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The Impact a Nurse Recruiter has on Nursing Staff Shortages and Nurse Manager Satisfaction in
an Acute Psychiatric Facility

Submitted in Partial Fulfillment of the Requirements for the Degree of Doctor of Nursing
Practice at the University of Kentucky

By

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Lexington, KY

2024

Abstract

Background: Nursing staff shortages have persisted for the last few decades. Strategies to resolve this enduring challenge continue to drive the creative efforts to attract and retain new staff. These shortages not only affect patient care but can also impact the satisfaction of nurse managers. Little information is available on the effects of a nurse recruiter role on nursing staff shortages as well as nurse manager satisfaction.

Purpose: The purpose of this project is to assess how implementing a designated nurse recruiter impacts nursing staff shortages and nurse manager satisfaction in an acute psychiatric facility. This project examines two main objectives to: 1) determine the impact of a nurse recruiter on nursing staff shortages in an acute psychiatric facility and 2) examine nurse managers' perceived satisfaction with the nurse recruiter and outcomes.

Methods: Objective 1 was accomplished through a quasi-experimental study using a descriptive pre- and post- intervention with data collected from May 2022 to May 2023 (6 months prior to implementing a nurse recruiter and 6 months after implementing a nurse recruiter) and included the time to fill position rate, cost per hire, and new hire turnover rate of all nursing staff excluding travelers. Objective 2 was accomplished through a descriptive research design using an online survey provided to the nurse managers of the acute psychiatric facility.

Results: For objective 1, implementing a nurse recruiter role showed improvements in reducing new hire turnover rate as well as reductions in cost per hire. There was an increase in the time to fill rate for Registered Nurses (RNs) and no major change for mental health associates (MHAs). For objective 2, 75% of nurse managers agreed that the nurse recruiter allowed them more time on the unit and 100% of the managers believe that the nurse recruiter is an asset to the facility,

could be beneficial to other facilities, and has had a positive impact on staffing shortages. Only one nurse manager reported having better job satisfaction since implementing the nurse recruiter and none indicated a better work-life balance.

Conclusion: Implementing a nurse recruiter role in an acute psychiatric facility can significantly improve staffing shortages and impact turnover rates while reducing costs. Additional research with a larger sample size is needed to determine how a nurse recruiter can better impact nurse manager satisfaction.

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Dedication

I would like to dedicate this project to my family and friends for their constant love and encouragement. Most importantly I want to dedicate this to my husband Jeff. We have lived the last four years of our lives a semester at a time. It has been an extensive and overwhelming experience. Regardless of what I or anyone else believed, Jeff never doubted what I could achieve and I am forever grateful for his support, patience, and commitment throughout this entire process.

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Background and Significance

Problem Statement

Nursing staff shortages have been a concern for many years, even decades in the U.S. The increasing demand for nurses began occurring as early as the 1930s. The shortages during this time were mostly due to the advancement in hospital construction and utilization but these shortages continued into the 1940s because of World War II (Whelan, n.d.). Though nursing staff shortages have been a historical problem, the COVID-19 pandemic seems to have worsened the nursing shortage crisis. A recent study suggested that post COVID-19 pandemic, employment turnovers within the healthcare workforce has not fully recovered (Frogner & Dill, 2022). From 2022 to 2023, nursing turnover in hospitals rose 18.7% (Tellson et al., 2023). It is imperative to find a solution to the nursing staff shortages to ensure appropriate patient care is provided and to maintain the mental health and well-being of the current nursing staff workforce.

The nurse manager's mental health and well-being is just as important. Because nurse managers carry out such a high volume of duties, they tend to be overwhelmed and are left struggling to meet excessive demands (Jappinen et al., 2021). It is expected for nurse managers to carry the burden of their unit in all facets. Budgeting, safety, environment of care, oversight of daily operations, scheduling, supervising staff, and education. This is also the case for recruiting and filling nursing staff vacancies. Burnout among nurse managers encompassed numerous issues including inability to meet their workload demand, maintaining relationships, and achieving work-life balance (Zwink et al., 2013). The added responsibilities of nurse managers has led to situations of being overburdened, overwhelmed, and being unavailable to patients and staff (Jappinen et al., 2021).

Context and Scope of Problem

Staff Shortages

The nursing shortages have been an ongoing problem in the United States for many years. It is expected that by 2030 the demand for registered nurses could be more than 3.6 million (Haines, 2022). Kentucky has been impacted by these devastating shortages as well. According to Johnson (2022) Kentucky hospitals were short more than 5,000 nursing positions which was a deficit of more than 22% for Kentucky's health care industry (Johnson, 2022).

The cost of the nursing shortages has been detrimental to Kentucky healthcare facilities. Travel nurse utilization has dramatically increased from 2019 to 2022 (Johnson, 2022). In 2019 an estimated 88 million dollars was applied to travel nurse costs and was expected to increase to approximately 1 billion dollars (about \$3 per person in the US) in 2022 (Johnson, 2022). Not only have travel nurse costs significantly increased but the utilization of bonuses and overtime has also seen amplified growth. The expected cost of bonuses and overtime for 2022 was estimated to be 400 million dollars compared to 50 million dollars in 2019 (Johnson, 2022). Hiring and maintaining full-time nursing staff can reduce these costs. When staffing plans have a higher baseline of initial staff it is more cost effective (Griffiths et al., 2021).

Reasons for the nursing shortages vary. Low staffing is contributing to even greater shortages because of the added stress it causes nurses, resulting in low job satisfaction, and nurses eventually leaving the career altogether (AACN, 2022). As mentioned previously the demand for nurses is growing drastically. This demand is too extreme for nursing educational programs to keep up (AACN, 2022). Other contributing factors to nursing shortages include work environment, burnout, workload, and organizational obligations (Tellson et al., 2023).

