



Making the Case: Improving Retention to Address Florida's Nursing Shortage

Background on Florida's Nursing Shortage

The Florida Center for Nursing is recognized nationally as the definitive source of data on Florida's nursing workforce. Since its initial conception in 2001, the Center has implemented a number of research projects and initiatives to develop and produce Florida's first-ever state-specific nursing data. The Florida Center for Nursing has provided unprecedented data on current industry supply and demand through a diverse range of research initiatives, including a statewide survey of nurse employers in five nursing-intensive sectors, a survey of license-renewing Registered Nurses (RNs), and recurring analysis of nurse licensure data collected by the Florida Board of Nursing (FBON). These recent projects provided the Center with the information needed to predict Florida's nurse supply and demand through the year 2020.

Our research clearly demonstrates that Florida is facing a critical breakdown in the state's healthcare system. By 2010, the shortage of full-time equivalent (FTE) RNs will be 18,000; in 2020, this number will grow to an alarming 52,000. Demand for nursing personnel in Florida is expected to grow by nearly 25% through 2014, while the average age of the existing nurse workforce is rapidly increasing. As the average age of nurses increases, so does the threat of losing a significant portion of the workforce to retirement. The shortage is even more problematic as Florida already has fewer employed RNs per capita than either the South Atlantic region as a whole or the entire U.S., according to the 2004 National Sample Survey of Registered Nurses.

It is forecasted that the number of elderly Americans will double within just two decades as "baby-boomers" turn 65; as of 2000, Florida was already ranked first in the country for its existing percentage of population aged 65 and older. When combined with Florida's rapidly growing elderly population, this nursing shortage will have devastating effects on the accessibility, quality, and safety of healthcare in Florida as research has consistently shown that nurse understaffing and nurse burnout results in increased medical errors and increased adverse patient outcomes.

Improving Retention as a Mission-Critical Strategy for Addressing the Shortage

Although improving access to nursing education programs will help alleviate the shortage, our research has shown that increasing nursing graduates alone is not enough to resolve the nursing shortage in Florida. According to our most recent Annual Education Survey, Florida's nursing education programs turned away as many as 50% of qualified applicants due to limited funding for faculty positions, faculty shortages, and limited clinical education space.

Not only is it logistically impossible for Florida's nursing schools to produce enough graduates to resolve the shortage, staffing only new graduates would create a dangerous balance of inexperienced nurses in Florida's clinical settings. Focusing solely on increasing new graduates possesses serious ramifications for the quality of nursing care in our state. It is imperative that employers work to retain older and experienced nurses to ensure that patients have access to the vast wealth of knowledge that only years of hands-on experience within the field can provide. Studies have also demonstrated that utilizing safe staffing levels with higher mixes of RNs reduces medical errors and positively affects patient safety.

Florida would realize significant economic benefits from working to address the nursing shortage. In 2008 the Florida Center for Nursing conducted an analysis of the estimated economic benefits of addressing the nursing shortage and found that if the 13,494 estimated nurse vacancies in 2007 were filled, Florida would realize an increase of over \$700 million in annual revenues from spending on goods and services alone. Furthermore, state and local governments would receive an additional \$52 million in tax revenues. Retaining nurses is also a critical aspect of building a competitive healthcare infrastructure, which is essential for recruiting high-tech and life sciences companies to Florida—a key focus of economic councils across the state. The 2007 Florida's Life Sciences Road Map report from the Milken Institute found that, "although general health care is not a significant growth resource, it can serve as a foundation for clinical trials and medical tourism, which can add significant value to the state's life sciences sector." Florida cannot effectively build the life sciences sector without successfully reducing the nursing shortage.

Recent estimates calculate that the cost of replacing a nurse ranges from 50% to 200% of annual salary and the Florida Center for Nursing estimates that the combined cost of annual turnover for RNs and LPNs in Florida exceeded \$1.4 billion in fiscal year 2006-2007. High turnover rates cost more than just the standard cost of replacing an employee; lower staffing levels can result in decreased efficiency and productivity rates for the entire facility. Addressing many of the factors that are adding to the nursing shortage, including burnout and work-related injuries, can help reduce related costs in terms of absenteeism and workers' compensation. According to the VHA, a nationwide network of community-owned healthcare systems, hospitals with higher nurse turnover rates also saw a 36% increase in cost per patient discharge. Reducing nurse turnover rates and working to improve the work environment would generate significant facility-level cost savings that could lead to higher quality, less expensive healthcare for Florida residents.

A national study of nurses showed that 41% of hospital nurses were dissatisfied with their jobs and 22% planned to leave them in less than one year; these findings confirmed the relationship between workplace stress and nurses' morale, job satisfaction, commitment to the organization, and intention to quit - all factors further aggravating the nursing shortage. Only by improving retention efforts and the work environment can we begin to make significant and long-lasting changes that will resolve the nursing shortage.

Retention has a symbiotic relationship with recruitment and improving the work environment issues that affect retention will naturally help to improve overall nurse recruitment. As explained in *Nurses in the Workplace*, "...the best recruitment strategies for increasing supply are those

that influence the image of nursing and the career choices of young people” (Coward, M. & Serow, W., 1992). Focusing on improving work-life practices is not only beneficial to the critical nursing shortage in Florida, but also effective as a business strategy for Florida’s nurse employers.

