

CONTINUING EDUCATION

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Recruiting and retaining hospital pharmacists

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The Department of Health & Human Services, Health Resources & Services Administration (HRSA), Bureau of Health Professions recently published *The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists*. The study confirms what many in the profession already knew, or at least suspected, that there is a shortage of pharmacists in this country. It is must reading for all hospital pharmacy managers, hospital administrators, COOs, and human resources (HR) directors.

ASHP considers the pharmacist shortage "dynamic" in that it seems to stem from a rapid increase in the demand for pharmacists coupled with a limited ability to increase the supply of pharmacists. Unfortunately, the report offers no solutions to the problem.

In the HRSA study, derived from a pharmacist-supply model, it is estimated that in the year 2000, there were 196,000 actively practicing pharmacists in the United States. From this same model, HRSA estimates there will be around 224,500 active pharmacists practicing in one setting or another by 2010. Even though the demand for pharmacists in 2010 was not predicted, the study did state that many of the factors currently influencing demand will persist for at least five to 10 years.

According to the study, the current pharmacist shortage manifests itself by an increase in vacancy rates for positions, employers' difficulties in hiring, and unprecedented increases in the volume and range of activities demanded of pharmacists in a variety of work environments. Identified as some of the contributing factors to the shortage of pharmacists are:

- Expansions in pharmacy practice and roles of the pharmacist
- Market demand factors, such as growth and competition among community pharmacies
- Increased use of prescription drugs

- Changes in the workforce, including more women and shorter work patterns for many of them
- Transition to the Pharm.D. as the entry-level professional degree

The HRSA study reported the following consequences of the shortage on the working pharmacist as well as the public being served:

- Less time for pharmacists to provide patient counseling
- Increased job stress
- Inadequate working conditions
- Reduced personal satisfaction with the job
- Service restrictions that affect primarily underserved segments of the population, such as the elderly
- Recruitment of pharmacy faculty away from pharmacy schools

The study also surmised that pharmacist fatigue and inadequate time to counsel patients or check for errors may increase the risk of medication errors, a fact no one in the profession can dispute.

Some other highlights of the report worthy of note include:

- There is a substantial rise in the percentage of pharmacy directors in hospitals or health systems that reported their current vacancy rate was higher than it had been five years earlier.
- The demand for pharmacists will also increase in long-term care and home health-care settings.
- Pharmacists' salaries have been rising steadily and modestly.
- The demand for pharmacists in the federal services sector will continue to increase.
- The demand for pharmacists in rural areas of the country will continue to rise.
- While the expected duration of the shortage cannot be accurately predicted, many of the above factors



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Goal

To gain a better understanding of the current national pharmacist shortage through recently published reports on the subject and recommended strategies for effectively recruiting and retaining hospital pharmacists

Credit

This lesson, which provides two hours of CE credit, requires a passing grade of 70%.

Objectives

Upon completion of this article, the health-system pharmacist should be able to:

- Show familiarity with some of the major findings of the Health Resources & Services Administration's *The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists* and their relationship to hospital pharmacy practice
- Identify the factors contributing to the shortage of pharmacists
- Identify specific strategies currently used by health-care organizations to recruit and retain pharmacists
- Describe recruitment and retention strategies that might work in a particular hospital pharmacy department
- Show familiarity with a set of practical recruitment and retention strategies developed collaboratively by a group of pharmacists within a large, multihospital health-care system.

affecting the supply and demand of pharmacists signal that it will be long term.

From a health-systems perspective, ASHP identified some of the most striking evidence of a pharmacist shortage for the HRSA study. It included greatly increased vacancy rates for positions, employers' difficulties in hiring, and unprecedented increases in the volume and range of activities demanded of pharmacists. This growth in demand for pharmacists in hospitals is largely due to the increased complexity of pharmacotherapy and the need for proper drug selection, dosage, monitoring, and management of the entire medication-use process.

The HRSA study also reported on the increase in "fill time"—the time it took to fill a vacancy—for pharmacist positions between 1999 and 2000. Dividing the country into three segments, the report found that this fill time increased 69% in the Midwest/Northeast, 35% in the Southeast, and 47% in the West.

A recent poll, sponsored by *Hospitals & Health Networks* and the Medical Group Management Association, surveyed executives in managed care, physician practices, and hospitals. All of the executives agreed that the availability of a qualified workforce is one of the top five issues and contributes to a "strategic gap" in the mission of their respective organizations. The hospital leaders admitted they felt ill prepared to deal with this problem. They noted that developing this workforce is now the responsibility of senior management and not a task to delegate to human resources.

