

# ADDRESSING NURSING TURNOVER AND IMPROVING RETENTION



What are the leading causes of nursing turnover? How widespread is this problem, and what are the downstream implications? What strategies exist to best address this issue within my organization?

## Overview

Increasing turnover among US nurses has prompted hospitals and health systems to consider programmatic and cultural changes to mitigate, address and prevent its pervasive effects, including poor provider wellness, reduced productivity, high job burnout, early retirement and reduced quality of care. Comprehensive, effective solutions can be elusive, but hospitals and health systems looking to address turnover and retain nurses must develop organization-directed, system-wide and multipronged initiatives to combat this growing issue.

The leading causes of turnover are burnout and a lack of professional development opportunities. These factors are both heavily intertwined in and interdependent on an organization's culture. Hospitals can proactively shift culture and combat these issues through regular evaluations of nurse satisfaction and, accordingly, the development of a customized approach to increasing employee satisfaction in collaboration with all providers.

## Nursing Turnover: Scope, Causes and Implications

Nurse satisfaction, burnout and retention are prevalent topics that are receiving increased attention in peer-reviewed medical journals as well as the popular media. In fact, the US health care workforce has a higher rate of burnout than any other profession. Burnout often occurs simultaneously with work-related stress, job dissatisfaction, physical exhaustion, compassion fatigue and empathy drain, posttraumatic stress, major depressive disorder, and suicide ideation.

The aging population and increasing acuity of hospital care drive demand for nurses and underscore the importance of nurse retention strategies. Often overlooked, professional and personal nurse satisfaction is critical to stemming turnover and maintaining a well-functioning, high-quality medical environment. As organizations find themselves competing for an experienced workforce, aggressive recruitment and retention plans are becoming increasingly necessary.

Studies show that clinical staff satisfaction correlates to patient outcomes, patient adherence to treatment and staff turnover rates. In addition, the cost of losing a high-value employee is significant. Aside from direct costs of recruiting, hiring and training a new nurse, losing experienced nurses can hurt morale in a nursing unit and decrease patient satisfaction. The departure of a nursing unit leader increases the workload for remaining nurses, negatively impacting their job satisfaction. Tighter operating budgets in the current economic environment make employee retention even more of an imperative for hospital administrators.



Burnout not only has serious effects on nurse well-being and mental health but also undermines health systems' productivity and compromises patient outcomes. Specifically, burnout can atrophy patient-provider relationships and lead to workforce turnover, medical errors, reduced care quality, missed and delayed diagnoses, poor care transitions and coordination, and overall dissatisfaction.

In addition, the knowledge gap between experienced and new nurses is widening due to the increasing number of experienced nurses entering retirement, with one-third of the nursing workforce expected to retire over the next 10 years. Many early career nurses lack proper training and mentorship in their roles. Furthermore, an increasing number of nurses are pursuing higher education or other career opportunities. In 2016, at least 29% of first-year nurses with a bachelor of science in nursing degree left their current position due to unhappiness in their role or to pursue new positions that offered different experiences. As for nurses with an associate degree, nearly 16% left due to unsatisfactory performance—an unfortunate side effect of the widening knowledge gap.

## Strategies for Combating Nursing Turnover

Reducing turnover and overcoming burnout require a deliberate shift in organizational culture, which involves rejecting the passive acceptance that turnover is the price of doing business. Layered on top of the growing presence of burnout are internal, organization-specific team inefficiencies and cultural concerns impacting rates of turnover. Unsupportive leadership, lack of autonomy and shared decision making, overwork, inadequate work pace, increased work-home interference, and regulatory and liability concerns also significantly affect nurse satisfaction, according to peer-reviewed studies. Success is contingent on allocating resources to identify and understand pain points for providers, allowing for timely professional development, and on limiting tasks that require more generalized skill sets (eg, data entry).

Sg2 suggests hospitals begin by surveying nurses about areas of dissatisfaction and work-related stress. Doing so will not only help administrators understand what is making nurses unhappy but also help to identify deeper problems in the institution, such as poor communication among staff and overly taxing or superfluous paperwork. Armed with this information, hospital administrators can tailor provider satisfaction programs to their staff's needs. Hospitals may find that the top 2 issues necessitating a culture shift are the prevalence of burnout and lack of professional development (see Tables 1 and 2).

## Reduce Turnover by Targeting Specific Drivers

The American Medical Association (AMA) has released a series of steps hospitals and health systems can employ to reduce turnover by targeting the primary source, overall provider dissatisfaction. These steps are directly applicable to nurses as well as other providers across your system.

1. Establish wellness as a quality indicator for the organization.
2. Start a wellness committee and/or choose a wellness champion.
3. Distribute an annual wellness survey.\*
4. Meet regularly with leaders and/or staff to discuss data and interventions to promote wellness.
5. Initiate select interventions.
6. Repeat the survey (step 3) within a year to reevaluate staff wellness status.
7. Seek answers in the data, refine the interventions and continue to make improvements.

