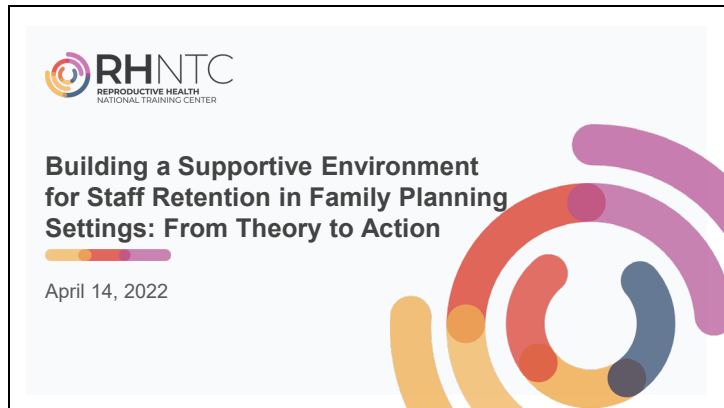


Building a Supportive Environment for Staff Retention in Family Planning Settings: From Theory to Action

April 14, 2022

Transcript

Slide 1




- [Devon] Hello everyone. This is Devon Brown with the Reproductive Health National Training Center and I'm delighted to welcome you all to today's webinar about Building a Supportive Environment for Staff Retention in Family Planning Settings: From Theory to Action. I have a few announcements before we begin. Everyone on the webinar today is muted, given the large number of participants. We plan to have some time for questions at the end of the webinar today. You can ask your questions using the chat at any time during the webinar. We'll also be asking for your participation at a few points during the webinar. You can respond in the "Audience Chat" pod, which is green and can be found at the bottom of your screen. A recording of today's webinar, the slide deck, and a transcript will be available on [RHNTC.org](https://rhntc.org) within the next few days. Closed Captioning has been enabled for this webinar. To view, click on the CC icon at the bottom of your screen. Your feedback is extremely important to us and has enabled the RHNTC to make quality improvements in our work based on your comments. Please take a moment to open the evaluation link in the chat and consider completing the evaluation real-time. In order to obtain a certificate of completion for attending this webinar, you must be logged into rhntc.org when you complete the evaluation. This presentation was supported by the Office of Population Affairs (OPA) and the Office on Women's Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA, OWH or HHS.

Slide 2



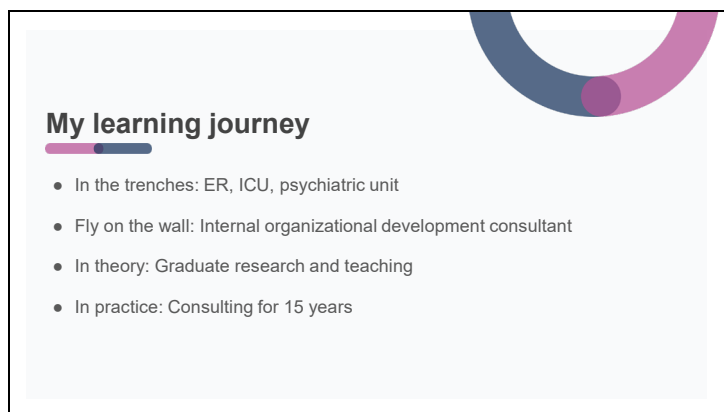
Speaker



Dr. Julie Rennecker, PhD, BSN
Founder and Chief Catalyst of Syzygy Teams

I'd like to briefly introduce our speakers today, Dr. Julie Rennecker. Dr. Rennecker is the Founder and Chief Catalyst of Syzygy Teams. Syzygy Teams is an independent consulting company that specializes in human-friendly leadership and collaboration strategies that foster employee engagement and resilience. Depending on company size and challenges, her services include talent optimization, process redesign, and culture building. So, with that, I will turn it over to Dr. Rennecker.

Slide 3



My learning journey

- In the trenches: ER, ICU, psychiatric unit
- Fly on the wall: Internal organizational development consultant
- In theory: Graduate research and teaching
- In practice: Consulting for 15 years

- [Rennecker] Thanks, Devon, and thanks to all of you who made time in the middle of your very busy days to be here, to talk about this really important issue of staff retention. I know that you're living it and breathing it and feeling it daily, but some of what we'll talk about is just what a broad issue it is. And so I think it's really important that the community comes together and looks at ways to address it locally and collectively. Just a little bit more about me, so you can appreciate where I'm coming from, the background that informs my approach. I actually began my career as a nurse. I was a bedside nurse in ER, ICU, and then as a trailing spouse in inpatient psychiatric unit in a regular acute care hospital and cardiac care units. And those were different facilities in different states. And over the course of that, I saw a lot of different types of management styles and organizational cultures. And there were places where I made great friends and was sad to leave and other places where I was bullied and glad to get out of there. So, that was the beginning of my career of young person, you don't know everything that you're taking in. A series of lucky breaks gave me the opportunity to be in an internal organization development role long before I really had the credentials to do so. I had one of those things, we have a great boss, but in that role, a couple of different things. I had the opportunity to be both a participant in

and a fly on the wall in leadership team meetings. And I came to appreciate organizations, not just as my direct experience, as a staff member with my manager, but to appreciate the systems and processes that often put managers in a bind as well. And in addition, the tough decisions that have to be made and some of the pressure, a lot of the pressures that managers are under. And so one of the things I know as we're talking about staff retention, and we're talking about ways to attract and retain staff, some of the people who are burned out are probably people on this call who are in managerial roles. I know we've got a range of folks on here, different kinds of roles in different facilities all across the country, but I expect that it's when we say staff, it's not just entry level staff, it's all levels of the organization that are struggling. That position led me to go back to graduate school. My degree is actually in organizational behavior, focusing on teams, change, leadership and especially adaptation any kind of technology adaptation and how that's changed the way that we work. I learned a lot of theory there about leadership, about how organizations should work, how they're structured, et cetera, et cetera, et cetera. And some of that matched with my experience and some was contradictory. So for the last 15 years, I've been working as an independent consultant and weaving together my experience both before and after graduate school with that theory to provide managers with actionable recommendations. And that's what I hope to bring to you today. So that's probably more than enough about me, just a quick check in to chat. I know that we do have people from all over the country, and sometimes I think it's helpful and these can feel very anonymous because you're not on screen, but if you feel comfortable doing so, do a chat out in just saying, where you're logging in from, your name will show up as part of your chat, but let us know where you're from, New Hampshire or Washington or Florida. Got Texas, oh my goodness, they're flying, Mexico, North Carolina. So we've got Midwest, East Coast, West Coast, South, New York, okay, lovely. The other reason I wanted to do that is to remind you that you're not alone. This is a heck of a journey that you're on, and we're been in challenging times for a number of years here and reproductive health and family planning as you know too well, even longer. Pre-pandemic, just the political turmoil on top of the pandemic and the war. So I just wanted you to see what a vast community you have and perhaps people you can end up reaching out to later.

