Leadership and Its Effects on RN Recruitment & Retention: A Case Study

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Introduction & Background

The Case Study was focused on RN Recruitment and Retention at a hospital in south Georgia. The hospital’s patient population consists of individuals with behavioral health disorders. Nurses are desperately needed to care for these individuals. Nurses are recruited to work at the hospital in 1 of 3 ways: 1) direct hire via the State of Georgia, 2) partnership with a local University Medical Center, and 3) hire via professional nurse staffing agencies.

Background

Currently, there is no Nurse Recruiter position designated to specifically recruit nurses for the hospital. Per the Chief Nurse Administrator, the hospital has an 87% vacancy rate for nurses (RNs) as of September 2015. The national benchmark statistics for nursing, according to the American Association of Colleges of Nursing (2014) include the “average RN turnover rate was 13.9%,” the vacancy rate was 16.1% and the average RN cost-per-hire was $2,821” (para. 32). According to the University Medical Center Employment Charts from 2012 to July 2015, the Staff/Charge RN Net growth is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Growth</th>
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<tbody>
<tr>
<td>2012</td>
<td>6</td>
</tr>
<tr>
<td>2013</td>
<td>15</td>
</tr>
<tr>
<td>2014</td>
<td>2</td>
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<td>thru 7/2015</td>
<td>-5</td>
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<tr>
<td>2012-2015</td>
<td>18</td>
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<td>2014-2015</td>
<td>3</td>
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Data Collection

After a series of face-to-face interviews with randomly-selected staff nurses from the facility between October and November of 2015, it was discovered that problems related to nursing leadership had an adverse impact on recruitment and retention efforts. The main leadership issues identified from the majority of staff nurses interviewed included:

- **Low Pay** (i.e., particularly State pay is too insufficient due to the nature of the job and its associated “stressors”/none of the nurses interviewed would choose the State as a full-time employer due to low pay)
- **Poor Leadership** (i.e., “nurse managers need management training”, “nurse managers do not help put on the floor in times of short-staffing”, “we never see top nursing leadership—they don’t come around”)
- **Poor Organization/Chaos** (i.e., one floor described as being “a Middle Eastern war zone”)
- **Chronically Understaffing & Safety Concerns** (i.e., “due to lack of nurses, call-ins, no shows/over-reliance on agency/part-time-PRN nurses”)
- **Poor Orientation** (i.e., “to floor duties and responsibilities once leaving initial orientation”)
- **Lack of Stability** (i.e., “too much change [by managers] at the beginning of the shift without proper notice or direction”)
- **Mandatory Overtime Policy**
- **No Flexibility with Scheduling Shifts** (i.e., “no opportunities for split-shifts, chosen overtime”, etc.)
- **Lack of Good Communication Between Nurse Managers and Nurses** (i.e., “disrespect from nurse managers/no appreciation/more negative than positive communication from managers/acts of favoritism”)  
- **Disrespect** (i.e., “allowed from [some] MD’s”)
- **Stress** (i.e., “from nurse managers, constant fighting in work environment, lots of paperwork”)

Evidence-Based Literature

According to Li and Jones (2013), the turnover of nurse staffing affects healthcare organizational costs as well as the quality and safety of nursing care. Nurse turnover affects organizational productivity, and it costs healthcare facilities a lot of money to recruit new nurses, advertise position openings, and train new nursing staff (Li & Jones, 2013). These costs for healthcare agencies become even more pronounced as nurses leave their jobs or leave the nursing profession altogether after a short period of time. Nurse Turnover can affect the type of salaries healthcare organizations are able to offer potential new nurses to fill those vacancies (Li & Jones, 2013).

Kerfoot (2015) stated that “turnover is detrimental to a hospital’s bottom line, it also results in a huge loss of intellectual capital for the provider, and it dampens employee morale” (para. 5). Koocher and Kamikawa (2010) detailed strategies to improve RN retention. A Havanian hospital initiated strategies such as the implementation of a “New Nurse Fellowship Program, Clinical Coaches and the Nurse Managers Academy” to improve their RN recruitment and retention (Koocher & Kamikawa, 2010, p. 36). Rivers, Pesata, Beasley, and Dietrich (2011) also proposed the use of transformational leadership as a way of improving RN retention. This transformational leadership involves using Coaches to help nurses deal with the stress, fatigue, and burnout inherent in the nursing profession (Beasley et al., 2011). The Coaches are part of programs created in conjunction with the organization’s Employee Assistance Programs (EAPs) to help nurses develop resilience, which will enable them to deal with the on job stressors and facilitate increased job satisfaction (Beasley et al., 2011).

Another main factor in RN recruitment and retention involves mandatory overtime. Mandatory overtime can affect a nurse’s physical and psychological well-being (American Nurses Association [ANA], 2015). ANA (2015) reports that “working long or extensive hours, or beyond a scheduled shift can lead to negative patient and nurse outcomes. Studies have also shown that nurse overtime has been used as a solution to treat chronic understaffing and variations in patient census” (para. 1). Mandatory overtime can lead to reduced patient and nurse satisfaction, issues in nurse recruitment and retention, job-related injuries, litigation, medical errors/adverse events, and low nurse work performance (ANA, 2015). The ANA endorses the Institute of Medicine Report that “recommend[es] that nurses work no more than 12 hours in a 24 hour time frame, and no more than 60 hours in seven days in order to avoid nurse fatigue which may lead to preventable patient care errors or nurse injury” (ANA, 2015, para. 6).

Interventions & Recommendations

The following initiatives should be implemented over the course of the upcoming year (ASAP) to improve RN recruitment and retention:

- **Hire a permanent Nurse Recruiter** (preferably one with a background in both nursing and/or human resources) to attract top-notch nursing staff

- **Eliminate the Mandatory Overtime Policy**—a policy which many nurses do not like, and also causes many of them to resign

- **Increase Pay** (for State of GA employed RNs) to be competitive with pay from the University Medical Center and nurse staffing agencies in an attempt to increase regular, full-time nursing staff instead of mostly part-time and PRN employees hired through the State

- **Create a similar “New Nurse Fellowship Program”** to mentor and assist new Graduate Nurses as well as nurses new to the Hospital during their transition from new to existing employee

- **Adapt a “Transformational Leadership” approach** to nursing leadership and management to emphasize “resilience” which may help to build trust with nursing and patient satisfaction and improved patient outcomes

- **Mandate that all nurse managers attend a similar “Nurse Managers Academy”** to gain nursing leadership & management skills to effectively lead, manage, and communicate with their unit nursing staff

**References**


