White Paper: Five Ways to Make Nurses Want to Stay

Michelle Gray-Bernhardt
Senior Knowledge Manager
# Table of Contents

Are Nurses Satisfied? What Do They Really Think About Their Work? .................................1  
What makes a nurse want to leave your hospital? ................................................................1  
Identifying and Addressing Five Key Issues ......................................................................1  
Mandatory Overtime – Getting Around It...........................................................................1  
To Float or Not to Float? .................................................................................................3  
More about Floating.........................................................................................................4  
Non-nursing Tasks and Nursing Interruptions ..................................................................4  
Other Obstacles & Inefficiencies .......................................................................................5  
Bullying and Toxic Behavior .............................................................................................6  
The Challenge of Bad Managers ........................................................................................7  
The Role of Nurse Managers ...............................................................................................7  
Summary .........................................................................................................................8  
About iVantage Health Analytics .....................................................................................8
Are Nurses Satisfied? What Do They Really Think about Their Work?

Our recent "A Shoutout to Nurses" survey posed these questions. In general, the responses reflect that nurses take pride in their work and are gratified to help patients. Happy nurses make an impact at their hospitals. Ana Mulero's article "Satisfied Nurses Improve Hospital Outcomes; Mortality" (Fierce Healthcare, July 13, 2015) brings home the importance of job satisfaction for nurses. That said, there is a disconnect between their desire to help and the hospital environment in which care is provided. The comment below was a common theme among the nurses who participated in our recent survey.

"Being a nurse is physically and mentally challenging. Though serving those in need comes with rewards. It is important to understand the toll it takes on a nurse as a human and try to mitigate those issues to keep nurses at the bedside."

What, specifically, are these challenges to nurses? What makes a nurse want to leave your hospital? Rebecca Hendren calls out five top offenders in the article, "5 Reasons Nurses Want to Leave Your Hospital" (HealthLeaders Media, August 9, 2011). While this article was written in 2011, these problems are still all too present today.

What Makes a Nurse Want to Leave Your Hospital?

Identifying and Addressing Five Key Issues

Ms. Hendren’s article outlines the challenges that lead to dissatisfaction for nurses. She identifies five key issues as mandatory overtime, floating nurses to other units, non-nursing tasks, bullying/toxic behavior, and bad managers. iVantage’s Nursing Knowledge Communities have discussed these topics in depth. Consider these ideas as you redefine your hospital as an environment where nurses want to STAY.

This material is drawn from more than 700 responses to over 30 surveys, conference calls, and other networking events by members of our Nursing Knowledge Communities. Knowledge Communities are groups of nurses (organized by specialty) and nursing administrators from hospitals throughout the United States who connect with iVantage to peer network through common challenges. Note: You will need your e-mail address and iVantage password to follow most of the links. Clicking an iVantage networking project link brings you to a log-in page where you can log in, reset your forgotten password, or register as a new user. Don’t hesitate to call us at 262-834-1075 if you need help accessing this information.

Mandatory Overtime – Getting Around It

Some nurses are happy to work extra shifts in order to receive overtime dollars, but very few nurses are happy about mandatory overtime. Our "How Many Hours are Too Many
"for Nurses to Work?" survey reveals that most members of our Nursing Knowledge Communities are NOT mandating overtime at their facilities. In general, they note that voluntary availability and on call policies have been working. Several facilities also mention good support from the PRN staff and/or the float pool. What else?

- One hospital has become aware that the same RNs tend to fill voluntary shifts. To help ensure they have adequate staffing and to avoid burnout, they are educating tele RNs to float to the ICU for certain patient populations.
- Another facility notes that nurses would like all “availability” shifts to be on-call paid time. It isn’t economically feasible to always offer on-call paid time. This is their policy: “availability” is paid straight time until >40 hours that week. On-call is $5 per hour and time and a half when an RN is called in. This hospital will offer on-call paid time if census is >15 in a 17 bed NICU.
- A few nurse managers have observed that their younger, newer RNs typically prefer to work 12 hour shifts. Older, more established nurses may be happier with 8 hour shifts. If this is the case at your hospital, can you flex your staffing plan with this in mind?
- One nursing manager acknowledges that while nurses may be happy with the measures taken to avoid mandatory staffing, "These will always be temporary measures until root staffing issues are addressed".
- Here’s another related survey: "Decreasing Overtime Requirements for RN Staff". The majority of the respondents note that overtime is an issue at their facilities. They discuss staffing measures to meet sick calls, vacation coverage, and short staffing.
- "Overtime Policies" offers more insight into challenges and solutions related to nursing overtime. Last, here's two quick ideas that have worked for peer hospitals to "Maintain Nurse Morale in Downstaffing and Mandatory On-Call" situations.

