

**HUMAN RESOURCE MANAGEMENT STRATEGIES
FOR RETENTION OF NURSES**

**PAMELA HOGAN
CENTRAL QUEENSLAND UNIVERSITY
MACKAY CAMPUS
BOUNDARY ROAD
MACKAY**



HUMAN RESOURCE MANAGEMENT STRATEGIES FOR RETENTION OF NURSES

ABSTRACT

The role of human resource management (HRM), in a strategic approach to management, is to integrate HRM policies with business strategies to ensure employee commitment, flexibility and quality performance (Legge, 1995).

HRM professionals of the future will require knowledge of the business of their particular organisation to ensure HRM adds value, by focusing on a learning environment that operates on a productive model of interdependence between personnel and their organisation, family, colleagues and society. Organisations must work in partnership with their employees, as employees are valuable assets to be nourished. Vital strategies to achieve this are utilisation of career development, autonomy, meaningful jobs, learning opportunities, supportive supervisors and flexibility in work scheduling.

The focus of this article is the critical problem facing health care managers across Australia today, that is the retention of nursing staff in hospitals and health care facilities.

STAFFING ISSUES ARE A CRITICAL PROBLEM FOR NURSE MANAGERS

Particular concern is the low retention rates of specialist nurses for critical care areas such as intensive care, renal, accident and emergency, operating theatre, mental health and midwifery (Fowler, Bushardt & Jones, 1993). The ongoing



staff shortage in these particular areas impinges on the ability to keep all beds open in one facility, which in turn adds to the problems experienced in other health care facilities, as transferring patients becomes necessary. The staff shortage also affects the morale, workload and work scheduling of the remaining staff, as managers attempt to address the ensuing skillmix problems. The nursing shortage can be attributed to the high turnover rate and large numbers of nurses who simply leave nursing for careers in other industries (Fowler, Bushardt & Jones, 1993).

The relevance of the retention issues to HRM, and the role of HRM in ensuring that strategies within health care organisations assist to reverse this trend, will be analysed, and the causes attributed to the lack of retention of nurses reported in the literature, will be explored in this article.

DECENTRALISATION OF THE HUMAN RESOURCE MANAGEMENT FUNCTION

The decentralisation of the HRM function within organisations to line managers, which has occurred over the past decade, has moved HRM towards a business focused, consultative and strategic role (Sharp, 1999). Therefore HRM professionals need to change their role from an information source to one of a strategic resource (Smith, 1999). HRM's role becomes one of people managers as a primary responsibility, with the core business of attracting, retaining and developing people in the organisation with the appropriate training and education to get the work done (Human Resource Management Department Report, 1999).

Employee satisfaction in the workplace affects performance, staff retention and the ability to attract staff to the organisation. It is the role of HRM managers to



recommend, implement and promote strategies, anchored in the operating values of the organisation, to ensure retention of the people most qualified for the job to ensure the high performance of the organisation (Evans, 1999).

PEOPLE ARE THE CORE BUSINESS OF NURSE MANAGERS

The relevance of HRM to the critical issue of retaining nurses in our health care organisations is the fact that people are the core business of HRM nurse managers. Nurse managers must develop and initiate strategies that meet the needs of the organisation to retain nurses, to ensure the organisation provides quality care to consumers (Smeltzer, Tseng & Harty, 1991).

The problem of retaining nurses within an organisation should not be owned solely by the nursing department. The development of solutions to the problem requires a participative process, involving members from the planning, corporate, finance, allied health and medical departments, as well as nursings' HRM department (Smelter, Tseng & Harty, 1991).

Nursing executives and health care managers struggle to manage their budgets, but the costs related to staff turnover continues to drain limited resources, as they attempt to provide quality patient care in a cost efficient manner (Carey & Campbell, 1994). The continual enormous expenditure of finite resources for the never-ending replacement of nurses does not create an organisation focused on high quality care, but rather recruitment efforts (Johnstone, 1991).



CHANGING BUSINESS PRACTICES IN HEALTH CARE ORGANISATIONS

Health care organisations are in a state of constant change to achieve effectiveness in service delivery. Health care organisations are changing the way they do business, with dramatic changes in technology, integration of services and radical restructuring. Successful management of this change process is vital for the retention of staff who are flexible, able to tolerate ambiguity, are team players and customer orientated as well as being effective problem solvers (del Bueno, 1993). Job satisfaction must be nurtured to retain experienced staff (Sherry, 1994) with progressive organisations creating a job climate of support and assistance with issues related to the human side of change (Jeska & Rounds, 1996).

