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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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Professionalism: Professional counselors, licensed in Texas for independent practice, serve as on-site counselors. Qualified counselors are master's-level prepared with a minimum of five years of clinical experience. Generalists are preferred because they can bring a wide range of skills, abilities, and resources to a diverse and multicultural staff that serves a diverse and multicultural population. Required experience includes work with chemical dependency, group work, trauma resolution, and stress management. Previous hospital experience and the ability to supervise interns are preferred.

The practices and techniques used are evidence based and conform to best practices, based on the needs of the individual. These recognized approaches are interactive, person centered, and culturally sensitive, acknowledging the individual and organizational cultures as well as transgenerational issues. The counselors remain current in their field by attending conferences, following current research, and conducting independent study.

Convenience: To ensure accessibility, the counselors work flexible schedules, adjusting their hours to meet the changing needs of the nurses and staff. This flexibility includes working occasional night shifts, weekends, and other specially arranged times. Although nurses generally prefer meeting before or after scheduled work hours, some prefer coming on their free days, particularly if a family issue is involved. A counselor must assess the appropriateness of the time, remembering that the nurse will have to work after the session or go home to family. Appointments are preferred, but spontaneous sessions often occur upon staff request. For emergencies, counselors are available 24 hours a day, seven days a week. Professional coverage is arranged for times when counselors are not available.

The counselors' offices are located away from the busiest parts of the hospital. This arrangement provides a measure of confidentiality and makes a psychologically safe environment easier to establish. However, various temporary locations in the hospital may be available at the request of the staff. Emergencies may require intervention on the unit. Spontaneous sessions may occur anywhere if initiated by a nurse. Confidentiality always is observed.

Services

Individual and group counseling sessions comprise the core services. Counseling is a process that considers the client, issue, goals, context, and resources. It enhances what is there and develops multiple options that become a plan for growth. Nurses seek counseling services for a variety of reasons, choosing to bring professional, personal, or familial issues. Any issue that impacts a nurse's performance is acceptable.

Individual counseling: Individual counseling sessions are one-on-one, client-centered, therapeutic interactions characterized by psychological safety, support, honesty, direct feedback, and caring confrontation. The general goal is to clarify the issue, identify resources, develop outcome options, devise a growth plan, and develop needed skills.

The specific issues addressed vary. Professional issues may include adjustment to the workplace, work-related stress and compassion fatigue, grief and loss responses, conflict with supervisors or coworkers, substance abuse, career decisions, and professional insecurities. Adapting to change, health problems, depression and anxiety, interpersonal skills, trauma resolution, and personal growth are the most common personal issues. Familial issues include a variety of marital problems, spousal abuse, and child-related issues such as parenting, blended families, and school problems. Ethical existential questions such as "Am I really making a difference?" often are addressed.

The usual course of counseling is short term, lasting a maximum of five to seven sessions but often less. Longer courses are provided for issues that require self-exploration or complex decision making. Assessment, crisis intervention, coaching, therapeutic dialogue, behavioral training, teaching, personal validation, self-exploration, problem solving, and referral may occur during these sessions.

Assessments clarify and quantify issues, track client progress, help determine the need for medication, and qualify referrals. A counselor completes an assessment in the initial session and reassesses in subsequent ones. If appropriate, clients may complete screening instruments for depression, anxiety, traumatic stress, attention deficit or attention deficit hyperactivity disorder, compassion fatigue, and other possible conditions either in the office or on site. The results normally are shared with the nurse. Assessments beyond the scope of practice of the counselor are referred to appropriate providers.

Crisis intervention is the highest-profile activity in any counseling service. Able to respond on site, the counselors intervene with suicide attempts, anxiety attacks, difficult terminations, and other distressful situations. Often the simple presence of a counselor has a calming effect on the individual and the unit. Crises seldom affect only an individual. Working intensely with the same colleagues forms interpersonal bonds, and coworker concern for individuals naturally follows. This often necessitates a group intervention. Follow-up supports the individual and the coworkers. Care always must be taken to maintain confidentiality.

Coaching simply is translating theoretical knowledge into practical application. Nurses apply their knowledge to shape caring behaviors into a sharpened skill set. Such coaching provides nurses with one-on-one learning, learner support, constructive criticism, and critical thinking development. Coaching is effective for complex behaviors such as leadership and conflict resolution and simple skills such as learning to politely say no.

A counselor makes a professional referral, at the client's request, when an issue is outside the scope of practice or if an issue is best handled outside the organizational structure. Counselors work collaboratively with the employee assistance program, chaplaincy department, department of psychiatry, and Texas Peer Assistance Program for Nurses. The counselors also network connections with various professional and community resources outside the hospital. The office maintains a binder of additional community and specialized resources.

