

Retaining nurses to mitigate shortages

ON JANUARY 30, 2020, the World Health Organization declared the outbreak of COVID-19 a global public health concern due to its rapid spread and resulting high mortality. Nurses found themselves on the front lines of a healthcare crisis that changed their practices, organizations, communities, and the world. Two years later, nurses find themselves physically and mentally exhausted from the strain of battling the virus. With plummeting morale, nurses are leaving their jobs. Examining innovative strategies that emerged during

the pandemic offers a glimmer of hope for addressing nurse retention beyond the pandemic.

Workforce shortages

In the wake of COVID-19, attitudes toward work are changing. Employees are leaving their jobs and looking for something better in what some economists call the Great Resignation. Nurses are no different. According to recent reports by McKinsey and Company and the American Organization of Nurse Leaders, 22% of RNs and 20% of nurse leaders may

Flexibility, creative policies, and new care models are key to retention.

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leave their positions within the year as a result of their experiences during the pandemic.

Also, an aging workforce and looming nursing shortage further complicate the retention crisis. The 2020 National Nursing Workforce Survey indicates that one-fifth of RNs will retire within 5 years, and the American Hospital Association's 2021 Environmental Scan projects a shortage of 500,000 RNs by 2026. With a shrinking pool of experienced nurses, high nurse turnover rates, and an aging workforce, organizations must address the urgent need to retain nurses.

Retention strategies

No single solution exists to mitigate the retention crisis. Instead, a multifaceted approach to retention must address the unique needs of the nursing workforce. Innovative strategies that emerged during the pandemic include flexible staffing options and organizational policies, and creative models of care. (See *Innovative retention strategies*.)

Flexible staffing

Flexible staffing options include reciprocal employment agreements, flexible resource pools, clinical rotation opportunities, and tiered options for part-time and late-career nurses.

Reciprocal employment agreements. Because geography can be a factor in recruiting, hiring, and retaining RNs, hospitals are exploring reciprocal employment agreements. For example, during the pandemic, Intermountain Healthcare sent nurses to New York-Presbyterian and Northwell Health hospitals to support COVID-19 surges. Later, the New York hospitals sent nurses to the Colorado healthcare system to support seasonal surges.

Such reciprocal employment agreements meet the staffing needs of the organization and offer flexibility and travel opportunities to nurses. These opportunities may appeal to Millennial nurses (those born between 1980 and 1994) seeking to enhance their knowledge, experience, and expertise.

Flexible resource pools. Flexible resource pools provide a strategic and adaptable approach to meet unexpected demand and unique situations such as vaccine distribution. The 2021 Future of Nursing Work Survey, conducted by McKinsey and Company, found that, in 2020, nurses floated across units at twice the pre-pandemic rate.

Floating may not appeal to all nurses, but

Innovative retention strategies

Nurse retention strategies must address the needs and values of an intergenerational workforce.

Dimension	Description
Flexible staffing	Flexible staffing options offer nurses unique socialization and professional growth opportunities.
Organizational policies	Employment, wages, pension, and well-being policies address the specific needs of the intergenerational workforce.
Innovative models of care	New models of care support new graduate nurses and retain the intellectual capital of experienced nurses.

interest in this staffing option continues to grow. Larger healthcare systems might consider developing enterprise-wide pools that support not only a variety of units but also multiple hospitals and clinics.

Clinical rotation opportunities. Regular clinical rotation opportunities (perhaps monthly) for administrative nurses may offer them insight into the challenges faced by staff nurses. For example, nurse educators might learn more about preceptor challenges, and informatics nurses might uncover strategies for reducing electronic charting burdens.

Tiered options for part-time and late-career nurses. Tiered employment programs provide a structured series of steps for employees to reach their career goals. These programs particularly appeal to nurses who don't want to work full-time and late-career or Baby Boomer nurses (those born between 1945 and 1964) nearing retirement.

Many nurses who left the workforce during the pandemic to care for children may be interested in returning with tiered employment options. For example, one South Carolina hospital aims to increase the percentage of part-time nursing staff to 30% to address the staffing needs of the organization and the personal needs of potential employees.

Organizational policies

By reshaping policies, organizations strive to ensure nurses feel valued, receive recognition, and have opportunities to grow.

Compensation. During the pandemic, or-



Mentoring

Traditional mentoring programs bring people together physically in a work environment. However, the pandemic gave rise to electronic mentoring opportunities that require technology to aid communication (emailing, texting, chatting via messenger programs or social media, video conferencing) between mentors and mentees.