\*The AMA has sample surveys for physicians, which can be adapted for the nursing workforce.



TABLE 1. STRATEGIES FOR REDUCING BURNOUT

AREAS OF IMPROVEMENT	DETAILS
Workload Management	<ul style="list-style-type: none"> <li>• Develop more predictable and consistent scheduling systems.</li> <li>• Consider supportive technology to improve scheduling process.</li> <li>• Adjust practice patterns to increase patient contact.</li> <li>• Facilitate more patient feedback to nurses.</li> <li>• Utilize scribes and medical assistants to help nurses focus solely on the patient without having to simultaneously enter data into the electronic health record. The use of scribes has an added benefit of improved patient satisfaction scores, as the patient receives the provider's full attention and their interaction is not impeded by the demands of collecting and entering data.</li> </ul>
Wellness Initiatives	<ul style="list-style-type: none"> <li>• Develop stress management programs and encourage participation.</li> <li>• Offer wellness programs and exercise facilities.</li> <li>• Follow the steps recommended by the AMA (enumerated above) to improve nurses' wellness and satisfaction.</li> <li>• Provide resilience training and narrative medicine workshops.</li> </ul>
Work-Life Balance	<ul style="list-style-type: none"> <li>• Offer nurse-specific retreats, counseling services and workshops.</li> <li>• Provide practical family services (eg, on-site day care centers, links to qualified childcare providers and resources, family therapy, flexible hours for accessing these services).</li> <li>• Find creative ways to involve nurses' children and spouses in various activities.</li> </ul>

TABLE 2. STRATEGIES FOR PROFESSIONAL DEVELOPMENT

AREA OF IMPROVEMENT	DETAILS
Career Growth	<ul style="list-style-type: none"> <li>• Create partnerships or mentorship opportunities between new and late-career nurses.</li> <li>• Offer career development workshops for younger nurses taught by older, well-established nurses.</li> <li>• Identify opportunities for, and encourage nurse participation in, research and training.</li> </ul>

## Case Studies

With a significant percentage of the existing nursing workforce nearing retirement age, a lack of succession planning could lead to future knowledge gaps if the necessary competencies are lacking within the active workforce. Progressive organizations have turned to fellowship programs that combine didactic lectures and hands-on clinical training as a way of better preparing less experienced nurses for these crucial roles.

The following case studies provide an overview of the main components of successful programs aimed at addressing the key drivers of turnover. The goals of these programs were to address experience gaps and promote a culture of professional development. Although the first example is specific to advanced practice nurses (APNs), this program can be translated and scaled for all levels of nursing practice. Beyond professional development, however, some health systems have sought to optimize scheduling flexibility as a way of increasing retention and satisfaction, as seen in the second example.

### CASE STUDY

## Consider Fellowship Programs for Various Levels of Nursing Practice

Atrium Health (formerly Carolinas HealthCare System), Charlotte, NC

#### OVERVIEW

In 2010, Carolinas HealthCare System—which operates more than 900 locations, including 39 hospitals, across North and South Carolina and Georgia—began looking at APNs as a growing part of the workforce. It brought together physician, nurse and administrative leaders to discuss how APNs were currently deployed and how they could be further leveraged in the future.

# Nursing Turnover and Retention



## CHALLENGES

- There were no local programs graduating APNs, resulting in recruitment challenges for IP roles.
- The transition to practice time for new graduates was too long.
- Seasoned APNs lacked the role-specific experience needed for specialized job openings.
- The turnover rate was higher than the national average.

## SOLUTIONS

- The Center for Advanced Practice was established to grow and develop an APN workforce, develop a transition-to-practice program for new grads, and create a structure that would support APNs.
- A 1-year APN fellowship program was created to teach role-based skills and enhance their specialty-specific education.
- Participants in the fellowship program receive a stipend that is less than the standard pay for a full-time new graduate. If they stay on after 1 year, they are paid a retention bonus equal to the difference.
- Fellows are asked for a 2-year post-fellowship commitment.

## RESULTS

- Exceeding preliminary goals, the initial launch featured 10 tracks that included urgent care and primary care for 30 fellows. As of 2017, the program offered 24 clinical tracks for 70 fellows.
- The Center has played a major role in supplying an APN workforce for the system, as well as supporting, recognizing and enhancing APN practice. The turnover rate among APNs has decreased significantly.

Source: Sg2 Interview With Carolinas HealthCare System, January 2017.

## CASE STUDY

### Leverage Supportive Technology to Retain Nursing Staff Intermountain Healthcare, Salt Lake City, UT

## OVERVIEW

Intermountain Healthcare, a not-for-profit system of 22 hospitals, 180 clinics and a physician group, employs 10,000 nurses and about 40% of Utah's clinical caregivers. In June 2018, the health system began to pilot a mobile app for scheduling nurses to enhance nursing retention.

## CHALLENGES

- By 2020, 50% of Utah's nursing workforce will be eligible for retirement.
- Current staffing practices are siloed.
- Surrounding affiliated rural hospitals are hit the hardest by the nursing shortage.