Another reason for these shortages is retirement as the median retirement age for RNs is 52 years and it is estimated that 1 million nurses will retire by 2030 (AACN, 2022). There were also higher rates of turnover prior to COVID-19 due to the retirement of baby boomers, a population that accounted for approximately one-third of the nursing workforce (Tellson et al., 2023).

Manager Satisfaction

Nurse Managers have been burdened with additional responsibilities beyond managing patient care and employee supervision. In addition to overseeing their units daily, nurse managers have been expected to recruit, interview, and hire nursing staff to fill their unit vacancies (Kester et al., 2022). This can be extremely time-consuming and can divert focus away from important aspects of daily unit workflow. Nurse managers often need time back in their day to spend on the unit, building relationships with their team, and ensuring a safe and appropriate environment for their patients and staff.

A study examined nurse manager satisfaction and found that managers highlighted the volume of responsibilities being added to their role (Cox, 2019). Additional responsibilities will not only reduce the manager's time spent on the unit with patients and staff but it will also impact the manager's outcomes. This includes hiring and retaining new staff. When managers have an unbalanced workload it impacts hiring practices such as delays in candidate selection and process, which negatively influences vacancy rates, the quality of candidates, employee morale, and hiring costs (Hisgen et al., 2018). Immense job responsibilities can hinder the hiring process for nurse managers affecting turnover and vacancy rates for their unit, thus continuing the damaging cycle.

Warshawsky & Havens (2014) surveys nurse managers on job satisfaction and intent to leave and found that burnout was the top reason (30%) for the nurse manager's intent to leave their position within the next 5 years. It is suggested that action be taken preemptively by applying workload reducing techniques in an effort to reduce burnout and maintain the job satisfaction of nurse managers (Warshawsky & Havens, 2014).

Consequence of Problem

Without prompt intervention to the nursing shortages, there will likely be a decline in the patient care quality and the number of available patient beds. Low staffing can lead to nursing errors as well as detrimental patient outcomes. Staffing shortages can lead to an 8.3% increase in patient risk of death as well as a 1.7% increase in average length of stay (Griffiths et al., 2021). Patients and staff are faced with damaging effects when staffing is low. If staffing shortages were to improve then nursing staff could excel within their expertise without the burden of exhaustion (ANA, 2017).

Proper oversight of patient care and nursing staff is also at risk as nurse managers struggle to meet their ever-growing demands. Under supported nurse managers have the overwhelming challenge of trying to meet the expectations of countless obligations for numerous people without enough time or resources to be successful (Jappinen et al., 2021). Nurse managers that have a heavy workload may be less likely to have opportunities to coach and lead their nursing staff on the floor. Thus a focus on recruitment and hiring strategies at the facility level may be important to combat debilitating staffing shortages, relieve nurse managers of their staffing and scheduling workload, and to allow managers more time with staff and on their units.

Strategy Targeting the Problems

Staff Shortages

There have been strategies implemented to combat the growing nursing shortages across the United States. First, Colleges and Universities are working with their states to expand nursing programs to produce enough future nurses. This strategy incorporates the creation of additional teaching positions in order to double the number of students accepted (Haines, 2022). Though this intervention will likely be extremely beneficial, most nursing programs take 2 to 4 years in preparing professionals, which may not adequately meet the urgent demand.

Another strategy was the 80-million-dollar Nursing Expansion Grant Program created by the White House through the Department of Labor (Haines, 2022). The Nursing Expansion Grant Program aims to increase training for instructors, educators, and individuals to advance their education to become frontline healthcare workers (Department of Labor, n.d.). Again, this is a wonderful opportunity that requires time to implement and extensive time to produce results. Despite concerted effort, the nursing shortages continue to plague the United States and threaten the care of patients and the well-being of nursing staff.

Manager Satisfaction

There are several strategies emphasized in the literature to improve nurse manager satisfaction. One common intervention is to reduce the workload and/or span of control. It is important to ensure the workload is reasonable based on scope of practice, patient population, and number of direct reports. (Warshawsky, Lake, & Brandford, 2013). When the workload of the nurse manager becomes too heavy it will likely negatively impact their work-life balance as well. This burdensome inability to disconnect leads to burnout, resentment, and overall job

dissatisfaction. Workload should be evaluated not only by the responsibilities of the job but also by the managers involvement in other capacities such as organizational committees, reporting obligations, and the level of services provided on their unit or units (Warshawsky & Havens, 2014, p. 38). A study found that nurse manager's that supervise a smaller group report better job satisfaction for themselves and better job satisfaction from their staff (Warshawsky & Havens, 2014). Martin & Warshawsky (2017) suggests organizations using evidence to put reasonable limits on the number of direct reports assigned to any given leader.

Another strategy to improve nurse manager satisfaction is through communication and collaboration with their staff as well as senior and executive leadership. This communication and collaboration include support, empowerment, and relationship building. Time must be designated to allow managers to create, build, and enhance these relationships to develop their work unit into a safe and successful patient-centered environment. Not only do nurse managers need time with their staff but they also need regular time allotted to spend with senior leadership to support a culture that promotes interpersonal relationships among the leadership in an organization (Cox, 2019).

Empowering nurse managers is another strategy to improve manager satisfaction. An empowered manager has the appropriate resources that allows for sufficient training, staff guidance, and most importantly the capacity to deliver valuable patient care (Hewko et al., 2014). With a supportive environment nurse managers are invested to fulfill responsibilities to their staff and patients. Martin and Warshawsky (2017) suggests that organizations improve nurse manager satisfaction by encouraging additional education including certifications as well as supporting autonomy by promoting independent problem solving.