Realizing the urgency of one of the nation's most critical health-care issues, the Board of Trustees of the American Hospital Association (AHA) voted to launch a commission to address immediate and long-term personnel shortages. The commission is charged with identifying strategies to increase recruitment, retention, and development of caregivers and hospital support staff. AHA's board noted that the shortages are

not limited to nursing but also include pharmacists and other health-care professionals.

The commission will develop and issue a final report at the AHA annual meeting to be held April 2002. In an interim policy statement *Workforce Supply for Hospitals and Health Care Systems—Issues and Recommendations*, the AHA board identified a framework for identifying issues and potential solutions. These include fostering educational opportunities, broadening applicant pools, increasing attractiveness of health careers, investing in innovations that establish a competitive work environment, and reviewing compensation strategies. A copy of the complete policy statement is available from AHA.

More pharmacists "hit the road" last year, according to the National Association of Boards of Pharmacy (NABP). Citing data from their electronic licensure-transfer program, the 2000 total exceeded the 10-year average by almost 650 requests. One factor in the urge to roam, according to NABP, may be the continuing shortage of pharmacists. The prospect of higher salaries being offered by employers may tempt more pharmacists to put on their traveling shoes.

Hospitals & Health Networks reported on the findings of the Pharmacy Manpower Project's Aggregate Demand Index. Using a scale of 1 to 5, with 5 meaning pharmacists are highly sought after, the index divided the country into five sectors. The sectors' demand for pharmacists ranged from 4.1 to 4.5. Twelve states indicated a "high demand" for pharmacists, and 35 states indicated a "moderate demand."

Current vacancy rates in hospital pharmacy departments compared with those of five years ago were examined recently by ASHP. As reported by pharmacy directors, 22% of the respondents said their vacancy rate was much higher than it was five years earlier; 21% indicated it was somewhat higher.

Last year, the American Pharmaceutical Association's (APhA) Bureau of Health Professions identified

a model for providing accurate information on the supply of pharmacists as well as the issues that affect supply and demand. APhA reported there is growing apprehension and mounting evidence in the pharmacy community and among health-care policy-makers that the supply of pharmacists in the future may not be adequate to meet the demand for pharmaceutical services.

Recruitment

Although there are not many published studies regarding hospital pharmacist recruitment and/or retention that analyze methods and outcomes (i.e., what works and what doesn't), several articles were found to be of some interest.

In a recent survey of health-system pharmacy directors by ASHP, 90% of the respondents indicated there is a moderate to severe shortage in the availability of frontline managers. Sixty percent indicated they considered the health-system setting to be somewhat helpful in recruiting. Earlier this year, *Hospital Pharmacist Report's* exclusive salary survey found hospital pharmacists earning more but lagging behind other practice settings. Seventy-eight of the hospital respondents indicated they were satisfied with their jobs. Even though their salaries lag behind those in other practice settings, most hospital pharmacists derive some satisfaction from their jobs.

ASHP reported in April that coping with the workforce shortage requires creative recruitment. More attractive salaries were mentioned as an obvious selling point, while improving working conditions through well-designed training programs and incentives for retention. One health system hired one of its own pharmacists to take on pharmacist recruitment for the system facilities. The University of Texas in Austin and the campus at El Paso are focusing on high school students and prepharmacy students with a "pharmacy scholars" program designed to help alleviate the shortage problem in medically underserved areas of the state. This approach is similar to what medical schools have been doing to recruit physicians.

The Children's Hospital of Philadelphia (CHOP) has implemented several incentive programs to recruit pharmacists to fill new positions as the institution grows. CHOP has one of the highest-paying entry-level salaries in the area, comparable to salaries of community pharmacists, and it also offers an extensive orientation and training program to increase new pharmacists' comfort level with their job responsibilities. The hospital offers retention bonuses and provides strong support for professional development activities. Pharmacists who seek certification and advanced degrees are reimbursed.

AHA issued a statement in January of this year indicating that the shortage of health-care workers is due in part to issues hospitals and health systems had not faced previously. It is the association's opinion that this is the beginning of a long-term shortage. AHA urged hospitals and health systems to adopt a long-term perspective on workforce supply; invest in innovations that make the hospital or system competitive or a preferred work environment; create the capacity to develop staff skills necessary for organi-

zational survival; broaden workforce initiatives to reach people not traditionally employed in health care; review and evaluate compensation strategies despite economic pressures; and establish new relationships with schools, colleges, and universities.

Hospitals & Health Networks recently reported on a workforce issues survey conducted with health-care executives. To combat the labor shortage, executives indicated they employed five strategies: teamwork, training and development, recognition, pay increases, and personal and professional growth opportunities for staff.

Writing in *AHA News* in April, Mary Ann Costello of Health Forum reported that many hospitals were giving high school and college students hands-on experiences to stimulate their interests in a related health career. College-bound students gain clinical experiences in a wide range of hospital departments while gaining credits toward graduation. For example, one Chicago hospital sponsors an Explorers group, consisting of diverse students who participate in an eight-week summer internship in departments such as pharmacy, radiology, and the ER.

