

## CHAPTER 4

# Recruiting, Developing, and Retaining Talent

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TALENTED AND DEDICATED people make the difference between high-performing and low-performing organizations. Having a great team to rely on can make the hard work of rural leadership so much more enjoyable, but building such a team is itself hard work. It requires attracting capable people who want to be part of a small community (recruitment), creating an environment where they can thrive (development), and keeping them engaged (retention).

Rural life presents distinct benefits over urban life, and yet it can be a hard sell. It is rare to find a rural community with enough physicians, nurse practitioners, or physician assistants. It is also quite common to see a community's health needs assessment with "access to care" listed high among the main concerns.

Not everyone will thrive in a rural environment, so it is important to identify those who can. However, once the right people are on board, the important work has just begun. Keeping them engaged can be a difficult but crucial endeavor. Tenure is particularly valuable in small communities where trust is not easily earned. It can take years for newcomers to feel welcome. Nevertheless, commitment to their personal and professional growth

should be a priority of any rural organization to ensure its future for years to come.

## FINDING A GOOD FIT

Any recruitment effort should consider whether a candidate will fit nicely into the community. This is especially true in small towns, where the presence or absence of fit can mean the difference between someone staying for six months or six decades. Individuals may have the skills to do the job and help the organization, but if they or their family cannot fit into the community outside of the work environment, they will not last long. And many rural communities, to their detriment, have a limited level of tolerance for newcomers or people with differing beliefs and practices.

Federal programs like J-1 and H-1B visas, which allow foreign nationals to live and work in the United States temporarily, and the US National Health Service Corps can greatly expand the number of physician candidates interested in working in a rural area. With physicians commonly exiting their residencies with medical school debts in the six figures, government funding programs that pay large portions of their debt to work in medically underserved areas are a resource that can support rural recruitment efforts. Likewise, visa programs can allow some international medical graduates to stay in the United States while working in underserved areas.

These programs and their incentives can provide a lot of help in finding physicians, but recruiting for community fit is still important. If a physician is *willing* but not *wanting* to be there, patients and staff will quickly figure that out. A revolving door of physicians leaving after they have paid off their loans or met their visa requirements will only lead to a lack of continuity that can erode patient trust in a hospital.

### **Common Rural Practitioner Profiles**

Rural healthcare leaders must be able to determine what motivates someone to want to work in a small community more than anywhere else. Motivations differ for each individual, just as the needs of each organization differ. Most important, motivations and needs should match. The following categories provide a few helpful examples of potential practitioners who may—or may not—prove to be a good fit.

#### ***The Local Kid***

... is returning home (or a place like home) to be close to family, friends, or a way of life they enjoy.

They understand the local culture and may have an established support system in the area. This is the ideal situation for building trust with patients and creating a long-term clinical practice. Frequently, their return occurs after some life event like marriage or the arrival of children. Rural healthcare leaders need to stay connected with ex-pats wherever they go to practice, and then make sure they know they are welcome to come back home.

#### ***The Work Visa Doctor***

... received medical training outside the United States.

They may have practiced in another country and were matched into a US residency. To remain stateside, they may choose to relocate to an urban place after practicing under a J-1 or H-1B work visa in an underserved (e.g., rural) setting for a few years. Many physicians work the required three years and build a life and practice in the area, while many others do their time grudgingly, then leave. It is difficult to discern long-term intent in the interview process, but worth the effort.

### ***The Baggage-Handler***

. . . comes with personal or professional baggage.

Getting a complete picture here during recruitment can be difficult when the previous employer is unwilling or unable, on the advice of counsel, to share details. There can be a history of substance abuse, inappropriate workplace behavior, compromised integrity, or an explosive temper. They typically do not last more than a year or two in any one place, eventually moving out to underserved rural communities that are desperate to hire providers. The choice between having a potential troublemaker or no provider at all can be complicated, given the fact that an accurate and complete history can be difficult to uncover.

### ***The Money-Motivated Doctor***

. . . is driven by financial gain and sees patients as the means to an end.

They generally provide quality care and have high customer satisfaction because those attributes drive revenue. In a shortage of providers, the economic principle of supply and demand comes into play, and these people can be attracted to a financial premium. When rural hospitals accommodate this request, they may find it unsustainable. With motivation narrowly focused on compensation, this person continually lobbies for additional increases and ways to charge more to patients while also seeking better compensation elsewhere. It can be tempting to hire this physician to fill a critical need, but healthcare leaders need to consider two concerns.

1. What will the impact be on the rest of the staff when they learn (and they will) of this person's elevated salary?

2. Some other organizations will be willing to offer more money, which will force repeated increases or the loss of the physician.

### ***The Coaster***

. . . is generally within sight of retirement but not quite ready or able to stop working.

