Podcast Transcript

Making Sense of Dollars and Cents: Employee Engagement and the Bottom Line

Episode 1 – How Employee Engagement Impacts the Bottom Line

The following transcript has been lightly edited for clarity. Elite Learning does not warrant the accuracy or totality of audio transcriptions provided by an independent contractor resulting from inaudible passages or transcription error. An occasional transcription error may occur.

Guest

Pamela Hunt, MSN, RN, NEA-BC, FAAN

- **Independent healthcare consultant specializing in productivity, quality and safety, improved organizational performance, caregiver engagement, leadership competence, talent development, and team building**
- **Associate Faculty, Indiana University School of Nursing and Kelly School of Business**
- **Nursing Management Conference Chair for Wolters Kluwer in Philadelphia, Pennsylvania**
- **Former Vice President of Patient Care Services for Community Health Network, Community Hospital North in Indianapolis, Indiana**

Host

Faith Roberts, MSN, RN

- **Former Executive Director of Spiritual Care and Environmental Services for Carle Health in Urbana, Illinois**
- **Former Executive Director of Magnet, Pathway to Excellence, Professional Practice, Pastoral Care, and Faith Community Nursing at Carle Foundation Hospital and Carle Physician Group in Urbana, Illinois**
-

Transcript

(SOUNDBITE OF MUSIC)

FAITH ROBERTS, HOST: Hi everyone. My name is Faith Roberts, and I will be your host for this Elite Learning podcast series, Making Sense of Dollars and Cents: Finance, Budgeting, and Staffing Skills for Nurse Leaders.

Through the course of these episodes, we'll discuss building skills that are central to a nurse leader's success, including return on investment; staffing; capital; employee engagement and retention; and, of course, patient safety.

In this episode, our focus will be on employee engagement as a retention strategy. And I think that this will be a topic that all of us can relate to as we continue to work on not just bringing in staff at this time in healthcare, but mainly to make sure they grow and develop and we can retain them. That is definitely the goal for all of us.

Finance is a really broad topic. To a lot of people, it just doesn't sound that exciting. And a lot for nurse leaders, it may be an area that you're just frustrated with and not feeling like you understand the conversation. In my own practice as a leader, I understand that these topics can be a source of anxiety for people. And that's why I think we really hope that this series will help you demystify finance. And remember that in our history, unfortunately, too often nurse leaders weren't at the table and didn't understand how budgets were created or monthly reports were sent out; they didn't understand how to read them or what did that mean. And as a result, a lot of times, we weren't at the table when the decisions were being made. So whether you're working in a large multi-hospital system or one provider clinic in rural America, we want you to understand that these topics were devised to give you the information that you need and build your confidence in being able to speak to finance. And accompanying the talk today, of course, there will be a series of notes; and you can utilize these as touch points as the conversations continue.

So, what we want to look at today is building employee engagement and seeing that as a retention strategy in 2022.

I think that for each episode, we talk a little bit about how people look at finance. And unfortunately for each one I think to myself, it really has been a struggle for many of us. Some people have had somebody else who helped them out. This whole time the leadership truly don't understand what their budget is or how it became. There are other people who just want to say, I don't have time for that. I'm too busy with staffing and trying to keep this department going. And you can't deny an integral part of leadership, which is financial knowledge.

And then the one that gets to me probably the most is no one ever covered this with me when they gave me the promotion. I now have a million [dollar] budget, and I don't even know how to find it on the section of our leader's site. So regardless of your circumstances or motivation, I think it's been made very clear that to be an effective leader, finance and budgeting are among the skill sets that a nurse leader has to master.

Our speaker today is Pamela Hunt. And 20 years ago, I met her at a national conference for nurse leaders. She was up on the stage with a room full of people, and she was talking about a budget. And I'm serious, she was talking about a budget but her knowledge and her teaching skills to get what most of us saw as a complex topic able to project it to all of us that we were like, oh, wait a minute I get this. I can do this. Her knowledge of all of it, ROIs, how to build a case for capital, it was just unbelievable. Since then, I have been fortunate to travel to many conferences and speak with Pam. And to this day, we enjoy a very close friendship.