Health Forum also reported on states that have used new ideas to tackle hospital worker shortages. A couple of examples include Georgia and Minnesota. In Georgia, the governor has appointed an advisory committee under the Department of Community Health to study workforce shortages and strategies. The group is made up of representatives from medical, pharmacy, nursing, and allied health schools, as well as hospital executives and physicians. In Minnesota, the state legislature established the Minnesota Hospital & Healthcare Partnership, a joint initiative of hospital and political leaders that will formulate strategies for addressing the health-care workforce shortage problem.

With the advent of the Internet, electronic recruiting has proliferated. There are numerous sites that aim to help ease the health-care labor shortage by matching job seekers with openings. These "e-recruiters" can cut time and money out of the hiring cycle for employers and give job seekers more choices and greater control over the job-hunting process. Even AHA has recognized the value of Internet-based search efforts by partnering with an Atlanta-based e-recruiter to be the exclusive provider of on-line career sites for AHA and 14 other membership groups. For employers these recruitment sites can offer cost savings and a range of capabilities, including posting straightforward job openings, developing a co-branded career section on the client's Web site, or using the Web site company's services as an application service provider.

There are several pharmacy-only job boards and electronic sources for finding pharmacists and other positions in hospitals. On one particular job board, nearly one-third of the nation's hospitals advertise their vacancies for pharmacists as well as maintain a résumé bank with information on thousands of candidates looking for other positions. Pharmacists can post their résumés, browse the job board, and communicate confidentially with employers for free. This experience may be more efficient and interactive than traditional job-search methods. By fully utilizing the resources avail-

able at these e-recruiting Web sites, employers can make the best use of their advertising dollars and gain global exposure for their organizations.

Employee-referral incentive programs are paying off for many hospitals. In the Dallas area, as well as in other parts of the country, hospitals are using their own employees to help fill vacancies as the low-unemployment economy cuts into the number of suitable job candidates. The *Dallas Morning News* reported that recruitment and retention are among the area hospitals' top concerns. Signing bonuses for employee referrals range from \$1,000 to \$4,000 and are offered in 67% of the health-care job openings. One such program, referred to as STAR (Send Talent, Acquire Rewards), pays employees if the candidates they recommend are hired and stay on the payroll for at least 90 days.

Business Wire reported that income offers used to recruit pharmacists increased 11% from January to September 2000. One national search firm indicated the majority of its searches were on behalf of hospitals and involved positions for clinical pharmacists. The firm predicted that the demand will not lessen in the near future, and salaries have not yet reached a ceiling.

Drug Topics reported that big bucks, bonuses, and even BMWs are being used to recruit pharmacists. It indicated that signing bonuses up to \$10,000 are being offered in some parts of the country. Some feel that salaries may be pushed so high employers will increase efforts to introduce more automation into the workplace. In another article, the publication indicated some employers were offering to pay student loans, provide handsome signing bonuses, and even make car payments in return for long-term job commitments. In the same article, *Drug Topics* also reported that one large national retail chain indicated it will need 5,000 to 6,000 pharmacists annually for the next few years and that pharmacy schools are currently graduating only around 7,500 new pharmacists each year.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is drafting standards to assess the effectiveness of staffing in hospitals and other organizations. JCAHO has developed an evidence-based assessment model that relies on the application of clinical and human resource indicators to screen for potential staffing issues. Yet to be seen is the impact these standards will have on pharmacy departments' distributive and clinical services in hospitals and other related health-care organizations.

A recent article in *Pharmacy Week* suggested that changing the approach hospitals take to recruiting is necessary to position an organization for continued growth and success. Hospitals must change their perspective and not deal with staffing needs only when they occur, that is, on a rolling crisis basis. The only way recruiting can be simplified is to never stop doing it, according to the article. Hospitals must make recruiting a part of the everyday job and focus on "passive job seekers" by taking steps to make sure these individuals are aware of the organization. Feature articles in publications that raise the profile of the hospital are helpful. Working to maintain a visible presence in the field of pharmacy will keep the orga-

nization uppermost in the minds of passive job seekers when they turn active or when the hiring needs of the hospital become urgent. Pharmacy directors as well as staff can play the lead role here.

Retention

Hospital Topics in the summer of 2000 published a study on career success and life satisfaction for female and male health-care managers. Using two general theories of career success, the "human capital" theory and the theory of "organization structure," the authors explored the question of whether the same factors that predict income also predict life satisfaction for health-care managers. The study found that personal satisfaction from one's employment, peer recognition, normal advancements, and positive feelings about personal successes are excellent subjective measures of career success. Other findings included the following:

- Life satisfaction variables are not the same for men and women.
- Income is not a significant predictor of life satisfaction, nor is life satisfaction a significant predictor of income.
- Women's career success is influenced by completely different factors than is men's.
- The men and women in the study did not share even one statistically significant predictor of income, and only one predictor of life satisfaction: feeling safe while working outside the home.

