

# Retaining Valuable Employees

## Chapter FastFACTS

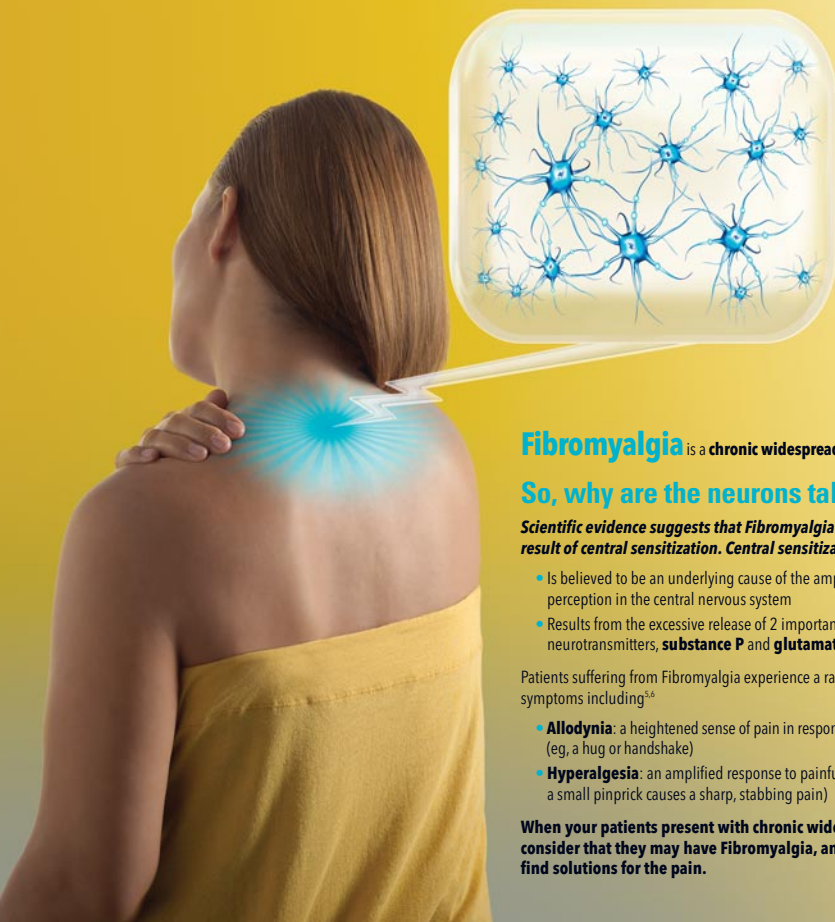
- 1. Studies show rewards such as recognition and feedback are as important as pay, benefits, and status.**
- 2. Recognition ideas may include gift cards, a team lunch, and a posting on a “wall of fame.”**
- 3. Creating rewards for the entire staff when they reach a shared goal creates unity and community.**
- 4. To encourage staff independence, give them tools and resources they need; then stop micromanaging.**
- 5. Attaching salaries to positions rather than to individuals ensures fairness.**

If you're struggling to hold onto and motivate valuable employees, there may be a fundamental disconnect between what you—and most managers—believe motivates employees and what they really want. When surveys ask managers why good people leave, they usually say it's about money—one study puts that result as high as 89%. However, although salary and benefits tend to attract people to organizations, they are not usually the reasons they leave, according to *Keeping Good People—Strategies for Solving the #1 Problem Facing Business Today* by Roger E. Herman. Research studies cite the following ten reasons why employees leave their jobs, in descending order:

1. Employee/manager relationship
2. Inability to use core skills
3. Inability to impact the organization's goals or mission
4. Frequent reorganizations; lack of control over career

What emerging science says about Fibromyalgia pain:

# It's the neurons talking.



**Fibromyalgia** is a chronic widespread pain condition<sup>1</sup>

## So, why are the neurons talking?

Scientific evidence suggests that Fibromyalgia may be the result of central sensitization. Central sensitization<sup>2,4</sup>:

- Is believed to be an underlying cause of the amplified pain perception in the central nervous system
- Results from the excessive release of 2 important pain neurotransmitters, **substance P** and **glutamate**

Patients suffering from Fibromyalgia experience a range of symptoms including<sup>5,6</sup>

- **Allodynia**: a heightened sense of pain in response to normal stimuli (eg, a hug or handshake)
- **Hyperalgesia**: an amplified response to painful stimuli (eg, when a small pinprick causes a sharp, stabbing pain)

**When your patients present with chronic widespread pain consider that they may have Fibromyalgia, and help them find solutions for the pain.**

To learn more about Fibromyalgia, visit [www.FibroKnowledge.com](http://www.FibroKnowledge.com)

Listen to pain. Think Fibromyalgia.

**References:** 1. Wolfe F, Smythe HA, Yunus MB, et al. The American College of Rheumatology 1990 criteria for the classification of fibromyalgia: report of the Multicenter Criteria Committee. *Arthritis Rheum.* 1990;33(2):160-172. 2. Staud R. Biology and therapy of fibromyalgia: pain in fibromyalgia syndrome. *Arthritis Res Ther.* 2006;8(3):208-214. 3. Costigan M, Scholz J, Woolf CJ. Neuropathic pain: a maladaptive response of the nervous system to damage. *Annu Rev Neurosci.* 2009;32:1-52. 4. Costigan M, Scholz J, Samad T, Woolf CJ. Pain. In: Siegel GJ, Albers RW, Brady ST, Price DL, eds. *Basic Neurochemistry: Molecular, Cellular and Medical Aspects*. 7th ed. Burlington, MA: Elsevier Academic Press; 2006:927-938. 5. Dubinsky RM, Kalkan H, El Chami Z, Bouthwell C, Ali H. Practice parameter: treatment of postherpetic neuralgia. *Neurology.* 2004;63:959-965. 6. Goldenberg DL, Burckhardt C, Clifford L. Management of fibromyalgia syndrome. *JAMA.* 2004;292(19):2388-2395.

5. Inability to grow and develop
6. Employee/organization values misalignment
7. Lack of resources to do the job
8. Unclear expectations
9. Lack of flexibility; no “whole life balance”
10. Salary/benefits

These factors are often not mentioned in attrition studies and may not match the reasons given for leaving during an employee’s exit interview since he or she hesitate to tell the truth for fear of burning bridges or getting a bad reference.

What motivates people to do their best work? Studies have repeatedly shown that intrinsic rewards are as important as pay, benefits, status, bonuses, pension plans, and expense accounts. Those rewards include providing recognition and feedback, opportunity to learn and grow through training, a healthy work environment, and recognition and respect for the uniqueness of each person’s competencies, needs, desires, and style. Employees who don’t receive these motivators may pass along their discouragement. “[These employees] basically come to a place where they feel, and communicate to patients, whether subtly or overtly, ‘We can’t change anything at this office; so don’t tell us about [your problem],’” Ms. Matuson explains.

## **Recognition and Appreciation**

Recognizing employees for a job well done makes them feel valued and needed, thus motivating them to continue to perform well while reinforcing the practice’s values, performance expectations, and the importance of the person’s tasks or role, regardless of the level required. Consider, for example, giving gift cards, paid time off, public recognition, a “wall of fame,” or a parking space. Ask your employees which method of recognition they prefer—publicly or privately. Do they want more autonomy or more support?

Establish some rewards that the entire staff receives when they reach a shared goal. This not only provides recognition, but also unites staff and creates community. For example, three years ago, employees of the Murray Woman’s Clinic were given a common goal to improve patient wait time: Get patients in and out the door within 60 minutes 85% of the time, which would be

an improvement over their current rate of 65%. Each quarter, a new incremental goal was set; and staff members were rewarded with a hundred dollars each if they hit it.

