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Low and inside: reducing staff turnover

in 2019 Issues, ARTICLES, IN THIS MONTH'S ISSUE, May 2019

Karen Titus

May 2019—When Monica Rocheford and colleagues at Allina Health Laboratory first began digging into rising turnover rates at various locales within the system, the effort carried a whiff of concern, if not urgency. One hospital site had jumped from a 10.8 percent turnover rate in 2016 to 44.9 percent two years later. At another site, turnover reached 49 percent in 2018, from 24 percent the year before.

KRONUS

The culprit appeared to be a three-letter word: pay.

"That was the main reason they were giving us for their resignation," says Rocheford, system director, laboratory operations, recalling the exit interviews with departing staff. So in 2018, Allina, with nearly 1,000 lab employees (spread across 12 hospitals, a core lab, and roughly 60 clinics in Minnesota and western Wisconsin), awarded a technical increase across the board. Around the same time, most staff received merit increases, thanks to scheduled performance reviews. "So a lot of people got a really nice bump," including those at the lower end of the pay scale.

And then? "Six months later people started complaining again about pay," Rocheford says. It doesn't take long for new realities—including a better paycheck—to become the norm.

Turnover is often told as a tale of numbers, a case study accompanied by handwringing. But as Rocheford and other adventurers in the field soon find out, the real story is more of an epic. Pay might be one factor in staff turnover, for example, but it isn't the only one. Labs have to contend with pressures from within and without. A strong economy can wreak havoc on lab operations. So can a bad boss. The real hero may not be a person, but rather a concept.

Little wonder, then, that staff turnover is also a story that still lacks a solid ending.

"Everybody's looking for personnel," says Stan Schofield, president of the regional laboratory NorDx, which is part of the MaineHealth integrated health care system, based in Portland. "I don't know of a single lab that doesn't have vacancies, from entry level all the way to advanced, esoteric testing. You can slice it and dice it in multiple ways. Cytotechs, histotechs, molecular techs, med techs—everybody's got shortages. Mine's just a little more extreme, because [Maine] is a semi-rural, cold-weather, high-tax state," says Schofield, who runs the laboratory service line for the system, overseeing equipment and personnel for a core lab, 10 hospitals, and a large outreach program.

Entry-level positions, such as those in phlebotomy or specimen management,

Dr. Lauren Anthony (left) and Monica Rocheford at Allina Health Laboratory, where overall turnover has held steady in recent years, owing to efforts to improve employee engagement. "It just furthers our theory that pay, even though it's important, is not the only thing," Rocheford says. [Photo: Jenn Ackerman]



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as well as lab assistants (and sometimes couriers) have relatively high turnover rates, since these jobs can be a traditional steppingstone to another career, says Schofield. "They work two, three years, and then go off to professional school or graduate school."

Moreover, Schofield says, phlebotomy has become a tougher job, involving computerized order entry, bedside label printing, and microsampling requirements. Those who work as nonhospital employees, at patient service centers, often have the added complications of patient registration, order verification, insurance verification, and specimen and patient ID, as well as managing the site. Traveling phlebotomists, who collect at nursing homes, have their own challenges as well.

When the economy picks up—as it has in recent years—turnover rates often jump even higher than the norm. A usual 20 percent rate can jump to 25, 30, or even 35 percent. "It takes eight weeks to train them, and two weeks to leave," says Schofield. His frustration is clear.

Schofield

"If you get into a competitive threat where someone offers a dollar an hour more, you'll lose several of your workforce until you match the price. So they shop, and they flip from lab to lab, hospital to hospital, trying to drive up salaries."

While not new, says Schofield, "It is now at a critical level," and has been since 2017. Moreover, even the most reliable employees may leave if an underemployed spouse lands a better job elsewhere.

NorDx has responded by raising wages several times since the economy picked up. "This past year, instead of the usual two or three percent, we had to go with a total market adjustment, for a lot of my lab staff, at 4.4 percent," Schofield says. "And we're now contemplating a mid-year increase" to keep pace with what's happening elsewhere.