In its interim policy statement addressing retention of workers, the aforementioned AHA commission included these issues and solutions to be considered:

- Fostering educational opportunities to help employees obtain additional training and enter new careers to facilitate career development, upward mobility, and employee tenure.
- Broadening applicant pools and increasing the attractiveness of health careers by reaching people who have not traditionally been employed in health-care fields.
- Investing in innovations that establish a competitive work environment, such as flexible employee work schedules and information technologies that reduce manual documentation and repetitive administrative tasks and allow staff to emphasize the caregiving functions of their positions.
- Reviewing compensation strategies that are creative, unique, and appealing to today's health-care workers.

Earlier this year, a part of the *AHA News* series *More than a Job* entitled "Expert: Key to Turnover Is How It's Managed" focused on employee commitment. According to Peter Cappelli, author of the book *The New Deal at Work: Managing the Market-Driven Workforce*, today's employees are considered "serial monogamists" when it comes to commitment to the employer. The market forces curbing employee commitment include mergers and acquisitions, cost-cutting, restructuring, and layoffs. It was the opinion of the writer that a large percentage of health-care workers quit because of conflicts with first-line managers.

Money for retention bonuses might better be used to train managers in personnel management techniques. Making greater use of teams in the workplace and sponsoring social activities outside work can increase retention by strengthening these relationships. The article suggests building teams around patient care responsibilities.

One exclusive national search firm for pharmacists encourages hospitals to train their managers to act as resources and mentors for staff rather than as corporate managers. That firm is of the opinion that hospitals retain their pharmacists when they provide a high-quality work environment and make their employees feel that the organization believes people are their most valuable resource. When people feel that their employer values them and that their work can truly make a difference, retention becomes a non-issue.

Health Forum reported recently that retaining employees is like a gold mine in your backyard. Hospitals should concentrate more on retaining their leaders, who are the vitality of the organization. Strategies to hold onto good leaders and keep them excited about their work include:

- Look in the mirror. Pharmacy managers should start with themselves with regard to issues of workforce shortages. Are they part of the reason good staff or other managers leave the organization? They must be accountable in some regard. As managers, do they avoid dealing with staff who fail to perform? This demoralizes and dampens the spirit of other staff and managers. In essence, they have betrayed their trust.
- Live up to the organizational mission and values. Continually evaluating each decision and action against the primary purpose of the organization is a challenge, but it must be met. The wider the gap between what the organization says it is like and the way it actually acts—through the managers' actions, for example—the more difficult it is for pharmacists and others to stay committed.
- Get serious about creating strong leadership teams. Building effective leadership teams is a crucial way to retain key leaders in the department and in the organization. It has been demonstrated over and over again that people who feel good about their relationships with others in the workplace have a higher degree of organizational commitment and are more likely to stay. This is referred to as *effective commitment* and is a powerful retention tool. Diversity is the hallmark of a good team. Diversity refers not only to gender, ethnicity, and religious beliefs, but also to thinking, decision-making, and communication styles.
- Insist on personal and professional renewal. If leaders are going to inspire others, they need a high level of energy, enthusiasm, and praise for their work. Inspiration is fed by praise. Managers must focus on what is going right and praise the individual for it. It energizes, inspires, renews, motivates, and challenges others.

Strategies currently employed to solve labor shortage	% currently using	Effectiveness
Environment that fosters diversity	74.30%	3.34
Environment that fosters personal and professional growth	90.20	3.69
Environment that fosters teamwork	95.80	3.84
Flexible schedules	71.10	3.66
Outsourcing	53.00	3.32
Pay increases	90.80	3.49
Recruitment bonuses	58.50	3.32
Rewards and recognition	92.30	3.37
Temporary/agency workers	68.40	2.98
Training and staff development	94.70	2.84
Use of computerization to replace staff	32.10	2.84
Work/life balance initiatives	39.60	3.45
Effectiveness Scale: Very Effective = 5 Very Ineffective = 1		
Source: Reported in <i>Hospital & Health Networks</i> , March 2001		

The Society of Human Resource Management recently offered these tips for training managers to curb turnover:

- Teach them to provide daily informal feedback to employees.
- Train them to ask employees regularly about their own training needs.
- Teach managers to be flexible in terms of staff work-life balance.
- Get managers to take responsibility for retaining their best people. If you are the manager, take heed.

