RETAINING PROFESSIONAL NURSES

A PLANNED PROCESS

JUDITH F. VOGT
JOHN L. COX
BETTY A. VELTHOUSE
BARBARA H. THAMES

RETAINING PROFESSIONAL NURSES
a planned process

JUDITH F. VOGT, Ph.D.

Associate Professor of Management,
College of Business, Department of Management,
The University of West Florida,
Pensacola, Florida

JOHN L. COX, Ph.D.

Associate Professor of Management,
College of Business, Department of Management,
The University of West Florida,
Pensacola, Florida

BETTY A. VELTHOUSE, R.N., M.S.N.

Visiting Professor, College of Business,
Department of Management,
The University of West Florida,
Pensacola, Florida

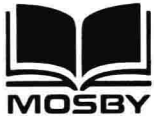
BARBARA H. THAMES, R.N., M.B.A.

Assistant Director of Nursing
West Florida Hospital,
Pensacola, Florida

with **31** illustrations

The C. V. Mosby Company

ST. LOUIS • TORONTO • LONDON 1983



A TRADITION OF PUBLISHING EXCELLENCE

Editor: Michael R. Riley
Assistant editor: Sally Gaines
Manuscript editor: Judy Jamison
Design: Jeanne Bush
Production: Kathleen L. Teal, Teresa Breckwoldt, Judy Bamert

Printed in the United States of America

The C.V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63141

Library of Congress Cataloging in Publication Data

Main entry under title:

Retaining professional nurses.

Bibliography: p.
Includes index.
1. Nurses—Employment. 2. Health facilities —Personnel management. 3. Labor turnover. I. Vogt, Judith F. [DNLM: 1. Nursing—Organization. 2. Personnel management. WY 30 R437]
RT86.7.R46 1983 362.1'73'0683 82-14159
ISBN 0-8016-5226-X

VT/VH/VH 9 8 7 6 5 4 3 2 1 01/A/054

RETAINING PROFESSIONAL NURSES

a planned process

To those professionals who have touched our lives
and made this endeavor meaningful and cogent
and who have given us the impetus for completion.

Delores, Larry, Madeline, Judy,
Vicky, Ken, Diane, Ruth, Kay, Usha,
Virginia, Marilyn, Sherry, Phyllis, Cynthia,
Beth, Peter, Paulette, Mary, Madelyn, Kathy, Pat,
Carmen, Jack, John, Jo, Linda, Joe, Barry, Joani, Romona,
Sandy, Annie Mac, Mary Jo, Justo, Nita, Edna, Charlotte, Sally, Fran,
Carol, Connie, Vickie, Jean, Sharon, Janis, Janet, Faye, Sharon, Norma, Karen

PREFACE

This book goes beyond simplistic and narrow solutions to solve the problems of nursing shortage and turnover. Our book, in fact, demonstrates that there is no shortage of nurses; however, their turnover and dropout rates are high. We explore and document the reasons for and consequences of these problems from financial, managerial, organizational, and professional viewpoints.

It is our perspective that retention strategies that work are those that are (1) planned according to the needs and circumstances of the specific facility, (2) constantly assessed and updated, and (3) based upon such principles of human resource management as staff development, team building and enhanced communications, and skilled, growing, effective managers. We also imply, through the use of the positive word "retention," that only healthy components—guidelines and activities—are appropriate to the objective. We are proactive (to retain) versus reactive (to recruit or to cope with turnover). We focus on opportunities and innovations and the roles of hospital administration and nursing administration as well as those of the head nurse and supervisor.

Our purpose in writing this book is to provide those individuals concerned with the retention of nurses more creative and innovative approaches to keeping nurses in the profession and work force. Our biases stem from our education, experiences, and belief systems. An educator, an industrial engineer, a management consultant, and a nurse manager bring their insights and orientations to the issues and practical resolutions of high turnover. Our common thread, which we transmit through this book, is the belief that professional people want to grow, want to contribute, and want to be valued, and that health care organizations that foster and encourage these human conditions will retain productive, self-fulfilled nurse professionals.