An aging workforce also comes into play, says Schofield, who reports retirement rates of seven to eight percent annually. "And nobody's coming into

the field."

Not without prodding, anyway. "We've had to develop a lot of our own educational opportunities and programs here," he says. They've offered MLT and CLT training to those with undergraduate degrees in disciplines such as biology. "That's helped fill the gaps" created by retirements, relocations, and the strong economy. The unemployment rate in Maine hovers around three percent, Schofield notes.

Even small numbers have a role to play. A recent CAP Q-Probes overseen by David Novis, MD, looked at turnover data from 21 participants. (The study defines turnover as the rate at which workers vacate positions that their employers intend to refill; vacancy refers to the percentage of vacant positions for which businesses are actively recruiting.) While not beefy enough to substantiate trends ("I think I made Q-Probes history by doing the least-subscribed study ever," he jokes), the results can tender some ideas, he says.

The study had two main findings, says Dr. Novis, president of Novis Consulting, Portsmouth, NH. One, laboratories that developed and communicated clear career paths to their employees had less turnover. Two, labs that funded external laboratory continuing medical education also had lower turnover rates.

A third point came to light only after the report was written, Dr. Novis says. "Here's my pearl—here's my revelation that I wish I'd put in the paper: I don't think those findings, per se, mean anything." Instead, he suggests, "The real take-home lesson is, they're emblematic of a culture that invests in their people."

Dr. Novis

In the most stable labs, Dr. Novis continues, everyone understands that people are "the most important pieces of the machinery." These labs aren't trying to extract every last bit of work out of their employees; instead, they invest in, and show appreciation for, their employees. "You need to make everyone feel like they're part of what we're doing in the lab."

Dr. Novis cites as an example an interview he had heard in which a former astronaut (now a physician) said that if a visitor to NASA asked janitorial staff what they did, their response was unambiguous: *Our job is putting a man in space*. That sort of everybody-in thinking should permeate labs as well—those who work on the loading dock aren't handling boxes, Dr. Novis says; rather, they're providing a service that, ultimately, helps patients.

Even Dr. Novis wants to feel like part of the team. "I recall in my practice there were doctors like that—those who made you feel a part of things, and those who made you feel like you were merely working for them. In the latter group, it was unpleasant."

Dr. Novis offers other interesting tidbits, based on his years of experience working with troubled labs. ("Who calls in a consultant when things are going well?" he says with a laugh.) Among them:

- Phlebotomists consistently have the highest rates of turnover. In the Q-Probes study, phlebotomists had the highest median of the three-year (2015–2017) average turnover rates, at 24.9 percent; median turnover rate for all staff was 16.2 percent.

- Phlebotomists and health care CEOs are oddly linked. "It's interesting—the numbers show that the greatest turnovers are at both ends," he says (though it's not because they're trading places). One recent study put CEO turnover rates at 18 percent.



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PD-L1 Testing in Metastatic Triple Negative Breast Cancer: Challenging Cases To Help Update Your Practice

Webinar presenters Ashley Cimino-Mathews, MD, Associate Professor of Pathology and Oncology, Director of the Breast Pathology Program, The Johns Hopkins Hospital, Baltimore, Maryland, and **Leisha A. Emens, MD, PhD**, UPMC Hillman Cancer Center/Magee Women's Hospital Director of Translational Immunotherapy for the Women's Cancer Research Center, Co-Leader, Hillman Cancer Center Immunology/Immunotherapy Program, Pittsburgh, Pennsylvania discuss the challenges in PD-L1 testing in TNBC today, the optimal interchangeability between pathologists and oncologists, and the importance of PD-L1 testing in TNBC now and in the future. This on-demand webinar originally broadcast on March 26, 2019.