Digital natives such as Millennial (born between 1980 and 1994) and Generation Z nurses (born between 1995 and 2010) feel particularly comfortable in virtual or online environments. Intergenerational mentoring provides an effective way to keep the intellectual capital of Baby Boomers in an organization and appeal to the social needs of younger nurses.

ganizations increased wages and offered bonuses or incentives to retain nurses. As the pandemic surged, compensation proved an effective way of moving nurses to parts of the country with increased staffing needs. Nurses willing to travel accepted temporary assignments farther from home with higher pay. Hospitals responded with bonuses and incentives to retain experienced nurses. Healthcare organizations continue to navigate the impact of COVID-19 and its effects on the nurse labor market. Generous compensation will continue to be a tool in that effort.

Stay interviews. Today more than ever, healthcare organizations need to understand why nurses leave. A stay interview can uncover deeper problems with management or the work environment, which if addressed, can influence a nurse's decision to stay. It also provides an opportunity for managers to tailor retention efforts to an individual. For example, a nurse who expressed appreciation for serving on the committee evaluating a new product might receive an appointment to serve on a regular committee. Ideally, conduct stay interviews 2 or 3 months before an annual review, when nurses might reflect on their careers in anticipation of marking their anniversary dates.

Richard P. Finnegan, the author of *The Power of Stay Interviews for Engagement and Retention*, urges leaders to script these 15- to 20-minute interviews. He recommends asking these questions: What are you learning here? Why do you stay here? When was the last time you thought about leaving

our team? What prompted it?

Paid time off. During the pandemic, work-life balance was anything but usual. Many nurses worked extra shifts while others experienced furloughs. Work-life balance is critical for emotional well-being, and a wellness culture supports time-off.

Organizations that mandate overtime should examine the long-term impact of such policies on retention. During staffing shortages, units may declare vacations on hold, or nurses may feel they can't leave their colleagues in a time of need. Aligning paid time-off policies with organizational culture to ensure employees feel they have permission to take time off is an important strategy to improve physical and mental health. In addition, organizations should ask employees about their preferences for using time off, reduce barriers to scheduling it, create a campaign around taking time off, and set time-off goals for employees.

Well-being. Organizations are making nurse well-being a priority through strategies such as offering mental health services and providing healthy onsite meal options, and offering yoga, stress management, and e-coaching.

Innovative models of care

Organizations have developed new, innovative models of care to address emerging challenges resulting from the pandemic.

New graduate nurse transition. As new nurse graduates entered the workforce during the pandemic, transition to practice programs adapted to the unique needs of those whose education had been disrupted by COVID-19. In some instances, new graduate nurse orientation programs were accelerated and moved online.

The Organization of Nurse Leaders – MA, RI, NH, CT, VT, and the Massachusetts Rhode Island League for Nursing published recommendations to support new nurse transition into practice during the pandemic. These recommendations include establishing virtual support groups to allow new nurses to share concerns and ask questions; debriefing sessions for reflecting on and critiquing their experiences; and incorporating reflection and storytelling tools to aid experience processing. Mentoring serves as another effective strategy to support new nurses. (See *Mentoring*.)

Virtual or remote care opportunities. Interest in telehealth surged among consumers

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and providers during the pandemic. McKinsey and Company noted that 40% of staff nurses delivered care virtually during 2020.

In 2014, the Catholic Health System launched a virtual care model to leverage nursing expertise. This model uses a technology platform and a two-way camera to connect the expert nurse with patients and the care team. The nurse remotely monitors up to 12 patients simultaneously and supports the bedside nurse in aspects of care that don't require physical interventions. The remote nurse can appear on a monitor in the patient's room and answer patient questions or virtually join and consult with the provider during rounds. The virtual nursing role could potentially delay the retirement of Baby Boomer nurses by providing an environment that takes advantage of their clinical expertise while reducing the physical demands of the bedside. (See *Leveraging experience*.)

Take advantage of new opportunities

The increasing complexity of the healthcare system requires a growing sophistication to address

Leveraging experience

The emeritus nurse (E-RN) model supports the workforce while delaying the retirement of experienced nurses. Retired or ready-to-retire RNs offer respite for nurses during the workday. They work 4-hour shifts in a role that emphasizes using their nursing knowledge while limiting their physical requirements. E-RNs may focus on mentoring, the patient experience, patient flow, or quality improvement initiatives. One hospital incorporating E-RNs noted reduced turnover and \$200,000 in cost savings in the first year.

the challenges of workforce retention. The pandemic stressed the healthcare system and nursing workforce, but it also uncovered new opportunities for exploring flexible staffing options, addressing organizational policies, and experimenting with new care models that leverage nursing expertise and retain new nurses. The retention crisis can be addressed by developing innovative strategies to suit the unique needs of nurses today and beyond the pandemic. **AN**

Access references at myamericannurse.com/?p=314842.

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