Academy of Emergency Nursing Trailblazer Program

Purpose: The Academy of Emergency Nursing (AEN) honors nurses who have made enduring and substantial contributions that have had significant impact and continue to advance the emergency nursing specialty. AEN provides visionary leadership to the Emergency Nurses Association.

About the AEN Trailblazer Program: The AEN Trailblazer Program is one mechanism through which the Academy provides visionary leadership to ENA and the emergency nursing specialty. The program creates an AEN forum for Academy Fellows to explore emerging and future issues in emergency nursing while providing thought leadership to the Academy Board to discuss with the ENA Board of Directors. Fellows participating in the trailblazing program are encouraged to think outside the box and be both bold and provocative with their recommendations.

Disclaimer: The views and opinions expressed in Academy Trailblazer Program documents are those of the trailblazing team group and/or individual Fellows and do not necessarily reflect the opinions, position, or policy of the Fellow's respective employer, of the Academy of Emergency Nursing, or of the Emergency Nurses Association.

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Trailblazer Program Question:

What solutions should be employed to recruit and retain emergency nurses practicing in the specialty?

STRATEGIES FOR RECRUITMENT AND RETENTION OF EMERGENCY NURSES

Introduction – Staffing Shortages and Increased Stress

Nursing staff shortages and the challenges faced by those remaining in the workforce are considerable. During the COVID pandemic, the pressure on front line nurses increased dramatically resulting from higher patient acuity, initial and ongoing lack of personal protective equipment (PPE), fear of being infected and bringing infection home to family, and the resultant short staffing. This situation caused a tension between the *duty to care* and the *duty to self* (ANA, 2015), resulting in a loss of nursing staff (Gooch, 2021) that further exacerbates these stressors for those remaining in the workforce. The American Nurses Foundation's (ANF) *COVID-19 Impact Assessment Survey* (2022) reports that nurses report high levels of frustration, stress, burnout, and exhaustion, and report feeling overworked, undervalued, and overwhelmed. Becker's Hospital Review reports that since mid-February 2020, 18% of nurses have quit their jobs (Gooch, 2021). In the United States, Duchscher and Painter (2021) report that 33-61% of new graduate nurses express intention to change their place of employment or leave nursing within the first two years. This can be partially attributed to the challenges of caring for increasingly complex patient population while working in areas that are reducing nursing workforce, increasing nurse to patient ratios, and diminishing practice support resources (cutting orientation time, eliminating continuing professional education funds, pulling clerical support). Other challenges that threaten the quality of nursing care include the disruption and modification of instructional methods and clinical experiences which left many unprepared for their role (Smith et al., 2021).

Researchers report that high work intensity, low decision latitude, job strain, effort–reward imbalance, overtime hours, long working hours, certain forms of shift work, low social support, role stress, bullying, and job insecurity are all factors in harm (Worringer et al., 2020). Nurses working in environments with frequent bullying report a tenfold increase in intent to leave (Wolf et al, 2021), and report high levels of moral distress (Wolf et al., 2016).

More than half of the nurses, responding to the ANF survey (2022), reported post-traumatic stress symptoms. Emergency nurses specifically report high levels of secondary traumatic stress, which leads to bullying behaviors, high turnover, and suboptimal patient outcomes (Wolf et al., 2020). Healthcare workers as a group also report high levels of stress, feelings of betrayal by healthcare

institutions, and moral distress during the Covid-19 pandemic (Wolf et al, 2021). Recruiting and retaining nurses in this environment will require addressing each of these aspects of the shortage.

This white paper will provide readers with an overview of current recruiting and retention challenges, and recommendations for addressing the staffing shortage in emergency departments.

Recruitment and Retention of New Graduate Nurses

Retirement of nurses of the veteran and baby boomer generation is a contributing cause of an escalating nursing shortage, which has exacerbated the increased need for emergency departments (ED) to hire new graduate nurses (Schram et al, 2017). As novices, these new graduates may have difficulty transitioning in critical care areas of knowledge, skills and critical thinking (Duchscher and Painter, 2021), as they have a large amount of theoretical knowledge but have difficulty applying it to actual situations. Emergency nursing education programs are essential to the delivery of high quality and safe healthcare to patients with complex needs in emergency care settings (Jones et al., 2020). However, transitional bridge programs are limited, if at all, existent.