Purpose and Objectives

In an acute psychiatric facility, the original process for interviewing and hiring new employees was divided among several staff within the HR department, senior leadership, and the nurse managers. A process improvement plan was initiated, and a nurse recruiter position was created. This position was initiated with the requirement of a nursing degree and/or background. Developing the role of registered nurses as recruiting managers can be a strategy to improve collaboration between recruitment departments and nursing while supporting recruitment efforts (Tellson et al., 2023). Enlisting a nurse recruiter was an endeavor targeted to reduce the consistent decline in frontline nursing staff as well as ease the responsibilities of the nurse manager in the hiring process. Thus, this project examined how the introduction of a designated nurse recruiter role affected nursing staff shortages and nurse manager satisfaction in an acute psychiatric facility. The objectives of the project were to: 1) examine the impact of a nurse recruiter on nursing staff shortages include position time to fill rate, new hire turnover, and cost per hire and 2) assess nurse manager satisfaction with the nurse recruiter role.

Conceptual Framework Model

The conceptual framework model utilized for this project is the Iowa Model which guided the project process through its 7-step structure. These steps include identifying an issue, stating the purpose, forming a team, assembling, appraising, and synthesizing the body of evidence, designing the practice change, integrating and sustaining that change, and dissemination. Following the IOWA model's steps was a technique to ensure the study process was organized and implemented in an effectively and efficiently.

Literature Search

Staff Shortages

The literature search was conducted using keywords and subject heading strategies. Keywords and subject headings used include, nurse recruiter, hiring manager, hiring nurses, nurse staffing shortages, talent acquisition, recruiting office, recruiting officers, hiring strategies, and recruiting strategies. The search was limited to articles created within the last 10 years (2013- 2023). Databases utilized include PubMed, Business Source Complete, Cumulative Index to Nursing and Allied Health Literature (CINAHL), ClinicalKey Nursing, Cochrane Library, and Medline Plus. All databases were searched within the same year limitations as well as using the same keywords and subject headings. There were 14 articles identified for further review.

Manager Satisfaction

A second literature search was conducted using keywords and subject headings which included: nurse manager, job satisfaction, work load, job stress, burnout, front-line manager, intent to leave, nurse leaders, and well-being. The search was limited to articles published within the last 10 years (2013-present). Databases utilized in the search include PubMed, Business Source Complete, Cumulative Index to Nursing and Allied Health Literature (CINAHL), ClinicalKey Nursing, Cochrane Library, and Medline Plus. The databases were searched with the same keywords, subject headings, and within the 10-year timeframe. There were 13 articles recognized for further review and synthesis.

Synthesis and Strength of Evidence

Staff Shortages

The retrieved articles consist of four qualitative studies (Abhicharttibutra et al., 2017; Buchan et al., 2015; Tussing et al., 2022; Watson et al., 2022), one mixed methods (Gabrielsson et al., 2021), four quantitative studies (Aull & Nobles, 2022; Kuthy et al., 2013; McNeil et al., 2020; Tellson et al., 2023), three systematic reviews (Drennan & Ross, 2019; Marc et al. 2017; Park & Yu 2019) and two case studies (Logan, 2018; Mester, 2018). The retrieved articles are considered mid to lower levels of research evidence with the qualitative and quantitative studies falling within Level VI and systematic reviews in Level V (Melnyk & Fineout-Overholt, 2015).

Little evidence from the search could be found regarding the use of nurse recruiters. The literature obtained from the search focused on hiring and recruiting strategies used by nurse recruiters for improving the nursing staff shortages in healthcare organizations. Themes noted in the articles included collaboration with colleges/universities, advertisement, pre-employment assessments and interviewing, developing relationships with potential employees, and government policy intervention. Six of the fourteen articles recognized the importance of collaborating with local universities and colleges on recruiting new graduates or recruiting individuals still in nursing school (Logan, 2018; McNeil et al., 2020, Watson et al., 2022; Tussing et al., 2022; Mester, 2018; Aull & Nobles, 2022). One article explained the benefits of a preceptor program for nursing students (Watson et al., 2022). Another article described the importance of interviewing and pre-employment assessment techniques (Kuthy et al., 2013). Two articles explain the success of recruiting through focused advertising (Gabrielsson et al., 2021; Tussing et al., 2022), and another article recognized building a relationship with their candidates as a recruiting practice (Tussing et al., 2022). Four articles addressed government

policies to improve nursing staff shortages (Abhicharttibutra et al., 2017; Buchan et al., 2015; Marc et al., 2017; Park & Yu, 2019). These policies focused on improving nursing work conditions, innovation, nurse salary, scope of practice, encouraging more individuals to nursing, and offering advanced education. Thus, as a whole, the summative evidence from these articles suggest strategies implemented by nurse recruiters are beneficial in reducing nursing shortages which can imply the advantages of a nurse recruiter.

Manager Satisfaction

In the second search, five of the thirteen articles were quantitative studies (Djukic et al., 2017; Hewko et al., 2015; Hudgins, 2016; Van Bogaert et al., 2014; Weaver et al., 2019), five were qualitative studies (Cox, 2019; Loveridge, 2017; Martin & Warshawsky, 2022; Warshawsky, Wiggins, & Rayens, 2016; Warshawsky, 2022), and three were systematic reviews (Brown et al., 2013; Warshawsky & Havens, 2014; Warshawsky, Lake, & Brandford, 2013). The levels of evidence for the manager satisfaction support are similar to that of the nursing staff shortages. The qualitative and quantitative studies fall within Level VI while the systematic review studies are in Level V (Melnik & Fineout-Overholt, 2015).

