Retention and Recruitment: Reversing the Order

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"Change your thoughts and you change your world."

—Norman Vincent Peale

For decades, efforts to maintain adequate levels of RNs in the healthcare workforce have centered on recruitment. The current workforce challenges and opportunities related to the national shortage of RNs in health care are outlined in chapter 9. This chapter will focus on creating a culture of retention as one key strategy to decrease nurse turnover and cost. Surely the answer to RN vacancies lies in a strong and solid recruitment effort; however, once recruited, greater emphasis must be placed on retention. Consider that for every two nurses recruited, one or more could leave. Tens of thousands of dollars are spent each year on nurse advertising and recruitment strategies to hire RNs at all levels and across multiple specialties. Turnover comes at a high price to the organization and to the staff left behind who just spent weeks, physically and emotionally, precepting and acculturating the new hire in orientation and to the work environment.

Nurse managers find themselves facing an ever-challenging global nursing shortage. The current shortage of registered nurses in the United States is expected to intensify as baby boomers age and the need for health care grows (American Association of Colleges of Nursing, 2003). This shortage, to rival none in history, is sparked by a multitude of factors: aging nursing pool, fewer women choosing nursing as a career, and others outlined in chapter 9. To meet this challenge, healthcare employers have initiated multiple strategies, from foreign nurse recruitment and sign-on bonuses to creative benefit packages, such as maid service, dry cleaning pick-up and delivery, and car washing. Although these tangible amenities are nice, they seldom result, alone, in retaining a satisfied employee (Ropp, 2003). Recruitment bonuses serve the purpose of alluring the nurse to the organization, but it is often a quick fix. Once the bonus is received, the employee, if primarily motivated by money, is out looking for the next big payday. Often these grand sign-on bonuses serve to devalue the current workforce and could have a negative effect on staff retention. At best, the sign-on bonus is a short-term fix. Nevidjon and Erickson (2001) stated that past solutions to the shortage (e.g., cash bonuses, relocation incentives) only served to redistribute the supply of nurses, not increase it. How to increase the supply of RNs will be reviewed later in this chapter.

High Cost of Turnover

In November 2003, the Institute of Medicine of the National Academies reported that nursing staff make up the largest segment of healthcare workers in the United States, accounting for 2.2 million RNs, 700,000 licensed practical or vocational nurses, and 2.3 million assistive personnel, which constitutes 54% of all healthcare providers. The national unemployment rate for RNs is at its lowest level in more than a decade, declining from 1.5% in 1997 to 1.0% in 2000 (U.S. General Accounting Office, 2001). This reflects the limited pool of experienced nurses available for employment.

A survey by the Advisory Board Company (2000b) reported that the national turnover rate among hospital staff nurses was 15%, up from 12% in 1996. A more recent report by the HSM Group (2002) indicated a nurse turnover rate in the United States of 21%. The national average salary for a medical-surgical nurse is reportedly $46,832; turnover costs are up to two times a nurse's salary (Atencio, Cohen, & Gorenberg, 2003). Inherent in nurse turnover are costs associated with separation, replacement, and development of the nurse. Turnover costs include many variables: direct salary of the new hire and preceptor, education and development cost, marketing and recruitment costs, loss of productivity during orientation, and intangible cost of turnover on current staff.

The American Nurses Association staffing survey (2001) reported that 75% of nurses felt that the quality of patient care had decreased over the past two years, and 56% felt that they did not have adequate time to perform patient care. Aside from the financial impact of nurse staff turnover, there is the negative effect on the staff that has been involved in the orientation of the new member and potential adverse patient outcomes. Staff left behind may be working longer hours and take on increased patient assignments to fill the vacancy. Agency nurses may be employed as a quick fix. These temporary nurses are seldom as familiar with the patient population and may not possess the same level of skill as the organization staff. In a workforce survey commissioned by the

Oncology Nursing Society, nearly 80% of the RNs surveyed cited difficulty retaining experienced nurses (Buerhaus, Donelan, DesRoches, Lamkin, & Mallory, 2001).

Creating an organizational culture of nurse retention is crucial to reducing vacancies in healthcare organizations. High nursing staff turnover and low entry of nurses into the workplace adversely affect both the healthcare organizations and patient outcomes.

