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A Tale of Two Generations
How to engage your oldest and youngest employees

Remember watching in horror the video footage of the 2004 Indian Ocean tsunami as holiday makers stood transfixed by the sudden drop in sea level, totally unaware of the mortal threat they were facing from the deadly waves to follow? Scenes of our powerlessness against the forces of nature are as scary as they are awe-inspiring. And yet, they don't mean we are totally helpless. In fact, the most significant lesson to emerge from the tsunami was that an early warning system could have saved thousands of lives.

In many ways, hospital leaders today are like those people standing on the beach. While the waters that leaders have been wading in have been turbulent for some time now, there is a demographic tsunami gathering on the horizon that has the potential to overwhelm many organisations. The baby boom generation, those born from 1946 to 1964, is already having an effect on the health care system, an effect that will multiply in coming years and the newcomers (millenials) are not accepting traditional systems of healthcare delivery.
The ageing of Australia and New Zealand's population, already evident in the current age structure, is expected to continue. This is the result of sustained low levels of fertility combined with increasing life expectancy at birth. The median age of Australia and New Zealand's population (36.8 years at 30 June 2007) is projected to increase to between 38.7 years and 40.7 years in 2026 and to between 41.9 years and 45.2 years in 2056.

In 2010 people aged 65 years and over made up 13% of Australia and New Zealand's population, (3.6 million people). This proportion is projected to increase to between 23% and 25% in 2056, (a staggering 9.9 million people)

Just as the number of patients will swell, hospitals and other health care organisations will be losing their baby boomer doctors, nurses and allied health professionals. There is a very obvious and significant problem of both supply and demand. Despite widespread discussion of this concern, the alarm bells appear to have fallen on deaf ears in many quarters of the health care industry. As the age wave gets ready to crest, only a few seem to be truly aware, acting to fortify their nursing base in the face of shifting demographics.

**Taking action at South Shore**

One who has heard the demographic sirens wail and has taken action is Timothy Quigley, Director of Nursing for South Shore Hospital in South Weymouth, located 11 miles south of Boston, South Shore is a 318-bed, short-term acute-care hospital employing about 3,800 people. With an average RN age of 50, Quigley is all too aware of the potential erosion of his nursing workforce due to retirement. For South Shore Hospital, efforts to support the continued employment of older nurses have become a significant focus of the organisation's nursing services strategic plan.

"We weren't seeing any problems in staffing due to an ageing workforce, but we wanted to be ahead of the retirements, especially in the specialty areas for RNs that need lots of training such as the ED and Theatre,” Quigley says. There wasn’t a single factor that pushed South Shore to focus on retaining older nurses, but the competitive labour market for RNs is behind the shift, he says. "I compete for finite RN talent that runs key strategically important clinical programs.

I also compete with large, brand-name academic centres in my area, and I want to have an edge in being the safest place to work and practice." Replacing the hands-on experience and insight of older nurses is essential before they leave the labour market, he says.

"It’s just the right thing to do for our patients to have an orderly transfer of the great wisdom that these older nurses have accumulated over the years. And not of just clinical assessments, but of the way the systems work, or don’t, and when and who to push to get your patients what they need.”

**Early Warning System**

Arguably, as the South Shore Hospital example shows, the issue isn’t so much that health care providers are not aware of the demographic shift at hand. There are innumerable studies and reports documenting the “graying of Australia” and the increased utilisation an ageing patient base will have on Australian and New Zealand hospitals. True too, the threat of future shortages of registered nurses is well documented, with approximately 35% of the nurse workforce currently over 50 years of age.

But it’s the increased awareness of the convergence of these two demographic trends that is only now starting to receive attention. Perhaps one of the most significant “early warning” alarms to have rung in the past few years was the 2006 Robert Wood Johnson Foundation white paper, *Wisdom At Work: The Importance of the Older and Experienced Nurse in the Workplace*. The authors of the paper begin by recognising that there are generally three major approaches to reinforce the nursing workforce:

- Increase the number of enrolled nursing students and retain them through graduation.
- Attract nurses back to the bedside who have left the national nursing workforce, such as nurses otherwise employed or those who have retired, or attract nurses from other countries.
- Retain new graduates and nurses at all stages of their professional careers, including older nurses.

All three approaches must come together to substantially reverse the nursing shortage. South Shore, for example, realised that it had a bimodal split in the age of its nursing staff, and instituted a very effective program for targeting new grads that runs in tandem with their older nurse retention strategy. “We really supported a ‘grow our own’ policy and have retained 100% of the 50 new grads that we have hired in the past three years,” Quigley says.

