

# Recruitment and Retention Findings from Rural Healthcare Key Informant Interviews

Washington State Department of Health  
Rural Health  
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WASHINGTON STATE DEPARTMENT OF HEALTH

**Rural Health**  
WORKFORCE

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# Background and Approach

Between April and August 2022, the Department of Health (DOH) Rural Health Workforce staff interviewed a range of leadership and health professionals at Critical Access Hospitals (CAH) and Rural Health Clinics (RHC) in Washington to learn about their recruitment practices, retention strategies, workforce development approaches, and other barriers and facilitators to recruitment and retention in rural health systems.

## Rural Health Workforce Context:

Washington is experiencing a rural healthcare workforce emergency. A recent report from the Healthcare Quality & Payment Reform indicates that **13** of the **39** Critical Access Hospitals in Washington are at-risk for closure, with two of those listed at “immediate risk”.

Staffing shortages and the burden of turnover are major contributors to rural health system instability.

The purpose of this report is to share themes and findings from our rural workforce key informant interviews to highlight effective recruitment and retention strategies.

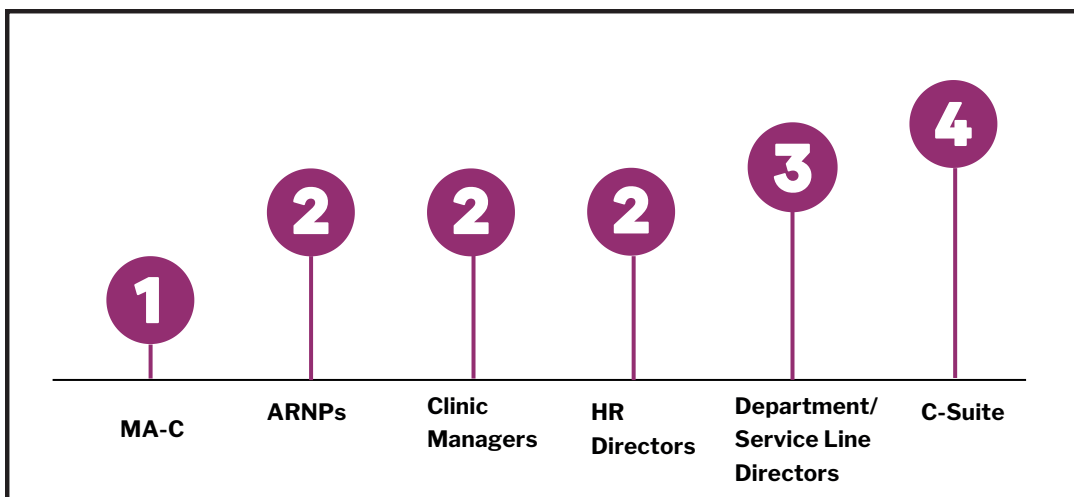
In total, DOH conducted **14 interviews** with key informants from **four rural health systems**. The participating rural health systems were identified through a survey distributed to CAHs and RHCs that asked participants to approximate turnover rates for their health care staff and whether they implemented innovative workforce strategies.

Respondents with lower turnover rates and who were engaged in workforce strategies were invited to participate. In total, **10 health systems** were invited to participate, and **four health systems** followed through with scheduling key informant interviews.

DOH attempted to schedule interviews with a member of leadership and two to three health workers from each organization, but due to the demanding schedules of health workers, most of the interviews were scheduled with leadership.



**Figure 1.** Most key informants were in leadership and management positions



During this time period, we also distributed a survey to CAHs and RHCs to gather information about their workforce development strategies. Survey findings will be incorporated with relevant themes from the key informant interviews.

# Key Findings

## Leadership and Organizational Culture

Key informants shared many examples of effective leadership in action, alignment of mission and values, and importance of organizational culture on recruitment and retention. Sentiments about how leadership and culture are foundational to successful recruitment and retention were shared by informants who are in leadership and those who are not.

**“When I came in [as a new CEO], we really set a goal to be an employer of choice. The whole foundation that our hospitals is built upon, is built around our people... We're not going to be successful if we don't treat people well, and when I say our people obviously our patients are at the top of our pyramid of success, but the glue that holds us together, with our pyramid, are our employees, and our medical staff, and we try to treat them the way they want to be treated.”** - CEO of a Critical Access Hospital

### Intentionally Hiring for Fit

Informants emphasized the importance of hiring for fit and intentionally hiring for alignment with the core values of an organization. Several methods were discussed including using behavioral-based interview questions that are weighted in alignment with the organization's values, team interviews, prioritizing aptitude, and attitude over years of experience, and spending time with candidates and new hires in a more informal setting (i.e going to lunch).

