

Methodist receives NIH grant to implement nurse retention program

BY SCOTT SHEPARD

Every health care person has an idea on nurse retention, but a concept at Methodist Healthcare, Inc., was among the 5% in the nation to score federal funding.

Of 300 applications filed, Methodist was one of about 15 to receive a \$1.2 million grant from a program of the National Institutes of Health. Recipients have three years to implement their ideas and two more for analysis. The goal is to combine the findings and create a national master plan to improve nurse retention.

Methodist had a head start. The project to train front-line managers has been under way through the Maurice Elliott Health Care Leadership Institute at the University of Memphis, and a majority of nurse managers have been through that program.

"We decided to seek funding so we could move at a greater pace," says nurse Paula Spears, corporate director of professional practice and development. "This is significant because most of the funding from NIH is for hard science with quantitative results."

More money seems like an obvious strategy, but research consistently shows that nurses are not money motivated. Raises and signing bonuses only start wage wars with competitors and contribute little to retention.

Nurses care most about their role in patient care and professional relationships with physicians and others. Secondly, nurses want predictable schedules. So Methodist crafted a program driven by the research, which is likely a reason that the plan was funded.

"Our clinical directors and administrative directors are our front-line management, so we chose to make them the chief retention officers," Spears says.

Out of 3,500 nurses, Methodist has identified about 90 who fit that profile.

The first move was to order several cases of the book *Love 'Em or Lose 'Em: Getting Good People to Stay*, by Beverly L. Kaye and Sharon Jordan-Evans, so everyone has their own copy.

That sets the tone for the next three years, says nurse Leigh Ann Bradley, a counselor who joined Methodist as the project director. She says managers have the clinical knowledge and raw skills, but often lack the ability to communicate.

"We see a lot of things around communication skills," Bradley says. "A whole industry exists on teaching people how to talk and listen."

Managers will be separated into cohorts of perhaps 20 people at a time and evaluated on the specific needs of the group. Many needs will be common across the board, but there are always particular needs.

Nurses and physicians are trained with different vernaculars, for example, and that can produce excess stress in high-stress situations such as the Emergency Department. The nurse manager in those areas has to learn the language of all the participants and serve as an intermediary and adviser.

As managers become more effective they'll get advanced training in hiring nurses that fit with the unit's personality. As a nurse advances in her profession, that can also mean cutting her loose for a place elsewhere within Methodist where she'll be more satisfied.

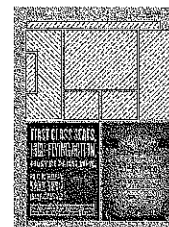
"The premise of the grant is that trained and competent nurses will retain their staff and improve patient outcomes," Spears says.

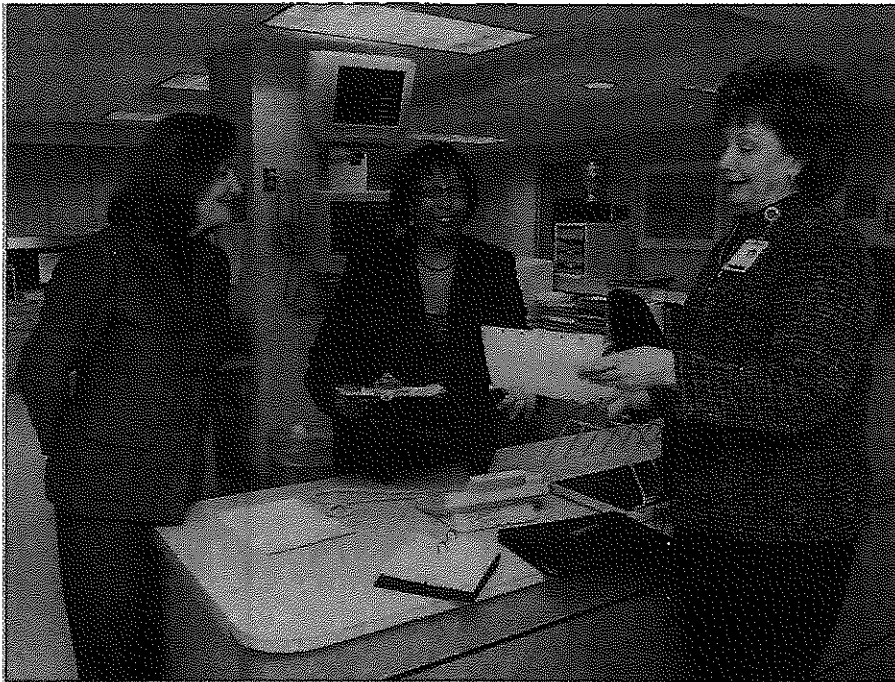
In three years, Spears will begin crunching the numbers on nurse satisfaction, patient satisfaction, nurse retention and turnover.

The study will not affect the current nursing shortage, Bradley says, but if more nurses are happy on medical units, they may be less likely to bolt to administrative jobs.

"60% of nurses are in acute care," Spears says. "What would it be like if 70% were there?"

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Leigh Ann Bradley, Almeta Handy and Paula Spears at Methodist Healthcare

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