A major strength of this book lies in our broad backgrounds. We offer a unique blend of theoretician/practitioner/educator with industrial, organizational, and academic experience. The result is a book that combines the philosophical aspects of people management with practical and proved methods

for increasing nurse retention. A second strength of the book is its emphasis on contemporary, innovative, and utilitarian approaches and strategies for increased retention. Third, our book offers a conceptual framework as well as specific suggestions. This allows its readership the opportunity to explore other alternatives within a theoretical structure. Additional contributions to theory will be generated by others as they define their position. Fourth, the book offers recommendations directly applicable to both the process and content of retention program design. It speaks to issues related to developing a tailor-made approach for the best fit in each organization while it offers specific activities and insights relevant to first-line supervisors, middle managers, chief administrators, and boards of directors.

This book began with four professionals who had an idea. We came together, nurturing the idea and our own unique perspectives derived from our own backgrounds, education, and experiences. Throughout the writing we have valued each other's opinions, ideas, disagreements, work schedules, feedback, work styles, and end-points. We have valued our differences and recognized the core of our similarities. We each have grown and we each have learned. The outcome is a major contribution to health care which was supported by attending to process issues of our relationships. We believe our efforts to be of the highest quality.

We appreciate our colleagues at The University of West Florida for creating a climate conducive to the pursuit of achievement. Members of the Management Department, especially Ralph Roberts, Chairman, as well as Richard Einbecker, Dean of the College of Business, and Dr. Arthur Doerr, Vice President for Academic Affairs, have been particularly supportive of this endeavor. In addition, West Florida Hospital and its administration and staff have been important to our efforts and deserves special attention. We thank them all.

We also want to recognize our publisher, The C.V. Mosby Company, for its valuing and support of this project as well as for its outstanding attention to its responsibilities. Of most significance to us were Chester Dow, Senior Editor, Nursing Sciences Division, and Sally Gaines, Assistant to the Senior Editor. Chet has been exceptional from our first interaction with him—his professional demeanor corresponded with our hopes for the book.

Several persons have typed or administered the details of the project; they include Z (Zenobia) Milhouse, Ileana Martinez, Marie Glass, Cindy Watford, and Debra Hyder. They were committed to a professional representation of our efforts and have so performed.

And for each of us there have been significant, supportive, and special people:

For Judy, her co-authors—Betty, Barbara, and Lew—and Professor Allen Menlo of the University of Michigan, her mentor.

For Betty, her sister, Chuckie, who always asks, "How is your writing?"

For Barbara, Virginia Williams, Director of Nursing, Jack Bovender, Administrator, and Cynthia Ayres, for her creative input in figure designs—all from West Florida Hospital.

For John L. (Lew), Linda and Jeff for their patience.

Judith F. Vogt
John L. Cox
Betty A. Velthouse
Barbara H. Thames

RETAINING PROFESSIONAL NURSES

a planned process

CONTENTS

1 Overview, 1

Introduction: our perspective and philosophy, 2
Nursing: a historical perspective, 5
Description of the problem, 12
The impact of turnover, 16
A conceptual conclusion, 29

2 The entry process and its consequences, 34

Human resource planning, 35
Recruitment, 41
Selection, 49
Placement, 58
Orientation, 66
A conceptual conclusion, 70

3 Supervising for retention, 72

Supervisory style, 73
Supervisory aura: team building, 79
Supervising through socialization, 93
Supervisory skills, 97
Supervising to retain self, 101
A conceptual conclusion, 104

4 Motivation, 106

Framework considerations, 107
Three overlooked theories of motivation, 110
Two plus theories of motivation that started it all, 120
Process and content theories of motivation, 132
The motivational relationship revisited: employee-manager-organization, 134
Practical applications, 137
A conceptual conclusion, 143

5 Ongoing professionalization, 147

Introduction: professionalism and nursing, 148
Building into the system, 152
Individuality and job design considerations, 167
Program design, 171
A conceptual conclusion, 175

6 The hospital milieu, 178

Administration: board of trustees/directors, 180
Hospital administrator, 185
Hospital management, 189
Nursing administrator, 191
Interdepartmental relations, 193
Collegiality with physicians, 197
Organizational structures and policies, 200
Organizational climate, 204
Organizational attitude: a willingness to invest, 205

7 Innovations, 210

Caution, 211
Introduction, 211
An index of innovations, presented alphabetically, 211