Improving nurse manager satisfaction was noted throughout the literature. Common themes for building nurse manager satisfaction include enhanced communication and collaboration, time for unit and team development, reduced workload, limiting span of control, mentorship, and providing the manager's ability to positively impact patient care. Of the thirteen articles one identified building resiliency in nurse managers as a strategy to improve nurse manager satisfaction (Hudgins, 2016). Five articles identified autonomy (Brown et al., 2013; Djukic et al., 2017; Loveridge, 2017; Van Bogaert et al., 2014; Warshawsky, Lake, & Brandford, 2013) and four identified empowerment as a strategies to enriching nurse manager satisfaction

(Hewko et al., 2015; Hudgins, 2016; Warshawsky, Lake, & Brandford, 2013; Warshawsky, Wiggins, & Rayens, 2016). Work-life balance was noted in six articles (Brown et al., 2013; Hewko et al., 2015; Loveridge, 2017; Van Bogaert et al., 2014; Warshawsky, 2022; Warshawsky, Lake, & Brandford, 2013) and span of control was highlighted in three articles (Brown et al., 2013; Van Bogaert et al., 2014; Martin & Warshawsky, 2022). Access to resources to meet role expectations and job demand was identified in three articles (Djukic et al., 2017; Warshawsky, 2022; Warshawsky, Lake, & Brandford, 2013) while mentorship and leader support was suggested in five (Cox, 2019; Djukic et al., 2017; Martin & Warshawsky, 2022; Warshawsky, 2022; Weaver et al., 2019). Communication, collaboration, and relationship building was addressed in two articles (Cox, 2019; Weaver et al., 2019) and career development and succession planning was identified in five (Martin & Warshawsky, 2022; Warshawsky, 2022; Warshawsky, Wiggins, & Rayens, 2016; Warshawsky & Havens, 2014; Weaver et al., 2019). Finally, the strategy mentioned most for improving nurse manager satisfaction was reducing the workload or providing a more manageable nurse manager workload. Ten articles identified the importance of the nurse manager workload and its impact on their satisfaction (Brown et al., 2013; Djukic et al., 2017; Hewko et al., 2015; Loveridge, 2017; Martin & Warshawsky, 2022; Van Bogaert et al., 2014; Warshawsky, 2022; Warshawsky, Wiggins, & Rayens, 2016; Warshawsky & Havens, 2014; Warshawsky, Lake, & Brandford, 2013).

Gaps and Project Need

Staff Shortages

The greatest gap in evidence is the lack of research that specifically identifies nurse recruiters as an intervention to improve recruitment and hiring in healthcare organizations. Of the articles retrieved from the review, nurse managers, human resource departments, and

collaborative groups were considered hiring and recruiting personnel. Despite nurse recruiters fulfilling the same job duties/strategies, their specific mention was virtually non-existent. This project will fill the gap in evidence by examining the effect of nurse recruiters on nursing staff shortages through the collection and analysis of pre- and post-implementation data.

Manager Satisfaction

Nurse manager satisfaction has been examined from a variety of views but there is a gap relative to the recruitment and acquisition aspect of nurse management. Despite the available information on nurse manager satisfaction related to workload, a gap exists in the hiring, staffing shortages, and improvement planning on these matters. This project will provide preliminary data regarding how a nurse recruiter can impact nurse manager satisfaction.

Methods

Design of Study

This project examines two main objectives to: 1) determine the impact of a nurse recruiter on the nursing staff shortages in an acute psychiatric facility and 2) examine nurse managers' perceived satisfaction with the nurse recruiter and outcomes. Objective 1 was a quasi-experimental pre- and post- intervention. The data collected was compared to establish the impact of a nurse recruiter on nursing staff shortages in an acute psychiatric facility. Data were collected from May 2022 to May 2023 (6 months prior to and 6 months after implementing a nurse recruiter role) and included the time to fill position rate, offer acceptance rate, and new hire turnover rate of all nursing staff as outcomes. Objective 2 was accomplished through a cross-sectional online survey of nurse managers at the acute psychiatric facility to assess their satisfaction with and perceived outcomes of the nurse recruiter role.

Setting

The project took place in a 239-bed capacity acute psychiatric facility in Kentucky. This facility currently operates six 28-bed units with approximately 45 full-time nursing staff positions per unit (~270 full-time nursing positions in the facility). The facility nursing staff is supplemented by a provisional pool and travel nurses and mental health associates.

This project aligns with the facility's mission, vision, and values in several ways. The psychiatric facility's mission is to "provide excellent mental healthcare that instills hope, inspires recovery, and improves overall well-being for Kentuckians" (UK HealthCare, n.d.). Adequate staffing is imperative in providing exceptional care to Kentuckians. Nursing staff shortages in psychiatric facilities compromise individualized and extraordinary care to all patients. The values of the facility include diversity, innovation, respect, compassion, and teamwork. Implementing a nurse recruiter can benefit the diversity of nursing staff being interviewed and hired. A dedicated nurse recruiter can also positively affect the quality of candidates hired so that the values of the facility can be fulfilled. Finally, this project supports the agency's vision of "wellness in mind, body, and spirit is attainable for everyone" (UK HealthCare, n.d.). This vision applies to both the patient and nursing staff. Implementing a nurse recruiter to combat short staffing concerns can have a crucial influence on the mental health and wellness of the overwhelmed nursing staff currently employed as well as the satisfaction of the nurse managers.

The stakeholders of this project included executive leadership, senior leadership, human resources, unit managers, patients, and their families, and currently employed nursing staff. Buy-in from stakeholders was a facilitator in the project's success. The need for more staff has been an ongoing concern in the facility so the importance of finding a solution is crucial. The facility's size was a potential facilitator, as it was easier to communicate needs and data with

stakeholders. A potential barrier could have been a lack of participation or attention from stakeholders. Many stakeholders carry additional duties and/or various job titles. The added stress from this project could have potentially limited cooperation and interest.

Sample

The target population of the study includes all full-time and provisional nursing staff and nurse managers. Nursing staff includes registered nurses, licensed practical nurses, and mental health associates. Data were collected on previous and current nursing staff employees and travel nursing staff were excluded.

