HCH Staff Recruitment & Retention: Unique Problems, Innovative Solutions

Health Care for the Homeless employees face unique challenges in working with homeless people, but receive rewards for their work that cannot be found in other settings or with other populations. The complexity of client needs and a holistic, multidisciplinary approach to care are among the reasons why health and social service providers choose to work in HCH Health Centers. Individuals responsible for filling positions in HCH programs are keenly aware of these challenges and rewards, and must strive to match individual personalities and skill sets to the work. Structural realities, such as the supply of nurses or competitive salary rates, can complicate this process further. Once well-suited employees are found and hired, the challenge of retaining them in those positions begins. This issue of Healing Hands summarizes some of the best practices associated with recruiting and retaining HCH staff, and provides tools to assess effectiveness of these practices in individual programs.

STAFF RECRUITMENT

HCH managers employ multiple and varied methods for recruiting potential employees. In addition to printing classified ads in local newspapers and periodicals, they post jobs on relevant listservs and websites, such as those maintained by the National Health Care for the Homeless Council: http://www.nhchc.org/jobs/ and the National Association of Social Workers (NASW): http://www.socialworkers.org/jobjlinks/default.asp. Yet spreading news of open positions via personal networking (“word of mouth”) in the community remains one of the most effective ways to recruit staff, in part because HCH employees are so enthusiastic about what they do.

External Factors Determine Number & Quality of Applicants

Ultimately, the number of applications received for a given position is heavily reliant upon external factors, such as the supply of qualified clinicians, the volume and diversity of job opportunities available to them, certification requirements, and the salary and benefits an HCH is able to offer. The Health Resources and Services Administration conducts regular studies to profile health workforces in the United States, documenting current and forecasted national and regional trends in supply and demand for physicians, registered nurses, and community healthworkers.

Key findings from the most recent U.S. Health Workforce Profile (October 2006), for example, describes the aging of physicians and RNs, decreases in the national supply of some clinicians — especially dentists (60/100,000) and dental hygienists (54/100,000) — and increases in other disciplines, including LPNs, and PAs. The report also notes a consistent under-representation of Blacks/African-Americans and Hispanics/Latinos, across nearly all clinical disciplines. This lack of diversity is especially problematic for HCH projects attempting to find providers who reflect their client base, which typically has an overrepresentation of these groups.

Linda Marsden, MS, Director of Human Resources at the Baltimore HCH program, observes that nursing and social worker salaries have increased significantly over the past several years. Findings from the 2004 National Sample Survey of Registered Nurses confirm that real earnings for RNs have grown almost 14% since 2000, the first significant increase in over a decade. NASW reports high variability in salaries for social workers, with an average increase overall. Higher average compensation levels have constrained some HCH projects from offering competitive salaries to clinicians in these fields.

Doreen Fadus, MEd, Executive Director of the HCH in Springfield, Massachusetts, notes that her program’s association with the local hospital, Mercy Medical Center, has been absolutely essential in enabling them to offer competitive salaries and guaranteed increases. Such a connection brings other advantages as well, including access to laboratories and results of diagnostic testing. Ms. Marsden and Edward Bonin, MN, FNPC, RN, Director of Tulane Drop-In Health Services in New Orleans, say their programs realize similar benefits from hospital affiliations. HCHs without such affiliations reported greater difficulty in providing competitive salaries. Judith Allen, DMD, Clinical Director of the HCH-Dental Program in Cincinnati, Ohio, reports her frustration when another public health clinic opened in town, offering $3 per hour more than she can afford for her employees. Nevertheless, all of these administrators employ creative strategies to enhance the benefits of working in HCH clinics.

Clinicians struggling to pay off substantial school loans may be enticed to work with underserved populations through HRSA’s National Health Service Corps’ Loan Repayment Program. The Corps was established to help “medically underserved communities recruit and retain primary care clinicians, including dental and mental and behavioral health professionals, to serve in their community.” Through the Corps’ Loan Repayment Program, clinicians may apply to serve a minimum of two years in a health professional shortage area, and in return receive assistance with school loan repayment. Baltimore HCH is a federally designated loan repayment agency and has found this program to be an especially helpful draw for physicians but also an incentive to recruit for other positions, including social workers and addictions counselors.
HCH Provides Unique Work Environment

Though competing health agencies may be able to offer higher salaries or benefits, HCH programs and work environments offer a wide array of unique advantages to potential employees.