HUMAN RESOURCE MANAGEMENT STRATEGIES FOR NURSE RETENTION IN THE UNITED STATES

Change can be a positive force but it also contributes to stress, anxiety and confusion, which in turn, leads to nurses leaving the profession. The University of Minnesota Hospital and Clinic (UMHC), in Minneapolis, Minnesota, USA, is an example of this change, with one of the most progressive health care reform environments. UMHc developed strategies to address the effects these changes have on their nursing staff. A staff counselling role was established to support nurses and a healthy work environment initiative implemented to ensure staff felt valued, respected and heard. UMHc also established a career development and renewal centre to assist staff in the personal management of their career and address issues negative to career development. A discussion and planning forum between nurses led to the identification and implementation of three major



strategies for staff retention. The first was to redesign how care was delivered, second was to place decision making at the level of greatest impact and third, to implement career development to support job satisfaction and encourage career and personal development within nursing. The centre was successful in retaining staff by ensuring employees felt more in charge of their career and lives. Staff were provided with resources, allowed to choose their direction and find hope, while making the commitment to participate in the challenges faced during changes within the health care system at the hospital (Jeska & Rounds, 1996).

HUMAN RESOURCE MANAGEMENT STRATEGIES FOR NURSE RETENTION IN AUSTRALIA

In August 1996, New South Wales Health published a report compiled by “The Nursing Recruitment and Retention Taskforce”, which made eighteen recommendations. The recommendations, which related to retention, were to address issues of personnel development, staff relationships and harassment in the workplace. The need to develop guidelines for the management of nursing resources and workloads and the strengthening of partnerships between health services and universities were also highlighted. The implementation of counselling and debriefing services, as well as the introduction and development of nursing networks was recommended. Flexibility of work practices and the provision of a forum for nurses to demonstrate innovative clinical and management nursing strategies were also recommended. The taskforce argued that developing a range of innovative strategies to address these issues would be effective in retaining nursing staff (NSW Health, 1996).



Flexibility and control of work schedules by health care professionals is a successful strategy for staff retention (Sherry, 1994). This requires a balance between continuity of care for the patient, while accommodating the personal needs of staff. Job sharing arrangements can be a valuable alternative by providing flexibility. To ensure success in this arrangement, the nurse manager needs to be attuned to the professional philosophies and work styles of their individual staff when initiatives are taken to pair staff in a job sharing agreement, because each staff member must be confident in the other's clinical and interpersonal skills (Sherry, 1994). The self-scheduling of work rosters respects the needs of staff and changes the work environment, to become more employee friendly creating many positive outcomes. These outcomes include empowerment of staff, improved morale and staff autonomy and an increase in the probability of a collaborative approach to problem solving. Another very important outcome is the decrease in staff turnover, as staff can now roster to accommodate personal commitments (Teahan, 1998).

A constant feature of nursing has been the striking sex imbalance of the workforce. While women have moved in significantly large numbers into traditionally male dominated professions, men still largely shun nursing as a career (Villeneuve, 1994). To meet the needs of the nursing workforce in the next century, nurses must encourage men to enter and remain in the profession. The public image of men in nursing serves as a barrier to recruitment and retention of male nurses (Villeneuve, 1994). Male nursing students felt that persons over fifty years see them as feminine or possibly homosexual, though they felt the younger age group are beginning to be more accepting (Lo & Brown, 1999). Strategies to rectify this situation are the use of the media to produce an appropriate image of



the male nurse and utilising males as role models and mentors for other male nurses (Villeneuve, 1994). The proportion of men entering nursing in Australia remains low, though the number is increasing, due in the main to the available jobs and promotional opportunities, and the university education as well as the desire to help people (Lo & Brown, 1999). Male nurses tend to be more interested in the speciality areas of nursing such as intensive care and education, with female nurses more interested in midwifery and paediatric nursing. This wide choice of work areas is a motivating factor for entry into nursing (Lo & Brown, 1999) and should be expanded upon as a promotional strategy to attract males to the profession. The nursing profession must break down the barriers that impede the retention of male nurses, who are forced to build bridges between men's and women's worlds to survive in the profession (Villeneuve, 1994).