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Why DMTs are a critical ingredient in the delivery of value-based care

Webinar presenters Michael Laposata, MD, PhD, University of Texas Medical Branch at Galveston Pathology, Chairman, and **Bruce Friedman, MD**, University of Michigan, Pathology

Dr. Novis' take on CEO turnover is based on his experience as a former hospital trustee and near-constant membership on a board of some sort—directors, trustees, CAP governors—since 1980. "It takes about three years for the board to decide the CEO walks on water—or doesn't," he says.

- Turnover seems to be smallest when hiring local. "I don't have data on that—it's just my anecdotal impression," he says.

He notes that he recently completed a large job for a network of hospitals located in tiny cities and rural areas of the lower Midwest. In talking with employees, he says, he found that nearly all were local. They grew up in the area, had spouses who had done the same, and had family living close by. "They're probably not going to turn over and move elsewhere," Dr. Novis says. "Roots seem to be a great anchor."

Allina has experienced firsthand the steadying power of changing the culture. The overall numbers have held steady between 2016 and 2018, says Rocheford, with turnover hovering around 14 percent (14.4 in 2016, 13.9 in 2017, 14.5 in 2018). Given the dramatic upticks at some sites, turnover should have been dropping elsewhere.

Sure enough, it was. One hospital had a lab turnover rate of 22 percent in 2016; in 2017 it dropped to 16.5, and last year was 10.9. At another hospital, the turnover rate went from 36.1 in 2016 to 10.1 in 2018.

"That's significant," Rocheford says, adding that the drops were due to the considerable efforts Allina has made in recent years to improve employee engagement, both at specific sites and across the system. As Rocheford found out when she started looking past pay-related departures, employees also want to feel supported at work, to be part of a cohesive team, to feel challenged, and to see a clear path to professional development. "When you invest in all those things, including pay, that's when you can make a more significant impact on turnover," she says.

It turns out that the sites with the biggest turnover were also sites that had been roiled by change. "A lot of change," Rocheford reports. As a result, the critical elements of team dynamics and feeling supported went missing. "Disengagement then went through the roof," and employees left. "It just furthers our theory that pay, even though it's important, is not the only thing."

Systemwide, Allina has put a number of things in place to improve engagement, including:

- *Recognition.* This includes a quarterly program—employees nominate one another—that entails a small financial gift as well as public acknowledgment. Allina also uses newsletters to recognize staff. One recent issue reported on a phlebotomist who, while outside getting lunch, was asked by a passerby for directions to the ED. The phlebotomist asked the critical follow-up question: Why was he asking? The person replied he thought he was having a heart attack, at which point the phlebotomist, rather than point him down the street, jumped into the person's car and drove him around the corner to the ED. Another story involved a phlebotomist who noticed that a lab colleague seemed "off" and asked a nurse to check the person out. It turned out the colleague was having a stroke.

"The newsletter may seem like a silly little thing," says Rocheford. But she's convinced the stories, recognition, thank-yous, and accolades help staff feel connected. "It increases the feeling that we're all one lab, even though we're spread out across 12 hospital and 60-plus clinic sites."

- *Development.* The goal is to support employees in their careers as well as their current jobs.

While that extends to everyone, Rocheford suspects the biggest reward will come from investing in middle management, including laboratory managers and supervisors. "Really, they're the ones who have the most impact on employee engagement," she says. "They're the ones who have the potential to make or break how an employee is feeling about their job. The guidance and support of a strong leader can make a huge difference for an employee."

Oftentimes managers are promoted because of their technical expertise. "That's why they get the job, because they're fantastic at doing what they do," Rocheford says. But many lack management expertise. "Are they inspiring? Do they have soft skills? Do they talk to their people about development? We know that these skills are absolutely essential." Hence the current investment in leadership development for this group.

Interest has been high, she says. People want to do these jobs well; they just don't know how, especially brand-new leaders. These folks are the buffers when change occurs at the top. "They need to be strong themselves," Rocheford says. "If they're worried it will affect them, that panic trickles down and affects staff. You want people who can keep calm. People with strong leadership skills can keep the angst at bay."