## SOLUTIONS

- A new mobile scheduling app allows the health system to upload available shifts throughout the organization. Nurses access the app and indicate their preferences, competencies and willingness to work.
- The initial pilot is limited to just 3 nursing units, but expansion plans are in place.

## RESULTS

- Staff nurses are now able to work in both urban and rural facilities, allowing the health system to reduce staffing silos and place the right staffing mix in all facilities, no matter the time.
- Participating nurses exercise greater control over their schedules and are able to expand their skills.

Source: Butcher L. Intermountain piloting app to manage the ebb and flow of nurse staffing. *Mod Healthc.* June 2018.



## Strategic Considerations

Health systems should prioritize the retention of satisfied, valuable employees as the health care delivery landscape continues to evolve. The direct and indirect costs of staff turnover can be significant. Moreover, there is a strong correlation between clinical staff satisfaction and patient satisfaction. As hospitals compete to offer the highest-quality care to the patient, the soft-touch advantages resulting from satisfied nurses positively interacting with patients are increasingly important. Be sure to utilize select quality and operational metrics to determine whether interventions to combat turnover are successful.

To reduce turnover and improve retention, consider the following strategies:

- Identify current workforce challenges.
  - Determine the leading causes of turnover at your institution through an employee wellness survey or interviews. Individuals may have unique reasons for experiencing burnout, including fatigue, lack of meaningful relationships with colleagues or time spent on administrative tasks.
  - Prioritize major pain points such as work-life balance and nurse morale through alternative clinical structures or supplemental staffing support.
- Leverage health system leadership to build internal support.
  - Evaluate institutional support for specific approaches, such as resilience training, empathy classes, visual thinking strategies and narrative medicine.
  - Determine whether adding scribes or medical assistants to the care team might alleviate turnover due to the electronic environment and demanding coverage duties.
  - Leverage authentic leaders who champion provider well-being and allow nurses a stake in decision-making processes, creating value before capturing value.
- Support ongoing professional development.
  - Identify opportunities for ongoing feedback and recognition.
  - Establish nurse fellowship or mentorship programs to enhance career growth opportunities and ensure long-term success and retention.

## Sg2 RESOURCES

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- Expert Insight: [Advanced Practice Providers + Technology = Tomorrow's Workforce Solution](#)
  - Report: [Ambulatory Workforce Planning—Mastering Multiple Variables](#)
  - Report: [Inpatient Workforce Planning](#)
  - Report: [Optimizing Use of Advanced Practitioners](#)
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## ADDITIONAL RESOURCES

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- Program: [Vizient/American Association of Colleges of Nursing \(AACN\) Nurse Residency Program](#)
  - Program Fact Sheet: [Vizient/AACN Nurse Residency Program](#)
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**Sources:** Larson L. The 4 forces that will reshape nursing. *Hosp Health Netw*. September 8, 2016; Best JA. *JAMA*. 2016;316(18):1871–1872; Caplan AL et al. Beating burnout. *Medscape*. August 22, 2016; Czernik Z and Lin CT. *JAMA*. 2016;315(22):2399–2400; Dudgeon K. How patients can help prevent physician burnout. *Wall Street Journal*. February 19, 2016; Friedberg MW et al. *Factors Affecting Physician Professional Satisfaction and Their Implications for Patient Care, Health Systems, and Health Policy*. RAND Corporation. 2013; Gold Foundation website, 2016; Lagnado L. How doctors stay focused for hours. *Wall Street Journal*. November 16, 2016; Lagnado L. Training doctors to manage their feelings. *Wall Street Journal*. May 9, 2016; Oaklander M. Life support. *Time*. September 7–14, 2015; Oaklander M. Doctors are burnt out by busywork. *Time*. June 27, 2016; O'Rourke M. Doctors tell all and it's bad. *Atlantic*. November 2014; Rosenthal DI et al. *N Engl J Med*. 2016;375:1813–1815; Terrell GE. Can't get no (physician) satisfaction. *Physician Exec*. 2007;33(5):12–15; Bogue RJ et al. Secrets of physician satisfaction. *Physician Exec*. 2006;32(6):30–39; Thrall T. Doctors want executives to listen—and act. *Hosp Health Netw*. August 2007; Enmon P et al. *Nurs Manage*. 2004;35(3):50–52; Burke M et al. *Am J Nurs*. 2004;104(12):40–47; Beresford L. The hospitalist. 2015;19(12):1, 25; Panagioti M et al. *JAMA Intern Med*. December 5, 2016; Shanafelt TD et al. *Mayo Clin Proc*. 2016;91(7):836–848; Verghese A. *Health Aff (Millwood)*. 2016;35(10):1924–1927; Winkel AF et al. *Obstet Gynecol*. 2016;128(Suppl 1):275–335; Whitman E. When physicians burn out, solutions are elusive. *Modern Healthcare*. October 29, 2016; West CP et al. *Lancet*. 2016;388(10057):2272–2281; Sg2 Analysis, 2018.