This theme was reiterated in a recent article in *Workforce* entitled "Knowing How to Keep Your Best and Brightest." People do not leave companies, they leave bosses, according to Beverly Kaye, co-author of *Love 'Em or Lose 'Em: Getting Good People to Stay*. She and other workplace analysts believe that companies in need of a retention injection must focus on making work interesting and building strong, flexible, attentive managers.

In that same article, Dick Finnegan, labor consultant and author of *Taming the Turnover Beast*, reported that it is time to hold managers accountable. The experts on turnover seem to agree that an organization that creates a working environment and ensures open communication throughout; has regular discussions of operational issues, organizational goals, and future plans; encourages employee opinions; offers extensive training programs to enhance individual skills and job functions; and has team-based incentive programs in place is in the best position to retain good employees. It is also important to realize that some turnover is indicative of the impatient, freelance spirit common among many young, well-educated

members of today's workforce, and we will just have to live with it.

Pharmacy Week identified seven commonsense tips to retain quality pharmacy technicians. The tips can also be applied to pharmacy staff that reports to the pharmacy manager. The tips include:

- Offer a competitive salary
- Provide vacation time
- Control the workload
- Conduct a regular performance review
- Encourage advancement
- Encourage communication
- Show appreciation

Richard Ruhe of The Ken Blanchard Companies participated in a recent ASHP leadership conference. He emphasized that the key to retaining health-care employees is the employer's ability to assess the worker's competence and commitment and to effectively influence his or her behavior, performance, and results. This effective influence comes from positively affecting the employee's attitude, commitment, and feelings. Effective influence requires leadership and power.

According to Ruhe, another factor in workforce retention is the work-esteem cycle. People who feel good about themselves produce good results, and people who produce good results feel good about themselves. To create high work esteem among the staff, it is important to set goals, provide day-to-day feedback, provide coaching and counseling where appropriate, and conduct a formal appraisal of the worker. Supportive behaviors create positive work-esteem cycles. Managers must assess the worker's competence and commitment levels. Unless you identify the employee's competence and commitment levels, you cannot assess which tools and types of support the employee needs to be successful.

Ruhe said employees generally begin new jobs highly committed and only somewhat competent, and they leave when they are competent and uncommitted. Bosses who support employees throughout their careers retain the competent and committed employee. He suggested leaders use the following supportive behaviors:

- Create a sense of play in the workplace.
- Make the employee's day with a bit of recognition.
- Be there for consultation.
- Choose a positive management attitude and positively influence employees whenever possible.

Jennifer Towne in an article entitled "Prescription Power," published in *Hospitals & Health Networks*, suggested retention of pharmacists is best accomplished by giving them the power to care for their patients. This is a successful talent-retention strategy that is more effective than throwing money at them. Pharmacists work best in self-managed teams. To build loyalty, you must show you are helping your employees build skills that will enhance their job performance and their ability to care for their patients.

The Healthcare Financial Management Association recommends the following to deal with the labor shortage:

- Understand your turnover.

- Offer competitive salaries/benefits.
- Provide training opportunities to help staff grow and develop new skills.
- Promote flexibility in shifts and time off.
- Ask questions and solicit opinions through informal discussions as well as employee satisfaction surveys.
- Raise the image of the career/profession. For example, consider public service announcements, participation in health fairs and career fairs, and cooperating with local business and industry groups.

More on recruiting and retaining hospital R.Ph.s

Robert Wendover with Leadership Resources recently told a group of hospital pharmacists that although the primary reason people work is to earn money, once their salary needs are satisfied, they are attracted to positions for a host of other reasons, especially the way jobs match their own values and fill their own needs. Work atmosphere, social opportunities, sense of contribution, ability to use skills and brain power, and new challenges are among the aspects job seekers care deeply about.

Wendover discussed with the group the value of employee referral programs in recruiting employees. He is of the opinion that paying current employees substantial bonuses for bringing in new employees is one of the most effective techniques available. To get the most out of a referral program, the hospital should arrange it so the tax on the money is prepaid, break the bonus into two or three parts to be paid over time depending on how long the new employee stays, and pay the bonus in cash.

The HRSA workforce study discussed earlier also identifies how some pharmacists and other employers are addressing the shortage problem. Some of the steps reported in the study were:

- Reducing the number of hours of pharmacy services
- Expanding efforts to recruit by using professional recruitment agencies, Internet services, and more advertising in newspapers
- Offering hiring incentives such as signing bonuses, paying relocation expenses, buying or leasing new cars, providing tuition assistance, and paying for continuing-education hours
- Providing more incentives to help retain employees; for example, giving salary increases more often, paying a stay-on bonus, offering flexible work shifts, and providing tuition assistance/school loan payments
- Using substitution strategies, such as employing more technicians in expanded roles and bringing technological innovations into the workplace to enhance efficiencies

Several national pharmacy organizations have offered statements regarding the HRSA study findings and, in general, the shortage of pharmacists. The American Association of Colleges of Pharmacy commented that the report identified the importance of residencies, fellowships, and other postgraduate programs as a means to develop sufficient faculty required for college and school expansion. The National Association of Chain Drug Stores said the

profession should adopt policies that will increase the supply of pharmacists as well as enhance efficiencies in pharmacy practice. ASHP is proposing the addition of new federal funds to encourage colleges of pharmacy to expand enrollments and provide incentives to health-care institutions to expand postgraduate residency training. The society also recommended that we rethink practice models and renovate staffing patterns in hospitals, as well as standardize and upgrade training programs for pharmacy technicians.