Job Satisfaction

A key factor, lack of job satisfaction, is the most cited reason for staff turnover. Job satisfaction is multidimensional. In a study by Bratt, Broome, Kelber, and Lostocco (2000), two key factors surfaced related to job satisfaction: stress and nursing leadership. Job stress and workplace tension are inherent in healthcare. The key is how they are managed. The nurse manager should be engaged in the human relations variables of the workplace. Any nurse manager with the responsibility of hiring, firing, and giving performance evaluations should have taken at least one basic human resources class (Cline, Reilly, & Moore, 2003). How is the staff relating to each other? Is there collaboration and cooperation among the nurses and other members of the team? If the answer to these questions is no, then what does the manager need to do to facilitate the communication among a diverse group of nursing staff? It is not enough to continue to relay the dire predictions of a catastrophic nursing shortage facing health care in the next decade. As nurse managers and leaders, there must be continual proactive steps to enact a culture of retention while leveraging the vision of being an employer of choice and a healing organization, which places the value and worth of an individual as prime mission-sensitive goals.

Sengin (2003) identified 10 attributes that contribute to job satisfaction in acute care hospitals based on frequency and consistency of appearance in the literature. The attributes include (a) autonomy related to independence within professional practice, (b) interpersonal communication and collaboration within the workplace with supervisors, subordinates, and members of the healthcare team, (c) professional practice—the opportunity for specialization and professional care delivery modes, (d) administrative/management practices—this attribute relates to organizational structure and culture, (e) status/recognition—the value of nursing within the organization; (f) job/task requirements—meaningfulness and variety of work, (g) opportunity for advancement/promotion, (h) working conditions/physical environment—includes staffing and scheduling, workload/patient assignment, equipment, and resources, (i) pay—competitive salary and benefit package, and (j) fairness—centered around treatment related to employment decisions in the workplace.

Fundamentally, individuals choose a career in health care to make a difference in the lives of others. When the organization fails to meet employee expectations because of hectic and often failed organizational systems, the employee is left unsatisfied and unfulfilled. Figure 12-1 compares the percentage of employees in health care versus the general population whose expectations are not being met. Often cited in the literature is the notion that nurses perceive being involved in decision making as a very significant variable in job satisfaction (Gleason-Scott, Sochalski, & Aiken, 1999). This involves decisions impacting clinical practice as well as personal decisions related to staffing and scheduling. Involving staff at a high level in policy and procedure development as well as in self-scheduling will score high on the retention scale.

Culture of Retention

The human relations efforts of managers toward staff are key to cohesion and commitment and creating a culture of retention in the workplace (Wagner & Huber, 2003). Health systems also must pay attention to the retention of nurse managers. The first-line managers are often the glue that holds the hospital together (Parsons & Stonestreet, 2003). Gone are the days of the head nurse or nurse manager responsible for a small nursing unit and a core group of staff. Over the past decade, the scope and breadth of the nurse manager's responsibilities have spanned multiple units and, in some cases, across multiple hospital networks, with an increased number of culturally diverse employees. There have been human resource issues and increased demands from upper level management to recruit and retain a viable nursing workforce amid mounting national and international nursing shortages. First-line managers are assuming greater work responsibility often without formalized support or development for the expanded roles. Although there are reports of nurse managers being the reason for staff turnover, they are also the reason for staff retention. Leadership of strong nurse managers is the key to staff satisfaction and retention (Cullen, 1999). Thorpe and Loo (2003) reported that the retention of first-line nurse managers requires top level organizational attention to providing adequate resources, training, and development as well as a supportive work environment.

When a nursing unit has a high retention rate, one would wonder, "What is the secret?" There is not one answer to this question. As shown in literature and research studies, a combination of retention strategies may work for a unit depending on the areas needing short- and long-term solutions, which could be any of the following: autonomy, salaries, schedules, credibility gap, and professional respect (Nevidjon & Erickson, 2001). Some general retention strategies used at healthcare organizations were compiled under "Best Practices in Retention" (Advisory Board
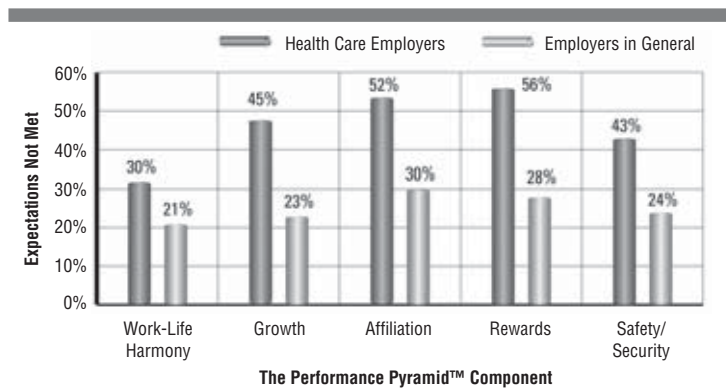

FIGURE 12-1. PERCENTAGE OF EMPLOYEES WHOSE EXPECTATIONS ARE NOT BEING MET

Note. From *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce* (p. 28), by American Hospital Association, Commission on Workforce for Hospitals and Health Systems, 2002, retrieved February 7, 2004, from http://www.aha.org/aha/key_issues/workforce/commission/InOurHands.html. Copyright 2002 by American Hospital Association. Reprinted with permission.