Slide 4

Learning objectives

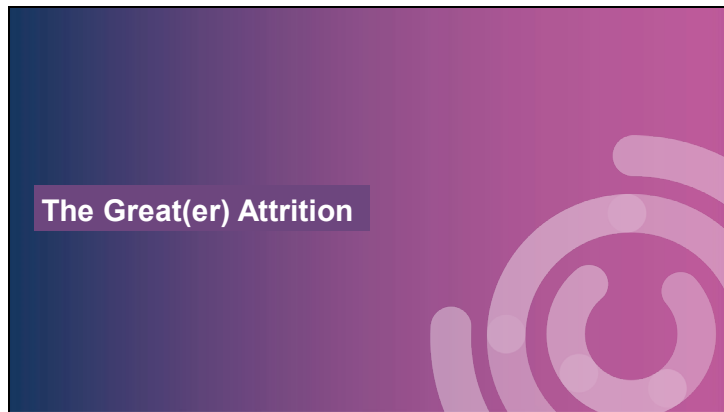
By the end of this session, participants will be able to:

- Explain the difference between "hygiene factors" and "motivators" and the importance of each for staff retention
- Describe two evidence-based approaches to building a supportive organizational climate for staff retention in a family planning setting
- Describe three organizational characteristics or policies that support staff retention
- Identify at least one practice in your own organization that could be changed to increase staff retention

So my goals for you in this session are that by the end, you will be able to differentiate between hygiene factors and motivators and understand the relationship of each of those two staff retention. And it doesn't matter if you don't know what either of those words mean, that's what we'll get to. You should be able to describe two evidence-based approaches for building a supportive organizational climate for staff retention in a family planning setting. And so we'll be going through at least, I think it's 12 strategies, so hopefully at least two of those will resonate and stick with you and of course the recording is available after the session. We would also be able to describe three organizational characteristics or

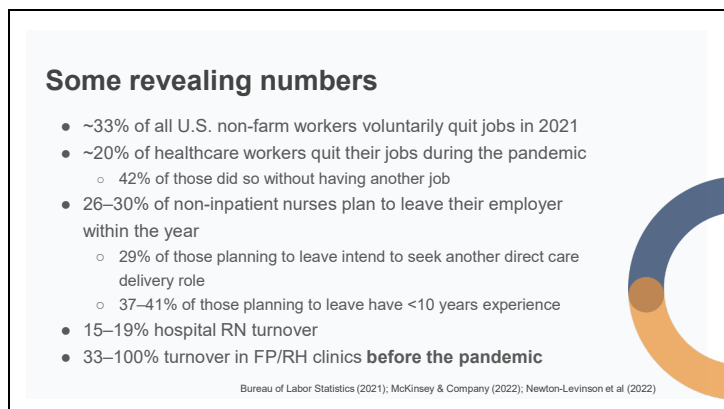
policies that support staff retention. We won't be talking about policies explicitly, we'll be talking about strategies, but some of those are policy type issues. And that identify at least one practice in your own organization that could be changed to increase staff retention. The time that we all spend here together in this webinar today, isn't useful, unless you leave here with something, you can start tomorrow or next week, or next month. So my goal is, and we'll allow time for that, for you to pause and really think about how does this apply to my organization and what can I do, most importantly, what can I do?

Slide 5



So, you've had to have been under a rock not to have heard about the Great Resignation, the Great Attrition, they've been calling it all sorts of things, but as we'll see shortly from the numbers, and as you have been living, reproductive health and family planning clinics, have been dealing, well, healthcare in general has been dealing with nursing shortages, but reproductive health and family planning clinics have had an even greater challenge. So for you guys I'm calling it the Greater Attrition. And what we're going to be talking about, just to give you a verbal agenda, we'll start with some of the stats about people leaving and why they're leaving, then we'll shift our focus to look at why do people stay. So we need sort of both of those pieces of the puzzle to understand what's going on. And then I'll introduce the motivator hygiene theory so those two words will start to make sense, and that will provide the framework and the foundation from which we will then talk about strategies.

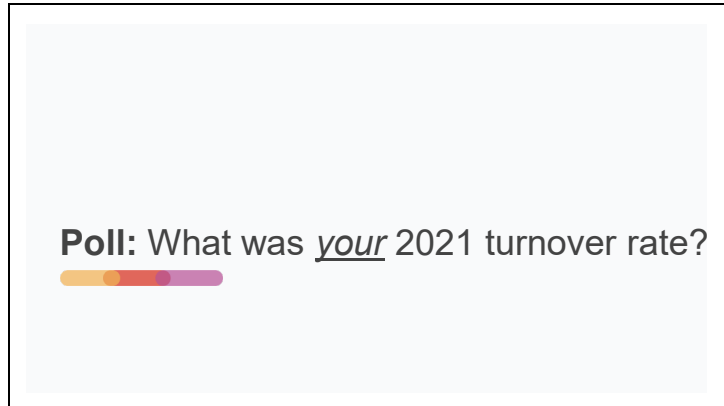
Slide 6



So let's start with just to peak the numbers. Across all industries, more than half of the organizations and this is US, and all US numbers at this point, more than half the people in organizations in the United

States, I'm sorry, half the organizations in the United States experience higher than normal or normal for them attrition, voluntary attrition. 33% of all US non-farm workers, which is one of the ways the Department of Labor group statistics, voluntarily quit their jobs in 2021. About 20% of healthcare workers, and again, the Bureau of Labor Statistics makes that, that's kind of a big category, quit their jobs during the pandemic. 42% of those did so without having another job. And this is one of the patterns that's been unprecedented in this particular Great Resignation. 26 to 30% of non-inpatient nurses, so that would be doctor's offices, clinics like yourselves, public health, various ambulatory settings plan to leave their employer within one year and 29% of those planning to leave, I should start with only 29% of those planning to leave intend to seek another direct care role. I think what's important about that, is that means then 71% are planning to leave direct care, and of those planning to leave, less than, I'm sorry, 37 to 41% have less than 10 years of experience. So, we see a couple things, we see this exodus from direct care roles, and then we see this younger cohort of nurses, a large chunk of that, we already at short to begin with and then we lose a large chunk of that. So today we're going to be talking about strategies, specifically within your clinic, but I hope that thinking about these numbers too, as you go into your professional associations and talk with your peers about larger, more systemic solutions for longer term. There was 15 to 19% hospital RN turnover. And I wanted to share the reason for the ranges is these statistics, they're moving so quickly, different people, different organizations, McKinsey, the Bureau of Labor Statistics, they all grouped, the MGMA, the Medical Group Management Association, all these organizations sort of group folks a little bit differently. So, there's little bit of ranges in here, it's a little bit fuzzy. What's key, of course and this is where you guys come in, is that prior to the pandemic, there was 33 to 100% turnover in family planning and reproductive health clinics. So this is not a new battle for you, but hopefully we'll shed some new light on things you can do.

Slide 7



So, those are statistics, it's taken from large swaths of people across the nation, but let's take a look at what your personal experience has been. And so Nancy, if you want to launch our first poll here, what was your 2021 turnover rate? Let's see, five folks up here, well, and then six. 75% or greater, 17 folks in the greater than 50%. So appreciate you guys are hurting, greater than 25% is challenging enough, but I think those of you who have the less than 10%, and it that's exciting to see, that less than 10% and then greater than 10, but less than 25, those of you may want to put your email in the chat, because my guess is that there are people on the upper end of the scale that would love to know what your secret is. So, thank you.

Slide 8

Reasons for leaving

Across industries


- 54% do not feel valued by their organization or manager
- 51% do not feel a sense of belonging at work
- 31% left to start a new business

(McKinsey, Jan 2022)

Nursing staff in physicians' offices

- 59%: better pay and benefits
- 21%: burnout
- 13%: other
- 7%: retirement

(MGMA Stat, Feb 2022)




So what are some of the reasons for leaving? And again, we'll get back to your staff shortly, across industries, and again, this is big scale, and then we'll come down to physician offices and then to family planning clinics, 54% do not feel valued by their organization or manager and these are statistics from McKinsey, one of the large consulting firms. 51% did not feel a sense of belonging at work. And 31% left to start a new business. McKinsey called that a record, but because we didn't know at what point they had started collecting, we took that part off the slide, but it is a significant increase, compared to any previous years. I don't know anybody on screen has a side hustle that you're thinking about, but that's been an unexpected shift. When we go to nurses and staffing offices, oh, back to McKinsey state, one of the things that gets said, like in headlines, based on studies from McKinsey and Deloitte and companies like that, is that, it's not about money, people are coming because they don't feel valued, because of all these other reasons. When we look at the information out of the Medical Group Management Association, we see that 59% leave for better pay and benefits. And hopefully that will make a little more sense when we get into the motivator hygiene factors. But I think part of that is if they leave one medical practice to go to another medical practice, so it's the same work, kind of apples to apples comparison, if someone's going to pay you more to do the same work, then pay is certainly a driver. I think some other folks there may have been equal pay and the characteristics of the organization for the other driver. 21% reported burnout, probably not a surprise to any of you, 13%, this other category included all sorts of things, childcare, elder care. Oh, I forget, but it was sort of a catch all, it wasn't very defined and then 7% retiring.

