Improving nursing recruitment and retention in a sub-acute health service

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Abstract

The current worldwide shortage of nurses is well-documented. This paper describes one organisation’s “back to basics” approach to nursing recruitment and the results of a vigorous recruitment program in 2001. Within 12 months, this organisation employed more than 200 new nursing staff, opened 67 beds, reduced agency use by 69% and reduced vacancies by 80%. Based on agency premium costs, there were minimum savings in the order of $800,000 per annum.

The problems of nurse staffing

Caulfield General Medical Centre (CGMC) is a 363-bed sub-acute service in Caulfield, Victoria. It is part of Bayside Health and provides a range of aged care medical, aged psychiatry, rehabilitation (general and specialist), residential care and community services.

In January 2001, there was a vacancy rate of 70 equivalent fulltime staff (EFT), an average attrition rate of 4.5 EFT per month, agency use between 40 and 45 EFT per week and a number of beds closed in rehabilitation and residential care services. There was a perception among many nursing staff that nothing could change, that there had always been a poor response rate to newspaper advertisements and that no-one wanted to work in sub-acute services. In addition, discussions were under way with regard to opening an additional 30 residential care beds in July 2001, as part of the Victorian Government’s Winter Bed Management Strategy.

The premium cost of agency nurses based on 24-hour cover over a 7-day period ranged between $550 and $880 per EFT per week for Division 1 and Division 2 Registered Nurses. The premium is the difference between the cost of paying an employed nurse (including provision for all leave types, work cover insurance and superannuation) and paying an agency nurse employer. Therefore continued use of agency staff at the above rate was costing CGMC between $1.2 million and $2.0 million per year in premium alone; dollars that could be better invested in its own staff and services.

Nursing recruitment and retention is a global issue. Lanser (2001) estimates a shortfall of Registered Nurses in the United States of just under 1.2 million by the year 2010 whilst more locally in Victoria, Department of Human Services (1999) predictions indicate a shortfall of more than 5000 Registered Nurses by 2008.

Searching for better processes

The challenge of recruitment began by conducting an in-depth and systematic review of vacancies throughout the service. There was a perception that, despite high use of agency staff and closed beds in services with continued demand, there were only a few vacancies across the hospital. Understanding between Nurse Unit Managers varied as to what the staffing profiles should be. This was compounded by the impending implementation of nurse-patient ratios in Victoria and whether or not annual leave replacement was factored
into ward budgets. The matrix structure of program and professional management had also leaned toward an emphasis on the former and therefore, operationally, there were almost "four mini-hospitals" across the inpatient and residential care services conducting their own employment initiatives.

Several service-wide initiatives were therefore developed and implemented in a strategic approach to promote continuity of care and reduce reliance on agency nursing staff.

**Designing a new role to co-ordinate nursing recruitment**

If the hospital were to succeed in its efforts to recruit staff in large numbers, a central point of contact was required to manage and co-ordinate incoming calls and enquiries. Prior to the launch of CGMC's first advertisement at the end of February 2001, arrangements were made with the hospital's Infection Control Co-ordinator (ICC) to take on this important role.

Why the ICC? In the context of an unknown market supply and potential response to the first advertisement, it was difficult to justify an additional (dedicated) resource for the role until there was some evidence. The ICC was able to juggle responsibilities with the additional requirements in the short term. However, within one week of the first advertisement, there had been over 80 enquiries and it soon became apparent that this was not a task which could continue to be managed in this way.

A Nurse Unit Manager was seconded to take on this dedicated role and, in October 2001, the new position of Nursing Recruitment and Staffing Allocations Manager was approved on a full time basis. The position provides a 'one-stop shop' service for all nursing recruitment enquiries and is able to respond to applicants and interested parties in a timely manner. Since the establishment of this position, it has been realised that there are numerous unsolicited enquiries that in the past would have simply been lost in "the system". The Nursing Recruitment and Staffing Allocations Manager works in partnership with the Nurse Unit Managers and Associate Directors of Nursing to ensure that strategies are implemented to maximise recruitment efforts in a timely manner and provide a consistent standard for recruitment activities within the nursing service.

**Posting detailed advertisements**

The cost of advertising positions in the press media can be expensive. In order to reduce advertising costs, many organisations will limit size and content to fit within a budget allocation. Prior to 2001, CGMC advertisements had tended to be small and as such, very short in detail on both the organisation and the position(s) available. In 2001, there was a conscious decision to raise the profile of the nursing service at CGMC through advertising. Preference was given to stand-alone advertisements (as opposed to being part of a larger Bayside Health advertisement) and ones that detailed both the position(s) and the organisation, along with a clear understanding of the benefits of joining the nursing service at CGMC.