- **Nature of the work and mission of the organization** “Those who like to help individuals who need the most help” are drawn to work with homeless populations and find it most rewarding, remarks Susan Eldon, BA, Case Management Coordinator at the Gennesaret Health Recovery Program for Homeless Men in Indianapolis, Indiana. “You get to see lives changed… someone with hope who never had it before.” Several HCH managers acknowledge that the reputation of their clinic and the importance of its role in the community serving homeless persons have also been important to their recruitment success.

- **Complexity of cases** For clinicians, the complexity and multiplicity of their clients’ needs are often far greater and more challenging than they would find among housed clients.

- **Multidisciplinary approach** HCH clients require more holistic and multidisciplinary care than is typically found in other healthcare settings. This affords rich and supportive resources upon which clinicians can draw to help their clients. The opportunity to work with a strong, multidisciplinary clinical team can be both a powerful attraction for potential employees and an important factor in retaining them.

- **Schedules** An advantage for some HCH projects is that they do not require nurses or other clinicians to work shifts or on weekends, which is often expected in a hospital setting.

**Match-Making is Key to Recruitment Process**

Obtaining applications tends to be easier than matching an individual’s personality and skill set to the position. As Ms. Fadus puts it, “Not everybody is suited to work with homeless people. Our environment is stressful in a lot of different ways.”

HCH administrators invest a good deal of energy in this aspect of the recruitment process because it is so critical for their homeless clients, and to staff retention. HCH administrators say the key to making the best match is explaining to the desired applicant what the work will involve, as honestly and comprehensively as possible. For positions that are especially difficult to fill, managers may “almost discourage applicants from coming” or “try to scare them” in an attempt to determine whether they indeed have what it takes to perform effectively in an environment that can be a very difficult. “I want to see how comfortable they are coming into that neighborhood,” explains Dr. Allen. Physicians applying to Baltimore HCH participate in a “share day” as part of their interview process, notes Ms. Marsden. This is a day to meet colleagues and clients, and to shadow somebody who is doing the work.

Baltimore and other HCH programs find that student internships are an excellent opportunity to provide potential employees with “more exposure about what it’s really like to work here.” Heidi Nelson, MHSA, Executive Director of Heartland Health Outreach, Inc. in Chicago, once required an applicant to undergo eight separate interviews for a position which had seen a lot of turnover. While some individuals have to work in the environment before they realize it is not for them, these efforts prior to hiring go a long way toward ensuring a successful long-term hire.

**Hiring Consumers as Paraprofessionals** Individuals who have personally experienced homelessness, mental illness, and/or substance use problems can be extremely valuable to HCH projects, particularly in helping to engage clients in services. The Baltimore HCH employs such individuals in “Peer Educator” positions for various staff teams. Ms. Marsden reports that without a doubt the benefits of these hires far outweigh the costs. Yet recruiting and retaining these individuals can pose special challenges, requiring the agency to address such issues as how long an applicant should be in recovery before being hired, how to find these individuals in the first place, and how to address problems arising from insufficient work experience, such as boundary or literacy issues. She advises programs interested in making these hires to screen carefully to ensure that applicants have been stable for two years or more, and to provide a lot of support, especially for those with limited work experience.

Homeless Link, a national membership organization for frontline homelessness agencies in England, suggests several good practice strategies for investing in staff which echo many of those specified above (see text box). Their website acknowledges, “Once the right staff have been recruited, they need to be supported effectively, and given the right tools for personal and career development.” That is, finding the right employee for the job is just the first step; what remains is the challenge to keep them stimulated and happy in their work.

**INVESTING EFFECTIVELY IN STAFF**

- **Recruit staff under a competency framework** and think about whether having minimum experience criteria are actually putting off applicants who could deliver a great service.

- **Invest in excellent induction procedures** which clarify expectations of the role, the organizational culture, values and working practices.

- **Invest in training and development activity for all staff which enable them to move upwards** - this can include on the job training and formal qualifications.

- **Separate clinical supervision from managerial support and development.**

- **Provide alternative means of support to staff other than line managers through ‘buddying’ or peer mentoring schemes.**

- **Undertake regular evaluations of services and benchmark with partners to consider current service delivery practice.**

- **Review staff recognition packages** – it doesn’t have to be just about salary.