Lauren Anthony, MD, system medical director at Allina, agrees that when there's churn in top leadership, instability spills everywhere. And whenever a major upheaval occurs, people are leery of taking a position that they fear might be eliminated in, say, a restructuring: *Are we going to shift direction? Are we going to have different priorities?*

- *Opportunities,* within current jobs and career-wise. "We've painted a very accurate picture of all the opportunities that exist within our lab," says Rocheford.

One path shows what the progression would look like if an employee returned to school to advance from MLT to MLS, for example. Another path would enable a tech to become a technical specialist, a quality specialist, or some other role. In some cases, laboratory workers have become account reps within the outreach program. One laboratorian became a billing manager, another a business analyst. Some have become project managers.

For those who want to stay in their current job, there are other discussions to be had. "What do you want to learn more about?" Rocheford asks. "Do you want to develop project management or other skills?"

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— **Wayne Grody, MD, PhD**, on a new plan to have medical laboratory scientists in the emergency department in a mass casualty. ("What UCLA learned in seven years of exome sequencing")

"Instead of saying they didn't want us there, clinicians have actually said they want more of us there."

— **Lisa Griffin, BS, MT(ASCP)**, on a new plan to have medical laboratory scientists in the emergency department in a mass casualty. ("Mass casualty plan puts point-of-care testing in the ED")

Emeritus Professor, Informatics, discuss the barriers that exist for the rapid and significant growth of diagnostic management teams to reduce medical error and optimize laboratory test use, overcome barriers to DMT implementation, addressing connectivity between experts and doctors, and identifying ways to overcome DMT resistance in your peers. This on-demand webinar was hosted before a live audience at DMT Conference Galveston Island Convention Center, Galveston, Texas, on March 5, 2019.

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MALDI-TOF for the clinical identification of mycobacteria

Webinar presenter Omai Garner, PhD, D(ABMM), Assistant Clinical Professor, Section of Clinical Microbiology, Director, Point of Care Testing, UCLA Department of Pathology and Laboratory Medicine, discusses the implementation and use of MALDI-TOF MS for mycobacterial identification. It covers in detail the clinical data surrounding organism identification. It also explains the lab protocol (workflow impact) and turnaround time improvements (clinical impact) for this new technology. This on-demand webinar originally broadcast on December 13, 2018.

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Webinar presenter Sam Caughron, MD, President & Managing Partner, Director of Molecular Lab, MAWD Pathology Group, discusses how Pathologists play a crucial role in furthering advancements that may help predict which patients are likely to benefit from immuno-oncology therapies. This webinar will empower you to understand the biology behind current and emerging immuno-oncology biomarkers. This on-demand webinar originally broadcast on November 29, 2018.

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And regardless of the answer, Rocheford wants to know, "How can we help you get there?"

That creates an interesting dilemma, however. When staff outgrow a job, that creates more turnover.

True, says Rocheford. But from her perspective, not all turnover is created equal.

Allina has worked mightily to foster the one-lab, many-sites mentality. Until recently, every lab looked out primarily for itself. "People did not want to give up their people to other sites," Rocheford says, because it meant they'd have to fill yet another position. (She notes that turnover refers to individuals who leave Allina altogether; those who transfer within Allina are not included in the numbers.)

Now that staff are encouraged to move around the system and gain new experiences—try a clinic lab, try a regional or metro hospital, try the central lab—Rocheford and her colleagues have also had to send a fresh message to leadership: Promoting staff growth may be hard, but it's the right thing to do. "And just as we encourage employees to go to another site, we're going to encourage people to come to your site." The added bonus: "We're developing stronger techs because of this."

The commitment to growth runs deep. Dr. Anthony notes that when someone applies for another job and doesn't get it, it's still seen as positive. "You're attempting to grow, you're visible, and you're putting yourself out there." She's seen staff interview for several positions and calls it a welcome sign of eagerness. "They don't seem deflated—I see them continue to look."

They're helped along by supervisors who abet growth, says Rocheford. "Other leaders don't look down on them when they learn their staff member has applied for another job."