Company, 2000a). The following strategies may be familiar to you or might help strengthen a system you already have in place.

1. **Cultivate an interesting and accepting culture.** This comes from the top leadership of the organization and trickles down to the manager. A manager who understands diversity and promotes an atmosphere where everyone can be engaged in working together in harmony will get a lot of mileage from staff. Nurse managers who are seen by their staff as always displaying a positive attitude, no matter how stressful and challenging a day can be, will find that it rubs off on staff when positive comments are heard from patients and staff from other departments. Retention is maintained in a culture where nurses feel they make a difference, their talents are tapped, and their contributions are acknowledged. To make the work environment interesting, staff can be competitive and join hospital-sponsored contests, such as holiday decorating contests, which promote teamwork and bolster morale. They also can submit entries to contests by nursing magazines such as "The Best Nursing Team Contest" sponsored by Advance for Nurses. Activities that bring pride to a unit foster teamwork and, most of all, retention.

2. **Implement professional clinical/career ladders.** This opportunity gives the nurse autonomy and a sense of accomplishment and value, as well as a way to impact personal earnings based on the level achieved in the clinical/career ladder.

3. **Develop flexible work arrangements.** Empower staff to participate in self-scheduling; make the full-time benefited positions less than 40 hours a week (32 or 36 hours). Staff is able to schedule around work and personal activities to afford them flexibility to balance work and home. With guidance and directions from the nurse manager, this is a major gain for the staff to feel empowered to have some control over their work schedule. For this to work, it requires some give and take on the part of the staff.

4. **Offer encouragement, praise, and recognition.** Making employees feel that they are valued by the organization often is revealed as one of the highest reasons for retention. A manager who gives immediate recognition for a job well done often will find the employee striving to do better and better. A pat on the back always works, as it makes the employee know that you care and that you are paying attention. Depending on the situation, some praise is better given on a one-to-one basis and other times in front of an audience.

Sharing letters of compliments written to senior administrators from patients and family and posting thank you cards from patients and their families are examples of recognizing staff for quality care.

Another form of recognition comes from staff themselves sharing praises given by employees from other departments or from patients. Hospitals have their own programs for recognizing employees who go the extra mile. At Emory Healthcare, a program called "I just noticed you doing something special" allows patients, visitors, and employees to write on a card any exceptional action that an employee did. The card is faxed to the patient relations office, and a quarterly drawing for a customer service award gives the employee a chance to win a cash prize. Individual organizations will have ways of recognizing and rewarding employees to express value and appreciation. These activities should be encouraged. Every unit has its own way of recognizing staff: an employee of the month/quarter award, a casual dress day, and celebrating various holidays and staff special occasions. A good idea is to engage the physicians of a unit to donate prizes for employees of the month/quarter and for the staff to do special things for other members of the healthcare team, including physicians, social workers, and pharmacists. Branham (2001) reported that many managers believe that employee retention is primarily tied to money, but in survey after survey, financial compensation is only one of many factors employees cite as a reason to seek or leave an employer.

5. **Encourage direct manager-to-employee communication.** According to Ribelin (2003), nurses do not leave hospitals, they leave managers. In an interview conducted by a manager of her own unit, staff nurses were asked what they like in a manager. Being approachable came to their minds right away. A manager with an open door policy who allows them the opportunity to voice concerns or express appreciation is another characteristic they liked. Getting back with employees and following up on their concerns shows that the manager listens. Often a manager can be overwhelmed with paperwork, deadlines, or meetings and is unable to meet with staff on a regular basis. Meeting with staff face-to-face at least every month allows them to ask questions about new policies or changes in practice that may come to them in memos or announcements. You can tell the difference with a staff who is well informed and those who are not by looking at compliance on different audits

done either by their own unit or by other departments.

A staff that is well informed will most likely work to show fiduciary responsibility when it comes to the unit budget related to supplies or staffing. Making time to meet with staff is something that must be emphasized with managers. One staff meeting a month that covers only a certain shift will not do. Expecting the staff to come in on their days off to attend staff meetings has not worked. The manager must be flexible to meet the needs of the staff and schedule several meetings that will cover all shifts, including weekends. A manager who has frequent face-to-face communication with staff will reap the rewards of a high-performing unit.

