

# ROUNDTABLE

## THE TALENT LIFE CYCLE: HOW TO RECRUIT, DEVELOP, RETAIN, AND ENGAGE

Recruitment and retention of employees is an ever-growing challenge for senior leaders as work force shortages mount in multiple departments of the hospital. Healthcare organizations must adopt an approach to hiring that covers much more than getting employees in the front door. They must look at the entire talent life cycle, from recruitment to development to long-term engagement—and, sometimes, separation. *HealthLeaders* convened a roundtable panel of experts to discuss strategies for dealing with this complex problem, as well as how hospitals can re-create themselves as workplaces of the future.

### Panelist Profiles



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Senior Vice President &  
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North Shore-LIJ Health Sys-  
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**DEBORAH ZASTOCKI, RN**,  
President and CEO, Chilton  
Memorial Hospital, Pompton  
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**JOSEPH CABRAL**, Vice Presi-  
dent, Chief Human Resources  
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**BRENT RASMUSSEN**, Chief  
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# Roundtable Highlights

## The "new" job seeker

**HEALTHLEADERS:** *There's a lot of talk recently about "millennials" and "baby boomers" and their effect on the workplace. How has the typical job seeker changed in the past few years?*

**BRENT RASMUSSEN, CareerBuilder:** I have an opportunity to speak to our new hires every single Monday, and I never miss that opportunity. Two years ago, people would always say, "I came to CareerBuilder because I want to make a lot of money." Seventy-two percent of our company is salespeople. So they want a promotion, they want to be recognized, all those kind of things. Just lately, the past six to eight months, I've asked the new hires, "Why did you come to CareerBuilder?" And the answer is, "Because I heard about the things you did in philanthropy, and I know that you are a green company." Two years ago I would have never gotten that response. It's a new generation. They do think differently, but at the end of the day they still want to make money to pay for all the things that they need. But there are other hot topics that they want to have you address as a company.

**KATHLEEN GALLO, North Shore-LIJ Health System:** And that change in philosophy has benefited healthcare for this group to look for nonprofit work. So it behooves us to be smart enough to say, "Five years ago, this kid would have gone and worked for Goldman Sachs. How can we create that same type of exciting work environment for the young people to come into the nonprofit? And not that traditional hospital—hierarchical, command and control, supervised environment?" That's the transition that we are going through.

**DEBORAH ZASTOCKI, Chilton Memorial Hospital:** I think it's going to be particularly more important as we deal with earlier careerists and the Generation Xers and Yers with their different work values. We need to be able to change the culture of our organizations, to be flexible and adaptive in this changing healthcare landscape. The only way we're going to be successful is to think about what these younger careerists want.

**JOSEPH CABRAL, North Shore-LIJ Health System:** We found that 72% of our nursing new hires are new grads. You need to be able to build the infrastructure to support the new generation coming

into the field, where everybody claims that they're not trained as well as they used to be way back when. What we're finding is that to get talent that's already been in a facility longer than five years is almost impossible. Why? They've vested; they've built their social networks. It's going to take a lot more than money.

**HEALTHLEADERS:** *Kathy, you mentioned Goldman Sachs. Increasingly, I hear*

*of healthcare organizations looking at what industries outside of healthcare are doing.*

**GALLO:** If you want top talent to come in, whether it's a vice president or a chief HR officer or top guns in nursing, you need the type of organization that will attract them. It really forces the hand of the organization. We can either stay back and be what we were years ago and have talent bypass us, or we can become a contemporary organization, very much like Goldman Sachs, Microsoft, and Google, which have the brightest and the best.

**RASMUSSEN:** I get an opportunity to take a look at a lot of companies that are doing great things in terms of recruiting talent. Almost always, when I walk into a healthcare organization or a hospital or [talk to] anybody in healthcare they say, "What is the hospital down the street doing?" I say, "I don't know if that's the right question to be asking."