**Nurse Staffing**

Theresa Hollinger from OSF St. Anthony Medical Center in Rockford, IL, discusses what is involved in creating a nurse staffing model. Be sure to click the “Extras” tab to see Theresa’s "Arranging All of the Work: Using Evidence Based Practice to Assign Care Load" presentation.

How do you accommodate the churn of a busy nursing day? Typically admissions, discharges, and transfers? No one we have connected with is using a purely activity-based staffing model, but this is something people are starting to think about. Check out the pre-call survey results and call notes, both at this link: "Activity-Based Nurse Staffing Models."
Does your Charge Nurse carry a patient load? The "Nurse Staffing & Charge Nurse Responsibilities" survey found that about half of the responding facilities have a Charge Nurse in the nursery, and of those, about 60% reported that their Nursery Charge Nurse does provide patient care. Click the link for details on the Charge Nurse’s responsibilities.

"Nurse/CNA Teams Increase Staff & Patient Satisfaction." Learn how Exempla St. Joseph Hospital in Denver, CO, made significant increases in both staff and patient satisfaction through the use of Nurse/CNA teams.

OSF St. Anthony Medical Center successfully switched their OB unit to a Mother/Baby Couplet Care Unit. Nurses and patients are both happier. Click here: "Improve Staff & Patient Satisfaction by Switching to Mother/Baby Couplet Care" to see the advantages this model offers.

The "Capacity, Nurse Staffing, & Satisfaction on Med/Surg Units" survey also yielded some good feedback, particularly as related to premium pay to maintain morale for overworked nurses and fill in vacant shifts. Many agreed with this sentiment: "It works for in-the-moment demands, but overall it creates frustration. Staff then wait for the word that a shift is a bonus rather than picking it up right away".

If you work in a critical access hospital, check out these conference call notes (the slide presentation is also available) about finding and keeping staff for the long-term in rural hospitals: "How to Support Onboarding & Retention of Rural Nurses."

To Float or Not to Float?

Floating can cause anxiety among nurses who float to areas where they don’t feel they have expertise. Judicious use of floating and well-managed float pools help to keep nurses on "home" units where they often feel they can practice most effectively.

In our "To Float or Not to Float" survey, most agreed that at their hospital nurses float off their units. Many will float only within the same service line (i.e. Mother/Child Services, Med/Surg units, etc.). L&D units were listed most frequently as being closed. No one was using a house-wide closed-unit model. Feelings about nurse floating were mixed – many acknowledged that not floating would be a nurse satisfier and potentially a patient satisfier. At the same time, it was noted that closed units create less flexibility in staffing and ultimately make it harder to cover sick time, vacation time, and other absences. "Floating Practices" provides further insight on how nurses float at specific hospitals.

We most recently asked if floating is a source of dissatisfaction for ICU nurses. The "Maintaining Morale on the ICU" survey divulges that the answer is a resounding "yes". Increased communication was the tactic most frequently cited as the response to this frustration. This telling comment came from a Clinical Educator: "Overall nurses say that..."
bedside nursing is getting harder and harder. With the additional demands of ICU nursing it is difficult to keep RNs at the bedside. Most go back to school or take an office job within 1-3 years.”

Our Nursing Knowledge Communities agree that there are some characteristics of successful float pools. Whether a hospital has a registry of 15 or 55 RNs, all agree that flexibility is key. Some float pools are for RNs only, while others include support staff positions. The majority of float pools put nurses on their specialty unit. Nurses, may, however, be moved to the area of greatest need. The use of float pools has positive outcomes with regards to decreased (or no) use of outside agencies, self-scheduling, reduced stress for regular (non-float) staff, and increased flexibility with staffing.

More about Floating

Once your float pool is in place, how do you support them? Just under half the responding hospitals in the "Float Pool Education & Support" survey use unit staff to educate the float pool. The majority of units do allow float staff to take the same assignment and acuity as regular floor staff. Critical care may be an exception, where float staff may take a lighter assignment.

How do you schedule your float pool? Our "Scheduling of Float Pools" survey results indicate that the majority of float pool staff self-schedule. Criteria for self-scheduling greatly varies by facility, from seniority selects first to first come, first select. Peers agree that self-scheduling is a staff satisfier. Caveats to self-scheduling: those who have transitioned from a master schedule or assigned schedule believe that it’s difficult to keep the schedules even. There may be too many staff one day; not enough the rest.