They are confident, experienced, and frustrated by the administrative duties of medicine. They are looking for a salary to practice medicine for a few more years without a heavy patient load and with as little office responsibility as possible. They are typically dependable and happy to avoid any drama that may arise in a small medical staff, and therefore can be good hires.

### ***The Missionary***

. . . is driven by a sense of mission or purpose that is greater than self.

This motivation may come from family values, personal experiences, or religious beliefs. In any case, this person is drawn to areas with significant health disparities where they can make a difference. Rural organizations can help them extend this sense of global mission with flexible time off policies that allow them to travel for several weeks at a time rather than traditional benefits.

## **RECRUITMENT PRIORITIES**

Recruiting is serious business. Leaders must dedicate sufficient staff time for regular contact and follow-through with promising candidates. Clear communication should be a priority so they know where they stand. It is too easy to allow everyday functions to prevail

over the recruitment process, but delays in communication, glacial contract review and negotiation, or any other type of slow response can prompt a good candidate to walk away. Good candidates always have options. Moreover, distracted responses to them during the recruiting phase will create a poor setting for a future employee–employer relationship.

## **Technical Staff**

Today’s healthcare delivery requires an array of technical expertise. Essential support skills include finance, billing, computer technology, marketing, human resources, business development, and fundraising. Small communities rarely have these skill sets in abundance, which leaves health systems with the choice of recruiting people with these abilities from elsewhere, outsourcing the responsibility, or developing their own team to perform these functions.

Recruiting people with these talents presents some of the same challenges and benefits as recruiting clinical talent. However, not all technical staff members need to be on-site or directly engage with patients, so outsourcing is an option. Rural healthcare organizations that are affiliated with larger systems and their well-developed capabilities in technical specialties can have an advantage in facing this challenge, as well.

Alternatively, there is the option of finding competent service vendors if the skill cannot be found locally or easily recruited. Outsourcing can be a tough decision in a community that desperately needs skilled jobs. However, rural health systems without competent people in these essential positions will struggle to thrive.

## **Clinical Staff**

A good portion of the next generation of nurses, technicians, and therapists may be in the organization today. Unfortunately, members

of the nonclinical staff are intimidated by the education and training requirements to become clinical professionals. In addition, this training may not be available in small communities without local colleges. Leaders should look for any barriers to professional development and work to remove them. There are several remedies.

- **Tuition reimbursement.** Most organizations offer some support for education, yet the cost frequently remains a barrier. Tuition reimbursement funds are good investments and should be reassessed regularly to ensure that they are sufficient to attract applicants.
- **Partnership with regional schools.** Creating appropriate classes in the community can be arranged with a regional college willing to be a partner in the endeavor if subsidized.
- **Inspiration to others.** Staff should know that their organization wants them to achieve more. Highlighting the accomplishments of those who have completed clinical skills programs and improved their lives can be a successful tactic for generating additional interest.

## **DEVELOPING THE NEXT GENERATION: AN AGRARIAN APPROACH**

A far-reaching view of clinical staff development that takes a home-grown agrarian approach can yield eventual success when the process starts in early high school. Programs for students can vary from simple career presentations to summer programs and intensive exposure lasting a full semester.

A solid development program requires both external and internal support. Creative programs that bring students into the hospital can only happen with the help of a partner/advocate at the school system, someone to encourage student participation and help them

work through the logistics. The hospital staff also must be on board. A few staff members will not want to be bothered with teaching others, but if this attitude is pervasive, nothing positive can come from the students' exposure. Staff buy-in and ownership of next-generation training are crucial.

It is important to choose students with a genuine interest and educational capability to be healthcare professionals. Those without family members in healthcare need special attention. First-generation healthcare students may have no other exposure to programs like this to help them understand what healthcare is really like.

Students who go through a rigorous healthcare experience at a hospital typically have several revelations.

1. It's not melodramatic like "Grey's Anatomy" or "Chicago Med," which may be their only point of reference to healthcare if they don't have a family member in the profession.
2. Their local health system does a lot more than they ever realized.
3. They come out with a strong opinion about healthcare as a career. Many realize that it's not for them, which is good. This realization would come eventually; realizing it early can save years of tuition and frustration.

This agrarian approach to clinical staff development is more like investing in a new orchard or a vineyard than a garden. Results may not be seen for a decade. A common scenario is that a rural high school student gets excited about becoming a nurse or physical therapist. After completing their years of training, they want to work in a larger city where there is a neonatal intensive care unit or sports medicine program. The idea of returning to their rural roots may come years later when their children enter the picture and they start thinking that back home is a nicer place to raise a family. Leaders are well advised to stay connected with them all along their journey because it presents the possibility of adding a well-trained,



long-term member to the team—someone who will have the respect of the community and serve as an example for others to follow.

While the process is a long game that requires a lot of effort and vision to develop, notable short-term benefits come with this approach, too.