Slide 9

Reasons for leaving

Nurses working in PH/RH/FP

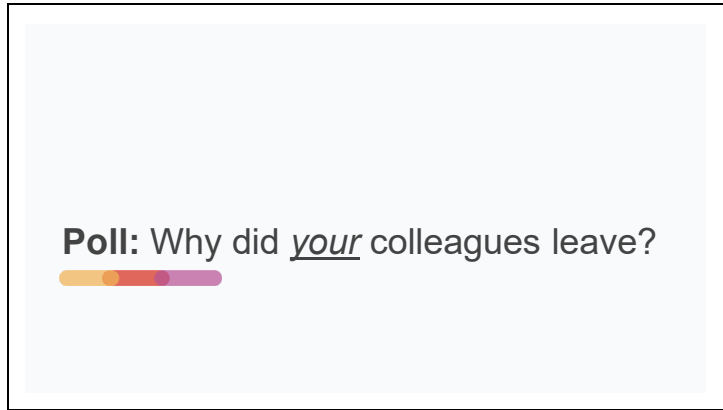
- Burnout or fatigue
 - Inadequate staffing/heavy caseload
 - Complex and/or difficult clients
 - Long hours
- Lack of recognition
- Stigma associated with FP/abortion clinic
- Low pay/limited resources
- Retirement
- Family health needs



Campbell et al (2020); Ellenbecker et al (2008); Newton-Levinson et al (2022)

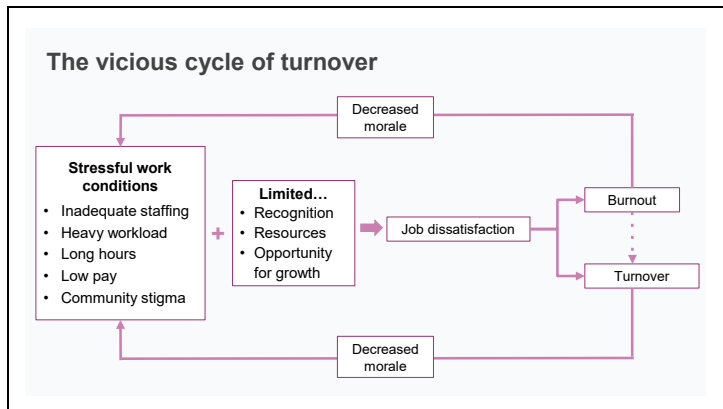
So in addition to the statistics we talked about earlier, where we have 71% who are leaving, are leaving direct care. We have a younger cohort, we're losing lots of them. And then we have the older nurses that are retiring. So, there are lots of forces at play here contributing to the situation we're experiencing. And I think it's important, we're going to talk about strategy, in your organization, but I think it's important to know that there are many forces well beyond your control, that it's not your fault. So then we come to nurses working in public health, reproductive and family planning. And it's probably not a surprise to you that there aren't a lot of studies that are very specific about this. Planned Parenthood has some of their own statistics about turnover that they've seen in their own clinics, the government has their statistics, et cetera, but we don't have like an overall picture. I did find there's an article on a family planning that was sort of an outreach community health approach, then on reproductive health clinics and another home healthcare nurses. So from those, synthesizing those, we see that reasons people leave include burnout or fatigue. Again, not a surprise, and particularly the reasons given for the burnout were inadequate staffing, heavy caseload, complex, or difficult clients. And when people come to us for help, they're not at the peak of what's going on in their life, often they're there because they have concerns. Long hours, which are often due to the short staffing, lack of recognition, some of the other things low pay, retirement, family health needs, not a surprise. The thing that was different about this particular group, and I think will be important as we think about strategies is the stigma associated with family planning, and abortion clinic work, even any kind of reproductive health work. And so even those who worked at facilities where abortion services weren't provided, there was a negative association and some workers reported their children being harassed at school, it was in a relatively small community and people knew that their parent worked at a reproductive health center. And so, if that's something that any of you have experienced that's something you might talk about later, if it happens or if you know that you've experienced that in your clinic, in your community. So you might have a need to focus your efforts in a little different area.

Slide 10



So again, those are the statistics about why other people leave. Why did your own colleagues leave? We've got another poll and I just realized that I didn't create an other, excuse me, other column. And you can choose as many as apply here. Not surprising, burnout, fatigue, staffing, which we'll talk about the vicious cycle. We can get in with, get the burnout, fatigue, people leave, then that means heavier workload for the people who are behind and the low pay associated with that. Lots of other reasons as well. Yeah, interesting distribution, not surprising. If you were surprised by anything, please put it in the chat. Let's see. Let me find my error, sometimes the cursor, move the cursor.

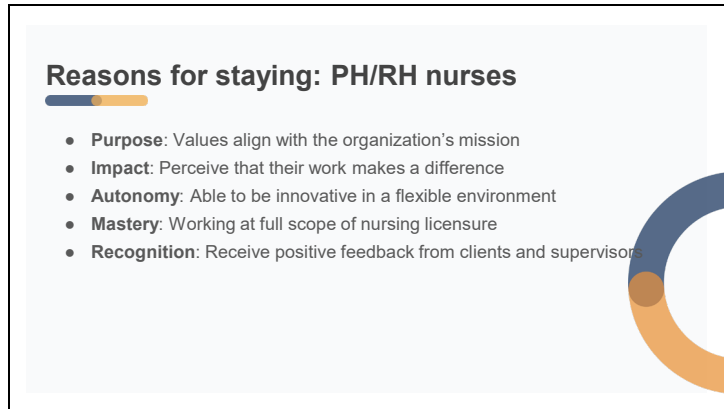
Slide 11



There we go, so as mentioned vicious cycle, that again, it's going to be so familiar to you and I hate to be preaching to the choir about some things that you already know, but sometimes I find it helpful to get it out of your head and out where you can visualize it and maybe talk about it differently with your colleagues. So you start the known quantity, it's often stressful work conditions. Maybe not everybody on the call and maybe, if you don't have stressful work conditions, we want to hear from you about what makes it unstressful. But if you do start with stressful work conditions, inadequate staffing, heavy workload, long hours, low pay, so the things that you mentioned, I've added the community stigma, they mentioned that. Then what that means is in the stressful work environment is many managers, probably people on this call are having to be involved in the delivery of clinical care or so busy trying recruit and hire and onboard new people that that leaves limited time and resources for recognition, resources to add to pay, providing any opportunities for growth, which then further adds to job dissatisfaction, which leads to turnover. The puzzle that we know, and then turnover decrease morale add to the stress. When

we talk about burnout, the job dissatisfaction, you stay in the job, you get burned out, burnout may lead to turnover, but sometimes the worst thing is when people who are burned out stay and then that further erodes morale.

Slide 12



Reasons for staying: PH/RH nurses

- **Purpose:** Values align with the organization's mission
- **Impact:** Perceive that their work makes a difference
- **Autonomy:** Able to be innovative in a flexible environment
- **Mastery:** Working at full scope of nursing licensure
- **Recognition:** Receive positive feedback from clients and supervisors