Bringing in nurses new to the profession is a combined effort of both recruitment and retention. Qualitative research exploring the phenomenon of starting a nursing career during COVID (Garcia-Martin et al 2020), identified themes of *fears and concerns* (sub theme- coping with stress and fear of infecting loved ones), *organizational issues* (sub theme- organizational capabilities and dealing with new challenges) and *support for novice nurses* (sub theme- information resources and better planning and formation).

The literature supports these themes and suggests that novice nurses have concerns about the complexity of care overall (Vanderspank-Wright et al, 2020) and specifically those that surrounded the COVID-19 pandemic (Garcia-Martin et al, 2020). Studies of new nurses reported that participants experience feelings of disorientation, discouragement and exhaustion leading to transition shock and ultimately burnout and turnover (Vanderspank-Wright et al, 2020; Schram et al, 2018). The challenges of bringing new graduate nurses into the ED environment without an enormous amount of support is also linked to difficulties with recruitment and retention (Duchscher and Painter, 2021).

Turnover rates for new graduate nurses in critical care areas including the emergency department range from 15.4% (1 year), to 43% (3 year). Other studies report a 30% turnover in the first year (Roncallo et al., 2020). Lack of preparation and support are cited as common reasons for turnover. A Canadian study reports that the cost to mentor three new graduate nurses in an extended residency costs approximately $90,000.00 compared to the cost of $192,000.00 to recruit three new staff members

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(Sandler, 2018), suggesting that putting effort and resources into a comprehensive residency for new graduates is worth the cost.

Transitional support strategies are integral to the successful recruitment, retention and integration of new graduate nurses into practice and include educational programs, designated resource person, support policies for annual burnout measurement, workplace culture and knowledge and skill acquisition (Vanderspank-Wright et al, 2020; Kelly et al., 2021). The use of simulation both for new nurses and as part of interdisciplinary work may improve both clinical judgement and team dynamics (Roncallo et al, 2020). Structured new graduate residencies of 12 months may also help with both recruitment and retention (Casse, K. 2019). Training periods which include shadowing expert emergency department nurses, along with evidence-based technologies, provide an opportunity to support the novice nurse's transition into the ED care setting. These measures would provide a safety net and would increase novice nurses' confidence as well as high-quality care (Garcia-Martin et al, 2021). Some specific recruitment and retention strategies to consider include:

- Implementation of new graduate programs that focus on emergency nursing core competencies, clinical reasoning and judgment, management of self-care, and support for mental health
- New graduate peer support groups and mentor programs with organized, regular meetings
- Ensure schedules/shifts are balanced with a skill mix of new graduate nurses and experienced nurses
- Regularly scheduled meetings between the new graduate nurse, nurse educator or clinical nurse specialist, and the ED manager

Recruitment and Retention of Experienced Nurses

The recruitment and retention of experienced nurses (those with 3-5+ years of experience) may require different strategies than those useful in recruiting and retaining new graduate nurses. Today's experienced workforce is unique, in that there are five generations of nurses ranging from the baby boomers to generation Z (iGeneration); there is some evidence that effective recruitment and retention strategies may be affected by generational characteristics (Cordeniz, 2002; Kasasa, 2021). For example, nurses in the Baby Boomer generation are of retirement age and so recruitment and retention strategies may include flexible hours/shorter days, maintenance of benefits, and opportunities to share knowledge while decreasing the physical demands of the work. Nurses in the next generation (Gen X) look for both financial compensation for their experience and also an environment where they can acquire new knowledge and skills. The two youngest generations of nurses, Gen Y and Gen Z, may be recruited with foci on financial compensation, unit and external community involvement and impact, flexible scheduling,

and opportunities for ongoing professional development. Gen Y and Z both seek employment that embraces technology but at the same time are team oriented and value a community orientation (Cordeniz, 2002; Kasasa, 2021).