How do you best utilize your float pool? Peers agree that limited availability of float staff is their biggest complaint. Many state there are just not enough float staff to fill vacancies. How can you run your float pool to its best advantage? The nurses we asked said to have available workforce to help cover census fluctuations. While this may seem obvious, treat all employees fairly, whether they are floor or float staff. Meet the needs of staff who want to work part-time and enjoy moving to/from departments.

Non-nursing Tasks and Nursing Interruptions

What do nurses think is the most common interruption to their work? Phone calls! While there is no easy answer to keep nurses from being interrupted in their work, peers weighed in on this issue. Many liked the idea of a no-interruption zone, though few were using them. Sentara Leigh Hospital in Norfolk, VA started “Quality Time”, uninterrupted time with the patient to review the plan of care. An Administrative Assistant manages phone calls during this time and takes messages, allowing for much needed quality time between patients and staff. Nurses offered further ideas for mitigating interruptions, see the "Managing Nursing"
Interruptions" survey.

Nearly 90% of our survey respondents believe that nurses become distracted at some point while distributing medications. While some believe that distractions are the worst while at the patient’s bedside, others believe that being at the bedside limits distractions. The potential serious implications of distractions while distributing medications need not be listed here; they are obvious. What are hospitals doing to support their nurses while they distribute medications? Measures include use of a “quiet zone” in medication areas, placing signage by the doctors’ charting area requesting that they not distract nurses, creation of a “red zone” around Pyxis stations, and putting the medication room in a remote location. Our "Distractions While Distributing Medications" survey provides further details.

What happens when medication errors occur? See the feedback on our "Sources of Medication Errors" survey. Participants reported that administrative errors (giving wrong meds to patient; giving wrong patient meds, omitting a dose of meds, etc.) are the most common type of error. We also found that a skipped dose of medication is less likely to be reported than a wrong use of medication or incorrect dosage of medication.

Is the real key to managing nursing interruptions a change in mindset? In response to a related survey, Robin West, Nurse Manager at Sentara Leigh Hospital, noted that they have several policies in place designed to decrease interruptions. At the same time, she offers this analogy, "It’s comparable to sleep – when it’s peaceful and you get 8 hours it’s all good and most things work OK. When sleep is interrupted constantly or is shorter than needed, the end result can be disastrous and cumulatively over time devastating – the difference between a sentinel event and a minor safety event in our world. Nurse interruptions can have these same consequences, we just have yet to assign them the same level of importance.”

- For other insights into managing nurse interruptions, see how Fairbanks Memorial Hospital in Fairbanks, AK, implemented their red zone.
- In addition, North Colorado Medical Center in Greeley, CO, improved customer satisfaction scores, noticed a reduction in patient falls, and reduced nursing interruptions through a decrease in call lights. They accomplished all of this by developing and implementing an hourly rounds checklist. Click here for details.
- Does your facility do patient safety rounds as a means of decreasing call lights (among other benefits)? Here’s how Banner Lassen Medical Center in Susanville, CA streamlined the process.

Other Obstacles and Inefficiencies

In 2010, more than fifty nurses used the "Nursing Obstacles & Inefficiencies" survey to tell us about the things that drive them crazy and take them away from the patient bedside. The category that won by a landslide? Charts, documentation, and online documentation.
Clearly charting IS a nursing task, but problems associated with charting cause frustration and cut into time spent caring for patients. These problems include missing or incomplete charts, charting excess information or duplicating information, and difficulty finding necessary information. Nurses frequently call out documentation as being excessive; online documentation is the primary inefficiency in the nursing workload as outlined by the nurses we queried. Hybrid (half paper/half electronic systems) are noted as a particular source of frustration. Computer systems that don’t interact with one another create issues; glitchy systems crash and need IT intervention … all this takes time away from direct patient care.

Want to know else what nurses identified as other causes of dissatisfaction? Do check out the survey results (link above). We asked not only about nursing dissatisfactions but also asked nurses how they maximize patient care time.

A 2014 update to this survey with responses from more than 100 nurses still identified charting and documentation as the most onerous burden to nurses.

We sought further feedback on this topic in the "Nursing Obstacles & Inefficiencies 2015/16" survey. Sixty-five nurses offered insight as of March 2016 – and this survey is still active, use the link to add your response! To date there's been no change in the leading offender: Charts & documentation. One L&D Executive Director said: "Nurses are having to care more for the computers than the patients."