- **Praise, recognize and celebrate excellent staff and achievements at all levels.**

- **Provide access for staff to learn other areas of the business for potential sideways movement within the organization.**

- **Provide potential for staff to be engaged in projects such as development or strategic work so they can feel closer to driving the organization.**

- **Conduct debriefs after particularly difficult or emotional cases or periods of working.**

- **Periodically review market rates for jobs which ensure that agencies are not wildly overpaying or underpaying for different job roles.**

- **Have a clear and internally consistent sent of policies and processes for managing staff.**

- **Ensure managers have performance standards set for their role as people managers and are trained to deliver against these.**

- **Link into an affordable source of HR advice for avoiding problems in the first place and dealing with them effectively when they do arise.**
**STAFF RETENTION** The words retention or retainment are frequently used to describe the practice of keeping employees in their jobs, yet both have connotations of holding something (or someone) back. Effective employers encourage staff to move forward — by striving to ensure that employees are personally and professionally stimulated and challenged, provided opportunities to maximize their potential within the position or organization, and feel valued, appreciated, and happy. To achieve these goals within HCH work environments, program administrators recommend the following strategies and stress the importance of flexibility to assure their success:

**Enable personal and professional growth.** Employees should be given every opportunity to develop personally and professionally, to assure that they are stimulated and challenged in their work, and to maximize their contribution to clients and the organization. Examples of such opportunities include tuition reimbursements, training and professional development offerings, and chances for lateral and vertical moves within the organization. The rapid growth of the Baltimore HCH — which has nearly doubled in size during the last 12 years — has “helped tremendously in terms of retention,” observes Ms. Marsden. They improved their retention rate from 74 to 84 percent in just one year by focusing on giving employees new opportunities to develop. Lateral moves can be as important as opportunities for promotion, she notes. Permitting social workers who were in school to complete their internships in other departments within the organization has been very well-received.

Ms. Eldon and Christine Roller, MSN, RN, Clinic Manager at the Minneapolis HCH, note that smaller programs with few positions must be creative in providing these opportunities. Ms. Roller says it is critical to learn an employee’s professional and avocational interests and find outlets to use them. For example, Ms. Eldon found ways for one of her employees to do more computer work because this is what most interested him.

**Schedule flexibility and time off.** HCH personnel managers work hard to allow employees sufficient flexibility in their schedules to accommodate personal needs, such as taking care of children, and provide them with generous leave time. This is especially important to prevent staff burnout in work that can be very demanding. Freedom to give time off is especially important in smaller clinics which may not be able to offer competitive salaries and benefits. For example, Ms. Allen leaves the final few hours on Friday afternoons unscheduled to accommodate staff needs that arise during the week. “We’re very flexible with schedules,” she says. “We change on a daily basis if we have to.”

**Have fun together.** Spending time together away from the workplace, ideally for the purpose of having fun, can be a vital rejuvenator for staff. Mr. Bonin reports that such activities have been especially important to employee morale since their clinic was destroyed by Hurricane Katrina. Ms. Fadus’ staff attends two retreats each year, with the location and content defined by a committee of employees. The fact that these activities are employee-driven is key. Mr. Bonin and Ms. Fadus say they are often not even involved in the planning.

**Assure organizational support.** Working with and for homeless clients requires a certain degree of creativity and flexibility to assure them appropriate and sufficient care. Support from the Board and leadership of the organization is critical to enable innovative ideas and strategies to be evaluated. Ms. Eldon says her agency started providing financial incentives to employees who can prove their ideas have garnered support from the community. For example, she rewarded one employee for convincing a local church to donate a portion of one of their offerings each year to the organization.

**Foster teamwork & power sharing.** As noted above, strong multidisciplinary work teams are an important factor in retaining and sustaining employees. Ms. Fadus, who works with a team that has been together for many years, says members of a strong team work well together, respect each other, have fun together, and — perhaps most importantly — all contribute equally. According to a number of HCH administrators, power sharing can be a special challenge for physicians, whose training does not always prepare them to relate to other clinicians as peers.