Telephone consultations are growing in popularity as the demand on nurses' time increases. When appropriate, they provide increased confidentiality, convenience, and counselor availability for nurses, as well as increased availability and more timely responses for counselors. Disadvantages include the loss of interpersonal interaction (human warmth), loss of nonverbal communication, increased difficulty in establishing rapport, and increased difficulty communicating if a counselor and nurse do not speak the same primary language. Despite these issues, the popularity of telephone consultations continues to grow.

Group counseling: Group counseling may be the most effective and efficient way to deliver services in a hospital environment. It occurs in multiple models based on client needs. Group counseling is indicated if an issue affects several staff members, if an issue involves a group behavior, or if an adjustment affecting the unit is not proceeding smoothly. The target dynamics tend to reappear in the context of the group and may be addressed directly in that environment. Multiple dyads serve to generate energy for change, provide or elicit permission to speak freely, and determine group boundaries. The social reinforcement continuing after the group ends promotes and maintains the lasting change essential for a cultural or social shift. Finally, through interpersonal interaction, the generalization of learning occurs. Confidentiality is explained to the group members, and general consensus exists. Staff members are encouraged to attend, but no one is required to participate actively.

Process groups may be based on functional units, specific issues, or peer alignments. Most process groups are unit based. The issues addressed affect the unit and may include occupational stress, tensions between disciplines, unit conflict, policy or practice changes, trauma from loss, or others. Group work reduces feelings of isolation and alienation, decreases stress to allow problem solving, and builds peer support through socialization. Issue-based groups are similar to unit-based groups, except the members are a subset of the unit. These short-term groups

tend to have a single, narrow focus on solving a specific problem or learning a discrete skill. These types of groups most commonly occur as peer support groups, although that is not the only form.

Critical incident stress debriefings (CISDs) (Mitchell & Everly, 1995) are specialized groups that intervene in crisis situations. A crisis situation may be focused on a unit as a whole or on a team member. The main goals are to mitigate the impact of the traumatic event on the group and accelerate the recovery of the members affected. Because the process deals with emotional content from an entire team, it may run for several hours. CISDs usually are conducted 24–72 hours after an event. A defusing is a shortened version of a CISD implemented immediately after an event. Its goals are to reduce tensions from the event quickly, return people to work as quickly as possible, ameliorate the isolation and alienation reactions from the event, and assess whether further intervention is necessary.

Team enhancement groups are specialized groups that use experiential exercises to retain nurses by improving communication, building respect, and developing trust in a nonthreatening manner. The underlying assumption is that if people get to know each other, they will be more tolerant of each other, be more helpful, be more considerate, and work together more efficiently. The experiential exercises are readily available through published sources or may be developed according to the needs of the group. Nurses value the personal and social aspects of this type of group. Team enhancement groups foster retention.

Psychoeducational Activities

Psycho-educational activities include the distribution of self-help materials, prevention education, and self-care programs. Some programs may carry nursing contact hours. In the model discussed in this article, self-help materials are available electronically and in hard copy to all nursing staff. Topics range from stress management, dieting, and tips for Joint Commission on Accreditation of Healthcare Organizations interviewing to anxiety, depression, and compassion fatigue.

Working collaboratively with nursing management, the nursing professional development and education instructors, clinical nurse specialists, and staff nurses, counselors develop psycho-educational programs to meet the needs of the nurses and staff. This team effort provides the staff with useful, expert information and often nursing education contact hours as well.

Conclusion

Reduced turnover translates into higher productivity and lower personnel cost. Nursing and management literature supports the theory that the way to retain nurses is to acknowledge, respect, and value them. The presence of an on-site counselor is a constant and visible sign of management's caring. On-site counseling is cost effective and productive compared to the disruption of turnover and the cost of recruiting, hiring, and training new nurses. On-site counseling is but one tool for retaining nurses. Research is needed to determine the effectiveness of counseling compared to other retention tools, the effectiveness of alternate models, and the relative effectiveness of the various modalities used by counselors.

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Correction

The November 2004 *Oncology Nursing Forum* article titled "Watchful Waiting: Older Men With Prostate Cancer" (pp. 1057–1066) by Meredith Wallace, PhD, APRN, Donald Bailey, Jr., PhD, RN, Maureen O'Rourke, PhD, RN, and Michael Galbraith, PhD, RN, reported on p. 1058 that watchful waiting was an option in men with Gleason scores greater than 7. This was a production error; this sentence should have read "Gleason scores less than 7." Because of this error, answer b in question 2 on the continuing education examination could be considered a correct answer, even though it is incorrect information. This error is being considered when grading the examination.

We apologize for the error.