## Recruitment 101

**HEALTHLEADERS:** *If the typical job seeker has changed, how has recruitment changed?*

**GALLO:** We have nurse recruiters by specialty. For example, our nurse recruiter for critical care ran cardiac services of a tertiary hospital, so she's got a great eye for what the business requirements of the unit are. Our talent acquisition specialists, most of the time, are in the hospitals, which is where they're supposed to be, as opposed to the old days sitting in their offices in human resources.

**HEALTHLEADERS:** *What makes a good recruiter?*

**RASMUSSEN:** They've got to be great salespeople, and they've got to be great professional networkers.



**JOSEPH CABRAL**  
Vice President, Chief  
Human Resources Officer  
North Shore-LIJ  
Health System

Kathy, you said you find the recruiter who used to be in that former job. That's great, because they can speak the language of the person they're trying to recruit. The one issue that we find with that is that they're focused in terms of where they go search for the candidate. For example, most people say, "Hey, I need to go to the medical association," but where are nurses, where are people in medical professions? The same place that people are in business; they're in social networks.

**ZASTOCKI:** We work actively with our hospital staff and our physicians to make sure that they understand that they're our informal recruiters. I always ask new employees in orientation to volunteer to tell me why they've chosen to work at our organization. Frequently it's a function of care that they or their family members have received, or it's a function of their having a connection, a social relationship, with somebody in our organization. All of the advertising in the world is not going to be as effective as people going out and talking about our organization.

## How to interview

**HEALTHLEADERS:** *Once you've recruited the candidates, how do you know for sure what you're getting? For example, some candidates are very different in an interview than they are in real life.*



**DEBORAH ZASTOCKI, RN**  
President and CEO  
Chilton Memorial Hospital

**RASMUSSEN:** One thing that we always try to do in the interviewing process is put people in "situational interviews." We say, "Hey, I notice on your resume that you're part of the National Honors Society. How did you get to be a part of that?" And you can kind of fish out whether that's just a resume filler. We put them in situations where they can talk about their experiences, and you can determine whether everything was given to them or if they're just born in the right family or if they really had to work for something and they really wanted something more than what somebody else did. The situational interview process, I think, brings out the most honesty inside an interview.

**HEALTHLEADERS:** *What do you do with middle-of-the-road candidates, who, perhaps, might just not be a great interview?*

**GALLO:** Well, that's why we conduct serial behavioral interviews—a dialogue among all the interviewees, talent acquisition, and the manager. Our managers had to learn how to do those types of interviews, because it used to be, "You look just like me. You have the same résumé as I do. You will be great." And then you had the employee from hell 30 days later in your department. So it's not one interview, then you're hired.

**RASMUSSEN:** One thing I always do with the middle-of-the-road people is look at references and ask the candidates something about their references. "What does Debbie really think about you, and why did you list her as a reference?" I'll get them to tell me about some strengths, weaknesses, all that kind of stuff, and as soon as the candidate leaves, if she's middle of the road, I will call Debbie before she has a chance to call

her, and I'll ask her those questions: "She listed you as a reference. What are the things that you've experienced from her?"

## Sell your culture

**HEALTHLEADERS:** *As important as it is for a candidate to sell himself to an organization, the organization also has to sell itself both to prospective candidates and to existing employees, right?*

**RASMUSSEN:** We spend a lot of time talking to customers saying, "We can send you all the candidates in the world, but if your culture and what you represent is not what the job seeker wants, they'll never come to work here." Brand and culture—they're hot topics right now, but it's specifically what the millennials are looking for.

**GALLO:** The employer no longer owns the marketplace around job recruitment; the person looking for the job owns the marketplace. So the only thing the employer has control over are the systems that create the culture and the policies and procedures that make the organization competitive.