Understanding Why Nurses Leave

In identifying effective solutions, we must first identify the key areas that affect nurse retention. Research demonstrates that the areas most relevant to nurse retention are as follows: safety concerns/work environment (including lack of proper equipment), hours/schedule, understaffing, professional status, nurse-physician relations, and salary. Although salary is consistently rated lower than work environment as a job dissatisfier for nurses, increasing salary is typically the most commonly used retention approach by employers. Placing an emphasis on sign-on bonuses can have the unintended effect of causing new nurses to bounce from facility to facility to chase the next new incentive and may be ineffective in building long-term loyalty. Furthermore, focusing solely on lucrative sign-on bonuses and increased starting rates does little to reward the older and experienced nurses that are so critical to the workforce. In fact, continuing to reward only new nurses may further increase disillusionment among experienced nurses and inevitably contribute to turnover.

One of the most frequently cited causes for nurse turnover is lack of organizational support and/or poor management, including both corporate management and frontline managers. An overall institutional culture or leadership that is perceived as unsupportive of nurses can have a negative impact on job loyalty and satisfaction. Further, many frontline nurse managers are selected on their clinical success/knowledge and are often unprepared or ill-suited for the human relations aspect of management.

The severe understaffing caused by the nursing shortage creates a vicious cycle, as understaffing leads to increased responsibility and patient loads for the remaining nurses and thereby increased burnout. As fewer nurses are forced to maintain the ever-increasing influx of patients, nurses are often required to work extended hours and frequent weekends and holidays. This is particularly dangerous, as research shows that the occurrence of medical mistakes increases significantly when nurses are required to work shifts longer than 12 hours or when they work more than 40 hours per week. The chronic stress caused by working extended hours aggravates the already high rates of injury among nurses. Nursing is consistently rated as one of the top 10 injury-prone occupations by the Bureau of Labor Statistics; as obesity rates increase, already high back injury rates among nurses are set to rise. 60% of Florida’s adults are overweight and/or obese and many hospitals do not have adequate safe lifting equipment to help move and turn immobile patients. Additionally, exposure to chronic and life-threatening diseases via needlestick injury is a very real risk for nurses. According to a survey of nurses by the American Nurses Association, 65% of the nearly 5,000 respondents indicated that they feared a severe back injury and 45% feared that they would contract a deadly disease from a needlestick injury. For many nurses leaving the field, the grueling hours and injury risk may not seem “worth it.”

As with other fields that are focused on service, professional status plays a significant role in the satisfaction of nurses. One critical and commonly cited job stressor for nurses is the often

tenuous relationship between physicians and nurses. A large-scale study (Rosenstein, A., 2002) evaluated 1,200 responses from physicians and nurses throughout 84 hospitals across the VHA system and found that nurse-physician relations were “extremely important” in nurse job satisfaction. The vast majority of responding nurses reported that they had personally experienced or witnessed firsthand some form of “disruptive physician behavior,” which they felt had a substantial impact on nurse retention. Relational aggression, or “bullying,” among nurses can add additional stress to the work environment and may also contribute to nurse turnover. Not only does a hostile work environment affect nurse retention, but it may cause serious communication breakdowns that lead to increased medical errors.

Research demonstrates that nurses are increasingly spending more time on administrative tasks and less time at the patient bedside, which is also detrimental to nurses’ self-image and professional status. While already managing overwhelming patient caseloads, the addition of increasing administrative duties and paperwork significantly impedes both the quantity and quality of time that nurses can spend on direct care with their patients. Because so many nurses are drawn to the profession due to their compassion and desire to care for patients, this can add significant stress to their work lives.

Innovative Initiatives for Improving Retention Efforts

Successfully addressing the nursing shortage requires a demonstrated commitment to identifying and implementing proven best practices and innovative initiatives. We must focus on improving safety, leadership, and the overall professional status of nursing. In addition to common workplace concerns, there are demographic issues further exacerbating nurse retention. According to our research, the average age of RNs in Florida is 47.7 and the nursing population is over 90% female. With this knowledge of the nurse workforce, it would likely be beneficial to evaluate strategies aimed at improving retention and recruiting efforts among targeted demographic groups including: older workers, working mothers, males, and minority groups.

Fostering a positive work environment that is supportive of nursing and creates a culture of respect for the profession is key to improving long-term nurse retention. Effective retention efforts are not simply an act of “catching-up” to retain dissatisfied workers, but are part of both overall organizational culture and initial recruitment efforts. Retention among all nurse populations can be increased by focusing on improving the overall organizational climate. A Harvard study found that positive managerial practices have a considerable impact on retaining frontline nursing staff. Ensuring frontline managers are both a good fit and adequately trained for a supervisory role is key to creating an effective management team.

Nurse employers can also proactively reduce turnover by implementing effective hiring practices to ensure the best fit possible between nurses and specific organizational cultures. By utilizing hiring models such as the “realistic job preview” or the “expectancy lowering procedure,” hiring managers can help create more realistic expectations of job requirements and improve the likelihood of a long-lasting match between the nurse and employer.