“The core of [our] success really is around the alignment of values. The **how** we do, what we do. The what is very similar across healthcare, any Critical Access Hospital, to the very large region referral centers, have MRIs, surgeries, people are going to draw blood, etc. But it's the **how** we go about working with each other, rather than what we do. And I think that is at the root of why we're successful.”

HR Director of a Critical Access Hospital



### Build a Strong Organizational Culture

One of the CAHs we interviewed was a Studer facility and shared excellent feedback on Studer concepts and practices benefitting their organization's culture.

Check out the resources below, including a Studer book and other resources directed at rural health systems.

#### Recommended resources:

[Hardwiring Excellence: Purpose, Worthwhile Work, Making a Difference](#), Quint Studer

[CAH Blueprint for Performance Excellence](#)

National Rural Health Resource Center Toolkits on [Leadership](#) and [Culture](#)

National Rural Health Association's [Rural Hospital Certifications Programs](#)

# Key Findings

## Employee Engagement

Communication between leadership and staff takes deliberate effort. There was consensus among informants on the importance of consistent employee engagement and open communication channels. Many of the key informants shared incredible examples of employee engagement and transparent communication between employees and leadership. The continuum of employee engagement is important, starting with onboarding and the first 90 days to sustained engagement, support, and feedback efforts with employees.

### Recruitment and the First 90 Days

Hiring and onboarding represent critical times to establish engagement and relationship with staff that will lead to long-term retention.

#### Strategies shared by Key Informants:

- Start providers slowly with a low patient load (one an hour) while they learn the electronic health record, and then ramp up gradually.
- Offer job shadowing to health professions students – this gives new grads experience so they have the training they need to hit the floor and ensures your organization can identify which new grads fit with your culture.
- Involve existing staff in the continuum of the hiring and orientation process.
- Establish peer mentorship programs – they have a bi-directional impact on new and experienced staff.

“Engagement is our number one priority this year, and it's really getting our supervisors to be reaching out regularly to all their [staff] and finding out any concerns they might have about their work or anything else. And basically, getting those addressed as quickly as we can. So, we're really kind of concentrating on that first 90 days, because that's when we tend to have people, they get overwhelmed, and they tend to leave without saying a word sometimes.”

Director of Ambulatory Clinics with a  
Critical Access Hospital

Informants from rural health systems with good retention rates highlighted how proactive employee engagement doesn't end after the initial onboarding period. Many people relayed that monthly rounding on employees was the standard and expectation for leaders and supervisors within their health systems.



Informants also identified that individuals are different, and some engagement and feedback methods may work well for one employee, but not for others so it is important to offer many avenues to employee engagement.

Employee engagement is not a one-off event, but a part of the daily culture in thriving health systems. That's not to say that events can't be part of the engagement strategy – one of the health systems shared about a summertime BBQ where the leadership team washed employees' cars.

# Key Findings

## Employee Engagement (continued...)

### Employee Recognition Ideas

One of the ways our informant health systems do effective employee engagement is through making employee recognition part of their organizational culture. Below are examples shared by informants.

- Kudos during meetings - be intentional and fact-based during recognition.
- Handout gift cards to local coffee places when noticing an employee has gone above and beyond or if they had a very short-staffed day.
- Engagement team that organizes a monthly event (BBQ, car wash, bringing cookies in, etc)
- Nomination system where employees nominate each other for work that represents the organization's values. Nominated employees are eligible for monthly and annual drawings for cash rewards.
- Leadership expectation that all leaders send four 'Thank you' cards a month to recognize employees doing a good job.

Informants emphasized the importance of engaging with staff daily and noted their most successful supervisors made daily engagement part of their routine. Examples of questions to ask staff regularly include: **Do you have everything you need for your job today?**, **How can I help?**, and **What can we be doing better?**

### Feedback and Surveys

Beyond daily engagement, informants shared methods to institutionalize employee engagement and feedback loops. The Med Surge RN Manager with a Critical Access Hospital explained that forming Unit Based Councils and using a leadership liaison to gather information and communicate with the C-Suite has been an effective way to hear the concerns of staff and address their needs, which boosted morale and retention.



Informants also found annual employee engagement surveys helpful. Engagement surveys can inform action and strategic planning as well demonstrate transparency to staff.

"All the results, every comment that is made, we share back with the staff. We don't hide anything, and then we also try and look for common themes of things that we can improve upon and devote plans to do that and put it into our strategic plan."

A CEO with a Critical Access Hospital

# Key Findings

## Staffing Levels

Another way for leadership to effectively engage staff is through support. Employee support represents the end result of effective employee engagement and feedback. During our interviews, staffing levels came up frequently. Leaders voiced that ensuring adequate staffing levels was necessary for retention as a strategy to reduce burnout and ensure health professionals can provide care the way they want to and to the highest quality standard. The cost of turnover is high, for example the average cost of turnover for a bedside RN is \$52,350<sup>1</sup>. The informants we spoke with felt they are making a sound investment in increasing staffing levels and reducing turnover.