There was much positive feedback on the advertisement strategy from both current staff and new staff who commented on the advertisements at the initial orientation program. Many said that it was the advertisement which had made them want to work at CGMC in the first instance and described it as sounding like an exciting place to be. Through its advertising campaigns, CGMC has learned that response rates are very similar between local and state press media to the extent that some advertisements are now only released to local newspapers. There are also a series of internal notice boards that hold current information on all nursing service vacancies and provide the business card and contact details of the Nursing Recruitment and Staffing Allocations Manager.

**Tailoring employment opportunities**

The position of the Nursing Recruitment and Staffing Allocations Manager has been pivotal in enhancing matches between potential employees and positions available. This has led to a process whereby there are weekly organisational circulars advertising both "positions seeking nurses" and "nurses seeking positions". Most organisations would be used to the former but the latter is an innovation. It provides a comprehensive list of applicants who have been interviewed, refereed and are available pending a suitable position. Nurse Unit Managers have reported high levels of satisfaction with this service, especially given its capacity to provide a timely staffing solution to unplanned variances in staffing levels.
Providing information to potential employees

Potential employees ask many questions when considering a new employer and many questions are common to every interaction. In response to this, CGMC developed a range of information leaflets about the clinical services provided, the employment options available, the benefits of working at CGMC and about specific services such as child care facilities and times of operation in the local area. These can be sent to potential applicants by mail or electronically or can be taken away following an initial visit or tour of the facility.

This provides the potential employee with time to consider thoughtfully the options available. It provides much of the most often requested information at a quick glance so that there is clarity of understanding of what is on offer.

Providing pre-booked interview time slots

The nursing recruitment market is alive and well and there is competition to secure those seeking positions. Pre-booked interviews which are conducted by the Nursing Recruitment and Staffing Allocations Manager and one of the Nurse Unit Managers or Clinical Educators offer timely provision of interviews. Advance notice to those involved means that time is set aside for interviewing activities.

The current market demands a timely response. Previously, applicants may have been asked to provide their application in writing, then the applications would be considered and potential employees shortlisted. Time from initial enquiry to offer of appointment would have been four to six weeks. The level of market competition requires a much quicker turnaround time.

Orienting new nursing staff to the organisation

Nursing orientation programs had been eliminated as part of previous strategies to minimise costs. All staff joining the organisation were provided with a hospital orientation program but there was no specific orientation to the nursing service, nursing practice or nursing policies and procedures at CGMC.

A three-day orientation program was implemented in March 2001 and operated once a fortnight for the remainder of the year. The program incorporated the half-day hospital orientation program, a one-day nursing service orientation and one and a half days of supernumerary placement in the employing ward or residential care unit. In addition, this applied equally to nurse bank and nurse pool staff, so that each new employee received a thorough grounding in the way that care is provided and the way that the hospital operates on a day to day basis.

Encouraging nurses to return to nursing

During 2001, the Nurse Policy Branch of the Victorian Department of Human Services provided financial incentives to nurses and nurse employers to encourage nurses to return to nursing. There were provisions for Supervised Practice and Re-Entry programs and Refresher programs. Supervised Practice and Re-Entry programs are aimed at nurses who do not have a current registration with the Nurses Board of Victoria and the Re-Entry program requires an additional theoretical component provided by an accredited University.

Refresher programs are aimed at those who have a current registration with the Nurses Board of Victoria but who may wish to update clinical skills or change their area of clinical practice. A local extension to this was the development of specific programs in targeted clinical areas such as Aged Psychiatry. An "Introduction to Aged Psychiatry Program" was developed in 2001 and attracted three Division 3 Registered Nurses into the Program. These programs are tailored to meet the needs of those desiring to return to a specific clinical area and provide specialist, comprehensive induction and orientation.

As an accredited program provider, CGMC accelerated its uptake of Supervised Practice and Refresher program participants and, during 2001, 57 completed these programs at CGMC. The retention rate into permanent positions was also high with 72% electing to continue part-time, fulltime or in a casual position. In 2002, CGMC will provide a Re-Entry program in collaboration with an accredited University provider.
Inviting potential staff to hear and learn about the organisation

Open Forums formed a large part of the recruitment campaign in 2001. Each forum targeted a specific audience such as Residential Care or Rehabilitation nurses and others focussed on particular skill levels - such as the Division 2 Registered Nurses Expo. There were over 300 attendees at these forums and they provided a great opportunity for potential employees to “feel” the organisation, hear from key staff (including staff working at the coal face) and then wander to the various program stalls and meet other staff, ask questions or tour the facilities. The forums also provided an excellent vehicle for promoting the services in a targeted fashion, and CGMC used the forums to raise the profile of the nursing service in a much more general manner.

Creating new learning opportunities

Graduate Programs for Division 1 Registered Nurses had been part of the postgraduate landscape for a long period of time. However, the same cannot be said for Division 2 Registered Nurses. In July 2001, CGMC became the first public health care facility in Victoria to provide a Graduate Program for those registering as Division 2 Registered Nurses. The program has been popular, with an already healthy waiting list established for the 2002 intake.

