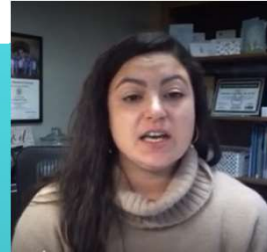Conservation of energy and resources

Measures
Close the loop

Data and evidence driven
Helps mitigate the DRIFT

NURSE RETENTION

A gift to busy managers

NURSE RETENTION

By chance, or by design?

Without a process, retention is left up to chance

Most want to do one thing and do it well: care for patients.

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conehealth.com/retentionframework

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