



## RECRUITMENT AND RETENTION RESOURCES FOR PERIOPERATIVE EDUCATORS AND HIRING MANAGERS

*The 2020 NSI National Health Care Retention & RN Staffing Report*, representing responses from 164 hospitals in 42 states for calendar year 2019, reported that the total hospital turnover rate was 17.8%, with a range of 6.8% to 43.7%.<sup>1</sup> Although 52.9% of respondents reported that strategies are in place to recruit new hires, only 19.7% have strategies for retaining older workers.<sup>1</sup> Vacancies for RNs currently stand at 9.0%, a full point higher than in 2018, with more than 62.5% of hospitals reporting a vacancy rate higher than 7.5%.<sup>1</sup> By contrast, in 2016, 48.5% of reporting hospitals had a vacancy rate higher than 7.5%.<sup>1</sup> This increase in vacancies represents a growing concern.

When labor markets tighten, hospitals bridge the gap by employing agency or travel staff, utilizing overtime, flexing internal staffing pools, and offering critical staffing premium pay, which are costly strategies. Although the RN turnover rate in surgical services (15.3% for the last two NSI reporting years) is currently less than the national 15.9% norm for RNs, “For

the eighth straight year, Registered Nurses in the OR continued to be the most difficult to recruit. On average, it takes 101 to 130 days to fill an experienced OR RN, with the average being 115 days.”<sup>1(p11)</sup> This represents a “22 day jump from the prior survey and the only specialty recording an increase.”<sup>1(p11)</sup> With the anticipated higher number of baby boomer retirements within the next several years, the recruitment and retention of staff must be a strategic imperative.

There is continued concern that a shortage of health care personnel will persist into at least 2028, due to many ongoing factors. The median percentage of vacant full-time perioperative nursing positions had been rising steadily, from 3% 7 years ago to 9% in 2019. In 2020, the percentage of vacant positions dropped to 7%. Although the percentage of vacant positions is not large, a large number of facilities are affected.<sup>1</sup>



AORN conducts the AORN Salary and Compensation Survey on an annual basis, which provides us with outstanding data that helps us track trends and assists us with awareness and action planning. This has been helpful for the members of the AORN Recruitment and Retention Task (2019-2021).

Among managers responding to the 2020 AORN Salary and Compensation Survey, 61% (68% in 2019) reported having at least one open position, and the median length of time that positions had been open was 6 months, unchanged from the median time reported in the 2019 survey.<sup>2</sup>

Retention of nurse leaders is also critical. The average organizational baseline nurse manager turnover rate was 14% in 2019.<sup>3</sup> It is important to consider specific training programs to help novice nurse leaders adapt to their new roles.

Comparing statistics from the 2019 and 2020 AORN Salary and Compensation Survey demonstrates some changes in the percentage of perioperative RNs considering leaving their jobs:

- Approximately **26%** (down from 28%) of the sample indicated they were somewhat likely or very likely to leave their jobs in the next year, with the following breakdown:
  - **63%** (down from 67%) were considering changing employers but staying in nursing.
  - **13%** (up from 12%) were considering changing careers within health care.
  - **12%** (up from 11%) were planning to retire.
  - **2%** (down from 3%) were considering changing to careers outside of health care.
  - **2%** (remaining the same) were considering leaving for personal reasons including family issues.
  - **1%** (remaining the same) were planning to leave their jobs to attend school full time.<sup>2</sup>



The reasons nurses gave for intending to leave their positions, including a comparison between the 2 years, included:

- Dissatisfaction with supervisor/manager – 41% (42% in 2019)
- Dissatisfaction with employer – 39% (35% in 2019)
- Dissatisfaction with salary – 35% (38% in 2019)
- Burnout – 27% (new category in 2020)
- New opportunity for career advancement – 24% (28% in 2019)
- Desire to work in a different facility – 17% (16% in 2019)
- Dissatisfaction with hours – 17% (19% in 2019)
- Retirement – 12% (11% in 2019)
- Dissatisfaction with physical demands of the job – 11% (14% in 2019)
- Family reasons – 11% (12% in 2019)
- Dissatisfaction with commute – 9% (9% in 2019)
- Pursue an education degree – 7% (7% in 2019)<sup>2</sup>

The top three reasons were the same in 2020 as in 2019. Overall, data from the 2020 survey demonstrates some reduction in percentages for the top three reasons, but of note is the new category of burnout at 27%, perhaps due in part to the COVID-19 pandemic. Additional research focusing on dissatisfaction with the supervisor/manager and the employer is needed to provide education and strategies to mitigate these two reasons perioperative staff leave their jobs.