**Listen to and appreciate employees.** Employees want to know that they are being heard, and that their contributions are valued. Structuring ways for employees to provide input into the workings of the agency, such as participation on project committees, tends to be beneficial both to employees and to the organization. An important component of obtaining input from staff is ensuring that they are aware of what is happening among the organizational leadership. Ms. Nelson accomplishes this by

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### RECRUITMENT AND RETENTION EFFECTIVENESS REVIEW TOOL

**HEALTH CENTER SELF-ASSESSMENT**

Directions: The following brief questionnaire serves as a quick self-assessment for health center leadership to determine readiness for effective recruitment and retention of clinical staff. Answer the questions honestly and score each response according to the number of points in parentheses.

1. Is recruitment and retention of high quality clinical staff a health center priority?  
   Yes ______(10) No ______(0)
2. Is regular attention given to retention and recruitment of all key positions in the health center?  
   Yes ______(10) No ______(0)
3. Does the center have a written recruitment and retention plan?  
   Yes ______(10) No ______(0)
4. Is the plan reviewed annually by the board of directors?  
   Yes ______(5) No ______(0)
5. Does your center track the turnover rate of clinical staff?  
   Yes ______(5) No ______(0)
6. Are compensation comparability surveys conducted periodically to determine the going rates for comparable positions nationally and in the local area?  
   Yes ______(5) No ______(0)
7. Does your health center’s compensation schedule enable it to retain qualified clinical staff?  
   Yes ______(10) No ______(0)
8. Does the center address issues of succession of top clinical/management staff?  
   Yes ______(5) No ______(0)
9. Does the health center’s business plan address the cost of retention and recruitment of clinical staff?  
   Yes ______(5) No ______(0)
10. Does the organization perform staff satisfaction surveys?  
    Yes ______(5) No ______(0)
11. Does the center follow a formal orientation schedule for new providers?  
    Yes ______(5) No ______(0)
12. Is there clinical staff representation at the senior management and board levels?  
    Yes ______(10) No ______(0)
13. Is there clinical staff representation on the quality management committee?  
    Yes ______(10) No ______(0)
14. Are there regular (at least monthly) meetings of your clinical staff?  
    Yes ______(10) No ______(0)

**TOTAL SCORE: ______**

If you scored 90-110: Congratulations—your health center is a model!  
If you scored 60-85: The RRER Health Center Evaluation tool will provide you with guidance for refining your recruitment and retention plans.  
If you scored less than 60: Call for technical assistance!  

- Migrant Clinicians’ Network, Inc.
sending all of her staff a summary of the monthly updates she provides to her supervisor. “At first I was nervous about doing this,” she says, “but I soon realized how important it was to the staff” to have the information.

Sharing words of encouragement and appreciation often happens informally in hallways or e-mail messages, but some HCH programs have structured opportunities for it occur. Ms. Fadus, for example, describes a standing agenda item for weekly staff meetings called the “sand box.” This is time allotted on a voluntary basis for staff to share words of support, encouragement, or appreciation to their colleagues, which “sets the stage for public praise.”

**Foster national involvement.** When asked what keeps them in their jobs as HCH administrators, a number of respondents mentioned being involved professionally at the national level. Mr. Bonin, Ms. Allen and Ms. Reller all said their involvement in the HCH Clinicians’ Network as past Chairs of the Network Steering Committee has been especially stimulating. “You have to participate nationally to make local change,” notes Ms. Reller. Access to documentation about what is happening nationally around homeless healthcare — in practice and policy — is very helpful, as well as simply knowing that others are struggling with similar issues. Attendance at the National HCH Conference is another important networking and rejuvenating opportunity for HCH clinicians, administrators, and consumers.

**Assess program effectiveness.** The Migrant Clinicians’ Network, Inc. (MCN) is comprised of clinicians who work with underserved migrant populations in the U.S. Migrant Health Centers experience comparable barriers in finding and retaining quality providers of health care to special populations. In 2003, the MCN conducted a Health Center Recruitment and Retention Effectiveness Review. The final report from this review details procedures for assessing a health center's effectiveness in recruiting and retaining staff, surveys and tools, and strategies to address various effectiveness indicators (See MCN website.) Their assessment tool (see box on page 3) specifies indicators that are used to determine health center effectiveness at recruitment and retention.

**SOURCES & RESOURCES**


4. Health Resources and Services Association (HRSA)

5. Homeless Link homepage: www.homeless.org.uk