8 Planning for change and changing: organizational development, 233

The process of change, 237
Phases of OD, 251
The people in OD, 271
The impact of change, 287
A conceptual conclusion, 287

1

OVERVIEW

INTRODUCTION: OUR PERSPECTIVE AND PHILOSOPHY
NURSING: A HISTORICAL PERSPECTIVE
DESCRIPTION OF THE PROBLEM
- Impact of a myriad of forces
- The women's movement
- Crisis management orientation
- Causes and roots of turnover

THE IMPACT OF TURNOVER
- Financial
- Productivity
- Staff maturity
- Growth (turnover as a positive force) and non growth
- Disillusionment
- Prestige of the profession

A CONCEPTUAL CONCLUSION
- Efficiency and effectiveness defined
- . . . And the retention of nurses

INTRODUCTION: OUR PERSPECTIVE AND PHILOSOPHY

Nurses are plentiful. Enough qualified, educated practitioners exist to provide excellent patient care to all hospital (institutionalized) patients. In the early 1950s, it was reported that there were more nurses who did not practice their profession than those who did.[14] This trend has not diminished; a study in 1976 estimated that 55% of all qualified nurses did not practice nursing.[2] This behavior is compounded by (and probably interrelated with) nursing's struggle for identity in the health care industry as well as by the increased variety of professional opportunities recently opened to women. The "nursing shortage" has reached crisis proportions. Yet, it does not exist.

In 1973 it was estimated that 68 to 75% of all employed nurses worked in hospital (institutional) settings.[12] This environment epitomizes the essence and experience of nursing care to many nurses. There are many nurses who find this the most rewarding arena in which to practice, many who find the structure and security of the hospital optimum for their work. The nurses practicing in this setting, however, experience frustration, disillusionment, and value conflict. Hospital surveys report turnover of up to 50% annually (in 1955, 67%; in 1962, 58%; in 1965, 58%; in 1970, in multiple surveys, 40%, 100%, 70%; in 1974, 35 to 60% and 15 to 57%). To provide these nurses with fulfillment, job satisfaction, reward and value, growth options, respect, and a desire to continue in nursing, is the emphasis of this book.

The answer to the nursing shortage does not lie in increased numbers, or in innovative nurse preparation schemes, or in grander recruitment practices. Since the early 1960s the number and variety of nurse preparation programs have grown explosively. Controversy, antagonism, and rivalry continue between the diploma graduate, the baccalaureate graduate, the 27-month RN, and the 5-year program graduate. The role of and need for the LPN and the nurse's assistant are discussed repeatedly and at high levels. Although these issues need resolution, they are beyond the scope of this manuscript because we believe they do not significantly affect nurse attrition and turnover. Emphasis will be put on the quality of the individual nurse's contribution and the reward attached to that contribution, rather than the quantity of nurses that can be generated.

Monies are being spent lavishly on recruitment. Advertisements are large, offering such enticements as bonuses, bounties, lengthy orientations, and internships. Much of this effort, time, and money is wasted because recruitment does not have a partner in retention. There is little thought of, plan for, or work toward retention. Recruitment and retention must be congruent. The hiring of personnel "implies a social obligation on the part of the organization to take reasonable steps to ensure the continuity of employment as well as an economic obligation."[21] Few hospitals are oriented toward fulfilling this social obligation. A high degree of retention is not accidental. It does

not coexist with an attitude of acceptance; that is, "our turnover rate is only 30%, which is within the national average, so we do not have a problem." Turnover represents a failure on the part of the organization in selection, placement, orientation, supervision, or challenge.

Turnover is costly, and it is contagious. It is imperative therefore that turnover be thoroughly investigated. Preestablished criteria must be outlined for both acceptable and unacceptable turnover. Each nurse has an individual reason or combination of reasons for leaving a job. It is therefore important that each case of turnover be analyzed. When statistics on turnover are collected, voluntary and involuntary turnover must be separated. Karl D. Bays, in his address to the National Conference on Nursing in 1981, stated that the nursing shortage in this country will not be solved until we learn to ask the "right questions. One important question is whether we have often enough asked nurses themselves about their roles, their motivations, their goals and ideas."[3] Turnover is also necessary for the health and well-being of the organization. "As less qualified people leave, openings are created for more qualified replacements. If the process functions well, the organization is continually revitalized and upgraded."[20] A complacent attitude toward turnover suggests and leads to a diminished value of and investment in the employee (the nurse), which contributes to the problem. Further, it puts the organization in a dependent, passive, and reactive position at a time when health care desperately needs a proactive and independent posture.