**Implications of losing experienced RNs**

There’s very little argument that there are costs associated with replacing nurses who leave a job. Retaining nurses, then, allows hospitals to avoid those costs. What’s not as clear, though, is how much money can be saved by retaining nurses. Multiple approaches and methodologies have attempted to quantify these costs, each revealing startling figures. The cost of replacing just one nurse in an acute care facility is often quoted at $35,000, although the *Journal of Nursing Administration* places the figure at $92,000.
Included in the replacement costs are human resources expenses for advertising and interviewing, use of traveling nurses, overtime, temporary replacement costs for per diem nurses, lost productivity, training and termination payouts. While not all may agree on the methods for estimating turnover and replacement costs, hospital and nursing administrators should at least begin considering these types of costs when making decisions about investments in programs to retain nurses.

Patient outcomes are also negatively affected by staffing shortages. Although there are relatively few available studies that have looked at the relationship between nursing shortages and patient outcomes, the studies that do exist tell a compelling story. For example, in a 2002 Journal of the American Medical Association report, researchers found that each additional patient in excess of a patient/nurse ratio of four to one was at a 7% increased chance of a negative outcome that could have been avoided if a nurse had been available to accurately assess the patient’s condition and intervene. Furthermore, the researchers discovered that the chance of death rose to 2.3 per 1,000 patients when the patient/nurse ratio was six to one and 8.7 deaths per 1,000 when the patient/nurse ratio was eight to one.

Add to this the loss of experienced nurses (as reflected in the soon-to-retire older workforce), and the potential to compromise patient safety and increase poor outcomes is exacerbated. Clearly, it is important for health care organisations to ensure that adequate patient/nurse ratios are maintained.

While managing costs and clinical outcomes constitutes a top priority for most health care organisations, the loss of skilled intellect has been, at best, a secondary concern for many hospital and nursing administrators. Yet there is a strong case to be made that you can’t manage costs and improve clinical quality if you are losing your most experienced staff.

Through years of clinical experience, many older nurses have learned ways to get the job done faster and better. Unfortunately, few organisations have instituted formalised ways to capture and transfer this “efficiency knowledge” on to younger generations. Unless we do so, we are bound to have generations of nurses reinventing the wheel.
Don’t stand by and watch boomer employees enter into early retirement from healthcare

Before pursuing a strategy to retain older nurses, it’s important that organisations first be willing to address and wrestle with the often unspoken concerns about those workers. Can older nurses handle the physical demands of the job? What about their ability to learn new, complex tasks in an increasingly chaotic and high tech health care system? Do older nurses even want to stay in the workforce? For Quigley, the support he received for making proactive change was overwhelmingly positive.

While he believes it is important that he always test data in order to make a strong case for the decisions he makes, the decision to pursue an older nurse retention strategy was made easier by South Shore’s leaders. All of this work is done within the key context of appreciating and valuing nurses in a Magnet-accredited institution, so advancing professional practice is highly valued, regardless of the age of the RN. That said, all will agree that retaining all RNs regardless of age (turnover is now less than 5% with a vacancy rate of 1%) preserves resources that can be directed to other needs of the organisation.”

While many of these concerns are rooted in societal misconceptions of older individuals, there is evidence to legitimise some of the concerns, especially around physical performance demands. Despite these limitations, there are adaptive technologies and approaches that allow older nurses to remain in the acute care setting.

**Key strategies**

So what can be done to either support or entice older nurses to stay within the workforce? Approaches include making work schedules more flexible, changing the role of the older nurse and making the current role less physically taxing. Due to the physical demands of bedside care, the standard-hour work week may not be practical for the older nurse. While flexible work schedules are not a new concept in health care institutions, there are certainly opportunities to be more creative in scheduling. Recognising the importance of transferring knowledge from older to younger nurses, there are opportunities to take the bedside experiences of seasoned nurses and apply them in different roles. Those include:

- **On-boarding executive**: Responsible for assisting new nursing hires in sharpening their problem-solving skills as well as integrating and transitioning into the hospital’s culture.
- **Best practices/quality coach**: Responsible for identifying best practices in nursing and coaching younger nurses in these approaches in order to achieve higher levels of clinical performance.
- **Community liaison**: Serves in a quasi-public-relations or community action role.
- **Relief nurse**: Performs “limited assignment” of patient care duties for nursing staff during their absence (e.g., during lunch and breaks).
- **Safety officer**: Conducts patient safety assessments and recommends preventive patient care delivery practices.
- **Patient educator and family advocate**: Helps patients/families negotiate the health care delivery system.