- **Credibility is established.** When a student answers the question *What did you learn in school today?* with an energetic response about their experience, the credibility of the organization gets an immediate boost. An inside advocate is always helpful.
- **Immediate needs are met.** Students can fill entry-level positions such as certified nurse assistants or medical assistants, thus addressing a crucial staffing gap in a sector that is desperate for reliable workers. Frontline experiences are invaluable for these students when they apply to competitive advanced training programs.
- **The future is brightened.** A pipeline of students who want to work at their local hospital in the future fuels an optimistic outlook for the organization. The leaders can look forward to a deeper labor pool and the students' proud parents can talk about their children's plans to fill vital roles in their community.
- **Community goodwill is created.** Every parent wants their child to contribute to society, be gainfully employed, and raise their grandchildren near them. Starting teens on their path to a healthcare career means more people in the community are cheering for the local healthcare system.

## PHYSICIAN RESIDENCY

There is a growing opportunity to train the next generation of physicians in rural areas. Rural residency programs can train primary care physicians in an environment where they are exposed to a

wide variety of patients. In an urban setting, primary care residents may not get that degree of exposure to complex medical patients who are sent to the system's endocrinology, cardiology, or another subspecialty program.

Although there are various residency training opportunities and rotations in rural areas, one common and successful program is the 2+1 Family Medicine Residency. This partnership with an urban facility provides the first year of training to expose the resident to surgery, trauma, or subspecialty rotations that are not practical in a rural setting. The remaining two years are at the rural facility, giving the resident added continuity with patients, staff, and physicians in the area. Because many physicians end up practicing in the area where they were trained, cooperative programs like this provide an excellent way to develop the next generation of physicians in a small community. One downside is that these residency programs do not provide enough revenue to support themselves and must be subsidized.

## RETAINING GOOD PEOPLE

Happiness in a small town begins with happiness in the family. Regardless of how fulfilling the work is to a newly recruited staff member, coming home to a miserable spouse or child will create a miserable existence for everyone. It can be tough for new families to move to a small town with no familial support or connections. A special effort to help recruits and their families love their new hometowns can make the difference between a long career in the community and a short stint. There are several ways to show that support.

- **Support the spouse.** A spouse may be a well-educated professional who will struggle to find a job of the same caliber in a rural community that they could find in a large city. There are only so many jobs in small towns for

attorneys or engineers. Making connections with other employers in town who are recruiting professionals can help solve that dilemma. When they agree to consider and interview the spouse of a desired candidate, the response can be very favorable. Of course, there is no guarantee of a job, but just telling the candidate's spouse that a local company will give them an interview demonstrates that the community wants them both to stay there.

- **Encourage community involvement.** Helping new people become involved and learn about the community, especially in the first few months, is good practice. Options include taking them to the farmer's market, going to see a local band, inviting them to speak at a civic club, or taking them to the best place to hike or fish. Escorting them around town and introducing them to others is the most effective way to establish connections. And probably the most impactful integration tactic is an invitation to a casual meal at the boss's home.
- **Take care of the kids.** Childhood can be rough under any circumstances, but new kids in a small town with a parent in an important position can feel extra pressure. Simple conversations with parents about what can make their kids feel welcome are important. It's not enough to introduce them to children their age or force new friends on them. This can backfire if the kids they are introduced to see them as a threat. Each child will handle a new situation in their own way, and each must be allowed to ease into things at their own pace.

Small towns are wonderful places to live and raise a family, but many unique things are often hidden from "outsiders." If newcomers are to succeed and stay, it is vital to help them learn what makes the area special. How can they take part in a barbecue or Low Country boil? Where can they see all the stars in the sky? These things can't really exist in the city and are not easily experienced by visitors. You

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must be part of the community to understand and appreciate what a small town has to offer.

So much about successful acclimation is associated with the effort to help new people feel welcome. This should be a concerted effort by the board members if it is a new CEO, by the CEO if it is a new member of the leadership team, or by medical staff and the CEO together if it is a new physician. Having a trusted resource to make introductions, answer questions, and ease concerns can pay dividends when the new people truly become part of the community.

## REFLECTION POINTS

- In 10 years, which key people will have retired or no longer be with your organization? How will they be replaced?
- What is your process to prioritize recruitment and responsiveness to candidates?
- How can you apply an agrarian approach to build the next generation of healthcare providers?
- Do you have a plan to develop internal staff into next-level positions? How successful has it been? How could you improve it?
- How open is your community to people who look, think, worship, or act differently?
- What makes your community special? How can you share these attributes when recruiting? When onboarding newcomers?
- What are some technical positions that do not require someone to be onsite daily? Could these positions be shared with another institution or outsourced?
- How would you discern whether a potential practitioner could be a good fit in your organization and community?