We have yet to learn how the COVID-19 pandemic will affect staffing recruitment and retention. Many organizations have lost seasoned OR personnel because of early retirements, loss of hours, the need to provide home schooling for children, and other sequelae of the historic pandemic. Recruitment and retention efforts are key as we emerge from this pandemic.

2021 will be a key year for perioperative services to continue strong efforts in recruitment and retention of surgical staff. The following are resources and evidence-based examples that represent opportunities to foster the success of educators and managers/directors in recruitment and retention.



## RECRUITMENT RESOURCES

### RECRUITMENT VIDEO

AORN has developed an excellent recruitment tool, the *Behind the Mask* video, which includes testimonials from nurses along with a patient/family story. This video was shared with senior BSN students at a large private college in the Midwest, and as a result, two students expressed interest in learning more about perioperative nursing. When asked what inspired them, one noted the teamwork with other health care professionals along with the ability to see immediate results of the surgery that was completed, the high-tech atmosphere of the OR, and the stimulating learning environment (personal communication, August 4, 2020). Both students joined the local AORN chapter through student dues paid by the chapter, and both plan on a career in surgery.

In addition, prior to the COVID-19 pandemic, plans were in place to present the *Behind the Mask* video to high school students in a large Midwest school district accompanied by a presentation from a perioperative RN. Although this event was postponed, permission from the school district, representing 100,300 residents within 250 square miles, was granted, and the event will be held post-pandemic.

### SURGERY OPEN HOUSES

Surgery open house events present an outstanding opportunity for community members to see behind the scenes of the perioperative arena, an area that is generally off-limits to visitors. One hospital in the Midwest has conducted surgery open houses for approximately 20 years, using seven ORs set up with mock demonstrations of various surgical procedures, many presented by volunteer surgeons and anesthesiologists. Local college and high school students are invited, with the local state college news media present for filming and distribution.

An average of 500 guests attend and provide excellent comments and suggestions for future educational events. Students from various colleges also attend

to provide information to interested attendees on education programs such as RN, surgical technologist (ST), and cardiovascular technician programs. One certified nursing assistant, a current college student pursuing a nursing degree who attended an event, stated,

*I was taking Post-Secondary Enrollment Options classes at [name deleted] State University and my classmate told me about the open house. I thought it sounded interesting, so we decided to check it out. When we got there, I was really impressed. They had the operating rooms with different surgical procedures set up. I got to talk to nurses from the hospital and ask them questions. But the best part was the da Vinci [robotic system]. They had it open for people to try. I sat down and used it to set tiny rings on a post. It was so cool! I think everyone would benefit from going.*

Other testimonials from across the country have come from children ages 7 to 11 years who attended an open house in an OR and participated in using the robot. One is now interested in becoming a surgeon.

### ACADEMIC PARTNERSHIPS

Forming academic partnerships to include perioperative nursing into curricula continues to be an opportunity worth exploring. Restrictions in current BSN programs can be challenging, but several organizations have successfully implemented a condensed semester referred to as a J-Term, with a 3-week, 3-credit learning opportunity, using selected AORN *Periop 101: A Core Curriculum* training modules.<sup>4</sup> The most notable outcome was the increased interest in perioperative nursing that led to two of the four senior nursing students who completed the course being hired by two of the participating hospitals.<sup>4</sup>