It's Pam's background that brought her to be the expert that she is today, an expert in finance and healthcare. She's a frequent presenter at professional organizations, state, national workshops, and conferences. She's authored articles and co-authored books about finance in the world of healthcare. And she was named, in 2020, she was named a fellow of the American Academy of Nursing. You can read more about Pam and her background, experience, and education in the notes that accompany this episode.

So, let's get started.

Welcome Pam. I'm looking forward to talking with you. Before we get in to dive deeply into our topic though, I would like to know how you came up with this topic of employee engagement as a retention strategy. What made you bring those two topics together to present today?

PAMELA HUNT, GUEST: Well thanks, Faith, for that great introduction and for setting us up for inspiring our listeners in this topic. I will tell you how, you may think of employee engagement and think, why is a finance expert talking about employee engagement? Well, when we look at such statistics as that 20 traveler nurses in your unit or in your hospital, if you eliminate 20 traveler positions, it could mean $3 million to the bottom line. If you look at statistics such as it takes an average of somewhere between $25,000 to $51,000 to orient a new nurse. When you think of a statistic such as for every 1% of turnover that you have in your organization, it could mean $270,000 to the bottom line.

So, I'm often asked in the realm of finance, how do we save money on labor expense? And one of my, everybody wants a, everybody wants a fast answer, a fast solution; but my real answer is you stop or it's certainly you decrease the turnover in your department, and you work on retention. And in the last couple of years, I will say that many nurse leaders have not stopped to think, what is my strategy around retention, what am I doing to keep the people I have, how can I compete against what's being offered out there financially? And preparing and paying attention to retention is how you can compete with what's out there. So that's what actually brought me to this topic today. And how it was folded into this session or this series on finance is that when we look at the labor in the workforce, retention is a huge strategy for decreasing expenses.

Today what we're going to talk about is three things. So first of all, I want to talk about how do we tell. Are there signs in our caregivers that may show us as leaders that they're more engaged or less engaged? Are there certain signs in caregivers that we should be aware of as leaders, of maybe these folks are not adapting to a stressful environment as well as others? And I want to talk about a few strategies to increase team engagement. And last but not least, I want to reflect on our own behavior, our own behavior, as leaders, as a strategy for engagement.

(SOUNDBITE OF MUSIC)

HUNT: So first of all, let's tackle the idea that some of the team members have a greater ability to adapt than others. Faith, do you, what do you think about that idea? Do you think, have you seen in your practice that some team members seem to, I don't know that I want to say roll with the punches, but seem to be able to overcome adversity better than others?

ROBERTS: Definitely. I think that exists. I do think it, part of that, I feel it reflects that person's ability to deal with issues and challenges in their own life. And that some people, by nature, do not see everything as a challenge to be accepted as much as this is what I need to do to work and that's what I'm going to do or someone else might see that challenge as absolutely this is going to be too hard, we're not going to be able to do it and might veer more to doom and gloom versus how will we get

through this. So I do think it reflects a bit on a person's nature. I know, as a nurse leader, I am drawn to the people who want to figure it out. I have to be consciously aware of the people who are struggling, definitely. But if you can get a team of people together that really enjoy working through a problem or a challenge, it's fun. It's just fun.

HUNT: Yes, I agree 100%. And I think as leaders, one of the strategies that we should engage in and increase our awareness is really understanding each one of our team members and not ignoring those team members who have that capacity to overcome adversity but really understanding, especially those team members who may need a little extra help when it comes to overcoming diversity.

So, there's actually eight characteristics of people that are more hearty, if you will, in the aspect of overcoming diversity. They show a greater amount of self-confidence. They seem more resourceful.