So what would happen? Let me go back sort of preview this already. But so, we focused a lot on why people leave and lots of the information that's been out there in the news, making headlines, all the reasons people leave, there are laundry list of reasons people leave. And you have probably, if you do exit interviews whether it's formal or informal, but talking with people when they give their notice and you find out why, and why are you taking off? There are lots of reasons for that and sometimes that can feel daunting. Well, I'm thinking it does feel daunting. At least the people that I'm working with, but they're overwhelmed and feeling like they have to chase a lot of directions and that they can never satisfy anyone. So here's what we're going to do. The figure ground shift to the, why do people stay? Because from the percentages at the beginning, a few of you are in that greater than 75%. But even you, if you haven't had 100% on every quarter or every year, then you've got some people who are choosing to stay. So when we look at that, what is it that's already working that can be a magnet for other people that maybe we can build on and amplify, that we can understand why people would want to be at our particular clinic. And some of the things that came up in, again, those other studies, the three studies I can compiled as well as studies across industry are purpose. If the workers' values align with the organization's mission. And I think everyone who, I don't know about everyone, there may be some people it's just like, I just need a job and this is a parking spot, but my guess is that many people who choose to work in reproductive health and family planning, the people I've met that I've acted with the local Planned Parenthood chapter. And the people there I know are really dedicated to their mission and give a lot outside work hours to the cause as well. So there's that alignment and then impact, right? So they perceive that their work makes a difference. If you've ever exercised or dieted and nothing changed, it's easy to get discouraged. So it's the same thing with our work that if we feel like we were putting on in all this effort, go home exhausted, but it doesn't make a difference, we don't feel like we're moving the needle in any way at all, it's hard to keep putting in that sort of effort. And often we are making an impact that may be difficult to see. So that's an important thing to sort of tuck away. Autonomy, some of the reasons that people came into, particularly like nurse practitioners and nurses seeing that it was like a nurse-led clinic, for instance, saw the opportunity to be innovative in a flexible environment, as well as working with the full scope of their nursing licensure. They thought that they could bring their full self to this, and really sort of the specialness of that made them a nurse that maybe they could get out of checkbox, checklist, where everything was dictated to them. And then finally, recognition, receiving positive feedback from both clients and supervisors. Although I think the feedback

from clients is particularly personally rewarding, intrinsically rewarding and feedback from supervisors is this sense of like, okay, I'm seeing at the organization I'm valued.

Slide 13

Why do *your* colleagues stay?

1. Make a list of 1–3 people who have been with your organization the longest.
2. Next to each person's name, write why you think they stay.

The slide features a decorative graphic on the right side consisting of two overlapping curved shapes, one blue and one orange.

So we're not going to do a poll for this, it's the same idea, there are reasons that other people do things, but in terms of developing your own strategies for your own organization, it's important that you know what's going on with your people. So, you know, make a list of one to three, some of you have huge clinics and some of you're very small, so whatever makes sense to you, one to three to five people who've been with your organization the longest. And then next to each person's name, why you think they stay, this is something you can check later, but you want to ask. So let's see, Monique was sowing in the chat. I just want to share for our organization, COVID has a lot to do with the high turnover of staff, 'cause they also had to provide COVID services. Yes, anecdotal, staff was dealing with people who came in for COVID test, vaccination can be disheartening as they were very rude and we try to run over staff, so physical safety. Oh my goodness, and that physical safety has been an issue pre-COVID and COVID just amplified it. Thank you, Monica, for adding that. So hopefully you've got at least a couple names or at least your brains, you're thinking on that, put a star by that, in your notes if it's something that you need to come back to, we'll be using that as we go forward.

Slide 14

Hygiene factors and motivators

Hygiene factors	Motivators
Characteristics of the work context that can lead to job dissatisfaction if not well-designed and well-managed	Qualities of the work itself—job content, process, and outcomes—that activate employees' intrinsic motivation, leading to job satisfaction
<ul style="list-style-type: none">• Policies• Physical work conditions• Compensation package• Relationships with manager, peers, and subordinates	<ul style="list-style-type: none">• Meaningful work• Task requirements• Achievement and recognition• Responsibility and growth

Frederick Herzberg, 1966/2003

So we've talked about why people leave and then why your people leave. We've talked about why people stay and why your people stay and now we're going to get into the theory of what is it that contributes to job satisfaction and engagement versus burnout, which then leads to turn over, burnout

and feeling undervalued leads to turnover. So first I want to direct your attention to the left side of the screen and these are the hygiene factors. And this came from Frederick Herzberg first discovered this, he was curious about, employees would complain, they weren't satisfied, or the employer may have done a staff satisfaction survey and discovered they were dissatisfied with A, B and C. Then the organization might fix A, B and C and the satisfaction wouldn't go up. And so it was very frustrating, it would come of level out, they weren't more engaged. Even though this study was done in the '60's, it's been replicated since then, many, many times and across many different contexts, including nurses, engineers, construction, white collar, blue collar, pink collar, the whole gamut of folks and the same pattern comes up over and over again. And the first is that the hygiene factors, it's these characteristics of the work context that can lead to job dissatisfaction if they're not well designed and well managed. So it's considered think of it as like sort of the cost of doing business. These might be policies that you have, the physical work condition, the facility, the amount of resources, physically if you have supplies, for instance, the compensation package, relationships with the manager, peers, and subordinates. And all taken together, you might think of that as culture. Academics would debate, it's not the exact definition of culture, but certainly it reflects the culture and impacts the culture and whether people feel supported, connected, et cetera. So these hygiene factors, that cost of doing business idea is these are things that sort of need to be in place. If you're going to compete in the talent market for other folks, it's like they're basic organizational characteristics that they expect to be there and if they're not, they're going to be unhappy. But having them there, they're going to be like, oh, okay, yeah, I've got a roof over my head, we've got running water, the kind of thing that we often take for granted. So then we get to motivation. So how do we get to be magnetic to our staff? And that once they're there, they would want to stay and you feel valued, feel connected, feel energized by the work. And that's the qualities of the work itself, the job content, the process, the outcomes, that activate their intrinsic motivation, that they see, that's that bit of being connected to the mission, to some sort of higher purpose that resonates for them, that they see is consistent with the organization and the opportunity for growth. We're living beings, so the people who go into nursing often are infinitely curious, we like people, we've gone to school, we may have gotten an advanced degree or gone back for additional certifications. So that opportunity to keep growing, if people feel like they're not stagnating, that is an attractor. So those are the things that lead to satisfaction, right? Those are sort of the bonus, the cherry on top.

Slide 15

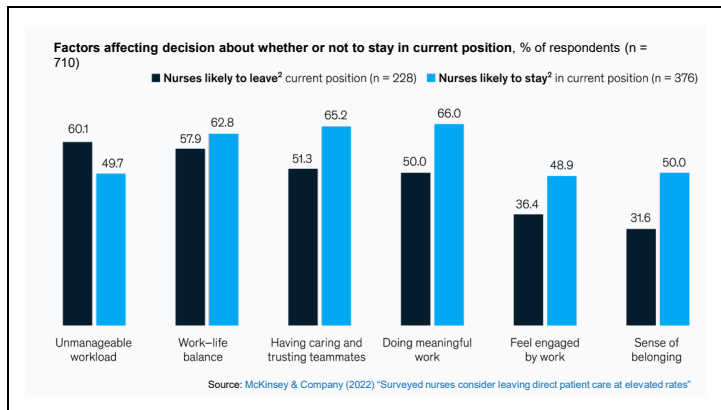
Review: Reasons people leave and stay

<p>Reasons for leaving</p> <ul style="list-style-type: none"> ● Burnout or fatigue <ul style="list-style-type: none"> ○ Inadequate staffing/heavy caseload ○ Complex and/or difficult clients ○ Long hours ● Lack of recognition ● Stigma associated with RH work ● Low pay/limited resources ● Personal: Retirement, family health 	<p>Reasons for staying</p> <ul style="list-style-type: none"> ● Purpose: Organization mission ● Impact: Make a difference ● Autonomy: Flexible environment ● Mastery: Full scope of nursing license ● Recognition: Positive client feedback
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So now we have that as the theory, that's the framework, so hygiene factors, cost of doing business can certainly contribute to dissatisfaction, decrease morale, motivators contribute to satisfaction and can increase morale. So now this is taking the previous slides, the reasons for leaving and the reasons for staying, I've shrunk the statements a little bit so that they fit on the slide. But we see here that many of

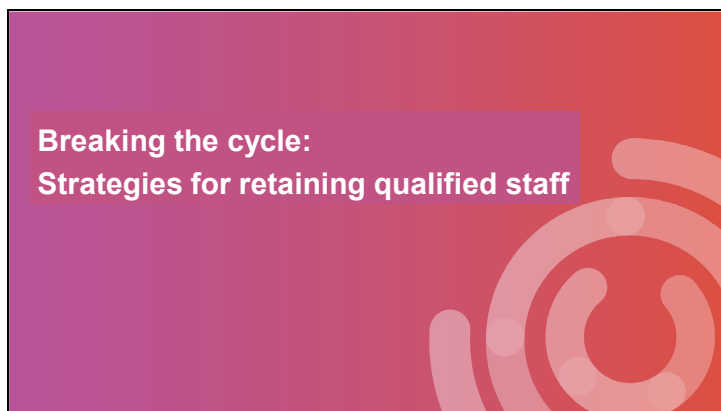
the reasons for leaving, we have fatigue, recognition, stigma, that those are work conditions and the reasons for staying your purpose, impact, autonomy, mastery, recognition, are much more, the things that tap our internal sense of worth our internal excitement, our internal energy. And recognition, I would put it, I could see it maybe going on both sides of this equation. The tricky thing back with nurses, again, the way the headlines say, "Pay doesn't matter" and then we see a doctor's offices, people fleeing because of inadequate pay.