## RETENTION RESOURCES

### OPPORTUNITIES FOR CAREER ADVANCEMENT

Surgery leaders at a 489-bed level II trauma hospital in the Midwest reviewed their practice of having team-specific team charge RNs, a model that had been in place for 26 years, starting when the hospital had only 12 ORs. By 2020, the organization had 26 ORs with significantly increased technology. Although the organization had well-developed succession planning, the opportunity for a greater number of personnel to advance in careers within surgery was limited. With upcoming retirements of several key team charge RNs, the surgery director began discussions to revamp the surgery leadership structure through creation of surgery team managers (ie, surgery team supervisors, bone/tissue/implant coordinators, and technology support specialists) to replace the team charge RN concept. This allowed non-retiring team charge RNs to become managers, staff RNs to become supervisors, and STs to advance to implant coordinators with an opportunity to become ST leads in the future. The new model was presented to the staff in mid-December 2020, and the excitement created was palpable within the surgery department.

### SUCCESSFUL SUCCESSION PLANNING

A recent evidence-based project created the American Organization for Nursing Leadership (AONL) nurse manager transition-to-practice program to strengthen new nurse manager's skills that assist in success and

retention.<sup>3</sup> The program will be offered in 2021. Nurse manager roles are increasingly complex; manager's capabilities affect patient outcomes, patient safety, nurse retention, patient and staff satisfaction, health care finances, and the daily operations of a health care unit.<sup>3</sup> The project included peer-to-peer sharing of lived experience and learning, with the curriculum based on three domains of the Nurse Manager Learning Domain Framework: the science of managing the business, the art of leading people, and the leader within.<sup>4</sup> Although 27 managers from seven hospitals participated in the program, only 13 completed the AONL self-assessment pre- and post-intervention due to the COVID-19 pandemic. However, a significant increase in all competencies was reported.<sup>3</sup>

### NEW GRADUATES IN PERIOPERATIVE SERVICES

For years, it seemed to be a "sacred cow" to avoid hiring new graduate nurses into a surgical environment. Although new graduates may have a low self-perception of their skill levels, comfort, or confidence in the first 12 to 18 months as a nurse, providing support for these nurses could significantly decrease attrition rates and allow a much smoother transition into practice.<sup>5</sup> With the incorporation of outstanding teaching resources available, many organizations have had great success in hiring new graduates, with many new graduates continuing both in their academic and practice careers.



## ON-BOARDING FOR NEW STAFF

Organizations that are best able to attract and retain employees offer the following:

- A culture of excellence,
- Employees who take the time to get to know each other,
- Resources for staff to do their jobs well,
- An understanding that “little” things matter, and
- Credit where credit is due.<sup>6</sup>

## ORIENTATION OF NEW STAFF MEMBERS

AORN has multiple products available to assist in successful orientation of personnel to the operating room environment. *AORN Periop 101: A Core Curriculum* modules, accompanied with defined course objectives and a collaborative curriculum, have been very successful in training and retaining staff. This curriculum was initiated at a Midwest 500-bed medical center in the United States. The 1-year retention rate was 59% pre-implementation and 87% after *Periop 101* was adopted for orienting nurses. Second-year retention rates were 37% pre-implementation and 70% postimplementation.<sup>7</sup> The authors who reported on this project concluded that nurse leaders must analyze initiatives that will maximize the return on the investment in orienting novice nurses for the operating room and result in the retention of valued new hires. This project reinforces that a structured orientation process including *Periop 101* is a valuable investment toward addressing new staff member retention.<sup>7</sup>

## BURNOUT PREVENTION

As noted, staff burnout was a new category in the 2020 AORN Salary and Compensation Survey and was the fourth highest reason for intending to leave a current position. The COVID-19 pandemic, which led to fears of contracting the virus, perioperative staff layoffs or reduction in hours, and reassignment to unfamiliar nursing specialty roles, all while educating the public on the reality of this threat and the need to adopt simple measures such as masking and physical

distancing, has had a significant impact on nurses. Resilience during such an event requires deep-seated, meaningful, mutually supportive relationships between and organization and its workforce, and organizations that have built those reserves of trust, goodwill, respect, and caring fare better during times such as these.<sup>8</sup> Perhaps this can be a powerful reminder and a call to action for many.

