

Nurses come quick it's an emergency – A rapid recruitment strategy

Vanessa Gorman¹, Belinda Scott²

1 Northern Health, 185 Cooper Street Epping, 3076, Vanessa.Gorman@nh.org.au

2 Northern Health, 185 Cooper Street Epping, 3076, Belinda.Scott@nh.org.au

Objective:

To describe in detail the methods used to drive a recruitment strategy for emergency nurses, and to improve staff satisfaction.

Background:

The project was undertaken in an outer metropolitan hospital with a single site Emergency Department (ED). Both the hospital and the ED has been undergoing transformation since the appointment of a new executive team. Over a period of time through multiple factors such as natural attrition, staff dissatisfaction, redesign projects, and or focus on professional development of staff the emergency nursing team had declined in its permanent staffing profile. By July 2014 the ED nursing team had an EFT deficit of 38 full time equivalent (FTE) nurses. This impacted on staff satisfaction, morale, reputation amongst internal and external stakeholders, , staff 'burnout', ability to recruit to vacancies, and resulted in high agency usage, a budget blow out, and most importantly patient experience and adverse events.

Method:

A review of the current staffing profile was conducted by key stakeholders from the emergency nursing management, people and culture, nursing education, and workforce support teams. Firstly the master file was reviewed to ensure that this correctly reflected and could confirm the workforce deficit. We reviewed recruitment strategies that involved both people and culture and education. We used a 2 arm approach to the recruitment of nurses into the emergency workforce. The first was to implement an extra Supported Transition to Excellence in Practice (STEP) program with a recruit to EFT of 15. This involved a structured 6 month education supported transition into emergency nursing. Our education team supported the process with extra educators allocated into the emergency nursing program to ensure success. We advertised externally and worked with the workforce unit to start conversations with those staff that were on the hospital casual bank regarding returning to ED. This involved many 1:1 conversations with experienced ED nursing staff on the casual pool to understand barriers to permanent employment, why they left ED, and most importantly allowing those staff to understand the commitment of the new emergency leadership team and how valued they were as experts in their field. With external recruitment, the rapid recruitment strategy allowed people and culture to review, interview, and reference check all suitable applicants which reduced the demand on the Nurse Unit Manager (NUM) to process all new applicants. Once approved through the people and culture framework there was a meet and greet arranged with the new employee and the NUM prior to appointment into a position.

Results:

There has been a significant improvement in the vacant EFT from a deficit of 38 FTE to as of June 2015 5 FTE vacancy. There have been key partnerships developed between the ED nursing leadership teams with nursing education, people and culture, and workforce units within the organisation. Staff morale and culture within ED is vastly improved. Resignations from the ED nursing workforce are now at a manageable level and within normal attrition rates expected in workforce planning. Adverse events and patient complaints are greatly reduced and the feedback from our patients is that 'your staff look so happy, so they show they really care now'.

Conclusion:

Staff morale and the culture of the workplace have a major impact on both recruitment and retention for emergency nurses. It is possible to implement rapid recruitment strategies successfully without an increase in patient dissatisfaction, and/or adverse events. Ensuring strong partnerships within your organisation can only aid in a strong recruitment strategy.