

Retention of nursing staff — a team-based approach

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Abstract

This case study discusses a team-based approach to the retention of nursing staff. In 2001, Mercy Hospital for Women (Mercy) was part of a benchmarking study to try to understand more about its nursing workforce. The results indicated that 40% of nursing staff were at risk of leaving the Mercy and 41% of nursing staff at risk of leaving their profession. With a pending relocation of the hospital, increased agency costs, and a high number of nursing staff at risk of leaving, the hospital established a project to address this issue.

A team of nurses worked together to improve the retention of staff and the culture of the organisation. The team spent time developing their own skills and competencies in teamwork, and understanding more about the workforce. A project plan was established, and over a period of eighteen months nurses reported an improvement in the culture of the organisation and a reduction in the risk of nurses leaving the Mercy.

This is an example of what an empowered team can do. The fundamental drivers underpinning the process were effective teamwork combined with employee involvement and a shared vision. This project used the principles of the learning organisation – a more recent aspiration of the Mercy.

Aust Health Rev 2004; 28(3): 349–356

MERCY HOSPITAL FOR WOMEN (Mercy) is a publicly funded denominational women's hospital in East Melbourne. It is the flagship hospital for Mercy Health and Aged Care, a Catholic Health-

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What is known about the topic?

Health care providers are trialling a broad range of strategies to improve their capacity to attract and retain nursing staff. Nurses identify low job satisfaction and high workloads as important drivers of decisions to exit organisations and the profession.

What does this case study add?

A project to improve recruitment and retention, which invested strongly in open participation and in developing the capacities of the team members, was successful in reducing the numbers of nursing staff intending to leave, and in improving nurses' perceptions of the organisational culture.

What are the implications?

A committed approach to staff engagement in initiatives to improve recruitment and retention of nurses, based on learning organisation principles, may offer advantages over more conventional approaches.

care network. The hospital provides care to women and their babies from both metropolitan Melbourne and rural Victoria.

During the 5 years before 2000, the Mercy went through a period of constant change, uncertainty and lack of a clear direction for the future, with five Chief Executive Officers and four Directors of Nursing over that period. New senior management were last appointed to the organisation in 2000. The new management team worked on both organisational and cultural change, aiming to build a culture of trust, open and transparent communication and collaboration, while assisting with the professional development and support of staff.

The resulting Hospital Strategic Plan provided a blueprint for change and reform. Mercy is striving for total employee involvement, where staff are continually learning and collectively working towards a shared vision. The Best Practice Project, aimed at improving the retention of nursing staff, was one project to support the change.

This article evaluates the performance of the Best Practice Project for the retention of nursing staff. It provides a brief history of the background to the project and the development of the team, as well as the outcomes. This is followed by an evaluation of the team effectiveness, and suggested recommendations to further improve the function and performance of teams in the future. Some of the principles of a learning organisation are discussed.

Background

The Best Practice Project focussed on the retention of nursing staff. All nursing leaders are challenged by the nurse workforce shortage and should be aware of the high cost resulting from staff turnover (Roche, Lamoureaux & Teehan 2004). Low job satisfaction is cited as the most common reason for turnover of staff. To minimise the turnover we worked to create a dynamic workplace, where staff enjoy their work, where there is good communication and positive interpersonal relationships.

Retention of nursing staff had become a critical issue at the Mercy for the following reasons:

- Relocation. The relocation of the Mercy Hospital from East Melbourne to the northern Melbourne suburb of Heidelberg (collocated with Austin Health) is planned for 2005. It is anticipated that there will be an increase in the number of services provided by the Mercy once the relocation has occurred. This increase, combined with the possibility of nursing staff not wanting to relocate to the new facility, highlighted the need for strategies to ensure the successful recruitment and retention of staff.
- Enterprise agreement 2000. In 2000, a new enterprise agreement for nursing staff was negotiated at a statewide level. The agreement included mandatory nurse–patient ratios, increases in study leave and professional development leave as well as other changes in conditions. Consequently, there had been an increase in the number of nursing staff required for the Mercy.
- Agency costs. The increase in staff requirements resulted in an increased use of casual

staff, particularly through nursing agencies. The increase in the demand for agency staff and rising prices for agency staff led to a substantial rise in costs (from \$70 000 a month to \$300 000 a month over a 4-month period). This was clearly unsustainable, making recruitment and retention a financial priority.

To gain a greater understanding of nurses' views on issues affecting recruitment and retention, the Mercy elected to be involved in a recruitment and retention survey of nursing staff. A benchmarking team, Best Practice Australia, conducted this survey in June 2001, responding to requests from nursing executives who sought to better understand the nursing workforce. The survey consisted of a range of statements on recruitment and retention, using a 6 point Likert scale. There were also open questions to give staff the opportunity to identify their issues and concerns on recruitment and retention.

