

Advanced issues of staff retention/attrition

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Quality Management



Cancer Information Service must meet the international minimums standards set by the International Cancer Information Service Group.

The ICISG is happy to support and be a resource to cancer information services.

Quality management



- Code of Ethics
- Code of Practice
- Philosophy and Mission of the Service
- Examples may be obtained on the ICISG website

Staff selection criteria must include:

- Relevant oncology/palliative care/health professional qualifications and experience
- Specialist counselling skills
- Attitude and values which match those of CISS
- Personal competence
- **What are your key selection criteria?**

Recruitment



It is important to train people in new communication skills accommodating the transition from bedside to telephone support

eg:

- No visual cues and lack of body language
- Actively listening and responding
- Not initiating and instructing
- Not always having a solution to the problem

The Cancer Information Service must provide ongoing education, supervision and peer support to retain 'the best' staff.

Have you examples of your key professional development criteria?

Retaining the best in CIS:

Buckingham & Coffman (1999): First break all the rules



- Best managers attract and keep the best employees by ensuring employees can answer 'strongly agree' to the following 6 questions:
- 1. Do I know what is expected of me at work?
- 2. Do I have the materials and equipment I need to do my work right?

Retaining the best in CIS:

Buckingham & Coffman (1999): First break all the rules



- 3. At work do I have the opportunity to do what I do best every day?
- 4. In the last 7 days, have I received recognition or praise for good work?
- 5. Does my manager, or someone at work care about me as a person?
- 6. Is there someone at work who encourages my development?

Attrition and Retention



- It is important to establish a calm, supportive working environment
- Supervisory feed back is essential in order to have staff feel valued and competent
- Formal and informal peer support networks are valuable in assisting staff retention

Retention strategies



A pleasant, stress free work environment encourages staff to develop a confidential, genuine and respectful relationship with each caller.

Always looking after our staff means they will always look after our callers.

How do you provide a stress free workplace?

Burnout-Recognising the signs!



- Staff turning up late each shift and taking longer and longer breaks
- Increased sick leave
- Apathy and reluctance to embrace ongoing education
- Over sensitivity to supervisory feedback
- Over identifying with callers

Burnout Prevention Strategies



- New staff should be linked one-to-one with experienced staff
- Supervisor should have an open door policy
- Self care and stress reduction sessions and handouts

Burnout Prevention Strategies



- Physical exercise
- Relaxation
- Diet
- Support to share the load
- Positive feedback
- How have you dealt with stress reduction and burnout prevention?

Burnout Prevention Strategies



Telephone staff should be employed on a 3 year, non-renewable contract to ensure staff well-being and to prevent burnout.

Group discussion regarding this suggestion

Recognition awards or acknowledgement



- Victorian CISS pays for ongoing professional development for high achieving staff
- If abstract accepted for a conference CISS pays for the staff to attend
- Chocolates-coffee-muffins, etc. etc.
- **What has worked for you?**

Program evaluation: is your service meeting the needs of callers?

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Evaluation: Process & Outcome: ICISG & UICC 2006



- *Process evaluation* takes place during the implementation of a program and monitors the functioning of the program. You use process evaluation to monitor and adjust your activities to meet your objectives.
- *Outcome evaluation* determines the effectiveness of the program. Customer satisfaction surveys are an example of outcome evaluation. The ICISG has compiled 10 basic questions that services can use to judge the satisfaction of their users.

Process Evaluation :



- Quality management:
 - Nurturing reflective practice
 - Call Monitoring Tool - Communication skills, emotional support, services and information, data collection.
 - Complaints documented and acted upon immediately
 - Collection and distribution of exceptional stories / quotes
- Research all CIS programs capturing consumer perspective & feedback

Process Evaluation:



- Evaluation begins with quality of calls and all CIS contacts
 - Cancer Nurse and supervisor evaluate the effectiveness of 4 calls per nurse per month
 - Both parties listen to the call and document effectiveness of call via Call Monitoring Tool - Communication skills, emotional support, services and information, data collection.
 - Mutual reflection & action plan on areas of development and ongoing learning needs.

Ongoing education and learning needs of staff evaluated



- Competency standards must be met through training
- Regular participation in case presentations, group supervision
- Ongoing performance management and annual performance reviews
- Peer review & debriefing sessions
- Journal club established and encouraged for staff

Process Evaluation:



- Complaints documented and acted upon immediately
 - What is the issue?
 - How could we do things differently?
 - What can we learn from this experience as a team / organisation?
 - Letting the caller know we have taken their complaint seriously
- Collection and distribution of exceptional stories / quotes

Process Evaluation: Other considerations: UICC & ICISG 2006



- Reporting to your organisation
- Identifying areas for developing materials
- Tracking trends, gaps and audiences
- Comparing your service with other CIS services
- Portraying scope of service
- Creating new areas of service
- Fostering communication research ...

Outcome Evaluation: Are we meeting the needs of the callers?



Starting with the right questions and keeping in the forefront of our minds the aim of our service and how we are meeting caller needs?

- What is the caller's experience of contacting the service and having their needs met? Was this acceptable to the caller? (eg length of time waiting to be attended to, level of interaction between staff and clients satisfactory & appropriate? Do they get referred to relevant service component? Was their expectation of contacting the service met ?)

10 questions to evaluate a CIS Service



- Are callers satisfied with the service they receive? If not, why not?
- Does the service help callers? (eg knowledge change, help decision making, help to take action). If not, why not?
- What gaps are there in the services provided?

10 questions to evaluate a CIS Service



- Who is using the different components of the Service? Is the target group for each service component being reached?
- How are people finding out about the service overall and its components?
- Are expectations being met? If not, why not?
- Does the use of the different components of the service change over time? If so, how?

10 questions to evaluate a CIS Service



- What is the perception of the service and what it does among different groups?
 - eg general public, cancer patients/family members, health professionals
- Who does not contact the service? Why might that be so?

Research all CIS programs: capturing consumer perspective & feedback



- *Coping and Information Use by People with Cancer- Use of a Cancer Helpline, Marita Broadstock, 1995):*
 - 93% said that the call made them feel better about their situation.
 - 77% said the call had helped them to reduce their worries
 - 87% felt more positive about their situation and 72% said the call had helped them to talk to their doctor about their illness.
- This survey showed that the Cancer Information and Support Service is a major tool of positive intervention.