Slide 16



We see here that the nurses, each of these factors, this is from another McKinsey study that was specific to nurses, and again, skewed toward hospital nurses just because that's the data that we have, but, unmanageable workload, work-life balance, having caring teammates, doing meaningful work, feeling engaged by the work and sense of belonging. The different categories that were reasons, that were factors that made them most likely leave or most likely to stay. And the dark bars, the vertical dark bars are the nurses who are most likely to leave. And the bright blue bars are the nurses likely to stay. And what we see is a difference in importance, to the nurses who are likely to leave, the unmanageable workload, work-life balance, lack of caring teammates. But we see as we go across to the right, that, that trickles down sort of the relational component of the work. Whereas as we go to the right for the nurses planning to stay, those relational components are much more important.

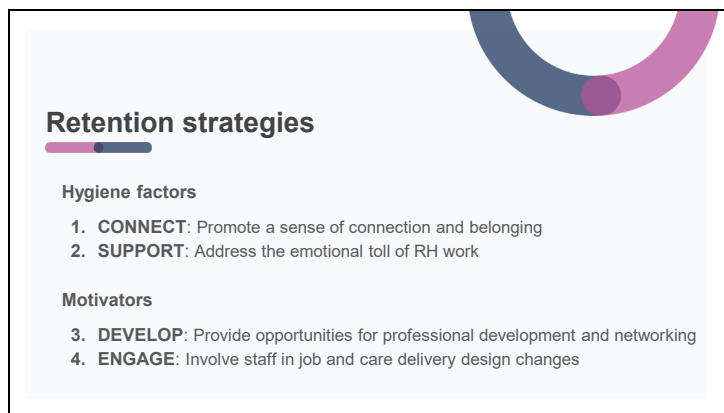
Slide 17



And so one of the things I will be encouraging you to think about as you think about your strategies is to figure out, why do people want to, the people who stay, why are they staying where you are and how

can you build on that and attract more people who want those kinds of things and how can you continue to amplify those aspects of the organization? Because we're going to have sort of this different, where is if you keep chasing the people, you don't want people to leave, but if it's people who would stay and be unhappy, that's not meeting their needs, that's not going to work either. This particular study didn't have finer grain analysis. I don't know if what we're seeing here with the nurses likely to leave, I don't know if what we're seeing is just that they're already burned out and that's why workload to work-life balance, they're giving it higher weight, higher score, and they've sort of given up right on the relational, or there's been enough turnover that they don't care. So that's the degree of detail that we really don't have for these data, but I do think it's important to paint the picture that, what can we control, and who are the people that we're trying to target with our efforts? So we've talked about the vicious cycle, we've talked about reasons that people leave, reasons people stay and then this motivator hygiene theory, hygiene factor theory. Let's talk about how to start breaking that cycle and get into the strategies, which is probably the reason that you're here, is like, is there anything I can do?

Slide 18



Retention strategies

Hygiene factors

1. **CONNECT:** Promote a sense of connection and belonging
2. **SUPPORT:** Address the emotional toll of RH work


Motivators

3. **DEVELOP:** Provide opportunities for professional development and networking
4. **ENGAGE:** Involve staff in job and care delivery design changes

I'm going to be talking about four categories of retention strategies, connect, support, develop, and engage. And so, the connect strategies are all about promoting a sense of connection and belonging, that's between teammates, between the staff members in the organization and/or their immediate supervisors. And the support has to do with addressing the emotional toll of reproductive health work. And both of these really fall in the hygiene factor category and have intentionally put the hygiene factors first, because again, if those aren't in place, it's really difficult to attract, it leads to increased dissatisfaction and makes it difficult to attract new talent and to retain talent. Then if you have a core of people, so again, you might have different strategies for different groups of people, it's not a one size fits all, focus then on the motivators that helps continue to build the energy, starts the virtuous cycle. And these are developed strategies, provide opportunities for professional development and networking and we'll have some ideas about that and then engage strategies. So involving the staff in, if you're going to make changes in the job or in care delivery, rather than feeling all that responsibility and burden to figure it out yourself, including them in that contributes to both the participation, but also feeling value.

Slide 19

1. CONNECT

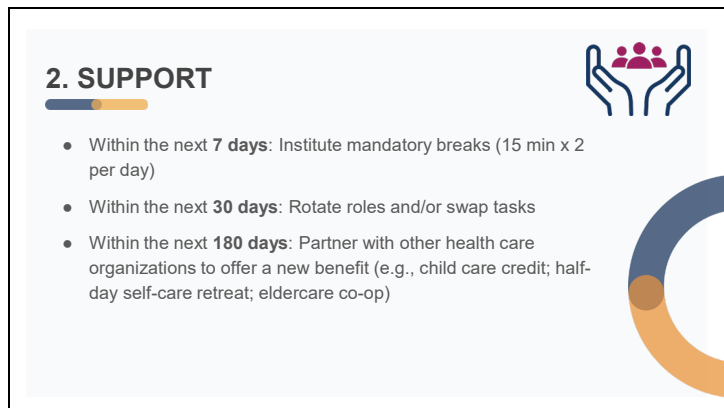


- Within the next **7 days**: Conduct a one-on-one “stay” or “appreciative interview” with each staff member
 - What’s working well?
 - What’s been the high point of your week so far?
 - Which of your own or the team’s strengths contributed to that positive experience?
 - How might we make better use of your or the team’s strengths so you could have more “high points”?
- Within the next **30 days**: Conduct a daily “check-in” and “check-out”
- Within the next **180 days**: Establish a mentoring (i.e., “buddy”) program

So let's get into more detail. So the connect strategies, building those connections between peers, between staff members and their manager and the organization, we've got three different levels and we'll have this on each category. Sort of things you could start immediately, something could start, I say, 30 days, but be sort of 30 to 60, and then something that's a little longer term, takes longer to set up, 180 days, roughly six months. But everything always takes longer than we think, but just think of this as like short term, medium term and long term. So within the next seven to 14 days, one of the ways that you can help build connections is to conduct a one-on-one stay or appreciative interview with each staff member. What is an interview mean? And that's this focus on why people stay, and it comes out of appreciative inquiry. If any of you have any org behavior sort of background or have learned about that, which is a methodology that came out of the Business School at Case Western, and imagine a picture, every context is like, there's a whole picture, but when we have problems, those tend to get our attention, we tend to focus on the problems. And sometimes when we're doing that, we miss the rest of the picture, that's going well and it could give us some ideas about how to better manage the problem. So this appreciative approach is focused on, okay, what's working, what's going well, reminding us, balancing our attention a little bit between the problems and what's going well. So some of the question what's working well, what's been the high point of your week so far? Sometimes we can forget we've had high points, we're in the middle of the low point, which of your own, or the team's strengths contributed to that positive experience and how might we make better use of your, or the team's strengths so that you could have more of these high points? So, we draw attention to the fact that some good things are happening and as we analyze problems, but sometimes we don't analyze good experiences. So let's do that and see what we can find out and see if we can create more of those. Again, you won't have them all done, but just starting that process, just start having conversations with people about what's going well. Within the next 30 days, think about conducting, excuse me, conducting a daily check-in, checkout process. A check-in, checkout could actually start tomorrow, it doesn't require any kind of setup, but implementing something like that, if you haven't had these conversations with staff beforehand can feel to staff like just one more thing to do. So what a check-in, checkout is, is it helps with the transition from, okay, everybody comes in, traffic, walking, bus, bicycle, however, they get to work. And kids are at school having to test, they may have left a sick kid at home, they've got an elder parent, we all have stuff that is out there and the check-in is an opportunity to pause, it can be like a Five-minute Round Robin within a small group of people. I'm feeling good, bad, and different today, I'm kind of concerned about that. The thing I need to let go of while I'm to be fully at work today is X and something at work I'm looking forward to is Y and it's just, that's all it is. And then at the end of the day, the same kind of thing, and I know people may leave it different times, so that can be tricky, but if you can do it as a group, at the end of the day it's like, the great thing that happened today is this, something