So, this is the person that thinks of the solution to the problem the minute the problem is identified. They're immediately thinking, how do we make this happen. I, sometimes, say they're not the person that says, oh, we can't do that; but they're the person that says, how can we do that with what we've got? So they're more resourceful. They're more curious. Those people in your team and those caregivers in your team that are always saying, I wonder why, I wonder if, those people are less likely to be overstressed, therefore less likely to leave. They distribute, or they display, self-discipline more. They can manage themselves. They're more levelheaded.

So, these aren't the people that you're going to see get way crazy about another admission. They're also not the person that gets way low when they have a difficult assignment. So they're more levelheaded. They show or demonstrate flexibility, working together with a problem and problem solving. They have that emotional stamina to work as a team. They also show intelligence and a strong sense of self. They know who they are. They don't need a lot of stroking.

Many of you probably have experienced a team member in your team that, no matter what's going on, they need your attention. So more hearty people don't need your attention as much. And oftentimes the research shows us that the higher the education level, the more autonomy and critical reflection practices that an individual has, the less likely they are to be overstressed.

So, I'd like to discuss those eight characteristics because as a leader we need to know the personalities of our team members and particularly for those team members who we don't see some of those characteristics in. We need to pay closer attention to them because they are at a greater risk to get totally overwhelmed and therefore leave our team. So that's number one as a nurse leader.

(SOUNBITE OF MUSIC)

HUNT: Let's talk about some other strategies because I want to give you real-life things to do. And here's my caveat on this. For the last almost over 24 months now, many nurse leaders have been in a day-to-day mode. What do I do today that's going to get the team through the day? And now we're at a point where we are pausing to say to ourselves, how do we get through this and how do I look at a retention strategy for my team? Many of the things I'm going to talk about you're going to remember, oh yeah, I remember when we used to do that. I remember when we took time to do that. I remember when I paid attention to that as a leader. And I'm going to challenge you to pick maybe just one or two of these ideas today, just one or two and make that a priority for the next month. No, we can't do them all. There's too many other things going on right now; but if you pick one or two and you make that a priority for the next month, your team will see a difference and will start to say, OK number one, it's

starting to feel more like it used to, and number two, I see that my leader cares and, even in the chaos, we're sending a message that we care about you as an individual.

So, let's talk about some of those ideas. Engaging in social events. Many of us are starting to get out again. We're starting to have safe social events. So making that an opportunity for your team to do something together. Never is it mandatory. And it doesn't seem like it's a fun event if it's mandatory but making a practice that maybe once every other month the team has a social event that they get together.

Demonstrating random acts of kindness. And I'm going to make that a bullet point now, but I'm going to go back to it later with some specifics in what random acts of kindness might look like. Maybe some of you used to have a bulletin board on the unit where everyone could contribute to thanking a team member for maybe helping them out for the day or something that they did for them. Is that bulletin board still up and does it need some freshening up and some reminders to the team that that's a good way to show each other appreciation?

Working together for a nonprofit. Always that really, we worked in one of the facilities I worked in, we worked together at not-for-profits on a pretty regular basis. And I always said, there's nothing like working at a non-profit for the afternoon to make you appreciate the blessings that you've been given without anybody saying a word to you about that. So working together at a nonprofit that may be one of your social events that might be available to your team.

And what about intention on social interaction at the beginning of a shift? Yeah, I know; we all need to get out on time. We all need to watch late clock outs. This is a financial series. Then how much time does it take to at the beginning of a shift when you're all getting together and maybe giving assignments or running down some announcements for the morning to take some time to just maybe share a quote for the day, ask about somebody's evening, have some personal interaction at the beginning of the shift.

(SOUNDBITE OF MUSIC)

HUNT: When I talked about that promoting positivity, some ideas about that are some people have positivity notebooks. So instead of a bulletin board, they have notebooks. Some leaders actually listen to a short music piece. Leaders, you know how music can really calm you. So they might offer a short music piece at the beginning of the shift that everyone can listen to together, kind of, get you going for the day.