6. **Competitive compensation and benefits.** Even though salary is not the number one reason for retention, it does come up somewhere along the line. Most young nurses are lured by higher paying institutions or those who offer sign-on bonuses. Unlike their more experienced counterparts, benefits do not seem to retain younger nurses. Nurses with less than one year in the profession are more likely to quit their jobs (Reilly, 2003). The future is too far for them to imagine, and they do not want to think of retirement money or benefits such as tuition reimbursement. They want to see the money that comes in their paychecks now, either because they have a student loan to repay, a new apartment to furnish, or a new car payment. Hospitals, therefore, have to compete with salaries within the metro area. It then becomes imperative that hospitals conduct an ongoing market survey of compensation. It is also important for compensation specialists to make sure that nurses with longevity are not paid less than new hires. On exit interviews of operating room nurses (Nissen, 2003), a nurse was humiliated when she found out she was training someone who was making $2 more an hour. This could be vital in retention. Nurses should be paid for the professional service that they provide (Holcomb & Kornman, 2002). Most nurses who try to balance their professional and personal lives will stay with hospitals that offer services such as child care, dry cleaning, car washing, housekeeping, and banking (Neuhauser, 2002).

7. **Develop mentoring and preceptorship programs.** Nurses with less than one year in the profession are most likely to quit their job, making it critical that veteran nurses lend support to their rookie colleagues (Reilly, 2003). Emory Hospitals in Atlanta take pride in their

residency programs for new graduates in the oncology, operating room, critical care, emergency room, and medical-surgical fields. The residency programs vary in length from six months to a year. The specialty residency combines classroom learning with precepted skills and leadership development. New graduate nurses as well as novice specialty nurses are transitioned to their role as professional or specialty nurse with confidence and less anxiety.

8. **Streamline paperwork.** Nurses are reportedly spending more and more time documenting/charting and cite this as a dissatisfier. Nurse executives should find ways and resources to support computerized/electronic documentation.

Retention Reflects Leadership Style

The management skills and attributes of the nurse manager enhance job satisfaction, sustain organizational commitment, and encourage retention (Boyle, Bott, Hansen, Woods, & Taunton, 1999). Managers are critical components in building a strong workforce (Ribelin, 2003). It is essential that the nurse manager be fully engaged with staff. The manager is the key player in advocating and implementing a culture of workplace retention. Managers often struggle with accomplishing all the goals set by the organization while wearing multiple hats and trying to maintain balance and energy. Grove (1995) wrote that the single most important aspect of managerial output is the organizational unit under the supervision or influence of the manager. Output is more than the sum of daily activities around achieving objectives; it is actual outcomes achieved based on project goals. These outcomes are not achieved by "I" but through a "**T**ogether **E**veryone **A**chieves **M**ore" attitude, headed by a dynamic and visionary leader who can get things done through and with others.

One strategy to assist the manager in achieving the desired organizational goals is to leverage the activities needed to achieve the outcome. Leverage is the measure of increased power of purposeful action to achieve movement (Barnhart & Barnhart, 1991, p. 1204). Leverage can be positive or negative. An example of positive leverage is the manager who delegates (an essential aspect of a successful manager) with clear direction and effectively communicates expectations, timelines, and outcomes. On the other hand, an example of negative leverage is a manager who pretends to delegate but continues to micromanage the delegated tasks. This negative

leverage stifles employee growth potential, which leads to underdevelopment and dissatisfaction of the employee and does not bode well for the organization under the leadership of such a manager. The leadership style of the nurse manager should reflect flexibility, responsibility, efficiency, customer-focused innovation, and profitability (Ribelin, 2003).

The nurse manager should strive for consistency and regularity in management style and approach, manage and disseminate information, and facilitate communication and collaboration through consultation and consensus with subordinates and senior management. Keep your pulse on the activities within the organization through personal contact with employees. Manage by walking around. Do not get caught up day-after-day laboring over countless e-mails and telephone conversations and neglect contact with grassroots staff. Do not underestimate the value of physical presence to the frontline staff. Leverage your actions to achieve desired organizational outcomes. Remember to take care of the people who take care of the patients.

Nurse Manager Retention

As a nurse leader and manager, ask for what you need in terms of formal development and education to maximize effectiveness in your role. It is recognized, although not often acknowledged, that the first-line manager provides the glue that holds the hospital together. The question that is often not asked is where is or who provides the glue that holds the nurse manager together? In a study by Parsons and Stonestreet (2003), six themes were recorded in interviews with nurse managers related to factors that contribute to their retention: (a) communication—ability of their boss to listen and provide guidance, effective communication, clear expectations, and feedback, (b) administrative management philosophy—included an opportunity to participate in decision making and empowerment to manage, (c) effective administrative systems—availability of and access to resource management systems, meaningful orientation and professional development systems, and manager compensation systems, (d) successful personal practices—balance in life and work, (e) quality of care—the ability to support systems and processes to deliver quality patient care and safety, and (f) retention—79% of the nurse managers participating in the study verbalized plans to remain in their roles. However, they reported that they would leave their job when they could no longer ensure quality of care because of staffing shortages.