that I'm concerned about, that I need to leave here, I don't want to take home with me is Y and something I'm looking forward to at home is this. So you can see how we help people transition in, and then we help them transition out. And that is helpful for mental health, in terms of helping with that boundary a little bit around work and consciously choosing to look forward to something. Within the next 180 days, establishing a mentoring or buddy system, mentoring programs can become very elaborate and sometimes just having a buddy, a designated buddy, here's the person you can go to that can answer your questions, or why don't you guys pair up and make sure you grab a coffee once a month or once a week, or whatever makes sense for your group. So these are just little ways, they're all free, they don't require a lot of set up, a lot of know how, but they make a big difference in terms of people feeling connected.

Slide 20



2. SUPPORT

- Within the next **7 days**: Institute mandatory breaks (15 min x 2 per day)
- Within the next **30 days**: Rotate roles and/or swap tasks
- Within the next **180 days**: Partner with other health care organizations to offer a new benefit (e.g., child care credit; half-day self-care retreat; eldercare co-op)


The slide features a title '2. SUPPORT' with a blue and orange underline. To the right is an icon of two hands holding three people. Below the list is a decorative graphic of a blue and orange arc.

The next category is support. And this is really addressing the mental health toll of any kind of service work and particularly reproductive health and family planning work. And all the strategies we talked about for connect actually contribute to support to mental health, in addition, here are some other ideas. So as soon as you can, seven to 14 days tomorrow, if you can, institute mandatory breaks. I've got 15 minutes times, twice a day here and I know that when you look at that, you may just be laughing. Like, yeah, we're not even eating lunch, I'm lucky if I have time to pee. And so I don't know what you're talking about with this 15-minute, twice a day break. Start with five minutes. Anything that allows the staff member to step out of the flow, not answer the phone, not answer questions, not be accessible, unless there was a fire or gun alert or something. Someone's hemorrhaging, something that is truly an emergency like that, but all of us can usually find five minutes. And that buddies can come in handy there, that it's like you tag out to your buddies, like I'm taking a five-minute break, then the buddy watches, follow up with your clients or tells them she'll be right back or whatever. Placates, whoever needs to be placated while you take the break. And what that allows the person to do, one, if they need to call a doctor or a mechanic or their kid's school, they know they're going to get that break and they can plan to call at a time, versus trying to fit it in and feeling guilty, both about work and about home. It also allows them neurologically to reset their nervous system. Pause, take some deep breaths, apps like Calm. They've got a paid version, I think they also have a free version. I use something called Insight Timer that has lots and lots of different meditation things, some are two minutes, some are five minutes, some are half an hour. So you might suggest or make available something like that. Again, that's free, but that they could do just to calm themselves. If staff are calm, they're going to be calmer with patients. So anxiety is contagious, but calm can also be contagious. Next thing is something fun to do and really frees people up and makes them think differently about their work is rotating roles or doing tasks swap. So all of us have, every job comes with a lot of stuff and there's some things that it's


required that I do it because my nursing license, let's say I have to do it or a physician has to do it or a nurse practitioner has to do it. There are other things that are just stuff, it just has to be done. And it probably got assigned to that role once upon a time, just because whoever was in that role was free and able to do it and then after the role, turns over a couple of times, it just becomes associated with the role, but it doesn't really require that particular person. And some of those tasks are not well matched with the individual's strengths. So if there's a real detail-oriented task, for someone who is very creative and big picture, they're going to labor through that, it's going to be exhausting. And likewise, someone being asked to like, come up with some sort of strategy thing or a big plan for whatever, when they really like, sorting through the quality data. And so, I don't have a particular list of task, it will be a little different for every clinic and there are different ways you can do this. It can be very low tech where you just have a whiteboard and you draw a line down the middle and on the left is stuff I want to get rid of and stuff I'd like to do more of on the right hand side and have people write on sticky notes the task and their name. And you could do something like that. I've had groups where they just wrote on three by five index cards, each time they did a task, they just wrote down, dumped it in a bucket. And then at the end of the week, we took the bucket and dumped out all the tasks and they put a star on it if it required their license. And so they took their star task back and everything that wasn't starred was sort of up for grabs. We said, "Hey, who wants this?" If nobody wanted it, the person maybe had to keep it, but they also got to say, okay, how can we make this easier? So maybe someone still needs to do tales, someone still needs to do plan, but maybe they can sit together when they do it. So it's less book. And so, I know these sound simple, again, they're free, but any way that we can think of to take, look right out of the equation, there's no law that says you have to sit by yourself alone in a room to do task A. So, if that's a problem, just come up with a different way to do the task. And then finally, and this would be a bigger lift and might involve some money and maybe you don't have the money yourself, but if you partner with other healthcare clinics in the area, providers, every healthcare facility is dealing with this same staff retention issue. And so if there might be a way for each of you to pool little bits of funds together, that you could have enough to do some sort of childcare credit, half-day self-care retreat, elder co-op, you have better imaginations to know what your local resources are than I, but what's most important here is this idea of partnering, not doing it all yourself, recognizing that everyone on this call and everyone who has healthcare service in your community has this challenge and would probably also welcome the opportunity to collaborate with someone and not carry the whole load. So those were hygiene kinds of ideas, just creating a better work overall work experience.

Slide 21

3. DEVELOP



- Within the next **7 days**: Invite a local provider to give a brown bag talk
- Within the next **30 days**:
 - Invite a staff member to be the team's subject matter expert on a relevant topic
 - Encourage professional association participation
 - Work through a free CEU module as a team
- Within the next **180 days**: Send one person to professional development conference



Now we're going to shift to the developed ideas. And again, I know many of you on this call are on just threadbare budgets, or maybe you're in the red half the time and relying on grants and that kind of

thing. So we want to look at low cost, but creative ways that we can still provide our staff with opportunities to grow. So one is to, I'm guessing many of you already do this, but invite a local provider to give a brown bag talk. Yes, it's time for them, but maybe if it's someone that you have a referral relationship with, could connect and maybe a member of your staff could go give their staff, so again, back to partnering or trading. Universities, there's almost always senior level students or doctoral students that they need to be doing training kinds of things and they have all those most up to date knowledge, and they're flattered to be asked to come do that. Within the next 30 days, something you might do within your own staff, really leveraging the talent that you already have is to invite different team members, to be the subject matter expert. Maybe there's the computer subject matter expert, there's the mental health resources subject matter expert. Let's see, the adolescent, maybe some people do better with older women and some people do better with your youngest kids and allow them, it's they self-select, something that is interesting to them that one they'd like to know more about themselves, give them whether it's a half an hour every other week or something, wherever you can scooch out time. And chances are it's something they're energized by, and they'd be looking up stuff just when they had a break between things or even at home, they would end up doing some digging and looking for resources, and then they become the go-to person for your clinic, but also maybe they give a local inservice. And so that helps with the building connections and recognition, but also opportunity to grow and to demonstrate their knowledge. And if you can work through another, possibly working through a free CEU unit, many of the nursing journals have a one hour CEU module in them and being able to work through that together as a team. So as long as they're learning and growing, using their minds stretching and having the opportunity to demonstrate that competence. And then finally, and I know that this is probably a stretch, but if you have the pennies somewhere to send one person to a professional development conference of any sort, a nursing association conference, something about lobbying at the state capital. Lots of states, the Governor's Office will have like a women's conference, so being able to get somebody to one of those. And I'm looking at time and realize, I probably need to race a little bit.