The survey also included a series of questions on organisation culture, based on the researchers' work in more than a hundred organisations in Australia and New Zealand. Organisational culture was defined, based on Parle (2001), as being on a continuum from a culture of blame, to reaction, consolidation, ambition and finally a culture of success. A culture of success is defined as a positive culture, with effective communication, trust in management, being a place where staff want to work.

Over 5300 nurses in 17 hospitals in Queensland, New South Wales, ACT and Victoria were surveyed, with a response rate of 54%. Participating hospitals received their own results and aggregate results for all participating organisations.

Some of the findings specific for the Mercy were:

- Forty percent of nurses were at a high risk of leaving the Mercy;
- Forty one percent of nurses were at high risk of leaving the profession;
- Nurses chose to stay at the Mercy because of the people they worked with and because they enjoyed the work environment;
- The nursing division overall was working in a culture of blame, as at 1999.

Some of the key conclusions derived from the collective survey results were:

- The culture of the organisation impacted on retention of staff. Staff were more likely to remain in an organisation where there was high trust in management, good communication and where staff were personally involved in the retention program.
- Retention of staff improved where there was social cohesion and teamwork.
- A high percentage of nurses were at a high risk of leaving the profession.

Management response

There were several approaches that could have been taken to address these issues, however only two approaches were seriously considered:

- The traditional top-down management approach (strategies for retention developed and decreed by management). This approach, consistent with the hierarchical structure of the organisation, was the usual response.
- A more innovative, bottom-up approach (strategies for retention developed collectively at the operational level and implemented by champions at that level). This approach would allow staff with innovative ideas the freedom to develop their ideas and build on their creativity. This group of staff would be involved in the decision making rather than the traditional approach of the leaders making all the decisions.

The bottom up approach was chosen, and a project was developed to respond to the retention issues. It was also decided that the Best Practice survey would be repeated to determine the success of the project.

However, there were some risks involved in this approach. There was the risk that no one would want to be involved, that the participants had unrealistic expectations or that we might fail to develop a team of nurses who were committed to the success of the project. The organisation was willing to take these risks and learn from the exercise. This was seen as an opportunity to empower a team of staff through participation in a valuable project.

The role of the team was to implement an effective program that would improve the retention of nursing staff. This was to be achieved by reviewing the best practice data, consulting with staff to identify the key issues and then developing strategies to improve retention.

Developing the team

Senior hospital managers saw this project as an opportunity for the development of staff as well as for the development of the Mercy. It was recognised that the team would need education, support and significant resources to develop skills and to achieve the required outcomes. Great emphasis was placed on development of the team.

Fourteen nurses nominated to form the Best Practice Team. These nurses were from a cross-section of the organisation, and this in itself was unusual. Their high level of interaction resulted in the development of horizontal (peer) links and informal communication throughout the organisation, which traditionally relied on vertical (hierarchical) interaction and formal communication.

Management and the fourteen nurses worked together to design a team development plan and then the project plan. Team development consisted of sessions of coaching in team skills, education sessions on team dynamics and leadership (including a workshop in which team members completed a Myers Briggs questionnaire), and a workshop on strategic planning. Following team development, each member was expected to contribute to the project so that not only would the organisation benefit but each member would personally continue to learn throughout the project.

This development time was for the team members to get to know each other, to develop trust and mutual understanding, to develop ownership and encourage them to be the champions for the retention of staff. This was to be achieved by developing a shared vision and clear expectations of the behaviours and outcomes expected throughout the project. Throughout the project the team were to work with a sponsor who would provide support and guidance.

A strategic planning session followed. The team developed a project plan specifying critical success factors, goals, persons responsible, timelines and clear outcomes to be achieved. As a result, each member was aware of their roles and responsibilities within the team.

The project plan and outcomes

The project vision was to improve the retention of registered nurses and midwives at the Mercy through well targeted programs and a strategy of empowerment for staff. The behaviours agreed to by the team included:

- Encouraging open interchange of ideas
- Embracing creativity
- Promoting participation of nurses
- Recognising all colleagues as unique, listening to their needs and considering their views
- Showing passion and enjoyment in work
- Being genuine and approachable.

These agreed behaviours assisted in establishing the ground rules for the project.

There were six critical success factors identified to support the achievement of the project. Small teams were developed, individual plans established within an agreed timeframe, and outcomes to be achieved were agreed upon.