Procedure

IRB Approval

The Institutional Review Board (IRB) at the University of Kentucky was provided a letter of support from the Chief Nursing Officer of the acute psychiatric facility with this project proposal. The IRB approval was received on November 3, 2023. The data collected are to be kept on a password-secured computer for six years and then destroyed as conveyed per IRB guidelines.

Description of evidence-based intervention

This intervention is to implement a nurse recruiter in an acute psychiatric facility. The nurse recruiter will interview, make offers, and hire new nursing employees using a variety of recruiting techniques. These techniques include utilizing online hiring websites, monitoring and maintaining the facilities career opportunities webpage, collaborating with colleges and universities to schedule clinical and practicum opportunities for nursing students, attending

college career fairs, communicating with current employees for referrals, and organizing career fairs for the facility. The project is to evaluate the nurse recruiter's impact on the acute psychiatric facility. Data was collected pre- and post- implementation to evaluate the impact of the nurse recruiter on the facility's nursing staff shortages. A survey was distributed to nurse managers to determine their perceived satisfaction from the nurse recruiter and outcomes.

Measures and instruments

There are several measures used to determine the impact of a nurse recruiter on nursing staff shortages. This project focused on the following: time to fill position rate, new hire turnover rate, and cost per hire. Time to fill rate was calculated as the total number of vacant days divided by total number of positions open during the same month. New hire turnover was calculated as the total number of nursing staff separated from the facility divided by the number of people hired during the same month. Finally, the cost per hire was determined by adding internal and external hiring cost divided by the average number of new hires. This data was collected for the 6 months before and after implementing the nurse recruiter. These measures are important to cost, quality, and planning for healthcare facilities and will determine the impact a nurse recruiter can have on filling nursing staff positions.

A 21-item investigator-developed survey was utilized to measure the nurse manager's perceived satisfaction and outcomes of the nurse recruiter role. The survey measures nurse manager satisfaction through three categories: perceived impact of a nurse recruiter, perceived satisfaction with the nurse recruiter role, and perceived satisfaction with the quality of new hires after implementation of a nurse recruiter. The first five questions were descriptive in nature: age, time as a nurse, time in nurse manager role, gender, and ethnicity. Nineteen questions had responses based on a Likert-scale and two questions required comment entry. Eight questions

had five Likert-scale response options ranging from strongly disagree to strongly agree while thirteen questions had five Likert-scale options ranging from strongly dissatisfied to strongly satisfied. The comment entry questions requested an explanation of how the manager is satisfied with the quality of new hires and an explanation of how the manager is satisfied with the quantity of new hires.

Data collection

The data was collected primarily through collaboration with the acute psychiatric facility's Human Resource Department and database program through Cadient tracking system. Data was also collected with support from the nurse recruiter, the Director of Nursing Operations, and the Director of Inpatient Services. Data collection began in November of 2023 and continued through February 2024. Data was collected from May 2022 through May 2023 as the nurse recruiter was hired in November of 2022.

The nurse manager survey was sent via email to the five nurse managers on November 16, 2023, and was open for two weeks for completion. This email included a link to a Qualtrics survey. By clicking the link, managers were directed to the survey cover letter and introduction question confirming consent to participate in the study.

Data analysis

Descriptive statistics were utilized for the pre- and post- nurse recruiter data as well as survey results to determine the changes in nursing staff shortages and nurse manager satisfaction.

Results

Staffing Shortages

Time to Fill Rate

Unfortunately due to the nature of the PRN or provisional RN and MHA positions (consistently open for applications and innumerable positions) only full-time RN and MHA positions were available for time to fill rate data collection.

In the six months prior to implementing a nurse recruiter the acute psychiatric facility hired only 5 registered nurses and no LPNs. One in May, two in June, none in July, one in August, one in September and none in October (2022). The time to fill days ranged from 24 days to 123 days with the time to fill rate of 66.4 days for RNs. After hiring the nurse recruiter, 6 registered nurses were hired and no LPNs. One RN was hired in each of the six months following the start of the nurse recruiter. The time to fill days ranged from 34 days to 187 days with the time to fill rate of 114.3 days.

In the six months prior to hiring the nurse recruiter thirty-one MHAs were hired to the acute psychiatric facility. The time to fill days ranged from 1 to 206 days with a time to fill rate of 53.54 days. The nurse recruiter hired thirty-five MHAs in the six months following their start. The time to fill days ranged from 10 to 178 days with a time to fill rate of 66.68 days.

The nurse recruiter did not make a statistically significant impact on the time to fill rate of nursing staff at the acute psychiatric facility. For all nursing staff pre-nurse recruiter role, the time to fill rate was 59.97 days while post-nurse recruiter the time to fill rate was much higher at 90.49 days. See Table 1.

Cost per Hire

Data for cost per hire was limited to cost prior to new hires being added to payroll. These costs include Cadient Tracking System, drug testing, background check, onboarding, and personnel costs for interviewing, hiring, processing, paperwork, etc. Because the Cadient Tracking System is used for hiring all staff in the acute psychiatric facility, half of the cost was considered for the nursing staff as the nursing staff account for approximately half of the staff in the facility. The cost of the background checks, onboarding, and drug testing are the same for all nursing staff new hires. The personnel costs and the Cadient Tracking System costs per hire are dependent on the number of new hires each month. For this paper, the cost per hire was calculated based on the monthly average of new hires pre- and post- nurse recruiter. Prior to implementing the nurse recruiter there was a monthly average of 7.2 hired nursing staff. The personnel utilized during the hiring process prior to the nurse recruiter were the nurse managers and the Human Resources Administrative Assistant. After the nurse recruiter implementation, there was a monthly average of 11.2 nursing staff hired and the only personnel utilized was the nurse recruiter (Table 2). This made the cost per hire pre-nurse recruiter approximately \$299.11 and post-nurse recruiter it reduced to \$249.37 or an average savings of about \$50.00 per hire.

