Creating a culture to improve retention

Susan, a new employee, and Connie, a veteran perioperative nurse, are in an OR preparing for the next case. Connie asks Susan what equipment and supplies she’s gathered for the procedure. Susan lists what she has ready. Connie stops and says in a loud, condescending voice, “We went over this before. You need Kerrisons and a bipolar for this procedure.” Susan looks bewildered and sighs heavily.

How could Susan handle this situation? How can she acknowledge the mistake but let Connie know diplomatically that she doesn’t like being talked to that way?

The staff at Loyola University Medical Center (LUMC), Maywood, Ill, can build skills in managing conflicts like these through a video developed by OR leaders.

Since the video and accompanying training have been offered, staff members are resolving more problems themselves. Fewer staff are asking for help on interpersonal issues.

The video is part of a recruitment and retention program LUMC undertook in 2004 and 2005. Conflict resolution emerged as a need in feedback OR leaders collected from both new and existing staff.

The recruitment and retention program has made a difference in such key measures as staff turnover and use of agency personnel.

Historically, LUMC has experienced prolonged vacancies in the OR. Before the project began, 9.2 of the OR department’s 85.29 FTEs were agency personnel, and the annual staff turnover rate was 6.2%. A number of newly hired nurses were leaving within the first few months after orientation. Loyola has 19 ORs and performs about 11,400 cases a year.

Surveying the staff

The initiative began with a staff survey in October 2003 that indicated the staff’s trust had been affected by several leadership changes. Survey results and insights from OR leaders identified the most significant contributors to staff dissatisfaction:

- limited manager/supervisor availability to the staff
- inconsistent communication throughout the department
- inflexible staff scheduling and on-call signup process
- poor staff involvement in decision making
- lack of staff recognition.

The initiative, a collaborative effort by OR leaders and the hospital’s organizational development and human resources departments, focused primarily on retention because that was identified as more critical than recruitment.

The purpose was to foster staff trust by creating a culture of responsiveness. By enhancing the culture, OR leaders hoped to improve utilization of agency personnel, staff turnover, and vacancy rates.

After changes were introduced, staffing statistics improved and now are better than the national average (graph). Staff turnover improved by 35%. The monthly expenditure for agency personnel fell from almost $105,000 to $64,000 between 2003 and 2004.

### Loyola OR staffing statistics

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<tr>
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<tbody>
<tr>
<td>Vacancy rate</td>
<td>3%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Average no. open positions</td>
<td>-2.29 FTEs</td>
<td>+3.81 FTEs</td>
<td>1.9 FTEs</td>
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<tr>
<td>Average days to fill positions</td>
<td>61 days</td>
<td>NA</td>
<td>91 days (7 weeks)</td>
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Note: NA = not available.

Source: Loyola University Medical Center, Maywood, III. National data is from OR Manager Salary Career Survey, September 2005.
Gathering feedback from orientees

Retention after orientation was one area leaders wanted to strengthen. Because of strong competition for experienced perioperative staff in the Chicago area, LUMC has been recruiting new graduates and nurses without OR experience. The OR conducts 2 perioperative education programs a year, with 7 to 10 nurses per class for a total of 17 to 20 orientees a year. Orientation for a nurse without OR experience takes about 7 months and is facilitated by the clinical nurse educator.

To learn what might improve retention, leaders developed a structured post-orientation feedback tool to gather information from orientees. The tool has been used for about 1 1/2 years, and the results have provided insight not only into how to improve orientation but also the OR culture as a whole.

The tool is administered by a representative from the HR department who meets with the orientees. Leaders from the OR are not involved. The HR representative aggregates the results and gives the leaders a summary. Focus groups are also conducted with orientees to gather feedback.

The tool has led to a number of improvements, such as standardizing the feedback process and establishing clear learning objectives and goals. One finding was that during specialty rotations, there was too much focus on details, such as surgeons’ instrument preferences. Instead, general goals and objectives were needed for each service. This has enabled the OR to reduce orientation from 9 months to 7 months.

Two other patterns that emerged were the need for training in conflict resolution and cross-generational awareness among new and existing staff. Staff members allowed conflict to build and did not know whom to go to for help in resolving it.

Boomers and Gen Xers

There also was conflict among the generations. About half the staff are Baby Boomers, born between 1946 and 1960. There also is a mix from Generations X (1961 to 1980) and Y (1980 on). The generations have different outlooks about work. One example is how the staff spends down time. Gen Xers tend to see work as social and want to spend time with their friends. Baby Boomers tend to be more task oriented and look for projects to do.

Cross-generational issues have been addressed primarily by increasing awareness among the staff during orientation and at in-service sessions. Team leaders have received more extensive training in all-day sessions. Leaders now hear comments from staff that express more understanding and tolerance, such as, “Oh, I see. This is a Gen X thing.” Or “This is a Boomer thing.”

Managing conflict

The conflict resolution video has 6 scenarios illustrating conflicts that arise among staff, between staff and supervisors, and between staff and physicians. The video is accompanied by a training session. The training encourages staff members to resolve their own conflicts by talking directly to the person they are having a conflict with. Orientees are provided more in-depth training in a 2-hour session that walks them through each of the scenarios.

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OR Nurse Manager

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Changes to improve retention

Loyola University Medical Center made these changes to boost retention:

Provide more supervision
Additional supervision was provided on the day and evening shifts to improve workflow issues and staff accountability. An assistant nurse manager position was created for the off-shifts to give the person more power than a charge nurse. The staff perceived the charge nurse role as not having authority to make many decisions or changes. A supervisor was also provided for the transport and cleaning teams.

Improve staff input
Staff input in committees was increased. For example, a staff scheduling committee examined on-call signup, a big issue. Some of the questions were: Is the signup fair? Do all of the staff have access to it?
Staff also are involved in committees that consider clinical changes, such as room stock and trauma case carts.

Increase staff involvement in committees
Staff members have volunteered for hospitalwide committees, such as product evaluation, recruitment and retention, and quality improvement. They report back to the staff.

Provide more recognition
Employee recognition was incorporated into monthly staff meetings. The staff can nominate peers for awards by filling out a card anonymously. Among awards are pins and gift cards. When an OR staff member receives an award, it is read at a staff meeting or during report. Some supervisors send handwritten thank you notes to employees at home, and the hospital sends letters for good attendance.

Bonus contracts for off shifts
Special bonuses unique to the OR encourage permanent employees to work evening and night shifts. For example, an employee who agrees to work the 3 pm-to-11 pm shift Monday through Friday for 6 months is paid a lump sum of $10,000 at the end of that period. The bonus is $15,000 for the night shift. This has reduced use of agency personnel to 1%.