"Turnover of some sort is actually good," she adds. "It's not great to stay in one job forever, as oftentimes it can inhibit personal growth."

Tony Bull, executive director, AdventHealth Lab, Orlando, Fla., agrees. He oversees the outreach department, with its approximately 164 employees. Many of his billing employees eventually transfer to other positions, including in the lab itself. "We don't necessarily see that as a loss," he says, even though it means having to find replacements. "Of course we'd like to keep them, but we see it as a benefit to the system when we can keep using their talents."

For all the positive culture changes, one area of employee engagement remains tricky, says Dr. Anthony. Within the laboratory profession, staff are encouraged to be visible—to physicians, nurses, patients. And staff themselves enjoy that aspect of their job; it makes them feel engaged.

Some may ask if labs can afford this. "We can't really have people stepping away from the bench, because it's so time-consuming. We don't have as many people go on bone marrows, because that decreases productivity," says Dr. Anthony.

But can they afford not to? "I know the clinicians value the calls, and it makes them value the lab," she says. So do lab staff. "People just relish it—it makes them feel like they want to come to work. If they see a patient longitudinally, it makes a big difference in their engagement. They want to be part of a health care team."

"There's two conflicting messages," Dr. Anthony says. Do you err on the side of efficiency? Or engagement? And are they really two separate things?

By now, most organizations realize that it's inefficient to have high turnover, says Bull. The dime-a-dozen approach to hiring entry-level employees has finally found its proper place on the scrap heap of hiring attitudes. "The phlebotomists and couriers are the face of our laboratory. And we tell them that," Bull says.

He also notes that they've improved communication when hiring phlebotomists, adding a second interview with Bull or with an assistant director. Turnover has held steady at 12 percent for about a year, and he suspects the improved selection process may be one of the reasons.

Yet other struggles persist. NorDx's Schofield says that despite the perpetually high turnover in jobs like phlebotomy, he's never had the attitude that it's acceptable. "But no one pays very well for their services. They're not valued the way med techs are, and med techs aren't valued the way nurses are."

He recalls much more equity between RNs and med techs decades ago, but "nurses have left the laboratory pretty much in the dust." The lab suffers from invisibility (as Dr. Anthony notes), including minimal bedside interactions. Higher visibility translates into higher perceived value, and thus salaries. "A nurse treating a patient can generate room charges and ancillary services of thousands of dollars a day," Schofield says. "The med techs generate lab results, which the hospitals bill out at thousands of dollars each. But that's not how they're compensated."

Schofield runs through a long list of ongoing efforts NorDx has made to tackle turnover. They help chart career advancements for employees. If a phlebotomist wants to work as a lab assistant or a histotech or in specimen management, "We pay you \$13 an hour to train you. If you want to get a bachelor's degree, we'll train you at a higher level—we will support you all the ways we possibly can." For those who have undergraduate degrees and want to move into management and leadership, "We'll help them get their MBAs. We've graduated 20 MBAs. We help people get their Lean experience." Job openings are widely posted; career advancements are widely shared with colleagues. NorDx also hosts career fairs and does hiring blitzes on social media and radio, Schofield says.

He sees no slowdown in these efforts. Competition will only increase. "Those who worked in labs 15, 20 years ago didn't have the same opportunities they do today," he says. Why become a phlebotomist if you can go into video game design, he asks.

Things aren't any better in the middle. When a med tech quits, it can take Schofield anywhere from a year to a year and a half to hire someone new, especially for sites that are in more remote parts of the state.

Automation might offer a partial solution. And he's looking at the feasibility of hiring foreign medical graduates, which has been successful in other parts of the country, including Southern California, he says.

Beyond that, there may be a need to look at a change in service models. He needs to staff his hospitals 24 hours a day; if he reduces the second and third shifts to one person, to support the ED, the rest of the lab work will need to be sent to the core lab, which may be 100 miles distant. "This can be done, but it's a hard argument."