With these factors in mind, it is important for the first-line manager as well as the senior administrative manager to mentor and develop staff at all levels. The job satisfiers and motivators are often the same regardless of job title.

Employer of Choice

If the revolving door of recruitment and turnover could be stopped or slowed down, the vacancy rate for a given institution would be significantly curtailed. So what is this retention culture anyway? Retaining highly skilled staff in the workplace is coveted as silver and gold. The goal in the workplace for the managers and leaders is to become known in the healthcare and business sector as the healthcare employer of choice. That is to say, the institution is the one magnet workplace that people in the local area and people looking to work in the area want to seek employment. The responsibility for creating that environment of job satisfaction and sense of value, worth, and family lies, in large part, with the manager, backed by the senior level management. The healthcare leadership is responsible for creating an organizational culture and must adopt a "culture of caring." Within this culture of caring are employee expectations coupled with commitment to integrity, value, compassion, respect, recognition, and truth. Kouzes and Posner (1999) wrote on the principles and practices that support the basic human need to be appreciated and valued for contributions.

Recruitment

Word of the seriousness of this current and future nursing shortage has reached a large audience outside of the nursing profession. This interest has brought new stakeholders into the mix to partner with professional nursing organizations to preserve the health care of Americans. Because of the magnitude and complexity of the nursing shortage, there has been an outpouring of interest and support from the private sector and corporate and governmental agencies offering to partner with professional nursing organizations by employing short- and long-term strategies to eliminate the nursing shortage. Recruitment into the nursing profession brings a quagmire of issues, challenges, and opportunities unlike any other.

There is also heightened awareness that strategies and solutions of the past will not meet with past successes. A key reason for this revelation is that the changing demographics such as age distribution and

multigenerational issues are impacting retention of nurses as well as recruitment into the nursing profession. In a report by Kimball and O'Neil (2002), a key recruitment strategy should be to focus on recruiting a more diverse nursing workforce, with both ethnic and racial minorities as well as men. In 2000, men constituted 5.4% of the RN pool in the United States, up from 2.7% in 1980 (Sagon, 2003). Figure 12-2 depicts the percent of women in healthcare careers and shows an actual decline between 1989 and 1999—an opportunity to recruit more men into nursing. Figures from the U.S. Census Bureau (2000) and Health Resources and Services Administration (HRSA) (2001), outlined in Figure 12-3, show the racial composition (African American, Hispanic, and American Indian/Alaskan Native) of the U.S. population versus the percentage that are RNs. This figure illustrates a need to recruit a more diverse RN workforce and to meet the changing demographics of a more diverse patient population. The new nurse workforce will need to be recruited from the population who is younger than 30, which is more diverse and will create an even greater dislocation, in the future, if nurses from this current generation are not successfully recruited into the profession (Kimball & O'Neil, 2002). Other recruitment challenges lie in the plethora of labor force options for women and the multigenerational issues of the generation X employee. A more detailed discussion of the multigenerational issues can be found in Chapter 2.

Some of the multiple negative indicators affecting retention also impact recruitment (see Figures 12-4 and 12-5). It is important to offer long-term retention incentives for the applicant seeking employment within your organization as well as current employees you desire to retain.

Specialty Nurse Recruitment

The past two decades have witnessed an erosion of specialty, disease, or symptom-based nursing units and, in some cases, services. These units or services often were small and were sacrificed to the administrative budgets as administrators struggled with balancing healthcare revenues and expenses. The philosophy of "no margin, no mission" was likely in the forefront of decision making to downsize and, in some cases, eliminate specialty units such as oncology in areas across the country.

As patient care services for some diagnoses shifted to ambulatory services, the demand for the oncology beds in community hospitals felt the decline in census and inpatient revenue, forcing tough decisions. The units were reconfigured usually for medical-surgical beds, and staff that remained gave up their specialty identity. Another cost-cutting measure across many hospitals, academic and community, was to downsize master's prepared advanced practice nurses (nurse practitioners as well as clinical nurse specialists). The loss of these experts along with the dissolving of the specialty unit had the potential to impact quality cancer care (Lamkin, Rosiak, Buerhaus, Mallory, & Williams, 2001; Satryan, 2001).