I had a department once that did a positive comment jar. So everybody put the positive instead of putting it on the bulletin board, they put their positive comments to each other in a jar and then they were read once a month to the group.

And one department idea was that at the beginning of the shift, they always ask for three good things. So let's think of three good things before we start the day and then they did three good things as the day ended.

So those are ideas of actual actions. Again, I don't think you should go out and do all of them at once. Number one, that's too overwhelming. And number two, your team might think all right, that's enough. But those are three good things, or those are several good things to think about when we're talking about promoting positivity.

Faith, you have a lot of experience in this area as well, what else have you seen in this area that you might want to add?

ROBERTS: I definitely would like to offer the suggestion of using other departments for us to offer to them positivity. But also in return, when COVID started in the facility where I work, one of the first things spiritual care did was go to every nursing unit that was receiving COVID patients and they set up comfort stations in the nurses' lounge with some really good quotes, and some maybe mints, real low-key, low-cost items. And then they would have jars about what scares me right now, this was in the beginning of it, what scares me right now.

And then they changed the question, and as we have moved from two years ago to where we are today, they now have boards up that are called comfort boards and they are just fun questions. What's your favorite Christmas carol was up during the holidays. The one I saw walking down the hall the other day was, I think, it was HoHos, Twinkies, and something else, what's your number one choice? That board was absolutely covered.

And I think when we talk about positivity, we also have to remember that if all you do is receive it, it gets uncomfortable. So why not give?

So, in the hospital that I'm referring to, one of the largest departments was so overwhelmed with the shortage and everything. And they were like, we want to help somebody, but gosh I mean we can barely get through the day. And so they picked a six-person department to send notes to and do kind things for because it was only six employees. And I thought that was a brilliant way instead of playing the ain't-it-awful game. They just said no, we're going to help somebody but let's be realistic out of all of us we should be able to come up with six notes a week. So I would encourage anybody listening to think about these ideas, and remember it goes both ways. As much as I would love to hear that I'm doing a good job, it also feels good for me to lift somebody else up.

HUNT: Great suggestions, Faith. You know when you talk about the question, like what's your favorite snack or whatever, I've seen a department they were, I was on the unit they were so, you know how nurses love to post things in their restrooms, in their bathrooms. So they couldn't wait for me to go to the restroom. And so I go in there and what they had done is the leader had actually painted one of the walls with the blackboard paint, you know, and so that's where they put, at the time I was in there it was what's your favorite movie? So that's where they had put what your favorite movie [is]. So fun stuff like that. And I think to, as we try to build and remember how important it is to have a team that knows each other. You walk out of the restroom saying, OK whose favorite movie is *Top Gun* or whatever that may be. And it just helps us create conversation that is more personal than what we do in our everyday work together. So great ideas.

(SOUNDBITE OF MUSIC)

HUNT: The next thing I'm going to discuss is how do we, as leaders, nurture growth. When we think about retention, everyone wants, one of the aspects, one of the key elements that keeps people at an organization is this organization values me, they nurture my growth. So are we going back to, we may have lost this for a couple of years but are we going back to things such as new graduate breakfast recognitions, certification, and degree recognitions, continuing education recognition? You know, everyone understands that early on in 2020 and through 2021, we may have dropped some of those; but it's time to set a strategy to go back and remember that those are important. And we need to make sure that we're paying attention to those.

We need to, as leaders, encourage new experiences. Make sure that we're capitalizing on individual strengths. So, if somebody is really creative and they're your scrapbooker on your unit, perhaps they would actually enjoy helping with a bulletin board for those positive comments or whatever it may be and capitalizing on those gifts that they have, perhaps outside of their clinical practice.