**Ergonomics**

From continuous walking to assisting patients with their mobility needs, older nurses are at a potentially higher risk of fatigue, joint pain and other injuries. Researchers in one study found that nurses tend to walk an average of nine kilometres during a 12-hour shift. For older nurses, these mobility needs may be too demanding. To reduce this burden, nurses should have everything they need to provide patient-centred care at the bedside. Aided by the use of wireless phones, the decentralisation of the supplies needed to provide bedside care could reduce the need for nurses to travel to and from a centralised storage facility all the while allowing the nurse to be in ready contact with their peers.

Other solutions call for improved lighting over work areas while still shielding the patient from bright light to alleviate stress on eyes of older nurses, and installing mechanical transfer lifts above patient beds and toilets to assist with the moving of patients. According to statistics, health care industry workers sustain 4.5 times more work-related back injuries than any other type of worker. Ergonomics and injury prevention should assumed a high priority for retaining older nurses. On any given day, there can be high percentages of patients weighing more than 120 kilograms. We need to hear and respond to concerns from the older bedside workers about their ability to lift these heavier patients. To address these concerns, South Shore has installed ceiling lifts for more than 60 beds within the hospital.
The effort is beginning to pay dividends, but Quigley says the injury rate still needs to drop further, and the adoption of mechanical lifts has not been problem free.

One of the greatest challenges has been for older nurses to even consider using the supportive technologies. “The older nurses tended to rely on nursing assistants and bedside help more than mechanical lifts,” he says. “While you need both, they simply had not been exposed to the widespread use of these wonderful ceiling lifts. But they certainly like and use them now.” South Shore’s ergonomic strategy also includes:

Training in gait belt use for all medical/surgical RNs and NAs.

Investment of $50,000 in lateral transfer devices that were piloted and selected by staff to reduce injury.

Purchasing equipment, such as adjustable chairs and bedside medication and computer carts that adjust to body size and height and type. South Shore is also embarking on a two-year study and campaign to push staff to stop manual lifting and start using mechanical means.
The Care and Feeding of Millennials

They make up the largest growing segment of the workforce, but for many employers, they are a conundrum. It’s even hard to agree on a common name for them, unlike their baby boom or Gen X precursors. “The Entitled Ones,” “Self-Esteem Generation,” “Tech Generation,” “Millenials” or “Gen Y” are all terms used for those born in the 1980s through the year 2000. (For clarity, we’ll stick with Millennials for this article.) The number of Millennials in nursing and technical roles is rising rapidly, and many are completing medical school, so significant numbers of Millennial doctors will be entering the field in the near future. As this generation integrates into health care, it brings with it a new set of ideals and values.

Health care organisations cannot ignore this generation, nor should they expect its members to acclimate to “the way we do things.” Millennials will change health care in no small way, and health care organisations must understand the mindset of those entering the field in such large numbers. In Press Ganey’s Employee Partnership database, Millennials have the lowest levels of satisfaction of all the generations.

This trend represents a problem for health care organisations – if Millennials are not satisfied and engaged in their work environment, not only may they leave the organisation, but they may leave the field of health care altogether, magnifying the current shortage of health care workers.

Millennials were shaped by their environment. Their parents – baby boomers who were reacting to their own relationships with their World War II-generation parents – typically took on a role as “friend” or “coach.” Children were given more freedom to make their own decisions. They were encouraged to come to their own conclusions, never accept anything at face value and always ask, “Why?” Parents wanted their children to have a better life and worked hard to give children everything they could possibly need or want. Education moved from a “sage on the stage,” to activity and team-based learning formats. Teachers were more prone to grade papers with suggestions written in blue or purple ink, rather than with the harsh strike of a red pen.

Millennials learned that “everyone is a winner” and were taught that high self-esteem is crucial to success. They were taught to be confident and vocal and learned that there were no “right” or “wrong” opinions, but that there was value in every point of view. Perhaps most significantly, across Gen Y there is an ongoing search for meaning. Millennials look for ways to contribute to society and believe it is their responsibility to help the less fortunate and make a difference.

Fortunately, there are steps that your organisation can take to engage and retain this unique generation – steps that will not only help to engage Millennials, but will also resonate and help create partnerships with all generations in the workforce.

Create a sense of meaning

Bridgeworks, a company that provides research and training on generational differences, recently conducted a survey on the behaviours and attitudes of Millennials and found that 90% say “meaning” is the most important factor in their work lives (see Bridgeworks’ book, The M Factor, by Lynne Lancaster and David Stillman). Further, according to a Kelly Global Workforce survey, 59% of Millennials are willing to forgo salary and position for more meaningful work. In the quest for meaningful work, health care organisations should have a distinct advantage.