Shelia Liberman, president of a national employment service for pharmacy temps, reflected on the change in pharmacy in "Money Alone Is Not Enough," published recently in *Pharmacy Now*. She affirmed that workplace ambience is as important as money in recruiting and retaining pharmacists. Referring to *The Corporate Mystic*, she said mystic leaders may be an answer to the shortage of pharmacists. Leaders who are visionary are able to inspire co-workers and bring out the full potential of people they work with. Deep integrity is a part of it; that is, being authentic with yourself, authentic with others, and always doing what you said you would do. These are certainly traits all of us as pharmacy managers/leaders would do well to remember and practice.

Focusing on younger workers, Marilyn Kennedy, partner in a national career-consulting firm, offered some interesting tidbits on retention strategies recently in *Modern Healthcare*. Businesses, including hospitals and other health-care organizations, should have a Web site to showcase their unique qualities. According to Kennedy, one should underpromise and overdeliver. Keep employees on a slow financial drip; that is, give quarterly bonuses, if possible, but don't actually pay them until seven weeks into the following quarter. Don't ask for promises of longevity; loyalty is an emotional gift and not an entitlement. Don't have a one-size-fits-all benefit plan.

Leadership Resources' Wendover also recently focused on the younger segment of the workforce at an ASHP leadership conference. He emphasized the importance of understanding the differences among the various generations represented on your staff in order to effectively retain them. In a very frank discussion, he reminded us that the Generation Xers, those currently between 21 and 36 years old, view employment relationships as a contract and will move on if they don't receive the training, advancement, and other rewards they expect in return for their contributions. Their emphasis is on working to live rather than living to work.

Meanwhile, the Millennials, those born between 1981 and 1994, are conditioned to live in the moment, earn money for immediate consumption, and question everything. They may enter the workforce with a disturbing lack of basic skills, and, for the most part, are weak problem solvers and unwilling to take risks. Wendover said that only through understanding these differences could we be effective managers.

Table 2

Current pharmacist vacancy rates compared with five years ago

Level of current vacancy rate	1990	2000
Much higher	12%	22%
Somewhat higher	18	21
About the same	55	47
Somewhat lower	11	6
Much lower	4	4

Source: Reported in ASHP news release, July 25, 2000.

The American College of Healthcare Executives has recognized the need for new recruitment and retention approaches in health care. ACHE will sponsor an educational program this month in Philadelphia on "Hitting the Mark: Focusing Your Strategies for Finding and Keeping Employees." Dale M. Feinauer, Ph.D., professor of management and human resources at the University of Wisconsin, Oshkosh, will offer insights on how to design an effective and creative recruitment program, focus on your employee-selection process, and create a plan for reducing turnover.

Retention and recruitment activities of a health-care system: A practical approach

Baptist Memorial Health Care Corp. (BMHCC) is a multihospital system with facilities in three states. In an effort to enhance the recruitment and retention of pharmacists, the pharmacy directors for the system's hospitals recently met several times over a two- to three-month period. They identified the following strategies for the organization and its group of pharmacy directors:

1. Strengthen affiliations with the pharmacy schools in the area. Opportunities to market the BMHCC hospitals to the students in the schools were identified. It was felt that it was important to include the students in each professional year. Each school was contacted, and activities such as hosting a pizza lunch simply to acquaint the students with the BMHCC organization and to hand out brochures about the system were set up. All system pharmacy directors were invited to attend and discuss institutional practice at their respective facilities with the students in an informal manner. This activity will be held annually.

2. Contact each of the targeted schools of pharmacy and inquire about opportunities to speak to the students in the classroom setting about institutional pharmacy practice. In BMHCC's experience, the students were much more aware of retail pharmacy practice from their faculty members, especially during the first year or two. It was the intent at that point not to discuss BMHCC's particular system but rather to promote practice opportunities in hospitals and health systems.

3. Participate in annual "career fairs" for pharmacy students with representatives from those system hospitals with specific opportunities for hiring.

4. Find out if each school has a Web site and how

BMHCC might post job openings on that site during the year.