Like Rocheford, Schofield has found that while departing employees frequently cite poor pay during exit interviews, he'll find a different issue when he digs deeper, including a bad boss or bad management.

Scheduling is the other big reason people leave, and Schofield suspects generational shifts in attitude might contribute. He characterizes younger employees as highly independent and uncomfortable with structured environments and management. That doesn't always mesh well with the realities of patient care, he says. Although the lab can accommodate employees who regularly need schedules that fit schooling needs, for example, it's not realistic to provide schedules that vary greatly on a day-by-day basis.

"If you don't want to work weekends, and you don't want to work the second shift, maybe this isn't the place for you," he adds. It's helped to conduct job shadowing before the start of training programs, he says. Candidates spend one day at the hospital and one day at the core lab to get a fuller sense of what the job entails. Afterward, many remain interested in the work and can move forward with no surprises. "And there are people who say, 'I don't want to do this—it's not what I thought it was,' and then we all part as friends," Schofield says.

Communication is the enemy of surprise, which may be one reason employees at AdventHealth Lab have asked for more of it. "That's been a longtime complaint from employees, that they're not getting good communication," says Bull. In fact, he heard this frequently when employees were headed out the door, during exit interviews.

Those pleas appear to have been heard. "There's been conscious effort on our part to have a lot more communication, to have one-on-one meetings with every team member," he says. They've also added a structured monthly meeting to improve communication. He credits the efforts with reducing his lab's turnover rates.

Handled poorly, communication can be scattershot, Bull says, and it can vary from manager to manager, based on their interpretations and management style. The monthly meetings can smooth out those individual quirks. "We're able to make sure that the information does get to everyone," he says.

Oftentimes the meetings will cover mission and strategies for patient care. "We ask for input from employees," Bull says. "We talk about areas where they think we can improve. We talk about wins and things that are going well. I've been surprised by the depth of the discussion. In some cases, we talk about ethical dilemmas and how to handle them."

Employees want to be heard, Bull says. Just as important, "We need to make sure we follow through on their concerns." Management inaction can lead to employee action—i.e. turnover.

Bull

Bull reiterates the notion of changing the culture. It wasn't enough to say employees could bring up problems or concerns without fear of punishment. "You have to prove it," he says. "You almost have to wait for the opportunities to show that you mean what you said, that there won't be retribution." He says he makes a point of complimenting employees for coming forward, both publicly and privately.

He recalls the day when he realized the message was indeed getting through. Colleagues were celebrating the accomplishments of a manager who had reached a benchmark. (In addition to communication, employees' other most frequent complaints have been lack of recognition and lack of advancement opportunities, Bull says.) The manager acknowledged that deadlines were indeed being met—but that they were also starting to see higher error rates. "He just wanted everyone to be aware of it, and that he'd appreciate help," Bull says. "That's the kind of culture and dialogue we want."

Turnover, as it turns out, might be a marker of ebb and flow, rather than loss and gain. Ultimately, say Bull and others, stasis might be unhealthy in employees as well as patients. The tradeoff between engagement (or compassion, Bull's preferred word) and efficiency may be a false dichotomy.

A positive environment for employees, by any of the aforementioned measures, "means we're going to do a better job all around," says Bull, though he concedes it's hard to measure the impact of employee engagement. Nevertheless, he's convinced it's real. "There are payoffs with patient satisfaction and the service level. I think we have good employee accountability. I think we get more employee ownership, which I hope helps us to reduce errors and improves patient care."

"I don't mean for this to sound like it's perfect," Bull hastens to add. "We struggle with turnover and work through it. But I think we're on the right track."

It's really quite simple, Dr. Novis suggests: Treat employees like the humans they are. "Forget about paying for their CME or even giving them a career path," he says. "That's what you do when you get the culture right. You don't just do it in a vacuum." It's not a matter of tactics, Dr. Novis emphasizes, though those have their place. Look at the bigger picture, he says. Who wants to stay in a job, let alone follow a career path, that's mired in a crummy culture?

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