CAUSES OF NURSES LEAVING THE PROFESSION

What is it that happens to nurses to cause them to leave the profession or resign from their job? It may be assumed that they do not like nursing, but the results of questionnaires suggest that they do indeed like their work and believe they contribute to health care in a significant way (NSW Health, 1996). Factors that cause nurses to change their employer or leave nursing, are, the nurses inability to have significant professional input into running the health care system, coupled with feelings of lack of control over issues for which they are held responsible (NSW Health, 1996). This situation creates feelings of powerlessness, which can cause nurses to view other health care workers and management as adversaries, creating conflict and divided loyalties. It is important in an organisation not to avoid conflict altogether, but to resolve it in a constructive manner (Fowler,



Bushardt & Jones, 1993). Restructuring work relationships to increase nurses' authority and feelings of control as they perform their role, is a good strategy to assist in retaining nurses. Health care organisations need to implement a training program, which will give nurses the skills to resolve conflict in a positive way to improve the work climate, which in turn will help with retention of nurses in the workforce (Fowler, Bushardt & Jones, 1993).

Nursing workload and issues related to workload and professional communication have been found to be both stressful and distressing to nurses (Healy & McKay, 1999). Nursing often involves physical work, and nurses who are physically tired, due to constantly coping with inadequate staffing levels, might make clinical errors when faced with sudden increases in clinical demands due to an emergency. Interventions by HRM nurse managers to address inadequate staffing levels and conflicts in communication between the medical and nursing staff, will lessen stress and distress among nurses by improving the working environment, which will aid in the retention of nurses (Healy & McKay, 1999).

The professional needs of nurses vary depending on their level of training and experience. The nursing work cycle usually begins with the majority of new registered nurse graduates working in hospital inpatient settings, progressing to part-time work after several years experience to balance family commitments or seek additional education. These experienced nurses often move into casual and agency work with the greater flexibility of work schedules and higher pay rates, or alternatively switch to outpatient or community based services or physician offices that might be perceived to offer a less stressful work environment than hospital settings (Smeltzer, Tseng & Harty, 1991). To retain these nurses in the



hospital environment nurse managers need to be responsive to their needs. A strategic approach to HRM would require nurse managers to gain improved techniques in listening and communication skills, to lessen destructive behaviours and increase rewarding behaviours toward existing and new employees (Smeltzer, Tseng & Harty, 1991). Valuing nurses, giving them autonomy and treating them with respect, is good management practice, as it boosts staff morale and makes the workplace a healthier and happier place (Carlowe, 1998). Nurse managers also require support from the nursing executive to develop strategies to ensure the success of orientation and preceptor programs that address the specific needs of the nursing division and speciality units. Strategies for retention of new nurses are, close monitoring of relationships with preceptors, progress in developing clinical skills, socialisation within the work environment and job satisfaction, as well as the development of support groups for new nurses (Smeltzer, Tseng & Harty, 1991).

CHALLENGES CREATED BY CHANGES IN HEALTH CARE

Nursing executives are constantly being challenged by changes in health care to redesign and redirect their employees and themselves into activities to achieve organisational effectiveness. Unfortunately nurses have thrived on a nursing culture of rewarding loyal, reliable and tactful behaviours when today's health industry requires flexible, innovative, self-directed team players who are focused on outcomes and solutions to problems. Today nurse managers are faced with the problem of convincing employees that managers really do want people to take risks in order to learn and to welcome changes in the way business is conducted. In line with new performance expectations it is now necessary to change performance appraisals, giving the appraisal a strategic focus. Effective nurse



managers will address unacceptable performance as it occurs and give positive feedback frequently, developing the HRM strategy of negotiated performance goals, focused on quality improvement, competence and the organisational mission. The evaluation should not be punitive, rather an analysis of whether the goals have been met or exceeded, and if unmet, then an analysis of why is completed to improve subsequent goal setting (del Bueno. 1993).

Nurse managers need to collaborate with staff, to assist in the design of HRM strategies, which enable nurses to identify with the mission, philosophy, culture and work environment of their particular health institution. This will encourage the individual nurse to remain in their position, as they are able to practice in a manner consistent with their personal philosophy (Johnston, 1991). One staff member might be happy working in one particular organisation and another staff member might be dissatisfied. This situation arises as many external job factors affect individuals at work. These factors might be group dynamics and management style that make up the work environment. Experienced HRM personnel recognise the importance of the work environment, as well as skills and experience, and take these into account during the interview process to predict how a candidate will fit into the work environment. The HRM manager ensures that the selection process is not too restrictive in the range of people recruited, as this can stifle the development of the organisation (Amos, 1999).