Many of the strategies used to recruit experienced nurses can be similarly used to retain them. Specifically, environments in which nurses felt overworked, underappreciated, subject to lateral and consumer violence (Wolf et al, 2021), and reporting high levels of moral distress (Wolf, et al, 2015) were environments that nurses sought to leave. It seems clear that creating environments with adequate staffing, opportunities for professional growth, and good work/life balance are critical to ensuring retention. Combining recruitment and retention strategies specific to the experienced RN may lead to adequate staffing and satisfied nurses working in the emergency department (Auerbach, Buerhaus, and Staiger, 2022). Specifically, experienced nurses can be recruited and retained using some of the following strategies:

- Appropriate pay
- Flexibility in shift length (8s v 12s)
- No mandatory overtime
- Honoring PTO requests
- Benefits
- Continuing education and coaching
- Autonomy in problem-solving independently or in teams
- Provide strong clinical support (i.e. unit-based educator/Clinical Nurse Specialist)
- Integrating the arts and humanities into mental health and healing activities

Recruitment and Retention of Leaders

In this environment of staffing shortages, leadership is equally affected. One of the most important determinants for creation and sustainment of a healthcare organizations quality and safety of healthcare delivery as well as culture is the current and future leadership team (West, Ekhart, Steward, & Pasmore, 2014; Nowack and Scanlan, 2020; Martin and Kallmeyer, 2018). The landscape for recruiting nursing leadership has changed in relation to generational differences, mobility of the workforce and loyalty (Society for Human Resource Management, 2016). For this reason, healthcare should not limit itself to the current practice for recruiting healthcare leaders but should also look to organizations like Apple and Google for their recruitment strategies (Butler & Kangovi 2019; Rettig, n.d.).

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Specifically, in nursing the hiring leader should first assess the future needs of the organization and ensure that the job description is up to date and matches the strategic goals of the department and organization (Hamza, Othman, Gardi, Sorguli, Aziz, et. Al, 2021). Recruitment efforts and leadership development should be continuous and include mentorship and succession planning for the future (Sisk, Mosier, Wiliams, Coppins, & Robinson, 2021).

In the event of difficult recruiting, the organization should consider an interim leader. The benefits of an interim leader include continuation of complex time-consuming quality improvement and safety projects, gaining a smooth transition and fresh perspective, and continuation of staff recruitment and maintenance of staff satisfaction (Aguas, 2017).

Rettig (n.d.) suggests three important executive recruitment strategies: leveraging the existing leadership team to recruit necessary leadership talent; fully understand the type of candidate needed; and contract assistance that extends the recruitment team and identifies the best fit for the culture and strategic goals of the organization. Engaging the internal leadership team to activate their external networks also ensures investment of the non-hiring leaders into recruitment of the new leader. Given that it can often take 9+ months to recruit and onboard a new ED Manager/Director it is further suggested that an expert ED interim leader be retained as soon as possible to ensure consistency in ED operations and staff engagement.

Partnership with academia is a valuable tool to ensure that there is a nursing leadership pipeline. It is critical that practice leaders and academia engage in conversations to sustain leadership capacity in nursing (Holland, 2015). Holland describes several components in the partnership between practice leaders and academic leaders include leadership curricula, joint identification of leadership competencies, and creating leadership mentorship opportunities (2015). Other partnership opportunities exist to create innovative leadership tracks. Healthcare leadership programs such as the master's in healthcare administration offers fellowships and residency programs, where MHA graduates can earn a salary while learning how to be a leader, the nursing profession can learn something from within healthcare. The literature addressing the retention of emergency department nurse leaders is limited. Most of the recent research examining issues influencing nursing leaders' retention focuses on fatigue and other factors such as individual, role, and organization structure (Hewko et al., 2015; Steege et al., 2017). Effective nurse managers are essential to staff retention and play an important role in providing quality patient care (Hewko et al., 2015). Many of the same factors that contribute to high turnover rates of emergency nurses also affect emergency nursing leaders (McDermid et al., 2020). Nursing leaders and executives work in an intense and demanding environment made worse with the COVID-19 pandemic and are consistently

exposed to a variety of stressors and demands leading to occupational fatigue, emotional exhaustion, burnout, and eventually turnover (Steege et al., 2017; Udod et al., 2021).