**HEALTHLEADERS:** *Deborah, your hospital is a much smaller facility than NSLIJ. How does that help or hurt you from a recruitment perspective?*

**ZASTOCKI:** The community hospital experience is very different. We're down to 72 acute-care hospitals in New Jersey. Seventeen hospitals have closed in the past 10 years, and we have several now filing for bankruptcy. So the environment is very, very difficult, and one of the things that we are always asking ourselves is, "How do we maintain an environment where we can attract the very best?" while knowing it's very difficult to do that as a standalone entity. We focus on making sure that the staff's clinical experience is wonderful. We model our program after some of the things I learned from Johns

**BRENT RASMUSSEN**  
 Chief Operating Officer  
 CareerBuilder.com



Hopkins, which promoted a career development path for new graduates who feel as though they're a partner with the hospital, to help them grow in their career. We're smaller, and so if people want to try another clinical area, go for a different level of certification, move clinical specializations, we're very flexible with that—we help them.

## Management shift

**HEALTHLEADERS:** *As we discussed earlier, the ideals and priorities of the new job seeker have changed. How have ideals and priorities changed from a new manager perspective?*

**ZASTOCKI:** It's almost embedded in our culture that if you are the manager, you have the 24-hour responsibility. But we may have to disassemble all that thinking and begin to look at how we work as a team. We have a multigenerational and multinational work force now. We have managers who are from the baby boomer cohort, wanting to manage the way they always have, and yet the Generation Xers are saying, "I don't really want to come to a staff meeting; text me, e-mail me. I don't think we need to sit around a table and discuss all of these things. I'm OK—I don't need kumbaya. Let me do it and be done, and frankly, I don't care what you think of me in a performance appraisal." So it really makes for a challenging environment for the manager and for us as leaders in healthcare to figure out how we're going to create roles in which people want to be managers.

**RASMUSSEN:** And we don't give [middle managers] enough training. We don't give enough feedback from somebody who is really good at managing. I see a lot of organizations that don't do that. They say, "You're so good at that job, now you're the manager or manager of managers," and you see them fail.

**ZASTOCKI:** How many times have we heard physicians and patients saying, "If we could just get nurses and

nursing managers back to focusing on what needs to be happening in the patient care on their units." We've asked nurse managers to be independent business agents for an enterprise (their patient care unit), but maybe it is time for us to start thinking about those early careerists who are very passionate about patient care and create the infrastructure to have other staff support that model. I think we're expecting a bit much of managers at this point.

**HEALTHLEADERS:** *How do you evaluate managers? How do you know if a manager is any good?*

**GALLO:** Are their values aligned with the organization's values? Are they achieving their goals and objectives? Do their actions as managers help the organization achieve success? There are many assessment tools available to measure these. Leaders cast a large shadow. There's plenty of evidence that suggests that employees do not outperform their leaders. So if you have an A leader—a high-performing leader—there's a tendency not to tolerate the C players. If you have a C leader, the high-performing employee won't stay with them. So that's another indicator of whether someone is an effective manager—it's qualitative, but it's another indicator. And then there is the manager with great potential working within poor systems or working under weak leadership, so it may not always be about the manager.

**RASMUSSEN:** I'm a firm believer that leadership can be taught and you should not stop teaching. You have these high-potential individuals. I think the one thing that businesses do is we're not fair to those people. You say, "You were great at what you did, and we're going

to make you a manager—good luck." At CareerBuilder, we're not willing to take that chance. We say, "We think you're going to be a great leader, but I already know Joe is, so he's going to mentor you. He's going to be your peer, he's going to sit in on the one-on-ones with you, he's going to sit in on the performance feedback appraisals."

**HEALTHLEADERS:** *It almost sounds like organizations are promoting people too much, but isn't that a retention strategy?*

**ZASTOCKI:** In the baby boomer generation it was always that we have to advance; we have to reach a certain level and then move to the next level and to the next level. I think part of our challenge right now is to start imbedding a culture that [says] you don't have to be moving up the hierarchy. You can grow horizontally in broader and in different ways and still be a very viable leader.