One hospital system described the impacts when they made policy changes to stop mandatory low censusing.

Another health system described ensuring adequate staff levels and also taking steps to offer staff some flexibility in their schedules.

"We have people who drive [from a town over about an hour away], because they're not worried they're going to get low censused, and I continue to hear other nurses that have come to us from one of these other facilities, and they said they never had vacation time, because they had to use all their vacation time due to their low census time. So, here they felt like, I can volunteer to be low censused, but I'm not using all my vacation time for that. As we did that, and we got some experience doing that under our belts, what we realized is our turnover just dropped.... I think that the bottom line is we are not staffing just with enough staff just to get by for the shift. We're giving people the ability to do the kind of health care they want to do"

CFO of a Critical Access Hospital



**"If we have full staff, and the workload is spread out, and we also give them variability, you know, they can adjust their schedules to a certain extent, based when the providers are working so they might get a 4 -10 schedule, whereas a lot of places you don't have that opportunity. We do hire supplementals or part-time, so they can work those shifts."** - Director of Ambulatory Clinics with a Critical Access Hospital

## Compensation and Benefits

Beyond staffing levels and schedules, our informants gave examples of supporting employees for better retention through comprehensive benefits and compensation. One health system reported how they have made healthcare affordable for their employees by offering an insurance plan that has no copay or coinsurance when care is provided through their health system.

1. [https://www.nsinursingsolutions.com/Documents/Library/NSI\\_National\\_Health\\_Care\\_Retention\\_Report.pdf](https://www.nsinursingsolutions.com/Documents/Library/NSI_National_Health_Care_Retention_Report.pdf)



# Key Findings

## Compensation and Benefits (continued...)

“Now when we first did that, people didn’t know if they wanted to get medical care and see their coworkers. Now they love it, folks have no issue coming, coming to see any of our providers, having surgery here, having their babies here, anything, because it’s a great benefit, and it’s a great place to get care.”

CEO of a Critical Access Hospital

### Market Analysis and Wage Adjustments

Multiple informants from the health systems spoke about the importance of annual market analysis and doing market adjustments as needed to ensure their wages stay in line with the market. An HR Director with a Critical Access Hospital summed it up this way, **“So you can’t fill your tank with culture, as far as your gas tank right. So you have to have competitive pay.”**

An ARNP with a different health system shared, **“I wish we could pay our staff more. We are the [second largest employer], I believe in the county.**

**I think that support staff are underpaid for what they do. We want to retain them and give them the motivation to get more education, which only helps us, because then it gives us higher level staff.”**

This was one of the health systems that did not share about doing market analysis and it was interesting that the provider connected low wages both to concerns about retention as well as stifling career pathways for support staff.

## Workforce Development and Career Pathways

Health systems supporting workforce development and career pathways is another form of employee support that is linked to recruitment and retention. Informants shared many examples, including tuition reimbursement, cross-training, pharmacy tech, certified nursing assistant (NA-C) training programs, medical assistant (MA) apprenticeship, and the medical assistant registered (MA-R) program.



Informants were enthusiastic in their support of Medical Assistant Apprenticeship and Medical Assistant Registered (MAR) programs. The support for

practice at the top of their licensure, and provide growth opportunities for front office staff.

Informants spoke about how rewarding it was to watch individuals who have a heart and passion for healthcare, but not schooling or experience, come in as MAR and grow in front of their eyes, all while relieving some of the pressure on other staff and helping clinic flow.

these programs was evident in interviews with leadership and health professionals. Many of the health systems had recently started hiring and training MARs for the clinic setting. They found that MARs benefit clinic flow, allow other staff to

The MA-C with a Rural Health Clinic we interviewed described her role:



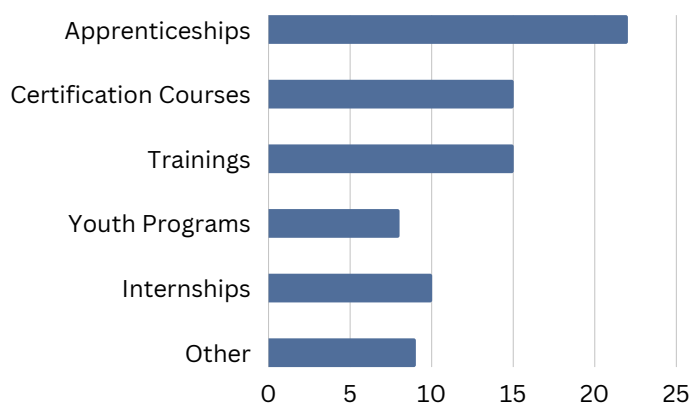
# Key Findings

## Workforce Development and Career Pathways (continued...)

**“I am like her preceptor, so I help her. She's got all her skills to practice and that's kind of fun too. I like helping her learn. Watching her grow is really fascinating.”**

The findings from the key informant interviews about workforce development in rural healthcare are bolstered by a recent survey to rural facilities in Washington. 60 percent of the RHC and CAH respondents indicated they have workforce development programs, and 28 percent indicated they do not currently but want to start one.