The critical success factors and the outcomes for each are explained below:

Critical success factor one — reward and recognition

Goal: To establish a program for reward and recognition.

Outcome: A range of strategies were implemented to assist with the reward and recognition of staff. Each Nurse Manager received an allocation of funds, based on the head count of staff, to be used to reward staff. In addition, light meals were provided to night staff.

Critical success factor two — bullying advocate

Goal: To introduce a program to educate staff on bullying and inappropriate behaviour, and provide an ongoing support mechanism for staff welfare.

Outcome: Two staff members were appointed as advocates, and a brochure on managing diversity in the workplace was widely distributed and displayed. This assisted staff in their understanding of diversity in the organisation and what to do if they had any concerns or issues.

Critical success factor three — roster practice

Goal: To develop guidelines that facilitate innovative roster practices in accordance with the needs of the individual units.

Outcome: While a guideline was developed to assist with facilitating rostering, this was never really supported or used in the ward areas.

Critical success factor four — work practices

Goal: To introduce a framework that allows individual units to identify and modify current work practices in order to reduce or eliminate unnecessary workloads.

Outcome: While there was much discussion and many ideas generated, there were no outcomes achieved at the time of this evaluation.

Critical success factor five — car parking

Goal: To develop a system for car parking payment which recognises the needs of part-time staff.

Outcome: While it was not feasible to reduce fees or amend the structure for part-timers, security in the car-parks has been enhanced, and staff have been informed about the fact that parking fees are paid in pre-tax dollars. There is now a higher level of staff acceptance of car-parking arrangements.

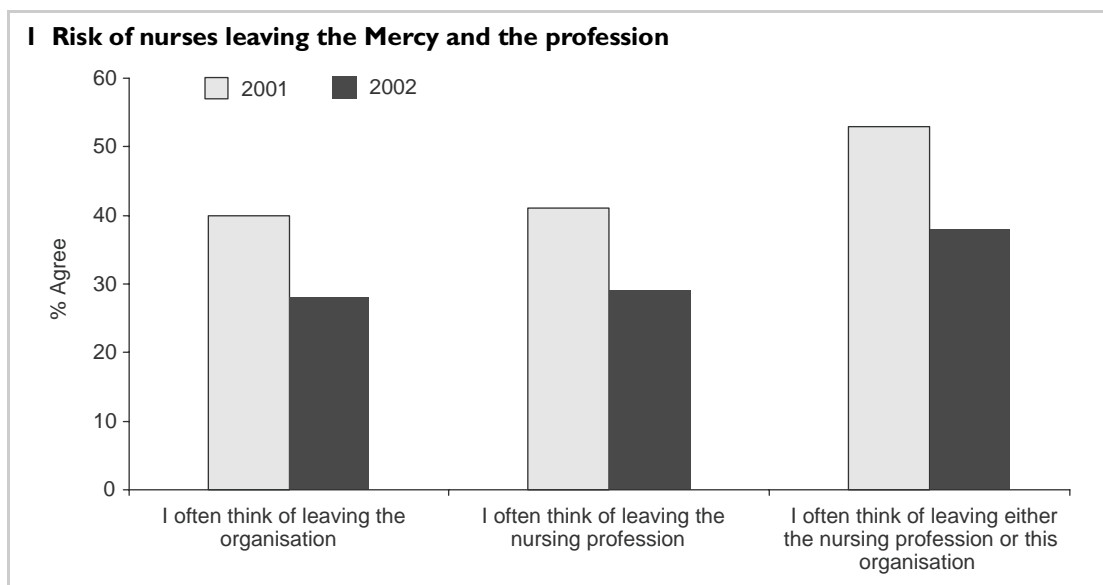
Critical success factor six — social club

Goal: To establish a social club.

Outcome: A Social Club was established for all staff at the Mercy. The club conducts a range of activities and functions for staff to attend.

Results of the repeat survey

The project was successful from both an individual and an organisational point of view. While the



practical outcomes from the project could be seen as modest, the nursing staff reported broader benefits. The Best Practice survey was repeated 15 months after the commencement of the project, and the survey results indicated a significant difference. These included:

- A reduction in the risk of nurses leaving the profession from 41% in 2001 to 28% in 2002;
- A reduction in the risk of nurses leaving the organisation from 40% in 2001 to 28% in 2002; and
- A reduction in the risk of nurses leaving either the profession or the organisation from 52% in 2001 to 38% in 2002.

These results are depicted in Box 1.