In addition to recognizing achievement of goals or measurable performance targets, recognize significant efforts. At Intermountain Medical Group, the group's employment health nurses had a 90% immunization rate goal for flu shots. Many variables made it difficult for them to achieve the desired outcome, but they did visit over 140 unique clinic sites across the state with 3,900 employees, and came within a few percentage points of achieving the goal. Intermountain determined that the effort was significant enough to merit formal recognition.

### The Ins and Outs of Training

If you really trust your staff, you'll feel more comfortable giving them some level of independence, which will free up your time to focus on your patients. Ensure that by giving them the tools and resources they need, then getting out of their way—i.e., stop micromanaging.

Training options range from job shadowing to special assignments to formal classroom experiences. Dr. Glasheim conducts 30- to 45-minute in-service trainings at least once a month for both clinical and office staff. He speaks for about 15 minutes on one asthma topic and one seasonal topic—for example, exercise-induced asthma and grass-pollen-induced hay fever. Staff members use the remaining time to share cases of patients they worked with or summaries of relevant journal articles they've been assigned to present. See "Ideas for Creating Independence and Skill Building," p. 66, for more ideas.

Cross-training may also work for your office by giving staff new tasks to try and goals to reach; it's also more cost-effective than adding staff. "Cross-training is critical for a small business like a medical practice, because inevitably the flow of traffic and point of customer contact will change; and employees need to be adaptable," Dr. Stubbs says. For example, Dr. Glasheim trains



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## Ideas for Creating Independence and Skill Building

The following ideas provide opportunities for employees to gain independence while developing new skills that will benefit the practice. They are adapted from the Center for Creative Leadership's, "*Eighty-Eight Assignments for Development in Place.*"

- Serve on a task force or attend a meeting representing the practice.
- Plan a health conference or community health day, either on their own or in collaboration with other medical practices, hospitals, or universities. Make a presentation at a local elementary school or serve at a booth at a fair.
- Install a new system; launch a new program or product.
- Supervise a purchase.
- Write press releases about trends seen in your office.
- Summarize a new trend or technique and present it to others.
- Screen drug reps and prepare a presentation on what they learned.
- Interview patients on their view of the practice.
- Become active in a professional association or community agency/volunteer organization.

front-office staff with people skills to recognize signs of systemic reaction in patients who receive allergy vaccines; they monitor those patients for 30 minutes before clearing them to leave. This frees up back-office staff to keep the office flow moving. He ties these additional responsibilities to merit-based increases, but more importantly, according to Dr. Glassheim, this "legitimizes and upgrades their positions." Given your busy office, it may work best to provide training during non-office hours. Ms. Whaley, for example, lets employees know more than a month ahead of time when they need to come in for a four-hour training on a Saturday morning.

Most often employees value additional assignments given to recognize their contribution to the practice, but some may view added assignments as a punishment, not a reward. To ensure that they are viewed more positively, give them projects that are new and exciting (rather than just heaping more routine tasks onto the employee's workload).

Dr. Tepper, who describes himself as a big believer in auton-

omy, gave his MA four hours to come up with ideas to improve something—anything—in the office. While such an assignment might seem daunting, giving employees an open-ended period of time to think with no restraints (and no requirement to come up with suggestions) can lead to creative solutions to problems that no one has had time to tackle. It worked for Dr. Tepper’s MA. “She identified a problem with our system for tracking pathology results and came up with a new one that we use today.” Ms. Matuson cites an office in which employees are asked to solve problems ranging from bills and appointments to the type of beverage available in the waiting room. “Patients and vendors compliment them on the changes they make, and they feel good about their contribution—and turnover is low,” she says.