Recruitment and education of specialty nurses is often more challenging and expensive than recruiting for generalist nurses. The specialty nursing expertise is generally obtained on the job, all the more reason to make every effort to retain the experienced specialty nurses, whether oncology, critical care, emergency department, or operating room. Offering internship and residency programs in areas of specialty nursing will serve to attract generalist nurses and new graduate nurses to the specialty. Partner with local specialty nursing organizations as a means to offer networking opportunities to the new specialty nurse.

Professional, Public, and Private Partnerships

The U.S. Department of Labor (2004) projected a 27% increase in the need for nurses nationwide from 2002–2012. There have been a number of initiatives launched over the past five years that have focused on reversing the nursing shortage. Groups that participate with partnering professional nursing organizations include the Robert Wood Johnson Foundation, Johnson & Johnson (Campaign for Nursing's Future), American Hospital Association, federal government (Nurse Reinvestment Act Legislation), and HRSA, just to name a few. These multifaceted initiatives have begun to make an impact. In June 2003, the U.S. Department of Health and Human Services announced awards of $3.5 million in grants to promote diversity in the nursing workforce. These funds are earmarked to support disadvantaged students, including those from racial and ethnic minorities who are underrepresented among RNs.

Remember the projection is that there will be in excess of a million nurses needed within the next seven years. The work is not finished. Look within your community for opportunities to bolster the image of nurses and promote nursing to all as an honorable and sustaining profession.

Reach out to youth in schools and youth organizations to promote nursing as a career choice. Offer to mentor a young student who expresses interest in the profession. Bring them into your work setting for a day. Share with them the rewards of a career in nursing.
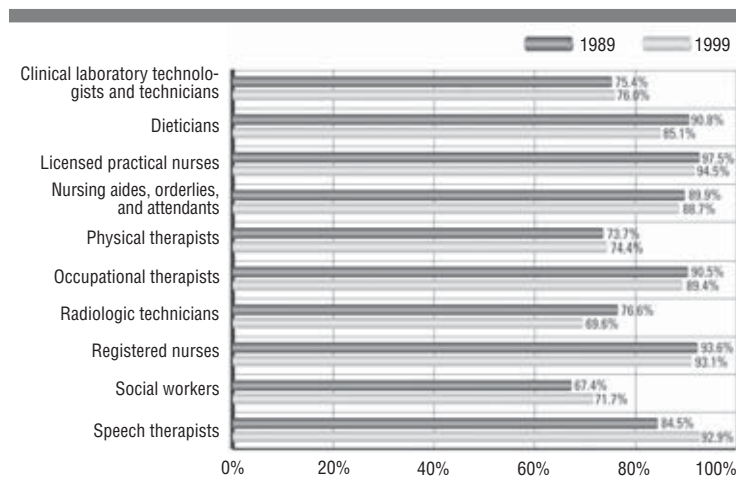

FIGURE 12-2. PERCENTAGE OF WOMEN IN HEALTH CAREERS

Note. From *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce* (p. 48), by American Hospital Association, Commission on Workforce for Hospitals and Health Systems, 2002, retrieved February 7, 2004, from http://www.aha.org/aha/key_issues/workforce/commission/InOurHands.html. Copyright 2002 by American Hospital Association. Reprinted with permission.

Recruiting Internationally

When American healthcare organizations recruit internationally, it impacts the nursing
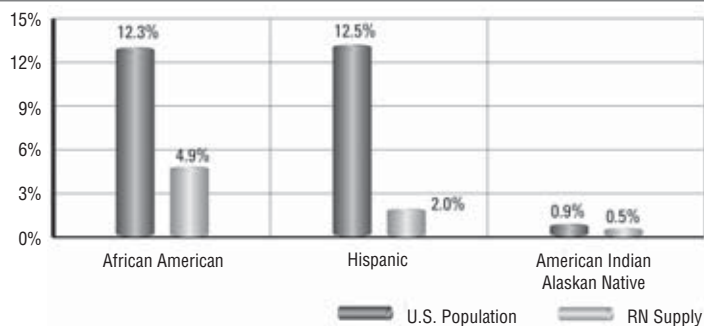
Figure 12-3. Racial Composition of U.S. Population and RNs, 2000

Note. From *In Our Hands: How Hospital Leaders Can Build a Thriving Workforce* (p. 47), by American Hospital Association, Commission on Workforce for Hospitals and Health Systems, 2002, retrieved February 7, 2004, from http://www.aha.org/aha/key_issues/workforce/commission/InOurHands.html. Copyright 2002 by American Hospital Association. Reprinted with permission.

shortage in a global way. Foreign nurses often are attracted to the higher standard of living, earnings potential, and many other benefits of working in America, leaving their home healthcare system with fewer nurses. However, Christmas (2002) pointed out those organizations investigating foreign nurse recruitment should first focus internally on retention initiatives prior to making a commitment to recruit from abroad. There are numerous strategies involved in planning to recruit an international nursing pool.