Visible and positive organizational leadership that is clearly focused on nursing is essential to improving the work environment. Multiple programs exist, including the Fourteen Forces of

Magnetism, Nine Principles and Elements of a Healthful Practice/Work Environment, Six Essential Standards for establishing and sustaining healthy work environments, and Twelve Nurse-Friendly™ Hospital Criteria program. Likely the most common approach utilized by hospitals is to seek Magnet Recognition, which is based on a set of nurse-friendly criteria set forth by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association). As previously reviewed by the Florida Center for Nursing, the common elements of all these programs include: improved collaboration, increased autonomy/accountability for nurses, improved decision-making ability, safe staffing levels, effective leadership, and improved access to professional development opportunities.

While endeavoring to improve work environments will help to increase retention among all nurses, it is essential to pay particular attention to retaining older and experienced nurses. Not only do experienced nurses possess extensive practical experience critical to ensuring the highest levels of patient safety, they are also an invaluable resource for mentoring and training newly hired nurses. Effective orientation programs that include pairing new nurses with an experienced nurse mentor can have a dramatic impact on the retention of new nurses. Implementing programs aimed specifically at retaining older nurses has broad-reaching rewards, including increased patient safety and improved retention among both new and experienced nurse populations. According to *Wisdom at Work*, a comprehensive study on retaining older nurses funded by the Robert Wood Johnson Foundation, benefits were found to be more effective as “retention rather than recruitment strategies, with older nurses showing preference for benefits and retirement plans.”

Increasing flexibility within the workplace may also help to improve retention among older nurses, as the ability/desire to work 12-hour shifts and/or 40-hour work weeks may decrease with age. Offering additional work shifts may help to retain and recruit other nurse populations, such as working mothers. Some examples of alternate work schedules and strategies that have generated success include offering a seven day on/seven day off schedule, self-scheduling and shift-bidding, “seasonal” schedules with nine months working and three months off without losing benefits, job-sharing, four- or eight-hour shifts, and three consecutive 10-hour days for 40 hours pay and benefits.

Developing career paths for nurses and creating additional professional opportunities may help address both professional image and increase the amount of time that nurses are able to spend with their patients. Innovative solutions include creating patient liaison roles or admission roles for older nurses, thus eliminating some administrative responsibilities for staff nurses while creating a less-stressful role for older nurses. Additionally, some organizations have implemented a clinical nurse leader as the clinical counterpart to a nurse manager. As aforementioned, the nurse with the strongest clinical skills is not always the nurse with the strongest management skills. Breaking the function of nurse manager into two roles will not only alleviate some of the workload of the existing nurse manager, but also allow nurses with strong clinical skills to lead without holding responsibility for staff management. Offering tuition reimbursement may not only encourage nurses to target these advanced roles, but may also persuade nurses to seek advanced degrees; this could have the long-term effect of deepening the potential pool of nurse educators, another group that is critically shrinking.

Focusing on improving understaffing and decreasing patient caseloads is critical to increasing nurse morale and patient safety. Ensuring that a unit is effectively staffed is the first step at reducing the exodus of nurses. Although short-term strategies may be necessary to improve staffing levels, long-term retention efforts will unlikely be successful without addressing the overwhelming and dangerous workload nurses now face due to understaffing's wide-ranging impact on nearly all areas of nurse satisfaction. Some have proposed the use of mandatory staff-to-patient ratios, although opinions on the efficacy of this strategy vary greatly. One innovative take on the mandatory staff ratios was implemented by the Australian Nursing Federation (ANF). The ANF utilized an approach of a group ratio, legislating 5 nurses for every 20 patients. This approach enables nurse units to allow an experienced nurse to manage a larger patient caseload than a new graduate nurse while still meeting mandatory ratios.

Conclusion

To retain both new and experienced nurses, it is imperative that we foster both the development and implementation of innovative retention strategies throughout clinical nursing settings. While we can continue to identify legislative opportunities to address the shortage, a successful long-term strategy must be comprehensive and include working with nurse employers to cultivate new ideas and facilitate permanent changes in the work environment. The Florida Center for Nursing, with matching funds from Blue Cross Blue Shield, Inc. of Florida, established the Retention and Recruitment Funded Project Initiative to stimulate innovative strategies from nursing's frontline employees. This highly successful initiative generated a return on investment (ROI) of \$3.70:\$1.00 for our nine selected projects in 2008; in 2009, the ROI for our six grant recipients will be an impressive \$13.92:\$1.00. These projects are critically assessed for potential replication and "lessons-learned" are available to all employers. As this project continues, we hope this initiative will serve as a resource for employers seeking new and evidence-based strategies for improving retention and recruitment.

The Florida Center for Nursing is also in the process of developing a comprehensive web-based database for innovative retention and recruitment practices. This database will be a comprehensive collection of effective nursing and human resources best practices and serve as a go-to resource for employers and nurse managers interested in maintaining their current workforce. By integrating the latest strategies into a single database, the Center aims to increase access to cutting-edge retention and recruitment solutions and thereby help enhance nurse employers' ability to improve existing work environments.

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