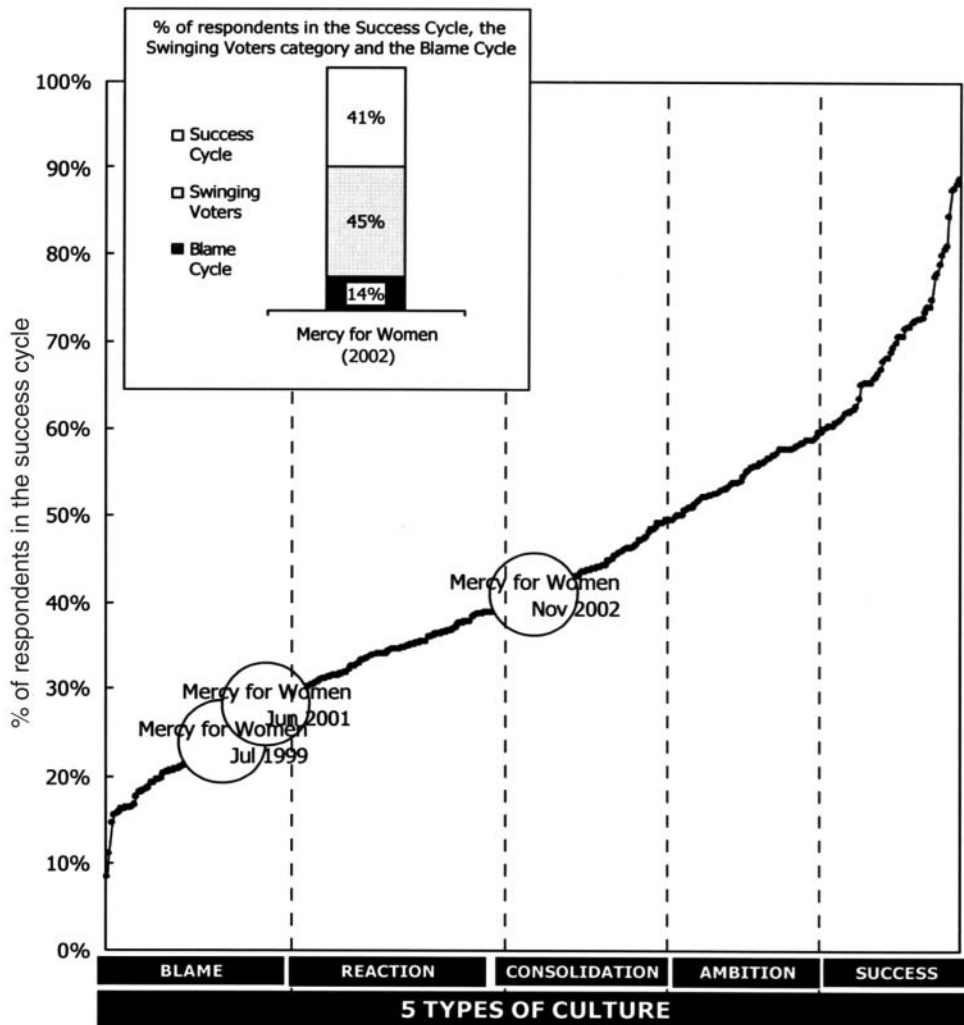
The survey results also indicated an improvement in the culture of the organisation. Box 2 maps Mercy culture, as graphed by Parle (2002) in 1999, 2001 and 2002 rated against 120 other organisations. Mercy has been plotted on a dotted line where each point represents the culture of separate organisation from the Best Practice Database. Mercy in 1999 and 2001 was in a culture of blame and in 2002 a culture of consolidation. Parle (2001) defines consolidation as a culture where there is pressure to consolidate the gains already made and a time

where employees refer to the need for 'a breather'. The overlay box shows a detailed analysis of the responses to the cultural aspects of the survey conducted by Best Practice. The statements using the Likert scale were analysed in three groups. An answer of 1 or 2 is a positive response (success cycle), an answer of 3 or 4 is a neutral response (the swinging voter), and an answer of 5 or 6 is a negative response (blame cycle).

The project review

A review was undertaken in June 2002 to assess the bottom-up team approach. The review examined the success of the components of the team education program, determined their impact on the subsequent teamwork and sought suggestions for improvement in the organisation's approach to projects and project teams. The review used a qualitative approach where information and opinion were collected from team members and executive nurse managers through a semi-structured interview. Nine team members and four senior managers participated. Their responses were analysed thematically.

2 Culture of Mercy Hospital for Women



Source: Parle 2002 (unpublished), used with permission.