New Hire Turnover Rate

The new hire turnover rate was calculated for full-time RNs, PRN RNs, full-time MHAs, and PRN MHAs. The PRN RNs saw the most significant change. For the six months prior to the hiring of the nurse recruiter the new hire turnover rate for PRN RNs was 2.5. The new hire turnover rate for PRN RNs showed a decrease in the six months after implementing the nurse recruiter to 0.57. Although there was a decrease in PRN RN new hire turnover rate there was an opposite effect on full-time RN new hire turnover. Prior to implementing the nurse recruiter role

the new hire turnover rate for full-time RNs was 0.8 which increased to 1 following the six months after the nurse recruiter began.

There was a decrease in the PRN MHA new hire turnover rate when comparing pre-nurse recruiter and post-nurse recruiter implementation. Prior to implementing the nurse recruiter role the new hire turnover rate for PRN MHAs was 1.33 which decreased to 1.21 six months after the recruiter was hired. The full-time MHA new hire turnover rate saw a more significant decrease than the PRN MHAs. For the six months prior to the nurse recruiter being hired the new hire turnover rate for full-time MHAs was 0.8 and for the six months after the nurse recruiter was implemented the rate decreased to 0.57. See Table 3.

Overall, there was a total decrease in the new hire turnover rate after the nurse recruiter role was implemented. For the six months prior to implementing the nurse recruiter the new hire turnover rate for all nursing staff was 1.34. After implementing the nurse recruiter role the new hire turnover rate for all nursing staff decreased to 0.82. See Table 4.

Manager Satisfaction

Demographics

The target population for the nurse manager satisfaction survey included all five nurse managers of the acute psychiatric facility. Four of the five managers completed the survey. All participants were White or Caucasian (100%). Two participants were in the 40-50 age range (50%) and two participants were in the 50-60 age range (50%). One participant had been a nurse for 0-3 years (25%), two for 8-11 years (50%), and one for 12-15 years (25%). One participant had been in the nurse manager role for 0-3 years (25%), two for 8-11 years (50%), and one for

12-15 years (25%). Two participants indicated they were male (50%), one indicated they were female (25%), and one wished not to disclose (25%). See Table 5.

Nurse Manager Satisfaction with Nurse Recruiter Role and Efforts

Nurse Recruiter Role. The nurse managers were asked eight questions regarding their understanding and perception of the nurse recruiter role. When asked about their understanding of the job requirements and expectations of the nurse recruiter's role in the facility two managers agreed (50%) and two managers disagreed (50%). When asked if the nurse manager perceives that the nurse recruiter role removes some of their nurse manager workload one manager disagreed (25%), one manager neither disagreed nor agreed (25%), and two managers agreed (50%). The managers were then asked if they perceive that the nurse recruiter role provides them more time on the unit. One manager disagreed (25%) while the other three managers agreed (75%). When asked if the managers feel the nurse recruiter role has improved their work-life balance, two managers disagreed (50%) and two managers neither disagreed nor agreed (50%). When asked "My job satisfaction has improved since adding the nurse recruiter to the facility" one manager disagreed (25%), two neither disagreed nor agreed (50%) and one agreed (25%).

Nurse Recruiter Efforts. The nurse managers were asked six questions related to the nurse recruiter's daily efforts in their role. When asked how satisfied the managers are with the nurse recruiter's understanding of their job description and expectations two managers indicated they were unsatisfied (50%), one was neither satisfied nor unsatisfied (25%) and one was satisfied (25%). When asked how satisfied the nurse managers were with the nurse recruiter's efforts to bring in more nursing staff, one manager indicated they were unsatisfied (25%) one was neither satisfied nor unsatisfied (25%), and two were satisfied (50%). When asked how satisfied managers were with the creativity of the nurse recruiter to find new nursing staff one

nurse manager indicated unsatisfied (25%), one was neither satisfied nor unsatisfied (25%), and two were satisfied (50%). Managers were asked how satisfied they were with the nurse recruiter's utilization of resources to bring in more nursing staff and one was unsatisfied (25%), one was neither satisfied nor unsatisfied (25%), and two satisfied (50%). When asked how satisfied the managers were with the nurse recruiter's hiring speed (time of interview to completion of general hospital orientation) one was unsatisfied (25%), two were neither satisfied nor unsatisfied (50%) and one was satisfied (25%). Managers were asked how satisfied they were with the nurse recruiter's responsiveness to their emails and/or communications and all managers responded as satisfied (100%). Finally, managers were asked "Overall, how satisfied are you with the nurse recruiter's knowledge, expertise, and performance?" and two indicated unsatisfied (50%) and two indicated satisfied (50%).

Perception of Nurse Recruiter Impact

The nurse managers were surveyed on their perception of the nurse recruiter's operational impact. When presented with the statement "I feel our staffing shortages have improved since we employed a nurse recruiter" all nurse managers agreed (100%). When offered the statement "I feel the nurse recruiter role is an asset to the facility all nurse managers agreed (100%). Finally, when asked if the nurse manager's felt that other facilities could benefit from a nurse recruiter, all four nurse managers agreed (100%).

Nurse Manager Satisfaction with New Hires of Nurse Recruiter

The nurse managers were given eight questions regarding their satisfaction with new hires from the nurse recruiter role. When asked "How satisfied are you with the quantity of new hires that the nurse recruiter has brought into the facility?" one manager was unsatisfied (25%)

and three managers were satisfied (75%). The managers were then asked how satisfied they were with the quality of new hires that the nurse recruiter has brought into the facility and three managers were unsatisfied (75%) and one was neither satisfied nor unsatisfied (25%). When asked how satisfied the managers are with their unit's new hires in the last 6 months one manager was unsatisfied (25%), two managers were neither satisfied nor unsatisfied (50%), and one manager was satisfied (25%). When asked "How satisfied are you with the diversity of your unit's new hires in the last 6 months?" one nurse manager was neither satisfied nor unsatisfied (25%) and three managers were satisfied (75%). When asked "Overall, how satisfied are you with the nurse recruiter and the nurse recruiter's outcomes for your unit?" one manager was unsatisfied (25%), one was neither satisfied nor unsatisfied (25%), and two were satisfied (50%). Finally, when asked how satisfied the managers were with the nurse recruiter and the nurse recruiter's outcomes for the hospital, one nurse manager was unsatisfied (25%), one was neither satisfied nor unsatisfied (25%), and two were satisfied (50%). See Table 6.