**Bullying and Toxic Behavior**

At some point, everyone will encounter a coworker who makes the workplace a less than ideal work setting. Here are some strategies to reduce their impact:

- Talk with them in a one-on-one setting; they may feel more comfortable speaking in private.
- Allow them to express how they feel and why, without feeling judged by coworkers.
- Know that if a negative issue is raised in a group setting it can get out of hand.
- Managers with an “open door” policy will help to alleviate some negativity.

Have you considered documentation for this issue? At LDS Hospital in Salt Lake City, UT, staff sign an accountability document at their yearly evaluation saying they agree to terms of engagement with each other. If people start acting out, a manager may pull them aside to discuss the commitment they have signed and agreed to. These ideas stem from a related conference call. Here are the call notes.

Does your unit do RN peer review? Peer reviews provide one way to get nurses more connected and working well as a team. This process works well on a busy surgical/orthopedic unit at Inova Fair Oaks Hospital in Fairfax, VA. North Colorado Medical
Center does peer review too, although it is for all staff, not just RNs. You might wonder if people will give honest feedback – see these call notes to find out how it works at North Colorado Medical Center!

The article, “3 Types of Nurses at Work That Drive Us Nuts” by Jennifer Ward for Nurse Together (www.nursetogether.com) also addresses this topic. Ward splits out the types of annoying co-workers and asked nurses what they do to maintain a positive and peaceful work environment. It seems this article struck a chord; there are many and varied comments, making for an interesting read.

The World Health Professions Alliance (WHPA) published an article outlining elements of positive practice environments for health care professionals. Find it here.

**The Challenge of Bad Managers**

“Nurses eat their young.” In the article, What Makes a Good Nurse Manager, Kathy Quan compares “the job of being a nurse manager to that of being mom to several children with distinctively different personalities”. She goes on to relate characteristics of nurse managers both good and bad.

A bad manager can be a challenge, certainly, but it’s heartening to know that there are also good managers out there. We asked about the characteristics of good nurse managers. Some people believe that the same qualities inherent to being a good nurse create a good nurse manager. Others believe that the skill set required to be a good nurse are not the same as the skill set needed by good nurse managers. The general consensus to date favors nurse managers needing an additional skill set, that of leading people. Comments note that the best nurse managers are good leaders, capable of relating to, leading, and managing staff. The good nurse manager needs to be visionary and able to see “the big picture”. We asked to hear about nurses’ most memorable experiences with their managers, and managers’ experience with their staff. If you guessed that most had good experiences and nice things to say, you were right. The comments were overwhelmingly positive. Most nurses identified a manager who served as a mentor to them, noting that this encouragement was integral to their professional development.

**The Role of Nurse Managers**

Most Clinical Nurse Managers agree that they have 24/7 accountability in their hospital. They have a Monday-Friday work week (which may include night shifts & occasional weekends). They are assigned 40 hours but typically work more than that. They will occasionally spend “off-time” in the hospital. See how they balance a busy work schedule against a full life in the "Clinical Nurse Managers - Scheduling & Attaining Work/Life Balance" survey.
Summary

In the nursing world, there are no quick and easy solutions to eliminate common challenges such as mandatory overtime, floating nurses to other units, non-nursing tasks, bullying/toxic behavior, and bad managers. Still, as the surveys, call notes and articles above show, there are steps you can take to improve these situations. These may be facile, such as outlining a red zone with red tape to reduce distractions while nurses distribute medications. They may encourage interaction, as in creating a nurse peer review process. They may challenge the way we think: Are nursing interruptions ever OK?

As you strive to create an environment where nurses want to stay, remember iVantage’s Nursing Knowledge Communities and the INFORM KnowledgeWeb. Most of the material cited in this article comes from our KnowledgeWeb, and we are adding new content – driven by you – every day. Review our Nursing Knowledge Communities or submit a networking question for peers anytime at www.ivantagehealth.com. You may also call us at 262-834-1075.

About iVantage Health Analytics

iVantage Health Analytics is a leading provider of healthcare analytic and decision support tools. Health systems, community hospitals, and rural (including critical access) leadership teams across the country rely on the iVantage software and services to deliver meaningful insights and actionable analytics for healthcare performance benchmarking, strategic planning and payment optimization. Employing a full array of public, private and proprietary data, iVantage tools and solutions - from dashboards and preformatted reports, to industry and custom guided analytics - are designed to help our clients move from data to action. In addition, iVantage analytics and tools are the basis of continuing thought leadership and insight in the areas of healthcare policy and research.

In 2015, access to thought leadership expanded when The Chartis Group, a national advisory services firm dedicated to the healthcare industry, acquired iVantage. Chartis provides strategic planning, accountable care, performance improvement and clinical transformation and information technology consulting services to the country’s leading healthcare providers.