The review results indicated that the team members enthusiastically accepted the responsibility and challenge of the project. They developed a good knowledge of the current industrial climate of the nursing profession, and they demonstrated a strong sense of professional and workplace pride. They wanted to contribute to the hospital as a whole and to represent their own particular department or work group. They were empowered to develop ownership and

encouraged to be champions for the retention of staff (Oxtoby, McGuinness & Morgan 2002; Francis & Mazany 1997). As individuals they had a sense of commitment and they wanted to help retain staff at the Mercy by making and creating a more attractive work environment.

As the team developed, so too did the sense of responsibility, accountability and commitment to each other. Improved levels of trust, relationships and mutual understanding supported

team collaboration and enabled open dialogue and discussion.

Participants indicated that they derived a strong positive benefit from the Myers Briggs workshop and that it helped to cement the foundations of the team as a whole. Participants spoke of the development of trust and the formation of bonds that started at this workshop and helped empower the team. They also discussed ongoing benefits including a greater awareness of communication skills in a team environment as well as changes in their personal style, both in their personal and professional lives. Participants also found the strategic planning workshop to be a powerful learning environment where each participant gained an insight into management concepts and processes and a better understanding of the role of management.

The four managers agreed that the approach used was positive for those involved and the organisation. They noted that the empowerment and an increased involvement of some of the staff involved in the project. The project methodology was seen as successful, practical and achievable. All managers noted the need for executive support and ongoing coaching of the team members to ensure delivery of the strategy.

Discussion

The Best Practice Project and several other factors and strategies, underpinned by the progression towards a more positive culture, contributed to the reduction in the risk of nurses leaving the Mercy and the profession. Three factors in the project approach were seen to be essential to its success — the investment in team development, the shared vision that emerged, and the capacity for innovation.

The team shared a vision for the project, which encouraged and motivated them to develop the appropriate skills and capabilities and then take responsibility for achieving the vision. Senge (1990) suggests a shared vision provides incentive for people to learn and excel in what they do. Each team member had a clear

overview of the vision and goals of the project as well as clear expectations of agreed behaviours and outcomes. Without their shared vision, the creative ideas developed for improving retention may not have been implemented and the team members, while they were motivated to learn, may have had difficulties in identifying what to learn (Calantone, Cavusgil & Zhao 2002). The team's shared vision acted to focus and filter the diverse ideas from individual members. The shared vision coordinated the actions of the team. The organisation spent time developing the team. As discussed by Cohen and Prusak (2001), this support for developing the team by investing in time and space for the team to connect, enables the organisation to achieve more than it could as a simple collection of individuals. The difficulty for the organisation in relation to team development was endeavouring to achieve a match between the goals and needs of the individuals and the organisation (Watkins & Marsick 1993). According to the team members there was a successful match.

Finally, the team became innovative in their approach, which was challenging and at times upset the existing routines and practices (James 2003).

Recommendations for improvement

The participants and the managers recognised the importance of team development to assist in meeting the strategic goals of an organisation. Both groups made suggestions for improvement for team development and support in future improvement projects. Their suggestions are also consistent with the strategic direction.

Suggestions for improvement included:

- Ensure ongoing coaching of the team members;
- Ensure there are systems and structures in place so that the teams are able to continue to work in a cohesive manner and remain focused;
- Educate the middle managers about their role as teachers and coaches and as key staff to assist the flow of information;

- Leaders are to continue to push the decision-making down in the organisation by using the bottom up approach for future projects;
- Continue to provide incentives and rewards that encourage teamwork and ongoing professional development;
- Develop a communication strategy for future projects to ensure information and project learnings are fed back into the organisation;
- Ensure there is time for the individual to reflect and review the project to facilitate learning.

Conclusion

The Mercy Hospital for Women is striving to achieve the vision of the organisation using the principles of a Learning Organisation (LO), and this project was part of implementing this direction. While there are many definitions of an LO, the following three definitions best encapsulate the Mercy's aspirations:

"Learning Organisations are organisations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together" (Senge 1990, p. 3).

"The Learning Company is a vision of what might be possible. It is not brought about simply by training individuals; it can only happen as a result of learning at the whole organisation level. A Learning Company is an organisation that facilitates the learning of all its members and continuously transforms itself" (Pedler, Burgoyne & Boydell 1991, p. 1).

"Learning organisations are characterised by total employee involvement in a process of collaboratively conducted, collectively accountable change directed towards shared values or principles" (Watkins & Marsick 1992, p. 118).

For Mercy, the LO is one where there is total employee involvement, where staff are continu-

ally learning and collectively working towards a shared vision. This team had a clear vision, explicit goals to be achieved and measurable outcomes to evaluate the success of the project. This is one example of what an empowered team in a continuous improvement culture can achieve.

Competing interests

None identified.

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(Received 07 Nov 2003, accepted 28 Oct 2004)

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