Managers were asked to enter a comment regarding their satisfaction of the quantity of new hires. These comments were "ESH [the psychiatric hospital] needs more RN candidates, interviews, and hires", "she is doing a good job of bringing in more people", "we seem to have a lot of MHA new hires. We do not have many RN new hires", and "definitely have brought in more MHAs then (than) in the recent past". The managers were also asked for comment entry on their satisfaction with the quality of new hires. These comments were "MHAs generally have a low comprehension of job expectations, needs a more rigorous interview process", "quantity over quality seems to be the focus", "I think some of the new hires were not screened well enough and have not lasted through 90-day period.", and "Quality is a bit lacking (lacking) is (in) about half of the new hires" (Table 7).

Discussion

Staffing Shortages

The implementation of a nurse recruiter role resulted in improvements in the cost per hire and the new hire turnover rate but did not improve on the time to fill rate for RNs or MHAs. The time it takes to fill an RN position with an experienced nurse ranges from 62 to 112 days or an average of 87 days (Tellson et al., 2023). Our data showed that prior to the nurse recruiter role, the psychiatric hospital was well below the stated average for RN time to fill rate at 66.4 days and that after implementation of the nurse recruiter role, the hospital went over the average at 114.3 days. However, it should be mentioned that in their first month as nurse recruiter (December 2022), the recruiter filled an RN position that had been open for 187 days. The time to fill rate calculation for the nurse recruiter was affected by this situation because the specific position had been open for a long period of time.

Manager Satisfaction

Based on the nurse manager satisfaction survey, 75% or more of the managers felt that since implementing the nurse recruiter role they had more time on their unit, there was an improvement in the quantity of new hires, and that they were satisfied in the diversity of the new hires. Two of the four managers felt that the nurse recruiter role reduced their workload. All of the managers agreed that the nurse recruiter role made an impact on staffing shortages, was an asset to the facility, and that other facilities could benefit from having a nurse recruiter.

Despite the many positive outcomes noted by the nurse managers, there were some areas lacking. For example, all of the nurse managers denied having an improved work-life balance, only one nurse manager agreed to having an improved job satisfaction since implementing the

nurse recruiter, and none of the nurse managers were satisfied with the quality of the new hires.

Although 50% of the managers felt their workload was lighter and 75% felt they had more time to spend on the unit due to the nurse recruiter, the manager's job satisfaction and work-life balance did not seem to be affected. Jappinen et al. (2022) notes that there is a deep association between workload stress among nurse managers and staffing resources because they spend so much time handling staffing shortages. Although the nurse managers identify the nurse recruiter role as a positive and essential asset to the facility, there are still aspects related to staffing and staffing shortages that could be hindering their satisfaction. For example, daily staffing challenges and scheduling could be underlying contributing factors.

Implications

The implementation of the nurse recruiter was cost-effective based on cost per hire. It should be reiterated that the nurse recruiter participates in other recruitment measures external to what the pre-recruiter personnel accomplished. Based on these additional efforts and the cost savings on new hires, implementing a nurse recruiter infers cost benefit to the acute psychiatric facility. Data collection over a longer duration may be needed to confirm this assumption.

Future studies are needed to better understand nurse manager satisfaction related to nurse recruiter outcomes. The nurse manager survey shows that managers think positively about the nurse recruiter role, but the connection between the recruiter and nurse manager satisfaction seems to be missing. In the future, it may be important to take aspects of the nurse recruiter's outcomes, such as quality of new hires, and determine how that may impact the nurse manager's overall satisfaction.

Limitations

A limitation of the study was the small sample size for the nurse manager satisfaction survey. There were five nurse managers at the facility and only four participated in the survey. Another limitation of the study was that the population and data collection was limited to one facility. Broadening the population for the study over multiple facilities could have strengthened the generalizability of the results.

Another limitation to the study was the time of data collection. The data collected for time to fill rate, cost per hire, and new hire turnover rate may have been different if it had been collected over a longer period of time, such as one year or eighteen months. The six-month period pre- and post- nurse recruiter role implementation may have been too short to show the true impact of the nurse recruiter on this data and the staffing shortages.

Conclusion

This project focused on the impact of a nurse recruiter role on staffing shortages and nurse manager satisfaction. There was an improvement in the new hire turnover rate and cost per hire. The time to fill rate for RNs was increased after implementing the nurse recruiter while the time to fill rate for MHAs remained about the same. The nurse recruiter did not seem to impact the nurse manager's satisfaction although the nurse managers acknowledged the importance of the nurse recruiter role on staffing shortages and perceived it an asset to the acute psychiatric facility. Future studies are needed to better understand the impact a nurse recruiter may have on nurse manager satisfaction through specific recruiting measures and/or outcomes.