Empowering every member of the OR team to cultivate an inclusive and work-friendly environment that is positive, warm, caring, and provides a sense of belonging is critical.<sup>9</sup> Authors of the white paper *IHI Framework for Improving Joy in Work*<sup>10</sup> discuss fostering joy in the workplace as a way of retaining staff, including providing the components of

- physical and psychological safety (provision of a Just Culture, work schedules that allow for adequate rest, and an equitable environment free from harm)<sup>10-12</sup>;
- meaning and purpose in daily work<sup>10-12</sup>;
- autonomy in a work environment that supports assignment choice and flexibility<sup>10,11,13</sup>;
- recognition and rewards from leaders who understand the required daily workload, recognize the work of the team, and celebrate positive outcomes<sup>10-12</sup>;
- participative management from leaders who are visible, informed, and concerned about the work and team<sup>10-12</sup>;
- camaraderie and teamwork that supports cohesion, productive teams, shared understanding, trusting relationships, and effective conflict resolution<sup>10-12</sup>;
- daily improvement using knowledge of improvement science and a critical eye to recognize opportunities for improvement<sup>10</sup>; and
- wellness and resilience, as well as leaders who model organizational values, stress management, resilience, and work-life balance.<sup>9-12,14</sup>

## COMMUNICATION AND ENGAGEMENT

Nurse administrators must create a culture that values communication and communicate skillfully using various methods to meet the needs of different employees.<sup>15</sup> Authors of an article on RNs' perception of engagement and communication in the workplace concluded that nurses who felt better informed reported significantly higher levels of work engagement, specifically job dedication and enthusiasm to do the best job possible.<sup>15</sup>

In a study of the impact of nurse manager leadership styles, the researchers found that leadership styles perceived as “transformative” with encouragement and positive support along with individual attention toward cohesion helped in reducing turnover and increasing retention.<sup>16</sup> In addition, there was evidence that providing this same positive group cohesion through preceptorship of new graduates was an important factor for high job satisfaction and subsequent employment retention.

## CREATIVE STAFFING MODELS

Creative staffing models for recruitment and retention challenges have also been studied specific to perioperative nursing.<sup>17</sup>

- On-call obligations are often a staff dissatisfier. One hospital in Denver, Colorado, designed a new on-call only position for nurses who met certain competency criteria and realized a dramatic decrease in the need for regular staff members to be on call.<sup>17</sup>
- A large health system based in Omaha, Nebraska, had difficulty recruiting nurses to work at their rural hospitals. A system-wide perioperative internal traveler pool was created, consisting of increased higher base pay plus travel and housing allowances.<sup>17</sup>
- Development of multihospital perioperative float pods has proven to be a successful solution in urban settings. Three city hospitals formed a consortium to create an interhospital perioperative float pool to help cover staffing shortages.<sup>17</sup>

- An organization that created surgeon-specific teams experienced increased retention of skilled surgical personnel.<sup>17</sup>

Other successful creative staffing models include staff self-scheduling practices, varying shift lengths, voluntary trading of shifts, and “perks” after many years of service have been met (eg, reduction in call obligations, day shifts only, no weekend call coverage).

## TRANSITION ASSISTANCE FOR ST TO RN

In 2010, surgery leaders at a 489-bed hospital in the Midwest approached the chief nursing officer with the proposal to create three “ST school positions” each at a 0.2 full-time equivalent (FTE) status. The sole purpose of this proposal was to assist STs in returning to academics in pursuit of a nursing degree. At this same time, the organization was exploring Magnet status and leaders believed that in addition to providing advancement opportunities for STs, this approach would bolster percentage of nurses with a BSN.

All three positions were approved and filled quickly. Candidates needed to have proof of acceptance into a nursing program, submit semester information, and be scheduled for 0.2 FTE status. Since the inception of the program, 12 STs have successfully graduated with a nursing degree (most Associate to BSN within 2 years), and 100% of these staff members have remained in the surgery department at this same hospital. Of these 12 STs, three have obtained their master’s degree in nursing and have advanced to other career goals including perioperative educator, clinical resource nurse, and nurse practitioner.





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## RESOURCE

NeuroLeadership: Performance Leadership Program  
([www.neuroleadershipinstitute.org](http://www.neuroleadershipinstitute.org))