Creating combined resilience between an organization and the individual is one way to overcome the demands, stress, and fatigue associated with nursing leadership (Udod et al., 2021). This is accomplished by first meeting leaders needs and ensuring psychological support (Udod et al., 2021). Strategies such as peer support, networking with other professionals, fostering emotional intelligence, and creating a safe work environment (Udod et al., 2021). Additional strategies to reduce fatigue in nurse leaders, managers, and executives is through evaluation of span of control, social support and coping strategies like providing time off the unit, delegation of tasks to junior leaders, staff empowerment, and decreasing interruptions (Steege et al., 2017). Creating work environments that help emergency nurses and nurse leaders find joy and pride in their work may be critical to work-life balance and staff retention *(Lee, Gensimore, Maduro, Morgan, & Zimbro, 2021).* Organizations that assist with creating work-life balance, empowering leaders, provide support, develop policies and programs to reduce nurse fatigue facilitate resilience and retention (Hewko et al., 2015; Steege et al., 2017; Udod et al., 2021).

Additional recommendations for the recruitment of nurse leaders include the need to evaluate span of control,clerical support staff, provide leadership education that includes elements of social/emotional intelligence, and implement best practice initiatives, which include but are not limited to maintaining constant attention to current state and competencies required, utilization of interim leadership, contracting an external resource for recruitment assistance, utilization of internal referrals, succession planning, and academic partnerships.

Summary

In the year 2021 the total supply of registered nurses (RNs) decreased by more than 100,000 in one year or 1.8 percent of the total nursing workforce (Auerbach, Buerhaus and Staiger 2022). When this was further studied, the decrease was most evident not in the older baby boomers leaving the workforce but primarily from RNs in Gen X and Gen Y. With such a rapid loss of nurses in the work force, recruitment of any generation nurse is vital.

Retention can be facilitated by creating a supportive environment for both staff and managers. This can be achieved by providing appropriate formal orientation, training, sufficient resources such as unit personnel and financial resources, and mentorship (Hewko et al., 2015). A formal orientation enhances emergency nurses' sense of personal accomplishment and has been associated with lower intent to leave (Lee, Gensimore, Maduro, Morgan, & Zimbro, 2021). Furthermore, communicating value and appreciation through formal and informal feedback and recognizing the individual contributions of

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nurse managers is more likely to assist with retaining nurse leaders (Hewko et al., 2015). Emotional exhaustion and low sense of personal accomplishment are known key factors influencing emergency nurses' intent to leave (Lee, Gensimore, Maduro, Morgan, & Zimbro, 2021). Developing a supportive environment will not only assist in retaining nurse leaders but may attract "front-line staff" to leadership positions (Hewko et al., 2015).

Retention of all ED nurses requires a working environment that is supportive, meaning it provides appropriate orientation, training, and resources to leaders. Promotion of compassion satisfaction is related to the work environment and is integrally linked to retention. The following action items to improve both recruitment and retention have support from the literature:

- Structured formal residency programs that assist new nurses with transition to the emergency care environment
- Training programs and cultural support for experienced nurses and nurse leaders
- Healthy work environments that address issues of lateral violence, moral distress, and compassion fatigue

The following action items to improve both recruitment and retention have less discussion in the literature, but may be useful:

- Working with schools of nursing to bring nursing students to the emergency department, and provide additional clinical experiences for them
- Structuring schedules with shorter shifts (6 or 8 hours) so that older nurses can continue to work
- Allowing experienced nurses near retirement to work different (shorter, more flexible) hours to provide educational and clinical support to newer nurses
- Increases in pay
- Improved benefits
- Encouraging nurses to take PTO
- Flexing schedules so that nurses can have adequate time off
- Providing mental health services for nurses as needed as part of their work

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