Increasing access to nursing education programs

CGMC’s own open staff forums and staff surveys indicate that ongoing education is a high priority for nursing staff. In March 2001, CGMC established a Clinical Gerontic Nursing School in collaboration with La Trobe University, and an Associate Professor in Gerontic Nursing position was established on site. The incumbent holds a concurrent appointment as the Head of the CGMC Nursing Education and Clinical Support Unit (NECSU) so that internal and external educational activities are co-ordinated and managed through a central point.

Clinical Educators and Clinical Nurse Consultants attached to NECSU are assigned program and service responsibilities to provide integration and specialised support throughout the service and have responsibility for co-ordinating local in-service education programs and an integrated education calendar which is emailed and posted weekly in all nursing wards and units. Through its association with La Trobe University, CGMC has been able to provide postgraduate programs on site. In 2002, there will be more innovative continuing education and postgraduate programs available.

Increasing options which provide a balance between work and home life

A significant initiative of the recruitment program in 2001 was the establishment of the Nurse Pool. The Nurse Pool works in a very similar way to Nurse Bank but also provides the employee with guaranteed and permanent work and income. The basis of Nurse Pool is the same as appointment to any other part time or full time position but with a greater choice of shifts to work and where deployment is subject to the needs of the day.

Nurse Pool suits many nursing staff who enjoy variety. It particularly seems to suit those who have moderate to high level limits around their shift availability - usually due to family or study commitments. Within an individual ward or unit, it may be difficult to accommodate such requests but, in a centralised Nurse Pool, there is greater scope for deployment.

There are nearly 30 EFT of staff employed on Nurse Pool. The role of the Allocations Co-ordinator is to maximise the use of Nurse Pool and Nurse Bank staff to reduce reliance on agency nurses.

Monitoring workforce requirements and movements

The initial analysis of vacancies revealed the complexity and lack of consistent understanding of key data variables that needed to be monitored in a real-time manner. In order to support the new role of co-ordinating and overseeing recruitment activity, timely information was essential to ensure optimal matching between applicants and positions.

CGMC developed its own Staff Monitoring System (SMS), which is an Excel-based program and operates on the hospital’s IT network. Each ward or unit maintains its own data repository and, through created network links, each unit can compare its performance against others in its own program and with the nursing service overall. Factors such as sick leave, annual leave approval, overtime, vacancies, Agency use and Bank use are easily compared in both table and chart form.
The SMS requires no more than 20 to 30 minutes of maintenance per fortnight and new staff are added to the SMS by the Nursing Recruitment and Staffing Allocations Manager as soon as appointment is confirmed. The Associate Directors of Nursing and the Director of Nursing and Residential Care Services can access up-to-date statistics for individual units, programs or for the nursing service overall. Timely updating of staff resignations and commencements (in conjunction with attrition data) facilitates timely projections for workforce planning and all data is available by skill group and unit level.

Understanding unplanned absence

From data generated by the SMS, it has been possible to strengthen the understanding and occurrence of unplanned absence. This has led to the development of a concept known as "Reserve Shifts". Based on a retrospective analysis, "Reserve Shifts" are booked in a central repository and are filled only by Nurse Pool and Nurse Bank staff. They provide a ready source of backfill for unplanned absence on any one day, with a subsequent further reduction in agency nursing staff. On some days, these people are "extra" to requirements but to date the shortfalls on other days (where roster gaps could not be filled) have always outweighed the "extras" in any period reviewed.

The results and directions for 2002

The results from January 2001 to January 2002 were well beyond initial expectations of the recruitment program. In just twelve months, CGMC achieved:

- 69% reduction in agency use
- 80% reduction in vacancies
- the opening of 67 beds (58 new beds and 9 closed beds)
- the appointment of 138.94 EFT (approximately 170 individuals) of permanent new nursing staff
- the appointment of 52 new nursing staff to Nurse Bank.

The outcome has been very positive. However, the impact of large numbers of new staff joining an organisation in a short period of time needs to be a consideration for the future.

The recruitment and retention efforts in 2002 will build on the lessons and outcomes of 2001. There will be a greater emphasis on retention and enrichment of work-life within the nursing service. Initiatives include the implementation of the Aspiring to Excellence in Nursing Care awards and the implementation of the Focus 30 Performance Review & Personal Development program. The results of these initiatives will be monitored by the Nursing Recruitment and Retention Committee and will occur in conjunction with the Nursing Recruitment Plan for 2002 and the Nursing Services Consultative Council. This process will provide a platform for continuous improvement and will be a deliberate and genuine attempt to define best practice in nursing recruitment and retention in Australia.

References