One thing that was brought to me recently, and this costs no money, but one of the leaders I was talking to was talking to me about their previous CNO. And she really had a wonderful relationship with this person. And one of the things she said specifically, she said, you know, she sought out recognitions that were available. And if she thought that you were a good candidate, she would bring that to your attention and give you the resources to write the application.

So, for instance, many of our organizations – AACN, AORN, whatever it may be – many of those organizations have special recognitions throughout the year for members. And this CNO was particularly connected to those and would say, hey, Faith, you would be great for this. I've read the criteria. I think you meet this criteria. I think you should consider applying for this recognition. So again, it didn't take any resources but the person that was reached out to – in my example, Faith – thinks to themselves, wow my leader read that criteria, thought of me, and took the time to seek me out. So I think that's a really good strategy that when you see those recognitions that might be available that you think of somebody on your team that would be a good fit for that recognition. That's part of nurturing that growth and recognition.

A lot of us talk about self-care, and we know how important that is and we have all heard self-care is not selfish. How do we do self-care at work? We do self-care, as a leader and as a strategy, by making the schedule as friendly as possible. I know that oftentimes we're in nursing practice settings that cannot work remote, but are we being as flexible as possible with somebody's schedule. Are we making sure that they're making the really important events of their life? Are we providing home-like break rooms? And Faith mentioned what her pastoral care team had done for the nursing staff, for the caregiver staff, especially at the height of the pandemic. So what do we, as leaders, what can we provide in those home- like break rooms? It's amazing what turning off an overhead fluorescent light can do and putting a lamp in the room. Are we able at this point to provide some chair massage services possibly off the unit? That's something that our caregivers could take advantage of.

Do we allow our teams and do we have the right expertise for our teams that when they experience a difficult situation in the work environment that we don't just say, OK, that was bad [but] tomorrow will be better, but we allow a time for debriefing and we have the right kind of behavioral expertise for that team to come in and help them debrief.?

What about workload modification? Many of us have been maybe in nursing leadership long enough to remember when we used to say leave your home life at the door. And today, thank goodness, we understand that we're a blend. We're a blend of our home life and our work life. So if someone's had something go on at home that they know they can work today but they're just not going to be at the top of their game –we're going to be safe, don't get me wrong. Do you create an environment that person can come to leadership and say, I need a break today in my assignment. I can still work but I can't take the most critical patients on the unit. Is that the kind of culture and is that acceptable in your unit? I hope so. Ensuring breaks.

And last but not least, when I talk about self-care, I want to talk about modeling this. I want to talk about you as the leader not working 60 hours a week and thinking that you have to be there all the time. You need to model self-care.

Faith, what might you have to add to this or what questions you have about self-care?

ROBERTS: I definitely would put out there as far as being friendly with the schedule for me as a leader, that means that I post it as early as possible that people can plan their life, that I don't put it up last minute. There have been times in my career where I was stressed to the max and did not get the schedule out in a timely manner. And I realized that wasn't me being stressed to the max, that affected a lot of people. And ever since then I try to set the time that the schedule will be posted much sooner than I think a lot of people even need; but I want them to know I respect you and I want to get this out, so that you can make whatever arrangements you need to make.

I think a couple novel ideas that I've seen that impressed me, many of our facilities that are acute had to back off elective surgeries and two hospitals that I'm acquainted with each took a room on the post-op unit surgical floor and that's where they put the recliners and the nice music, and they put it right near the juncture of the other floors. So if a nurse needed to take 15 minutes, you're not taking a patient room. We weren't using that many post-op rooms because we had stopped elective surgeries and we had that calming environment. Our departments' layout[s] don't really lend themselves to a calming environment in the break room because it's been repurposed so many times. It has a lot of features, many of which are a whole bunch of lockers people are in and out of. And to actually tag on what you just said, even if it's for 15 minutes a day, I want the staff to see me in the break room eating. I want them to know I don't eat at my desk. I may not be there longer than 15 minutes, either are they sometimes. But I want them to know that I see work is work and this time as just our time together to chat and to talk.