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List of Tables

Table 1. Full-Time Time to Fill Rate by Position Before and After Nurse Recruiter

Position	Pre-Recruiter (May 2022- October 2022)			Post-Recruiter (December 2022- May 2023)		
	Number of positions filled	Days to fill (Range)	Time to fill rate <i>Mean</i> (SD)	Number of positions filled	Days to fill (Range)	Time to fill rate <i>Mean</i> (SD)
RNs	5	24-123	66.4 (37.62)	6	34-187	114.3 (60.12)
MHAs	31	1-206	53.54 (37.39)	35	10-178	66.68 (38.88)

Table 2. Cost Per Hire

	Pre-nurse recruiter (7.2 average)	Post-nurse recruiter (11.2 average)
Cadient (\$840)	116.67	75.00
Background Check	64.00	64.00
Drug Screen	59.00	59.00
Onboarding	11.00	11.00
Personnel	48.44	40.37
Total	299.11	249.37

Table 3. New Hire Turnover Rate by Position Before and After a Nurse Recruiter

Position	Pre-Recruiter (May 2022- October 2022)			Post-Recruiter (December 2022- May 2023)		
	Separations	New Hires	Turnover Rate	Separations	New Hires	Turnover Rate
PRN RN	5	2	2.5	4	7	0.57
FT RN	4	5	0.8	6	6	1.0
PRN MHA	8	6	1.3	23	19	1.21
FT MHA	24	31	0.77	20	35	0.57

Table 4. New Hire Turnover Rate by Month Before and After a Nurse Recruiter

Position	Pre-Recruiter (May 2022- October 2022)			Post-Recruiter (December 2022- May 2023)		
	Separations	New Hires	Turnover Rate	Separations	New Hires	Turnover Rate
1	9	7	1.3	4	6	0.7
2	7	8	0.9	9	14	0.6
3	6	6	1	8	12	0.7
4	7	6	1.2	6	14	0.4
5	4	11	0.4	10	7	1.4
6	8	5	1.6	16	14	1.1
<i>Mean (SD)</i>	<i>6.83 (1.72)</i>	<i>7.16 (2.14)</i>	<i>1.34 (0.41)</i>	<i>8.83 (9.64)</i>	<i>11.17 (3.71)</i>	<i>0.82 (0.37)</i>

Table 5. Demographics (N=4)

	n (%)
Age	
40-50 years	2 (50%)
50-60 years	2 (50%)
Years as a nurse	
0-3 years	1 (25%)
8-11 years	2 (50%)
12-15 years	1 (25%)
Years as a nurse manager	
0-3 years	
4-8 years	1 (25%)
9-12 years	1 (25%)
	2 (50%)
Gender	
Male	2 (50%)
Female	1 (25%)
Wish not to disclose	1 (25%)
Ethnicity	
White or Caucasian	4 (100%)

Table 6. Nurse Manager Satisfaction Survey (N=4)

Nurse Recruiter Role	Disagree n (%)	Neutral n (%)	Agree n (%)
I understand the job requirements and expectations of the nurse recruiter role in the facility	2 (50%)	n/a	2 (50%)
The nurse recruiter role removes some of the nurse manager work load	1 (25%)	1 (25%)	2 (50%)
The nurse recruiter provides me more time on the unit	1 (25%)	n/a	3 (75%)
The nurse recruiter role has improved the work life balance for nurse managers	2 (50%)	2 (50%)	n/a
My job satisfaction has improved since adding the nurse recruiter to the facility	1 (25%)	2 (50%)	1 (25%)
Nurse Recruiter Efforts	Unsatisfied n (%)	Neutral n (%)	Satisfied n (%)
Satisfaction with the nurse recruiter's understanding of their job description and expectations	2 (50%)	1 (25%)	1 (25%)
Satisfaction with the nurse recruiter's efforts to bring in more nursing staff	1 (25%)	1 (25%)	2 (50%)
Satisfaction with the nurse recruiter's creativity on finding new staff	1 (25%)	1 (25%)	2 (50%)
Satisfaction with the nurse recruiter's utilization of resources.	1 (25%)	1 (25%)	2 (50%)
Satisfaction with the nurse recruiter's hiring speed (time of interview to completion of general hospital orientation)	1 (25%)	2 (50%)	1 (25%)
Satisfaction with nurse recruiter's responsiveness to communication?	n/a	n/a	4 (100%)
Overall satisfaction with the recruiter's knowledge, expertise, and performance.	2 (50%)	n/a	2 (50%)
Perception of Nurse Recruiter Impact	Disagree n (%)	Neutral n (%)	Agree n (%)

Staffing shortages have improved since we got a nurse recruiter	n/a	n/a	4 (100%)
The nurse recruiter role is an asset to the facility	n/a	n/a	4 (100%)
Other facilities could benefit from a nurse recruiter	n/a	n/a	4 (100%)
New Hires of Nurse Recruiter	Unsatisfied n (%)	Neutral n (%)	Satisfied n (%)
Quantity of new hires	1 (25%)	n/a	3 (75%)
Quality of new hires	3 (75%)	1 (25%)	n/a
Your unit's new hires in the last six months	1 (25%)	2 (50%)	1 (25%)
Diversity of new hires	n/a	1 (25%)	3 (75%)
Overall satisfaction with nurse recruiter and outcomes for your unit.	1 (25%)	1 (25%)	2 (50%)
Overall satisfaction with the nurse recruiter and outcomes for the hospital.	1 (25%)	1 (25%)	2 (50%)

Table 7. Nurse Manager Satisfaction Survey: Comment Entry

	Comments
Please explain your satisfaction with the quantity of new hires	<p>Response #1: “ESH needs more RN candidates, interviews, and hires”</p> <p>Response #2: “She is doing a good job of bringing in more people”</p> <p>Response #3: “We seem to have a lot of MHA new hires. We do not have many RN new hires”</p> <p>Response #4: “Definitely have brought in more MHAs then in the recent past”</p>
Please explain your satisfaction with the quality of new hires	<p>Response #1: “MHAs generally have a low comprehension of job expectations, needs a more rigorous interview process”</p> <p>Response #2: “Quantity over quality seems to be the focus”</p> <p>Response #3: “I think some of the new hires were not screened well enough and have not lasted through 90 day period.”</p> <p>Response #4: “Quality is a bit lacking (lacking) is about half of the new hires”</p>