High turnover has become an accepted fact in health care. It is accepted because 98% of nurses are women and because it is a profession that has been historically dependent on the physician. But the most significant reason turnover remains an accepted fact of health care is that to attack the problem would involve planning, commitment, cooperation, and change within an entire organization. Nurse shortage and nursing turnover have been recognized as a critical combination. It became crucial primarily when the turnover-shortage phenomenon began causing the closure of hospital units and putting a strain on the hospital budget by consuming large amounts of money for supplementary agency nurses. Turnover is a serious, alarming problem.

Some of the known causes of nurse turnover include frustration, boredom, apathy, value conflict, rotation of shifts, powerlessness, lack of recognition, "burnout," unrelenting stress, low salaries, conflict between professional excellence and promotion criteria, poor definition and role clarity within professional hierarchy, and conflict between physicians and nurses. The complexity, diversity, and importance of the issues involved dictate an in-depth, long-range approach to solution and resolution. The strategy must be focused on both individuals and the organization, must include both short-term and long-range project perspectives, and must contain elements of ongoing individual, departmental, and organizational assessment. A con-

certed effort to fix nursing turnover necessarily involves change, conflict, growth, commitment, consistency, creativity, ambiguity, flexibility, and productivity. It is not an undertaking to be assumed lightly or a decision for one person alone to make. It goes beyond monthly in-service education and orientation; it involves attitudes, beliefs, personal needs, patterns, values, territoriality, milieu, and organization dynamics. It involves participants/employees in multidisciplinary proactive planning, discussion, and change. Effective strategies will create stress within individuals, departments, and the organization. There is a need to build in mechanisms and forums for dealing with the anxiety, ambiguity, and ambivalence prompted by corrective efforts.

Nursing turnover–nurse shortage is a threat to our present system of health care delivery. Some type of change is necessary. Professional nurse continuity enriches the organization in community regard, in professional reputation, in consumer evaluations, and in increased revenue. The benefits of increased efficiency, profitability, productivity, morale, and growth provided by a stable work force have been demonstrated repeatedly by industry.[18] The stable professional staff is even more significant.

Retention is planned. It is obvious in an organization's mission statement and in an administrator's philosophy, as well as in the organization's policies and procedures, supervisory job descriptions, performance appraisal mechanisms, conflict resolution tactics, and its methods for self-evaluation. This book will address itself to *planned retention.* Chapter 1 explores the history of, present state of, and impact of the problem. Chapter 2 identifies entry components in the "life cycle" of the employee consistent with planned retention. Chapter 3 explores the various roles in the supervisory process and their impact on retention. Chapter 4 is devoted to motivation. Chapter 5 considers strategies for individual development. Chapter 6 recognizes the environmental and multidisciplinary aspects of health care and their responsibilities to and interdependence with retention. Chapter 7 reports innovations and possibilities. Chapter 8 examines the theory and process of applied change; it also defines requisite skills for those who choose the role of change agent in terms of planned retention within the profession, the practice, and the organizational life of nursing.

From 1950 to the present, the literature and research have demonstrated the importance of planning, of shared problem solving, of commitment to the personal needs of employees, and of collaboration among groups. We have been made aware of the value of asking the questions: Where are we? Where do we want to be? It is the *process* of asking and answering these questions by organizations that will promote the resolution of the problem of retention while increasing and advocating the *quality* of work and work life within nursing. Our book speaks to these concepts and this process.

NURSING: A HISTORICAL PERSPECTIVE

To understand more fully the circumstances in which professional nursing finds itself today vis-à-vis retention, and to appreciate the evolution of nursing as a predominately female profession (thus further impacting on retention), it is necessary to explore the past. Before proceeding, however, a distinction must be drawn between nursing and *professional* nursing. Nursing, in the sense of caring for the sick, has its roots in antiquity; nursing activities provided one of the natural advantages of belonging to early social structures. As individuals within social groups demonstrated an adeptness for caring for the sick, they would be called on to nurse friends, family, and acquaintances; through this tending behavior they established the reputation and the "practice" of nursing.