The manager must be attuned to the needs of the foreign nurse prior to and after recruitment. These needs include fit within the culture of the organization, language, socialization, support structures, licensure, working or permanent resident visa, and financial resources. When a hospital decides to recruit foreign nurses, a designated person from nursing administration may be assigned as the point person to work hand in hand with human resources. The hospital may choose to send a nurse manager and a nurse recruiter from human resources to go to the foreign country or countries of choice to personally interview applicants. Applicants can come from an agency in that country or an agency based in the United States that has its pool of applicants in that foreign country. A contract between the hospital and the agency of choice must be signed before the process begins. A hospital also may choose to interview by phone the applicants chosen by the agency, provided a resume is on hand. Once the interview is done, a contract is offered to the foreign nurse by the hospital representative or the designated agency. Necessary paperwork must be submitted by the applicant to process the visa application. Paperwork must include copies of passing TOEFL (Test of English as a Foreign Language) results, a

passing CGFNS (Commission on Graduates of Foreign Nursing Schools) certificate or result, or a passing NCLEX–RN (National Council Licensure Examination for Registered Nurses) result, transcript of records, letters of recommendation, and a contract with the sponsoring hospital. An application to the Bureau of Citizenship and Immigration Services together with the application for Alien Employment Certification must be filled out

by the hospital designee. An approval or denial letter will be sent to the hospital official who signed the petition. If the petition is approved, paperwork will be forwarded to the U.S. embassy where the applicant resides. The embassy will notify the nurse of the approval and a list of requirements prior to the interview date, when the appropriate visa is given. Once the nurse receives the visa, flight schedules can be arranged by the recruitment agency or a travel agency chosen by the hospital. Depending on the type of visa applied for, the process can take from several months (for working visas) to two years (for permanent resident visas). Prior to the nurse arriving in the United States, someone from the hospital (usually human resources) will be responsible for arranging housing. It is a good idea to identify nurses in the organization to serve as their adoptive sisters to orient them to the country and show them around their new environment. Transportation to and from the hospital must be arranged if their housing is not within walking distance. A good thorough orientation will be key to successful integration into the system. A warm welcome from the nurses and other employees within the hospital will help early adaptation to the new workplace. Foreign nurses have been known to stay with the hospital that recruited them as a sign of gratitude and loyalty. The

- Sell the organization and unit (do not make false promises or paint a false picture).
- Create a shared vision.
- Market the image of nursing.
- Improve the work environment.
- Offer nurse internship and residency programs for novice nurses into a specialty.
- Develop institutional nurse reentry education and training programs.
- Recruit retired nurses to form the basis for a professional mentoring corps.
- Make the interview work for you.
- Develop an in-depth orientation program to attract new graduate nurses.
- Form some community alliances with local schools; visit on career days; give interactive health presentations; sell nursing to the next generation; talk about the rewards of nursing, service, and healing.
- Foster relationships with nursing students and faculty.
- Create a learning and mentoring environment for nursing students.
- Go to local nursing schools and provide a pizza luncheon to students during final examination week.
- Offer an educational program and skills fair for faculty at local schools of nursing.
- Offer recruitment fairs on-site and offer tours of specialty areas.
- Offer an on-site National Council Licensure Examination review course for new graduates waiting to take the State Board Examination.
- Offer recruitment incentives to new hires and current staff.
- Offer service cancelable student loan repayment packages.
- Conduct prompt follow-up with applicants to schedule interviews and facility tours.
- Add a personal touch when calls come in from prospective applicants; put the "human" back in human resources.
- Find a way to personally respond to inquiries of available positions, especially if there is an online application process.
- Provide a hassle-free interview encounter; facilitate parking; and avoid applicant waits and delays when it is a scheduled interview.
- Value workplace diversity.
- Partner with local specialty and diverse nursing organizations.
- Offer competitive salary and benefit packages.