Slide 22

4. ENGAGE



"When staff were not actively involved in relevant decision-making processes, especially in regard to decisions which directly affected their day-to-day work, frustration built up and ultimately turnover increased."

- Within the next **7 days**: Share insights from this webinar with staff
- Within the next **30 days**: Initiate a "daily huddle"
- Within the next **180 days**: Collaborate with staff on care model redesign to use current staff more effectively



Finally is engaged. So often, we want our staff to engage, but don't realize that we indirectly, we kind of shoot ourselves in the foot and discourage them from engaging. But this is a quote from one of the studies, the family planning clinics and the Southeastern US that I had cited earlier, some of their stats, it said, "When staff were not actively involved "in relevant decision-making processes, "especially in regard to decisions, "which directly affected their day-to-day work, "frustration built up and ultimately turnover increased." So what are some things you can do to engage your staff? You can begin by just sharing insights from this webinar. Again, I think as a manager, it's easy to take on this load, and feeling

like you have to figure it all out on your own, and you need to appear as having all the answers, but you might be surprised, and hopefully some of you are already probably very great at this, but those of you for whom that feels like a stretch, being able to say, "Hey, you know, I attended this webinar. "Some of the things we talked about that interested me "were A, B and C. "We know we have a retention problem, what do you think? "What are your ideas "about what we could be doing differently?" And you might be surprised. A daily huddle is similar to the check-in, checkout, but it's that, or maybe just sort of almost a different word for it, but it can be in the morning, it can be at lunchtime, but it's a chance when, think about the football huddle, or soccer, they don't huddle as much, but that same idea. That we all come together, what's going on, does anybody need help today, what are you looking forward to, anything to celebrate? There's just something about being in physical proximity and I know we're doing so much virtually now, but if there can be physical proximity or even one-to-one or the group coming together on the screen, that just for a moment, for five minutes, that can really set the tone for how the rest of the day goes. And then finally, collaborating with the staff, which is on, if you need to do care model redesign, to deal with less staffing, really engaging them in that process design, it takes some load off you and it engages them.

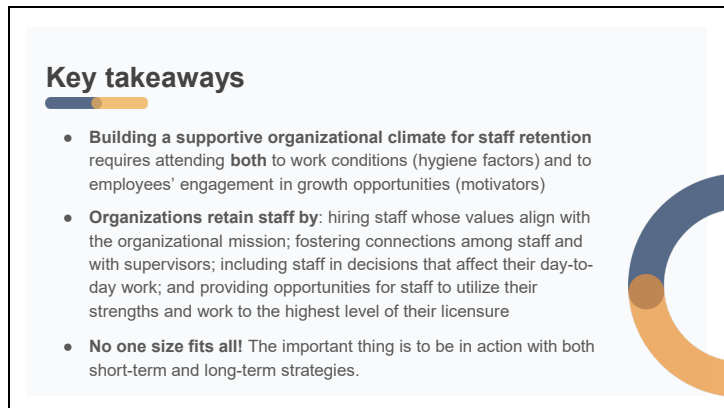
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Action planning

- Know your people
- Identify 5 "key" employees
- For each employee, answer the following:
 - Why do they work in your organization?
 - Are they intrinsically or extrinsically motivated?
 - What makes them feel appreciated?
 - What are their strengths? Do their jobs allow them to use their strengths?
- What one action can you take this week to improve the job experience for each of these employees?
- Put the action(s) on your calendar now

So, I promised we'd pause, we won't be able to take a lot of time for this, but I want you to make space in your notes and back to all of our time here and anything I've said is really not a good investment, unless it translates into action for yourself. So identify one key employee, five key employees, whatever makes sense for you and answer these questions for them. Why do they work for you? Why are they in your organization? What brought them there? What do they care about? Are they intrinsically or extrinsically motivated? Do they need more growth or do they need more pay or perks? What makes them feel appreciated? What are their particular, unique strengths and is that job really giving them a chance to use those strengths? There was a nurse that I worked with who was so difficult and the hospital would have town halls and every time Karen raised her hand, her name was Karen, every time Karen raised her hand, you could just see the administrator's faces fall and they just hated, "Oh, what is Karen going to ask us now?" It turns out that Karen was trapped in a role that was much too small for her. And when she got promoted into like the wound care nurse role, where she had a much more autonomy, she was a completely different person. So when we're not able to really blossom and use our strengths, we can become agitated and hooky. So you just think about an action you can take for that person, again, you might not have answers to all of these now, jot them down, you might be able to come back to it, but whatever the action is, put on your calendar. If it's not on the calendar, or a reminder in your phone, however it is that you keep yourself on track, that's where you want to deal with that.

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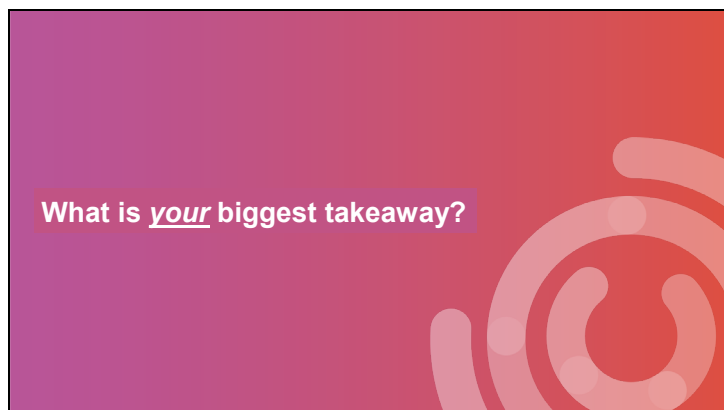


Key takeaways

- **Building a supportive organizational climate for staff retention** requires attending **both** to work conditions (hygiene factors) and to employees' engagement in growth opportunities (motivators)
- **Organizations retain staff by:** hiring staff whose values align with the organizational mission; fostering connections among staff and with supervisors; including staff in decisions that affect their day-to-day work; and providing opportunities for staff to utilize their strengths and work to the highest level of their licensure
- **No one size fits all!** The important thing is to be in action with both short-term and long-term strategies.

So, key takeaways I hope you will take is that building a supportive organizational climate for staff retention requires attention to both the working conditions, hygiene factors and yes, that includes salary, but also to employees' growth opportunities. If employees really feel engaged and connected and they're growing, unless the staff differential is double often they'll stay for lower pay if they feel like they're making a difference and it's good for them. Organizations retain staff by hiring staff whose values aligned with the organizational mission, that purpose piece, fostering connections among staff with their supervisors in particular, that's more important than a higher up, including staff in decisions that affect the day-to-day work and providing opportunities for staff to utilize their strengths and work to the highest level of their license. No one size fits all and what I'm now realizing, I didn't say at the beginning of this is these are lots of strategies and I wouldn't expect anyone to attempt all of them, the idea is to provide you with a menu of many, many things, and hopefully at least one or two of them resonated and you're like, I could try that, I could see that would make a difference at our clinic. And so what's most important is that be in action, and shift out of that, there's nothing I can do about this, to how about we try this?

Slide 25



What is your biggest takeaway?

So I'm curious about your biggest takeaway. Oops, so I'll pause there for just a second. If you're comfortable, feel free to put it in the chat, if not, I do encourage you to at least write it in your notes, because writing down your takeaways reinforces the learning and increases the likelihood that you'll be able to apply the knowledge. Patanya, nice, focus on why people stay instead of always looking at why

they leave. There's a lot of surprises in there. Rotating roles for the day, Dina says. That can really help to create empathy as well. Supportive organizational climate, daily huddles and recognition of others. I think an important selecting tasks and talking through the solutions. Did you come away with at least one strategy that you think is doable? If so, put a plus in the chat. I hope you'll join us at the workshop that's going to happen next month, where we'll dig deeper into the strengths-based approach. And I need to go on or Devon's going to be scolding me.