Staff turnover creates negative effects on morale, patient care and productivity, and constant recruitment is an expensive exercise. A strategy to improve job satisfaction and staff retention may be for the nurse manager to recruit and utilise nursing mentors, who are interested in the growth and development of those they



guide. Mentors serve as career role models and successful mentoring is linked to improved job satisfaction, as the mentor assists with career advice, role modelling, education and emotional support. Mentorship can assist staff in career enhancement and help achieve goals in relation to patient outcomes and productivity. It may also create an achievement-oriented culture, with shared values among the nursing staff, and this in turn will reduce costs related to staff turnover as nurses choose to remain in their current employment (Carey & Campbell, 1994).

Retention of nursing staff can be directly attributed to management style and practice. A visible management team that encourages open communication and creativity is rated highly by staff (Klemm & Schreiber, 1992). An environment where nurse managers foster nursing professionalism increases job satisfaction and assists with staff retention, while encouraging nurses to continue their education, by support with applications for funding course work, including time off with pay, inservice days and workshops, all of which assist with staff morale. Hospitals that allow their nurses to focus on nursing care by relieving nurses of non-nursing duties may raise job satisfaction considerably and lower the staff turnover rates (Klemm & Schreiber, 1992).

RETENTION OF CRITICAL CARE NURSES

Retention of competent critical care nurses is a tremendous challenge in the midst of an Australia-wide nursing shortage. A strategy to address this issue is to develop a dynamic professional practice model to improve the retention of talented nurses. Utilising input from their nursing staff, Abbott Northwestern Hospital in Minneapolis, USA, developed such a practice model, which



incorporated the nursing department philosophy. Prospective nursing employees are given a copy of the philosophy and an overview of the professional practice model, and informed that the nurses developed the model. The nurses, who developed the model, remain involved through monitoring committees and research that enable nurses to influence decisions and initiate change. The hospital also formed an recruitment and retention committee that allowed nurses on staff to work with management to reach desired outcomes. Abbott Northwestern Hospital also formed strong links with the Deans, of Schools of Nursing, to ensure dialogue on the needs of nursing services and what academia can provide that is beneficial to both parties. This collaborative effort has resulted in a senior elective in critical care nursing that provides participants with information on practice issues, new technology and treatment modalities. The hospital has also implemented an employee recognition program whereby nurses selected are recognised for outstanding achievement in patient care and are eligible to receive monetary rewards. Another retention strategy developed by the hospitals' nurse managers was to develop a new graduate internship program, which places new graduates in critical care areas on an orientation program for four months, finally progressing to the intensive and coronary care units. The program was successful in two ways, first by training new critical care nurses and second by retaining these nurses to staff the critical care areas of the hospital (Huttner, 1990).

A creative retention strategy for the critical care nurses is to give these nurses an opportunity to take a break from their usual employment routine. The plan is for experienced critical care nurses to try nursing in other speciality areas other than the one in which they normally practice. The benefits of this strategy are that



nurses learn new skills and gain new nursing knowledge and increase their knowledge of the inner workings of the hospital and, most importantly, feel professionally refreshed. Powerlessness and lack of reward and recognition are often cited as contributors to loss of job satisfaction. Scheduled rotation of nurses could potentially decrease burnout and improve the retention of nurses (Medland, Marcon & Curia, 1994).

Nursing management must acknowledge that manpower issues cannot be addressed in isolation or in a traditional manner. Nurse leaders need to enact the philosophy that they cannot always control their environment, but they can improve themselves to remain a valuable resource in the changing world of HRM (Jeska & Rounds, 1996). Nurse managers have initiated a wide range of innovative strategies and the sharing of this information should be a high priority. It is important to identify issues and ascertain current and planned strategies for nursing retention and to identify factors contributing to difficulties associated with these issues (NSW Health, 1996).

CONCLUSION

Health care services face significant service delivery problems in the future unless nurse leaders become more diligent and creative with the recruitment and retention of nursing staff. More value needs to be placed on nursing, as nurses are a significant occupational group in health and a major contributor to health outcomes.