5. Discuss with the schools the opportunity of serving as sites for the students' experiential institutional rotation.

6. Make contact and develop a relationship with pharmacy students, or students planning to attend pharmacy school, in the communities where system hospitals are located. Each pharmacy director is responsible for identifying these individuals and inviting them into the hospital. Offering summer jobs is one way of developing this relationship.

7. Explore the feasibility of developing a scholarship program through the system's foundation for local students to attend pharmacy school in exchange for an agreement to work at the hospital following graduation.

8. Attend "career fairs" at high schools and community colleges in the three-state area to promote the system and institutional pharmacy, in particular. This is typically done in conjunction with other clinical disciplines, such as nursing.

9. Invite pharmacy students to tour the hospital and pharmacy department when they are in the first year of school and being introduced to different types of practice environments.

10. Facilitate with HR periodic salary surveys in competing environments.

11. Discuss with HR innovative and creative techniques for recruiting pharmacists to your hospital. What's possible and what's not?

12. Speak with high school students in the classroom setting about a career in institutional pharmacy practice and attending pharmacy school. This can usually be arranged through a school counselor.

13. Examine ways of enhancing and improving the experiential rotations in hospitals currently serving a school of pharmacy to attract more students. A model experiential rotation is to be developed that each facility offering a rotation will use as a guide.

14. Promote and improve the existing ASHP residency programs offered within the system. Promoting the residency programs annually to students in the pharmacy schools in the three-state area is planned.

15. Explore the feasibility of developing additional ASHP residency programs within the system.

16. Send annual information on practice opportunities within the system to each registered pharmacist in all practice settings in the three-state area.

17. Improve the "pharmacy opportunities" link on the BMHCC Web site. Enhance the information about each facility's pharmacy department posted on the BMHCC Web site.

18. Establish a model for staff development for the system's pharmacy departments.

19. Establish a mechanism of funding for staff and managers for continuing-education activities.

20. Develop a plan for periodically providing American Council on Pharmaceutical Education-approved CE programs in the hospital, i.e., bringing the programs to the staff.

21. Gain a better understanding of the turnover occurring within the system by monitoring and tracking why pharmacists leave the organization.

22. Coordinate with the corporate education department programs for managers on subjects key to retention, such as coaching and counseling.

This was considered to be a beginning list of activities for recruiting and retaining pharmacists for the system. For each activity, individual managers responsible for developing a plan of action were identified and a time frame for accomplishment was set.

So where do we go from here?

According to John Gans, APHA executive v.p. and CEO, we need to firmly establish pharmacists as the clinical managers of medication therapy, just as pathologists oversee clinical laboratories and radiologists are responsible for imaging services in hospitals. But in this new role, pharmacists do not need to supervise the drug preparation and dispensing process personally. Rather, each pharmacy, with a licensed pharmacist in charge, should have systems in place that ensure the accuracy of both the dispensing process and clinical services. Pharmacy is in a good position to take this next step in its development.

Paul Abramowitz, recently designated as the John Webb Visiting Professor in Hospital Pharmacy by the Bouvé College of Pharmacy &

Health Sciences at Northeastern University and the Massachusetts Society of Health-System Pharmacists, offers several interesting insights into the labor shortage.

Abramowitz commented that positive interpersonal interactions by pharmacy managers and a nurturing work environment are critical for recruiting and retaining capable pharmacists. An environment that does not value human beings will not retain them. An environment where staff can excel professionally, feel at home, and be comfortable with their co-workers is essential. A pharmacy leader who is rarely seen by the staff, rarely available, does not ask for staff opinions, does not discuss current issues with the staff, and does not inquire about the job-related feelings of the staff will not succeed in recruiting or retaining pharmacists. Each of us must ask ourselves, which are we?

In conclusion, futurist William Rowley, M.D., speaking at the recent ASHP leadership conference, offered this challenge: Instead of trying to predict the future, pharmacists should be inventing it. It's better to be the architect for your own change.

References are available upon request.

Year	Annual salary (rounded)
1992	\$51,482
1994	55,258
1996	62,048
1998	62,510
2000	74,452

Source: Reported from *Drug Topics Salary Surveys, 1992-1998*, and *Drug Topics/Hospital Pharmacist Report*, March 2001

TEST QUESTIONS

Write your answers on the answer form appearing on page 42 (photocopies of the answer form are acceptable) or on a separate sheet of paper.