Slide 26


Case study: Hospital nurse retention

Problem: 10% of new nursing graduate hires left within 8 months

Intervention: Strengths-based job assignments and mentoring

Outcomes: 18 months after beginning the intervention


- New nurse turnover dropped to 1.7%
- Overall nurse retention rose to 94.2%
- The system saved \$1M in recruiting, hiring, orienting, and training costs

 **Workshop Save the Date: May 19**


There's this case study, I just want to leave you with this. I won't go through it in detail. When we do the workshop on the 19th you'll get more detail about the method behind this, and I know that hospital nursing is an apples to oranges comparison for your clinics, but I think it's still important to see that it worked with nurses. This is pre-pandemic, thought they were hemorrhaging nurses because 10% of new nursing graduates are leaving within eight months and they did a strength-based approach, mentoring, job assignments, et cetera. And 18 months later, the new nurse turnover had dropped to 1.7% and the overall nurse retention rose to 94.2 and before that had been about 86, 87. And this is in a town where there weren't lots of other hospitals, it was kind of the only game in town and they were still struggling with retention and it saved them a great deal of money. So we'll talk about that more at the workshop.

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Job aids



Help Staff Reduce Stress During COVID-19
Find on [RHNTC.org](https://www.rhntc.org)

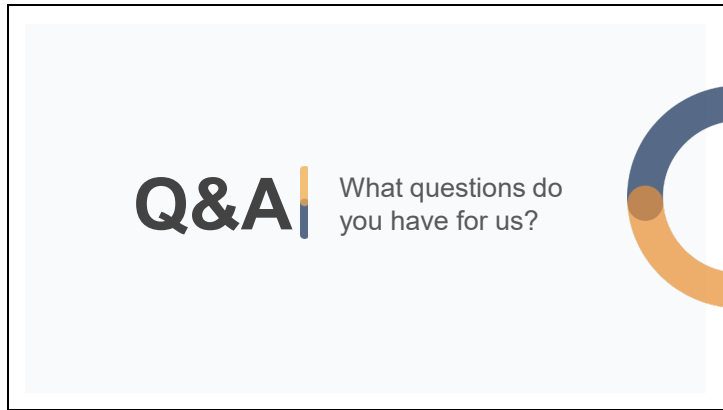


New job aid with additional strategies to address hygiene factors and motivators
Available next month!

Finally, we have a couple of resources for you - one is upcoming and one is already available for download. One is an article that in addition to covering the content of this session offers additional short-term, medium-term, and long-term strategies for addressing both hygiene and motivating factors.

This will be released in the coming month, so keep your eye on RHNTC! I also wanted to bring another job aid to your attention that was already in the RHNTC library – it's an infographic titled "Help Staff Reduce Stress During COVID-19" and it offers different ways to Support Staff. And with that, we have maybe three minutes for questions. Devon, do you have any questions for this?

Slide 28



- [Devon] Yes, yes, thank you so much, Dr. Rennecker and I can't imagine scolding you, but we do have a couple of questions. So the first one that came in, is there another approach to conducting the one-on-one stay or appreciative interview with each staff member? I won't have time to do a one-on-one check-in with each staff member, so could something similar take place in a small group setting instead?

- [Rennecker] That's a great question 'cause even as those words were coming out of my mouth, I realized, I'm sure that this is a huge load for people are already understaffed. Actually it can be done in a small group and it can be a really energizing activity. Instead of interviewing the whole group, what you can do is, have the group pair people up with just another staff member and have them interview one another and then go through the question and have everybody report back from their paired interviews. And again, that builds connection, they share experiences, they get to know each other a little bit better and it can end up being a lot of fun.

- [Devon] I love that, that sounds so energizing. And then another one, task swapping sounds like it could be really helpful, do you have any recommendations on how we could track who does what and when?

- [Rennecker] So I guess I mentioned a couple of ideas about how I've conducted swaps. I think it's important to not get overly, don't make it hard, don't complicate it. So don't worry about like having spreadsheets and tracking, et cetera, even just the whiteboard idea I mentioned where people write on stickies and slap it up there, or a note card that gets dropped, or since maybe we're working virtually, there's a Google doc that everybody can access that they just drop in, so it's like, I hate scheduling. And whatever it is, Nancy, you have the dash in your name, so everyone knows who to get. And then have some designated times, again, it can be online or it can be in person, for talking about swapping. And it doesn't have to be 100%, it's like you draw two of those cards out of the thing and take two sticky notes off the board and you talk about those that day.

- [Devon] Keep it simple.

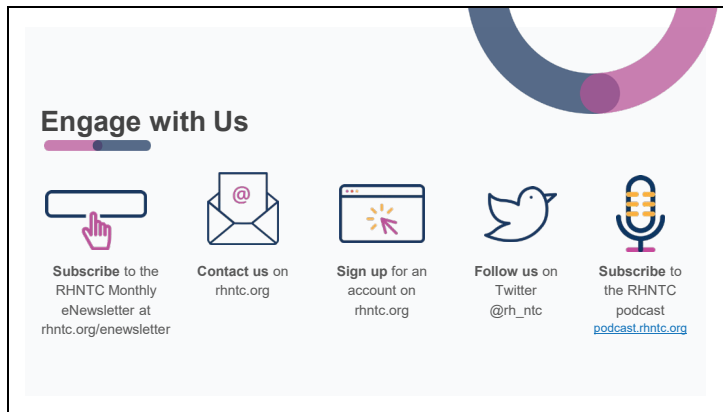
- [Rennecker] Keep it simple.

- [Devon] And then one final one, 'cause I am realizing we're very close to time. How do you help employees feel that they're growing, developing when they're only so many director level positions?

- [Rennecker] Yes, that's hard and that you may lose people for that. And I think the thing is if you demonstrate that you are invested in their growth and realize even if that means that to get a director

level position, they may have to go elsewhere, but that you still want them to grow. It doesn't have to be at your organization necessarily, I mean, we want them to stay as long as possible. So you can frame everything that they're learning in terms of this will prepare you for a future director position. They can shadow the director for a day, they can interview the director, realizing you are preparing them for a future career, but the more they feel like they're growing, the longer they'll probably hang around for that growth to be ready.

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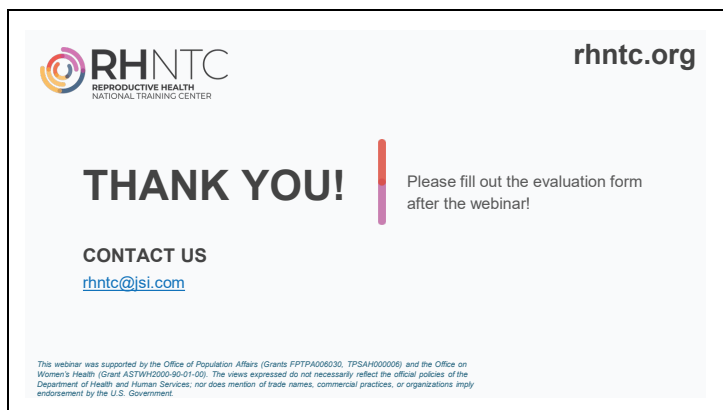


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- [Devon] Wonderful, I'm going to move us into the end of our time together today, even though I know we could continue this discussion for probably much longer. So I want to thank you all for joining us today and I hope that you will thank me. Join me in thanking our speaker, Dr. Rennecker. As a reminder, we will have the materials from today's session available within the next few days and to stay in touch with RHNTC, you can subscribe to our monthly eNewsletter by visiting rhntc.org/enewsletter. You can contact us through our website, that's rhntc.org. You can sign up for an account on our website. You can follow us on Twitter, you can find us @rh_ntc, and finally you can subscribe to our podcast through podcast.rhntc.org or in your favorite podcast app.

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future sessions. In order to obtain a certificate of completion for attending this webinar, you must be logged into rhntc.org when you complete the evaluation. Thank you again for joining us. That concludes today's webinar.