This article has reviewed a number of HRM strategies expanded upon in the literature to ensure retention of nursing staff. It is paramount that each health care facility initiate strategies that address HRM issues peculiar to their service, the



location of that service and the philosophies of the service to retain nursing staff within their facilities. People are the most expensive and complicated element of any business and the high performance of human resources is created as a result of careful planning and management.

Retention of experienced employees is not only cost effective, but of great importance to the continued high performance of the organisation. Low turnover rates are related to organisational structure, professional practice, management style, quality of leadership and professional development, as well as the valuation of staff.

The key to retention of nurses in our hospitals is the development of innovative strategies by enthusiastic nurse leaders, who believe in teamwork and the culture of excellence in nursing care within our hospitals, which in turn will act as a magnet to attract and retain talented nurses.

It must be acknowledged that we are operating in a very competitive labour market, as nurses are in demand worldwide, therefore few health issues are as high a priority as the recruitment and retention of nursing staff.



REFERENCES

- Amos T (1999): Selecting for the work environment. *HR Monthly* April: 42.
- Anderson M (1999): After the theory, where is the practice? *HR Monthly* April: 37.
- Carey S J & Campbell S T (1994): Preceptor, mentor and sponsor roles: Creative strategies for nurse retention. *Journal of Nursing Administration* 24(12): 39-48.
- Carlowe J (1998): Value nurses and they will stay, *Nursing Standard* 12(27): 12-3.
- del Bueno D J (1993): Reflections on retention, and rewards. *Journal of Nursing Administration* 23(10): 6-7.
- Families and Work Institute (1998): New study shows how today's jobs affect productivity and life at home. *The 1998 Business Work-Life Study* (online) URL: <<http://www.familiesandwork.org/pres s/p1.html>>. Accessed 9/10/99.
- Fowler A R Jr, Bushardt S C & Jones M A (1993): Retaining nurses through conflict resolution. *Health Progress* 74(5): 25-9.
- Healy C & McKay M (1999): Identifying sources of stress and job satisfaction in the nursing environment. *Australian Journal of Advanced Nursing* 17(2): 30-5.
- Human Resource Department Management Report (1999): *HR Managers: What is your Leadership Role for 2000 and beyond?* *The Institute of Management and Administration-Management Library* (online) URL: <<http://www.ioma.com/nls/9906/hrdm.shtml>>. Accessed 9/10/99.



- Huttner C A (1990): Strategies for recruitment and retention of critical care nurses: A cardiovascular program experience. *Heart & Lung: Journal of Critical Care* 19(3): 230-6.
- Jeska S & Rounds R (1996): Addressing the human side of change: Career development and renewal. *Nursing Economics* 14(6): 339-45.
- Johnson C L (1991): Retention strategies. *Journal of Nursing Administration* 21(6): 11-9.
- Klemm R & Schreiber E J (1992): Paid and unpaid benefits: Strategies for nurse recruitment and retention. *Journal of Nursing Administration* 22(3): 52-6.
- Legge K (1995): *Human Resource Management*. MacMillan Press, London.
- NSW Health (1996): *Nursing Recruitment and Retention Taskforce, August 1996*. NSW Health Department, Sydney.
- Lo R & Brown R (1999): Perceptions of nursing students on men entering nursing as a career. *Australian Journal of Advanced Nursing* 17(2): 36-41.
- Medland J J, Macron J & Curia M (1994): Sabbatical leave: A creative retention strategy. *Critical Care Nurse* 14(6): 63-7.
- O'Neill G L & Kramar R (1999): *Australian Human Resources Management (2)*. Business & Professional, Warriewood.
- Sharp R (1999): New technology pushes HR information out into the business. *HR Monthly* March: 39.
- Sherry D (1994): Coping with staffing shortages: Strategies for survival. *Home*



Healthcare Nurse 12(1): 38-42.

Smith G (1999): Use systems to build high performance teams for knowledge.

HR Monthly March: 30-1.

Smeltzer C H, Tseng S & Harty L M (1991): Implementing a strategic recruitment and retention plan. *Journal of Nursing Management* 21(6): 361-8.

Teahan B (1998): Implementation of a self-scheduling system: A solution to more than just schedules! *Journal of Nursing Management* 6(6): 361-8.

Queensland Nurses Union (1999): *Submission to the Ministerial Taskforce on Recruitment and Retention-Valuing Nurses*. Queensland Nurses Union, Brisbane.

Villeneuve M J (1994): Recruiting and retaining men in nursing: A review of the literature. *Journal of Professional Nursing*.