- The recently released Health Resources & Services Administration (HRSA) workforce study was published by the:
 - Health Care Financing Administration
 - U.S. Justice Department
 - California Pharmacists Association
 - U.S. Health & Human Services
- The pharmacy director should discuss the findings of the HRSA study with the:
 - Administrator or COO
 - Hospital chaplain
 - Director of environmental services
 - Business office manager
- The HRSA workforce study indicated that many of the factors influencing the demand for pharmacists will persist for at least:
 - Another six months
 - Another year
 - Five to 10 years
 - Two to three years
- One factor mentioned as contributing to the shortage of pharmacists is:
 - More men in the profession
 - More women in the profession
 - More overweight pharmacists practicing in hospitals
 - Too many technicians
- A consequence of the pharmacist shortage on working pharmacists is:
 - Increased job stress
 - Fewer technicians to help
 - Fewer hours available to work
 - Increased pharmacy school faculty
- Realizing the urgency of one of the nation's most critical issues, the shortage of qualified health-care professionals, the American Hospital Association is studying:
 - Physician practices
 - Recruitment and retention
 - Location of the nation's hospitals
 - Emergency room visits
- Hospitals & Health Networks* recently reported that, according to the Pharmacy Manpower Project's Aggregate Demand Index, the demand for pharmacists in all sections of the country is in what range?
 - 1 to 2
 - 2 to 3
 - 3 to 4
 - 4 to 5
- Many hospitals reported they have increased their efforts to recruit pharmacists by:
 - Hiring more technicians
 - Reducing the hours the pharmacy is open
 - Decreasing the number of medical staff members
 - Increasing the pharmacist's rate of pay
- Another strategy being employed by hospitals to make more people aware of careers in health care has been aimed at:
 - Senior citizens
 - Kindergarten children
 - High school students
 - Attorneys
- With the advent of mass communication technology, hospitals are now recruiting pharmacists with the help of:
 - Cell phones
 - The Internet
 - Calculators
 - Nationwide pagers
- In order to more effectively recruit pharmacists, hospitals must make recruiting part of their everyday job. Who must hospitals focus on to do this?
 - The nurse disinterested in nursing
 - Orderlies
 - Hospital visitors
 - Passive job seekers currently practicing pharmacy elsewhere
- With regard to retaining pharmacists on staff, the pharmacy managers should start with:
 - Beating the bushes
 - Discussing the problem with Human Resources (HR)
 - Himself/herself, by looking in the mirror
 - Advertising in newspaper
- An effective way to retain key leaders in the pharmacy department is by:
 - Designing eye-catching advertisements
 - Implementing stronger disciplinary measures
 - Creating leadership teams
 - Having several assistant directors
- A manager can more effectively retain staff by routinely offering:
 - Praise
 - Days off
 - Free lunches
 - A weekday-morning work schedule
- According to HR experts, when it comes to retaining staff, the pharmacy manager should be held:
 - Hostage
 - Accountable
 - Up
 - Down
- Nationally recognized HR consultant Richard Ruhe recently emphasized that the key to retaining pharmacists is the manager's ability to assess the worker's competency and:
 - Manners
 - Abilities
 - Commitment
 - Longevity
- According to Jennifer Towne in "Prescription Power," the retention of staff is best accomplished by giving them the power to care for:
 - Visitors
 - Their patients
 - Other professional staff
 - The administrator
- Robert Wendover, speaking at a recent ASHP leadership conference, focused on understanding the Generation Xers as a key to retaining that age pharmacist on your staff. He described this age group as:
 - Working to live
 - Living to work
 - Living to love
 - Thinking ahead

19. Paul Abramowitz recently commented regarding the shortage of pharmacists that critical to recruiting and retaining staff and managers are positive interpersonal relationships and what type of work environment?
- Highly structured
 - Nurturing
 - Professional
 - One without rules

20. Futurist William Rowley stated that instead of trying to predict the future, pharmacists should be inventing it. With regard to the labor shortage and the resultant changes facing the profession, pharmacists should be:
- Custodians of those changes
 - Victims of those changes
 - Architects of those changes
 - Keepers of those changes

Evaluation of CE

Hospital Pharmacist Report is conducting an evaluation of this CE article. Please circle the number that best reflects your opinion of the following statements, using the rating scale below, and return your response with the answer form:

1=Strongly agree 2=Agree 3=Disagree 4=Strongly disagree

Strongly agree —————> Strongly disagree

- | | | | | |
|---|---|---|---|---|
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HOSPITAL PHARMACIST REPORT.

2001 CEU CREDIT REQUEST (Good for two CE credits)

Recruiting and retaining hospital pharmacists

June 2001 032-999-01-049-HO4 Test questions start on page 41.

1. a. b. c. d.	5. a. b. c. d.	9. a. b. c. d.	13. a. b. c. d.	17. a. b. c. d.
2. a. b. c. d.	6. a. b. c. d.	10. a. b. c. d.	14. a. b. c. d.	18. a. b. c. d.
3. a. b. c. d.	7. a. b. c. d.	11. a. b. c. d.	15. a. b. c. d.	19. a. b. c. d.
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