We have struggled, a lot of us as leaders, with work-life balance. But somehow, I think we are getting much better at name it and claim it –you know, what I got to get a break from this. And once you've been in it awhile, you understand that you can work 18 hours a day and guess what, there's just a whole bunch of new stuff on your desk the next day. So what did it gain? I need time with the people who are the most important to me.

So, I definitely think building on this whole thing of employee engagement if they feel that we truly care about them, then of course their engagement will go up. For some people right now in healthcare, without a doubt, I believe it is we went through this together and we have bonded in a way no one else will ever understand no matter where you work. If you were at the clinic that had to close down all appointments for three months and you work with a provider who is six months ahead on schedule, telling people their appointment wasn't going to happen was hard to do. So they're shared experiences, I think.

HUNT: Those are great examples, Faith. And thank you for reminding us about, that such something that may not seem as important to us putting the schedule out on time means respect. It is a way for us as leaders to show respect to the team.

(SOUNDBITE OF MUSIC)

HUNT: In your notes that you have available for this presentation, there's something that maybe some of you have seen. If you haven't, I hope you like it as well as I did. There's a self-care bingo. So this is something, you know how nurses are pretty, for the most part, we're pretty competitive. So this leader, and there's an example of it, put together a bingo card for self-care. And just let me, I won't read them all to you but one of them, one of the squares is have a manicure. One of them is to sit quietly. One of them is to listen to music. One of them is to stay hydrated. One of them is to eat a healthy snack. One of them is to start a new hobby. So you get the idea. And again, they're in your program notes. And you

can hand these out to your team, and then maybe when they get them done, you have a small token. They can bring it back to you and you have a small token of congratulations that they took time for self-care. So I thought that was really fun. And for most nurses, we're kind of competitive and we could take time. Another one is have a brunch date. Declutter your closet. How good does that make you feel?

So also in your notes, I have an example – maybe some of you have seen this, too – some nursing leaders are putting a big poster on their walls for people to color on. Adult coloring has become very popular as a de-stressor. It forces us to stop. It forces us to be quiet. It forces us to kind of free our minds from some things that may cause us stress. So they put these big poster boards, maybe they're just a bunch of flowers or a picture of scene or whatever, with some colored pencils or markers on the board as well; and you could just take a couple of minutes to stop and color something and it suddenly comes to life. So those are fun as well, a fun idea.

(SOUNDBITE OF MUSIC)

HUNT: When I think about employee engagement as a strategy to improve financial performance as a leader, I can't stress enough listening and responding to staff concerns. Making sure that the physical work environment is as friendly as possible. In a previous session together, I shared that I went into a room and the nursing staff, the equipment, the keyboard for documentation on their electronic documentation had it kept floating down, so they had rigged putting a bedside stand with a trash can on it to rest that keyboard on. So making sure that you have a physical environment that's conducive to their work.

Select hiring and making sure that you have the right fit is so important. Engaging high performers and potential hires, there's nobody better than a high performer to tell their friend to come work with in your team because a high performer is not going to bring on a low performer to be part of the team.

Have well-designated clinical orientation. Make sure your preceptors are skilled and prepared, so that you get people off to the right start. And make sure that you, as a leader, are keeping in touch with those employees, those new employees, so that there's no bumps in their orientation.

(SOUNDBITE OF MUSIC)

HUNT: One of the things that we, as leaders, struggle with is making sure that that nurse or that caregiver at the bedside knows what the goals of our department are and what we're trying to achieve.

So, there's some examples again in your program notes to show you examples of how you put some data, some statistics up there like your number of days since your last fall, the current patient satisfaction scores, and what you're working on most, what elements you're working on most. There's some, maybe you're working on decreasing late clock outs, so the latest information about the number of hours in your late clock outs for the last pay period.

