

The Role of On-Site Counseling in Nurse Retention

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The current worldwide nursing shortage has intensified competition for nurses as the traditional sources of nurses are depleted. Nursing schools, hampered by faculty shortages, are mobilizing to teach larger groups of students, but graduates are years away. Foreign markets have diminished because of increasing worldwide demand and government protection of resources. A majority of current nurses are approaching retirement age. As they leave, their precious knowledge and experience leave with them. Attractive alternate employment opportunities such as computer technology, home-based offices, and others lure away the next generation of potential nurses who prize home and leisure over career. To meet patient care needs, nursing administrators must shift their primary focus from recruiting from a diminishing supply of nurses to retaining the quality nurses already in their organizations.

The results of a survey by the Society for Human Resource Management indicated that 79% of employees left their positions because of a "perception of not being appreciated," (Fyock, 2001). One curative theme is found in nursing literature and echoed by professional nursing organizations: If you want to keep your nurses, value them (Barden, 2002). Valuing means acknowledging, respecting, and caring. The presence of an on-site counseling service is a visible and constant sign of how management values its nurses.

A well-designed on-site counseling program proves beneficial and cost effective in retaining experienced and novice nurses and supporting their productivity (Guillaume & McMillan, 2002; Toran, 2003). It is one retention tool that directly addresses the need on the most effective level: the personal level. This article outlines the functions of one model for an on-site counseling service.

Cornerstones

The effectiveness of any counseling service is governed by two factors: its ability

to deliver quality counseling and the clients' willingness to access services. Four cornerstone beliefs appear to maximize both contingencies and promote effectiveness: confidentiality, minimal financial cost, professionalism of the provider, and convenient appointment times and office locations.

Confidentiality: Confidentiality is central not only to the viability of any counseling service but also to the counseling process itself. Individuals must feel free to express themselves without feeling judged or fearing repercussions. Despite leanings toward modern "enlightenment," the stigma attached to seeing a counselor or seeking help of any kind continues to exist. It remains the most difficult resistance to overcome. The hospital environment is small, and the nursing community's informal lines of communication are strong enough to intimidate most nurses.

Everything said in the context of a counseling session must be held strictly confidential, except as provided by law. Clients should be informed about the nature of confidentiality and its limits. The confidential nature of counseling records is codified in law, and the records should remain separate from institutional records.

In the model discussed in this article, on-site counselors take only self-referrals. Supervisors, coworkers, and others may suggest that a staff member speak with a counselor or that a counselor speak with an individual, but to be of true value, participation must be voluntary. If an issue is one for which formal discipline already has been initiated or one that involves violation of the practice act, then the individual is redirected through the appropriate organizational structure or peer review.

Although confidentiality remains absolutely critical to a nurse's willingness to seek services and to the effectiveness of the therapeutic process, it may lead to the ultimate demise of the service. Ethically and

legally bound to confidentiality, counselors do not disclose the scope and breadth of their work. Few nurses are willing to tell others how counseling benefited them or even acknowledge that they considered it for fear of what others might think. The end result is that much of counseling's value to an organization and to the nursing profession is never known.

Visibility is as important as confidentiality to the success and effectiveness of on-site counseling. Nurses must know that counseling is available, that the counselors are trustworthy and effective, and that asking for assistance is permissible. On unit rounds, a counselor can spend time on a unit getting to know it, the kind of work it does, and, most importantly, the nurses and staff who work there. This is an opportunity to speak with the nurses, appreciate what they go through on a daily basis, and develop one-on-one relationships. Counselors can increase their visibility by addressing new nurses at orientation, participating on nursing committees, disseminating information through a Web site, and collaborating with other supportive resources, such as an employee assistance program, chaplaincy, and the Texas Peer Assistance Program.

Cost: Services in the model discussed in this article are provided at no financial cost to nurses and staff. The nursing department covers the service's minimal budget for salaries and miscellaneous office expenses. Compared with the costs of recruiting, hiring, and orienting a new nurse, the bottom line is very cost effective. Keeping three nurses in the institution for one year more than covers the entire cost.

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