**CABRAL:** It's a way of engaging your work force so that they are incentivized to stay, so that if they're ready for that next challenge, it doesn't have to be upward. It can be horizontal, and they're just as engaged and it gives them a sense of accomplishment at the end of the day.

## Ending the life cycle

**HEALTHLEADERS:** *Part of the talent life cycle is termination, one way or the other.*

*And I've heard more than one organization say, "Turnover is good." What are your thoughts on this?*

**ZASTOCKI:** Just as we're focusing on recruitment, I think we have a responsibility to do some creative pruning as well. Think about yourself as a strategic farmer. You know, we can think about the workplace similar to creating the condition for crops to grow, and when we have a fertile environment, we have a great culture. We seed the people and help them to grow, and they help us to make that next leap, if you will, in improving care. If there's something that's in the way of that growth, then we need to be equally diligent in making sure that we take care of that. There has to be some pruning.

**HEALTHLEADERS:** *So what's a good turnover rate?*

**CABRAL:** It depends. You know, in some units, a good turnover rate is 100%—I'm exaggerating. In some units, a good turnover rate might be 2%. It all depends on what we're looking to do in that unit. There is good turnover and bad turnover. There's turnover that we influence when we look at our performance evaluations, and we say, "These really are the bottom performers, and we need to either get them to where we need them to be, or we need to show them the door." So I think we should compare ourselves, both nationally and locally, around how well we're doing.

**ZASTOCKI:** I think that respectful closure of somebody's career is very important. If you can start establishing that as a cultural norm, then when you need to make that decision because the environment and a person's contributions no longer fit, you have a culture where people feel that they're respectfully treated. There's a nice exit, a nice celebration of their contributions and what they've given to the organization, and you help them out of the organization. You want anyone who was in your organization and then is now outside

of your organization to leave in the best way they can, fully whole, so that they go out and they're able to represent the organization in a positive manner.

## "Shortage, shortage, shortage"


**HEALTHLEADERS:** *We've talked about the nursing shortage, but nurses aren't the only type of worker in short supply. Apart from nurses and physicians, what other shortages do you face?*

**CABRAL:** Maybe six years ago, the educational requirement for a pharmacist was four years. Then they converted that to a six-year program, so we had two years of no new grads coming out of the pharmacy program. At the same time, you have these incredible retail clinics—Wal-Mart, CVS, Walgreens, Target, Stop & Shop, you name it—everybody has a pharmacy. So now we're competing for the same talent that these retail stores are competing for, and now some of these retail stores offer their employees cars. Recently we've seen something very similar around medical technologists. These are folks who typically work in a lab. Now we require them to be licensed in the state of New York. Everybody is after that same talent, and so how do you attract that talent? What's going to attract that lab technologist to come work for your organization versus going to work for Pfizer or one of these other nonhealthcare organizations?

**GALLO:** Everybody talks about the problem: Shortage, shortage, shortage. We need to shift the conversation from talking about the problem to creating innovative solutions and taking some risks. For example, healthcare organizations need to begin creating work environments that attract the brightest and the

best of the new generation, redesigning workflows and processes, and maintaining networks with employees who leave in the hopes that they can still deliver value to the organization.

**GALLO:** We also try to solve our own business problems. For example, we rolled out our neurosciences service line three years ago, and during the planning process, we realized we didn't have enough EEG technicians. So we researched what colleges graduated EEG technicians. Then we went out to that school and said, "Would you like to partner with us? We'll put our neurologists on your faculty. We will send our employees who want to be EEG technicians, and we will pay their tuition." We sent an e-mail to everybody in the health system asking who would like to be an EEG technician. We pressed "send" on Friday at 5 p.m., and there were 300 responses on Monday. We selected 22 employees for our corporate university; at the end of the course, we graduated 17 EEG technicians.

**CABRAL:** Part of the solution to the "shortage" is that you plan for it; you anticipate it. You already have the next crop getting ready to take over for the person who is getting ready to leave, because you can foresee how much turnover you have. 

Reprint HLR0708-6



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