

Retaining Oncology Nurses: Strategies for Today's Nurse Leaders

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Safe and effective oncology nursing practice depends on the presence of skilled and compassionate oncology nurses. Given the high level of stress associated with oncology care and the multitude of employment opportunities available to oncology nurses, many organizations find that retaining experienced nursing staff is increasingly difficult. Problems with nurse retention are familiar to many oncology nurse leaders, a fact that was highlighted by a survey conducted by the Oncology Nursing Society (ONS) in which 72% of nurse executives reported that they were unable to retain experienced RNs (Lamkin, Rosiak, Buerhaus, Mallory, & Williams, 2001).

Historically, hospitals have used a variety of strategies to retain nurses. A survey conducted in 2004 among nurses who were involved in direct patient care in hospitals suggested that no single strategy predominates and that many of the strategies currently in use have only limited impact (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005). In the survey, respondents were asked whether, to the best of their knowledge, their employers had made "any deliberate efforts to improve retention of nurses" (Buerhaus et al., p. 67) in their places of work. Of the eight strategies listed in the survey, only one (mentoring programs for recent graduates) was observed by more than half of the respondents. The other strategies—paying for continuing education, reimbursing nurses for conference fees, improving how work performance is assessed, increasing the number of nurse recognition events, offering career development programs, providing financial incentives for quality improvements, and offering online schedule bidding—were observed by fewer than half of the respondents. Most of the strategies were believed to be effective by about half of the nurses who observed them. Exceptions were mentoring

programs for new graduates and paying for continuing education and conferences, which were believed to be effective by 65%–75% of those who observed them, and online schedule bidding, which was believed to be effective by only 23%.

Many nurse leaders are beginning to recognize that the most important component of any retention strategy is maintaining a work environment that supports and respects professional nursing practice. The significance of such an environment was underscored by a study in which new graduates cited concerns about work conditions and patient safety as primary reasons for leaving their first jobs (Bowles & Candela, 2005). In contrast, environments that are supportive of nursing practice are key to resolving the retention problem because they have been shown to improve nurse perceptions of quality of care, enhance nurse satisfaction, and decrease burnout (Aiken, Clarke, & Sloane, 2002).

Sharing Strategies Across Institutions

As oncology nursing leaders in three hospitals affiliated with the same integrated delivery system (IDS), the authors have a long history of cross-institutional collaboration (Ponte et al., 2003) and have benefited from each other's insights and experience in developing and implementing retention strategies. The cancer programs at their institutions are closely linked. Dana-Farber Cancer Institute (DFCI) and Brigham and Women's Hospital (BWH) share a joint adult oncology program that works closely with Massachusetts General Hospital (MGH) and other cancer care providers in the IDS. Collaboration across all of the cancer programs is fostered by the Dana-Farber/Partners Cancer Center (DF/PCC), a group created at the IDS level to promote collaboration in the areas of cancer care, research, and training.

BWH, DFCI, and MGH are located in a highly competitive area, but by sharing ideas and building on each other's successes, they have been able to create effective retention programs and develop environments that remain attractive to oncology nurses over time. The efforts to retain nurses have paid off, yielding turnover rates of 0.3%–6%, well below the 21.3% average turnover rate for RNs working in hospitals reported in 2002 by the American Organization of Nurse Executives (Kleinman, 2004).

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