There's some examples of how you can engage the staff in a very high-level way but a way that's very meaningful to your team; and these are the metrics that we're working on. And there's a lot of, there's a lot of talk – any of you know the author Daniel Pink? He writes a lot about how do you incentivize staff. Do you incentivize them with a stick and you're constantly beating them and telling them what they did wrong, or do you incentivize them with the carrot and you say OK, when we achieve this is what we'll do together as a celebration?

So, what you'll see on the example of boards is this leader has decided it's a celebration. So, when they get their late clock outs down to under a certain number, then everybody gets an ice cream bar. When

they get their patient satisfaction scores up to a certain incremental achievement, then everybody will, each shift will get a pizza. So those sorts of things are, you'll see as part of the engagement boards as well. And it's just fun because it also is real transparent to what is currently happening and how we get everybody involved and improving the care that we're giving on the unit.

(SOUNDBITE OF MUSIC)

HUNT: Before I leave this subject – and Faith, you may have some more things – I want to talk about, we've kind of talked about what we can do for our team. I want to talk about what we have to do as a leader.

And one of those things is being authentic. And authentic is a big word, doing what you say you're going to do, being authentic in the praise that you give. If every meeting or every touch with an individual ends in "you're doing a really good job, I really appreciate your work," after a while, it loses its impact. So we need to be authentic with our praise, authentic with the direction that we're giving our teams.

And along with authentic as leaders, especially in today's environment, we have to be able to be a leader that can give hope. Many of you have heard the term probably or the philosophy that hope is not a strategy. And I agree with that, but hope has to be part of the strategy. We, as leaders, must instill hope in our teams that there's a better future. That with a plan, we can't just hope it's going to get better. But hope with a plan, with a[n] implementation strategy, becomes belief that there's a better future and we all want to believe that there's a better future.

So again, in this section, I inspire you. I want to inspire you to take one or two of these ideas and in the next month say, I'm going to start looking towards the future. I'm going to start implementing one or two of these ideas that's going to communicate to my team that I believe there is hope that there's a better future, that's going to communicate to my team that I believe in them, that I care about them, and that together we will get through this together and that we will show that we care about each other and provide a great retention strategy for our department.

Faith, what might you have to add for our listeners before we close this particular podcast?

ROBERTS: I think you've done an excellent job of showing us how building employee engagement truly can make it a retention strategy.

I think that we need to be very clear with people that none of us know the future. And in the past, you, kind of I don't know, it's almost laughable now when I think of conferences I went to 10 years ago who told us we would have an ICU and an outpatient surgery center, and you've alluded to that in your sessions. And in reality, all we do is add beds. So I stay away from trying to predict the future.

But what I want people to remember and what resonates with people is authenticity, which you did an excellent job of pointing out and letting people know we're not going anywhere. We will always be here to serve people. It may not, and I'm going to say, it will not look the same. If you want to go back, you'll probably be disappointed. But I would say that for many of us who are listening today, we have to admit there has been knowledge gained in this different path that we're on in healthcare and we look at things much differently now.

So, patients will always come to us, clients, residents, they will always look to us in healthcare to help them. But as a leader, if I can't keep my staff nurtured and feeling respected, they probably will go to another place. And then it's really not about employee engagement, my retention strategy just fell

apart because my people are leaving. So, I think the topic was incredibly timely, and I appreciated all the examples that you gave, Pam. Thank you very much.

HUNT: You're welcome, Faith. And thank you for your input, too. And we would love to be interactive with everybody because I'm sure that you have ideas as well. So, keep those ideas shared among the community that you work with. Thanks very much.

(SOUNDBITE OF MUSIC)

ROBERTS: Please keep your learning going by joining us in our next episode in this series for nurse leaders. Pam and I will be talking about another important topic: ROI or return on investment. I hope you'll join us.

This is Faith Roberts for Elite Learning.

(SOUNDBITE OF MUSIC)