### Compensation Issues

MAs in Dr. Tepper’s office stay an average of five years, compared with the regional average of less than two years. Here’s the surprise for those who still think retention is about dollars: his assistants are not the highest paid in the area. It turns out that other, intangible reasons (like recognition and independence) trump salary when it comes to motivation and retention. That’s not to say that salary isn’t a motivating factor. In order to be competitive while staying financially sound, consider the following when determining employee compensation:

**How is the practice doing?** Look at your business plan and finances to determine what you can afford to pay your employees now and in the future. Do you want a part of your employees’ compensation to be tied into how the practice is doing? For instance, the Murray Woman’s Clinic offers its employees profit sharing. In good economic times employees there have received

#### ISMP Alert

The similarity in names of Kapidex, Capadex, and Casodex has led to massive confusion resulting in serious medication errors, according to a recent ISMP alert. Get more information about these and other alerts

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**Practice Rx by Doctor’s Digest** Medical iPhone app.

as much as an additional 8% to 10% of their salaries in profit sharing.

**What's the right number of employees?** How many employees do you expect to need over the long-term?

**Will compensation be based on knowledge, skills, performance, merit, need, or seniority?** There are budget implications if you will be basing your salaries on cost-of-living needs versus bringing valuable skills to the practice, for instance. What is each of these factors worth monetarily, and how many employees does your decision impact?

**Are employees exempt or nonexempt?** As reported at [www.allbusiness.com](http://www.allbusiness.com), "Exempt and nonexempt status has little to do with job titles and whether an employee is salaried or receives an hourly wage. ... The legal definition of exempt and nonexempt has much more to do with an employee's level of responsibility or his or her status as a professional." Mr. Jacuzzi says he sees more complaints of misclassification from medical practices than any other type of employment complaint. He describes the situation of a nurse practitioner who's being paid hourly and is considered nonexempt. As a licensed professional, she may qualify for exempt status and could be paid on a salaried basis. Then there's the office manager. Because of the "manager" in her title, she's been classified as exempt; but because she's not actually managing anybody, she doesn't qualify for the executive exemption. And because her job involves billing, scheduling, invoicing, and dealing with insurance companies (while the doctor has to sign off on anything of significance), she is not "exercising independent judgment and discretion" and doesn't qualify for an administrative exemption either. This employee is nonexempt, should be paid hourly, and is entitled to overtime pay. If you're confused about a particular situation, consult an employment attorney or HR consultant.

**What will be the mix of your compensation package?** Compensation is an umbrella term for all remuneration employees receive, including benefits. Sometimes those who don't understand that mix leave for a position with higher salary. Only then, notes Mr. Micucci, they're surprised by how much they're personally paying for benefits and other perks. At Pulmonary Associates, Burlingame Medical Group, Burlingame, Calif.,

Lawrence A. Coskey, MD, says his office manager meets with each employee at the end of each year to share the results of local salary surveys. The office manager explains to all staff members what their actual salary is including benefits and other expenses.

**Are salaries fair?** It's natural for employees to compare salaries, even if you ask them not to. While you can choose to have a range of salaries for each position, it's important to heed the equity between positions, between incumbents and new hires, and between the highest- and lowest-paid staff members. Ensure that certain demographic groups don't receive higher compensation than others, for example employees with children getting greater benefits than childless ones. Tie salaries to positions, not to individuals.

**Is the payment package sustainable?**

When making compensation decisions, consider not only what works right now, but what will work over time. How often will salaries need to be adjusted due to merit increases, cost-of-living increases, promotions, anniversaries, changes in health plan, etc.?

**Does the pay reflect the local job market?** How much you pay your employees will be related to how much they are worth, which in turn is related to supply. What is the availability of potential employees and temporary or contract employees in your area? This will depend on factors including the economy, technology, demographic trends, government regulations, time of year, and demand for services. Surveys of prevailing market wages are found online through such sources as Pam Pohly's net guide at <http://www.pohly.com/admin7.html>, which includes links to healthcare salary surveys. Websites like <http://www.indeed.com/salary?q1=medical+practice+manager&ll> allow you to search by position and ZIP code for current and historical salary data.

**What is the standard of living in the area around your practice?** How much you offer will be related to how much it costs employees to live. Look for information online through such sources as the regional cost-of-living calculator at <http://www.homefair.com/real-estate/salary-calculator.asp?cc=1>.