When viewed historically, the development of nursing and women's integral relationship with it seems to fall into three periods: (1) from the earliest times until the latter part of the eighteenth century (around 1775); (2) from the latter part of the eighteenth century until the first modern school for nurses at St. Thomas Hospital, England, in 1860; and (3) from 1860 until the present.[15] The first suggestion of women being associated with the healing arts is found in Greek mythology. Asklepios, the first physician (who was eventually deified), had six daughters of whom one, Hygeia, became goddess of health; another daughter became the restorer of health, and yet another the preserver of health.[15] Until the Christian era, there is little evidence to support the existence of any organized group of nurses, male or female. With the advent of the Christian era, however, there began a new spirit. As the church preached the ideals of brotherhood and service, charity and self-sacrifice, groups of workers were formed whose main function was to care for the sick and needy. As an offshoot of this activity, nursing of the poor became a popular way of atoning for sin. Nursing was regarded as a paramount duty of the church, and with the rise of monasticism the care of the sick became the function of many religious orders of men and women. Nursing care provided by Catholic orders progressed, but in countries where Catholic organizations were upset by the Reformation, nursing sank to its lowest levels. This was especially true in England. The new Protestant Church had no use for cloisters and religious institutions, and felt no responsibility to the sick as had the early Catholic Church.

A significant factor in nursing's evolution was the status of women in the social structure of two or three centuries ago. From the antiquity of Rome to the Middle Ages, the Catholic Church had assigned a place in society to women that afforded them much freedom and opportunity; and lay nursing orders also allowed women to contribute. The Protestant Church, although it stood for freedom of thought and freedom of religion, did not think much of

freedom for women. A career in nursing would have been unthinkable for a respectable woman in the year 1700.

During the nineteenth century, nurses increased their practical experience in caring for the sick, although there was still no concept of scientific medicine, of personal or social standing, or of responsibility. They were primarily limited to duties such as attending to the physical needs of the patient and seeing that the patient was reasonably clean, although even this was not considered essential. Thus the concept of the *art* of nursing (based on technique, craft) had its beginning, but the *science* of nursing had yet to evolve. But as medicine and surgery advanced, so did nursing. In fact advances such as improved sanitation, nutrition, and hospital facilities began to aid the development of nursing. Professional nursing has been and probably always will be closely allied with medical progress and practice.

Some 160 years ago the Industrial Revolution was in full swing in Europe and the United States, but hospitals of that period were wretched dumping places for the poor. Sanitation was unknown; patients were rarely bathed, linen seldom changed, and surgery (primarily limited to amputations) combined risk with torture. Often the disease that brought the patients to the hospital was not what killed them; instead it was infection. In hospitals of that day, the care was administered by women who were paupers, drunkards, or prostitutes—basically those who were unfit for other work. This work was often punishment for the women and, as a result, they victimized rather than cared for their charges. For example, it was not unheard of for the nurse to rob or physically abuse the patient. It seems that under these deplorable conditions only a major revolution could change the situation. That such a revolution took place and the third period in the history of nursing was initiated is now known. That it was brought about through the efforts of an English gentlewoman is, however, little short of a miracle.[9]

The concept of nursing as an economic, independent, and secular vocation, an art requiring intelligence and technical skill as well as devotion and moral purpose, was first developed by Florence Nightingale. One of the major problems that Florence had to deal with in pursuing her vocation was that of combating the objections of family members. Florence Nightingale, born in 1820, overcame her parent's objections and society's valuation of nursing and prepared herself for what she considered her vocation and God's calling: to improve the quality of hospitals and of nursing care. Her family's opposition persisted, causing her much frustration and probably accounting for the various psychosomatic ailments she suffered throughout her life. At age 31 Florence Nightingale went to Kaiserwerth, Germany, to work and study under Pastor Fliedner. It was during this period that she found compassionate attitudes sorely lacking in the hospitals she visited. Also at this point she began to realize the importance of systematic nursing based on knowledge of (1)