Figure 12-4. Nurse Recruitment Strategies

- Value and respect staff.
- Break down any caste system.
- Empower staff to be involved in decision making that directly affects their work and practice.
- Support shared governance within the workplace.
- Provide timely coaching and counseling.
- Recognize and reward high performers.
- Use progressive discipline to remove poor performers who consume too much time and have a negative effect on overall staff morale.
- Work with staff to create unity and harmony and promote a sense of teamwork.
- Treat staff like adults; they do not need a mother or father.
- Establish open and honest communication.
- Treat staff fairly.
- Embrace and teach corporate values.
- Offer educational development.
- Conduct a skills fair annually for all clinical staff.
- Provide paid time off for continuing education.
- Offer residency or internship programs in specialty areas.
- Offer scholarships or percent reimbursement for formal career education.
- Develop leadership opportunities for staff.
- Be a mentor.
- Assign a consistent preceptor to the new orientee.
- Adjust patient assignments of the preceptor to allow ample time for teaching.
- Create a learning organization.
- Implement RN clinical/career ladders.
- Maintain functional and state-of-the-art equipment for staff.
- Provide appropriate staffing.
- Seek volunteers when overtime is needed.
- Listen and take immediate action regarding workplace concerns from staff.
- Offer self-scheduling.
- Offer flexible work hours and/or job sharing.
- Offer competitive compensation and benefits.
- Offer a package that includes health, education, and retirement benefits.
- Take ownership for retention in your area of responsibility.
- Engage staff in taking ownership for workplace retention.
- Encourage collaborative relationships between physicians and nurses.
- Provide challenging work opportunities for professional growth.
- Work with multigenerational issues.
- Inject some spontaneity in the staff work day with FUN.
- Celebrate successes (e.g., high patient satisfaction scores) with simple things such as pizza or an ice cream treat, theater tickets, a spa day, or a fitness center membership.
- Decorate your unit during holidays and enter contests if sponsored by the institution.
- Enter your unit in contests such as "Best Nursing Team Contest" sponsored by a nursing magazine.
- Write articles about your unit for celebrations and recognitions received and publish it in your institution's newsletter.
- Conduct exit interviews and make personnel and/or environmental adjustments as needed.

Figure 12-5. Nurse Retention Strategies

majority of foreign nurses have become very successful in their careers and have proven to be great assets to their adoptive healthcare institution.

The advent of the nursing shortage extends beyond the borders of the United States. In a recent publication on ethical issues in the recruitment and retention of graduate nurses, Johnstone and Stewart (2003) reported on mounting concerns in Australia that by the year 2010, Australia will face a shortage of 40,000 nurses. As a consequence of this concern, one Australian state has given rise to a computer match service. This service, a recruitment strategy aimed at matching new graduate nurses across participating healthcare organizations, is challenged to distribute the nurses equitably within this Australian state. Reports of unethical recruiting strategies by healthcare facilities in the region has drawn criticism of the tactics used by some to entice nurses away from one employer to another. Unfortunately, the new nurses are not finding the promises being kept by the employer once they change from one job to another; hence, the nurses are left feeling unsupported, cheated, and disillusioned (Johnstone & Stewart).

The concerns of nurse leaders in Australia seem to mirror many of the same issues and challenges facing healthcare organizations and nurse leaders in America. Recruiting and retaining new and experienced nurses

is critical to the survival of the healthcare system, patient care, and safety.

Conclusion

Adopting a culture of retention is key to organizations maintaining adequate staffing levels to meet the complex care needs of patients. It is imperative that employees feel empowered, in control of their own performance, and willing to help move the organization to achieve its strategic goals (Trofino, 2003). Nurse managers must be actively engaged in implementing strategies to promote job satisfaction and retain a viable workforce of RNs. Engage staff in assessing the work environment and culture of retention. Work within your individual circle of influence to make a difference in reducing turnover and promote a culture of retention. The recruitment strategy should be one of bringing new people into the profession, not merely relocating nurses who are already employed. Ensure that your organization is committed to being an employer of choice for current and future nurses.

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Recommended Web Sites to Visit

American Hospital Association Commission on Workforce for Hospitals: www.aha.org/aha/ key_issues/workforce

American Nurses Association: www.nursing world.org

Bureau of Labor Statistics: www.bls.gov

Forum on Healthcare Leadership: www.health careforum.org

Historically Black Colleges and Universities: www.doi.gov/hrm/black.html

Johnson & Johnson's Campaign for Nursing's Future: www.discovernursing.com

Leapfrog Group: www.leapfroggroup.org

Male Nurse Magazine: www.malenursemagazine .com

Minority Nursing Associations: http://ninr.nih .gov/ninr/research/diversity/minority_assoc .html

National Alaska Native American Indian Nurses Association: www.nanaina.com

National Association for Equal Opportunity in Higher Education: www.nafeo.org

National Association of Hispanic Nurses: www .thehispanicnurses.org

National Black Nurses Association: www.nbna .org

National Coalition of Ethnic Minority Nurse Associations: www.ncemna.org

National League for Nursing: www.nln.org

Nurses for a Healthier Tomorrow: www.nurse source.org

Oncology Nursing Society: www.ons.org

Philippine Nurses Association of America, Inc.: www.pnaa03.org

Transcultural Nursing Society: www.tcns.org