Below is a graph that represents the program types reported by the RHC and CAH respondents.



### Career Ladders

Informants shared how the MAR program can be an important step in the career ladder for staff. A staff person can come in as a front office staff or scheduler, after becoming familiar with the environment and developing an interest, they become an MAR, afterwards they are motivated to become an MA-C so they can level up and increase their pay a little bit.



Informants also noted their experienced MA-Cs then going into RN programs. Employers can support and incentivize career ladders by providing reimbursement and funding for training and education.

One of the health systems we interviewed offers their staff up to \$3,500 annually for staff to use for training and education. Other informants described offering a small number of scholarships for their staff pursuing training programs where in exchange for tuition reimbursement the staff commit to service with the employer after finishing the program.

### Grow-Your-Own

Workforce development and supporting career pathways goes beyond supporting the current workforce. Informants shared how they are reaching the next generation of health workers by engaging with schools and the community to “grow their own.” This ranges from shadowing opportunities, working with high schools and community colleges, to being a presence at youth sports in the community.

Many of the health systems we interviewed were committed to offering healthcare exposure to students in their communities, starting early in middle school or high school. One way to do this is through offering job shadowing opportunities.

The CEO of a Critical Access Hospital described their job shadowing program and how it can create interest in non-direct care positions as well, **“It's opportunity for these high school kids to get exposed to all kinds of health care careers and not even necessarily health care.”**

# Key Findings

## Workforce Development and Career Pathways (continued...)

It could be, accounting, so we expose them to everything, and especially if they have a particular interest, we'll take them into surgery, we'll take them wherever their interests are, and a lot of these kids go on to medical school or nursing school and filter back to us.”

### Collaboration with Partners

Health systems can also engage in formal partnerships. One of the health systems we worked with was beginning to establish connections with local high schools and a Federally Qualified Health Center (FQHC) implementing an approved MA pre-apprenticeship program where high school students (including under 18-years-old) can do most of an MA training program while still in high school.

A CFO from a Critical Access Hospital shared about their health system welcoming nursing students from a local community college for two days a week, **“We seek them out because we want to see which of these nurses we want to pursue as a new grad. Some people just don't feel like they can have students. But I feel like It's a great way to be able to test out folks, and the students just bring a new level of energy. I think it is helpful too. I know the community colleges in the rural areas really want to find unique ways to be able to work with these rural facilities.”**

It also isn't limited to direct patient care positions, this informant also shared about their food services program finding innovative ways to work with dietetic students, and hospitality students so those students were exposed to health care during their education programs.



## Connect with K-12

It can be challenging for rural health systems to navigate barriers associated with working with students. Here are some ideas to strengthen or begin outreach activities with students in your communities.

- Reach out to your regional [Area Health Education Center \(AHEC\)](#). AHECs can partner with rural and underserved health facilities to support career pathway work.
- Check if your local school district has [Career & Technical Education \(CTE\) programs](#) related to health sciences and look at your [Educational Service District \(ESD\) website](#) for more detailed information and program contacts.
- Identify health career pathway programs in your area using the [Career Connect Washington directory](#) and contact your [Regional Network Learning Coordinator](#).

# Considerations

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DOH interviewed key informants that were suggested by the initial point of contact (executive leadership) at the identified health system and had schedule availability. The perspectives of those informants may not be representative of other staff within the same organization. Although many of the informants held dual roles as a supervisor/leader with a clinical background, DOH was not successful in hearing from as many health professionals in direct care roles as would have been ideal. Therefore, the interviews and this summary primarily reflect the perspectives of CAH and RHC leadership on retention and recruitment.

## Reflections

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### Leadership and Organizational Culture

The foundation for good recruitment and retention -

- Effective and engaged leaders
- Alignment of mission and values



### Employee Engagement

Prioritize several methods for engagement -

- Daily check-ins and monthly rounding
- Annual surveys and feedback loops
- Creative and fun recognition ideas

### Staffing Levels

Staffing above the minimal level -

- Ability for staff to provide the quality of care they want to provide
- Reduced burnout and turnover



### Compensation and Benefits

Consider the total compensation package -

- Annual market analysis and adjustments
- Generous health insurance benefits

### Workforce Development and Career Pathways

Invest in the current and future workforce -

- Implement trainings and apprenticeships
- Collaboration with local schools
- Promote from within and support career ladders



# Acknowledgements

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## Contact

Washington State Department of Health, Office of Rural Health

Town Center 2  
111 Israel Rd SE  
Tumwater, WA 98501

360-236-2800  
ruralhealth@doh.wa.gov

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