In a field where each individual, in some way or another, has an impact on the health and well-being of others, health care organisations should be able to meet Millennials’ need to find meaning in everyday work. Yet a day in the life of any health care worker is often filled with challenges, frustrations and no shortage of paperwork. In the midst of chaos, meaning is often lost, and it’s difficult to see the big picture beyond the moment-to-moment tasks that occupy the day.

It is crucial for leaders to constantly tie these tasks to meaning and purpose. All tasks, all policies, all organisational decisions should be tied to the mission and vision of the organisation.
Create a mentoring culture

Coaching and feedback is something that is important across generations. For Millennials, who have been coached all of their lives, it is a must. Strong orientation programs are essential – especially for new nurses. Millennials are not accustomed to being thrown out on their own and expected to figure things out for themselves. Most Millennials have spent their lives being guided through menus of options from which to choose and have not yet developed the critical thinking skills necessary to make important, complex decisions without outside support. They often cannot yet think beyond an immediate decision to the potential long-term impact of that decision.

In an environment where costs are being cut, many new nurses are forced into complex patient care situations with little coaching and then find themselves wondering why they ever thought nursing was a good career choice. It is important to pair new nurses with coaching, nurturing nurses during their orientation programs. Millennials who do not feel supported are likely to quit – leaving either the organisation itself or the field of nursing as a whole. Look for opportunities to partner with nursing programs to provide clinical exposure much earlier in the nursing education process. Nurse residency programs that provide hands-on exposure to the clinical environment are also essential to developing the nurses of the future.

Provide frequent, transparent communication

Millennials are used to instant information and they have high expectations of communication in the workplace. Communication in many hospitals is haphazard and left to chance. Proper communication is intentional and planned. Group stand-up sessions are an excellent form of communication. Done right, they meet many needs of Millennials – including face-to-face communication, immediate response to questions and timely resolution of issues, improvement in teamwork and involvement in decision-making.

The Internet and technology can enhance communication – a weekly or bi-weekly video clip from an administrator posted on the intranet; a forum in which employees can post questions for senior leaders to answer; a weekly e-mail from the CEO with updates on key organisational issues.

However, it is important to remember that while technology enables some forms of rapid communication, it never replaces personal, face-to-face communication. In a world where the majority of communication is virtual, face-to-face interaction with Millennials builds loyalty and engagement.

Provide specific, meaningful recognition

Millennials have lived their lives being told they are wonderful: they do not respond to generic recognition. If they are told they do “great work,” this will likely come as no surprise to them. In fact, most Millennials think they are “above average,” and hearing that they are “great” is not a surprising revelation. They need to be told what specifically they are doing well. Most managers have not been trained on how to provide recognition. Train managers and give them tools to help them recognize employees appropriately. Taking a few minutes to get to know employees and completing a “preference card” for each person is an excellent way to tailor and personalise recognition.

Embrace team-based care

Millennials have spent much of their lives on teams – they were taught to collaborate, not compete. They feel secure and supported in a team environment and appreciate having their opinions and input acknowledged in the team dynamic. As health care changes, there is an acute need for a team-based approach. Initiatives such as the Robert Wood Johnson Foundation’s Transforming Care at the Bedside or the Agency for Healthcare Research and Quality’s TeamSTEPPS approach are excellent programs and provide a structured framework for teambuilding and cohesion. These programs keep employees engaged and have been shown to improve patient care as well. Rather than trying to force Millennials to conform to the shape of the current organisation, leaders would do well to look at how their organisations can adapt to and engage Millennials. Health care will experience some drastic changes over the coming years. Millennials tend to embrace change. With proper guidance and cultivation, Millennials can help change the way health care is delivered and create a collaborative culture that not only engages employees, but also engages patients and improves outcomes.

Time is of the essence

For all health care organisations, retaining older nurses is a strategy whose time has come. It’s the right thing to do and it makes excellent clinical and economic sense. It’s wonderful to see many of the RNs in their late 40s and 50s go back and get higher qualifications. The hospital is their community and they want to do and it makes excellent clinical and economic sense. It’s wonderful to see many of the RNs in their late 40s and 50s go back and get higher qualifications. The hospital is their community and they want to do the very best for it and are very (and justifiably) proud to be RNs. Not every organisation has this focus. Like those wading in the Indian Ocean during that fateful day in 2004, hospital and nursing administrators are finding themselves in an increasingly turbulent environment. Unfortunately, the challenges of the moment have the potential to command leaders’ attention, distracting them from the demographic wave coming their way. The time to take evasive action is now.