Promoting Professionalism and Reducing Staff Turnover in Respiratory Care

In today's health-care environment, especially in acute-care hospitals, there is high and increasing pressure to reduce costs. This is important[1] because, with increasing life expectancy (in the United States it increased from 75.37 years in 1990 to 77.2 years in 2002) and the aging of the baby boomer population, more people and a higher percentage of the population will need health care in the coming years.[2] The demand for health care is straining the system at the same time that we are trying to reduce costs. Respiratory therapists (RTs) now must do more with less, so we need to find more efficient methods while seeking to improve patient outcomes.

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"During the 1960s and 1970s patients received therapy without documenting its need or positive benefit. Sensing a need for change, the American Association for Respiratory Care studied and established national roles and the delineation of respiratory care."[3] This resulted in higher levels of clinical practice by RTs and led to the development of clinical practice guidelines. In many facilities, clinical practice guidelines have assisted respiratory care departments to develop treatment protocols.

In this issue of RESPIRATORY CARE, Orens et al[4] report that the use of protocols and guidelines reduces costs and improves outcomes by ensuring that patients get the correct therapies.[5,6] Effective management of respiratory care services involves both delivering treatments that benefit patients *and* avoiding treatments that are not likely to benefit patients.[6] The Cleveland Clinic researchers discovered that a substantial percentage of respiratory care treatments were in the latter category, while some patients were not receiving treatments that probably would have benefited them, and that protocols help decrease unneeded treatments and improve the delivery of needed treatments. The Cleveland Clinic created its respiratory therapy consult service in 1992 to administer care to adult inpatients who are not in the intensive care units. That protocol-based system improved care, lowered per-patient costs, and improved RTs' job satisfaction, *while* meeting increasing demand for respiratory care services.

The experience of Orens and colleagues is encouraging to me as a longtime RT and manager, because I have found human resources to be one of the most difficult aspects of my job. The Cleveland Clinic's respiratory care consult service has created an environment of RT *professionalism*, by which I mean that the RTs in that department have both mastery of technical knowledge *and* the authorization to apply that knowledge in various situations, using independent, critical thinking, patient assessment, and situation analysis.[7] That professionalism is an important component of job satisfaction, and The Cleveland Clinic has a low rate of RT personnel turnover (5% in 2001).

A high employee turnover rate is expensive for an institution. The costs are in 2 categories: separation costs and replacement costs. Replacement costs (the greater of the two) include sourcing costs, human-resources costs of finding and assessing candidates, the time spent by managers interviewing candidates, and orientation and training costs. In some organizations, replacement costs may also include travel and relocation costs and/or sign-on bonuses. Other costs, which are more difficult to quantify, include lower productivity because the new employee might work slower and might make more mistakes while in training.[8]

In another health-care organization, employees listed the following as strategies that help minimize turnover: a work environment that promotes full use of employees' skills; opportunities to learn new skills; coaching and counseling from supervisors and leaders; and ongoing training.[9] All of those strategies are in use at the Cleveland Clinic, whose experience provides a blueprint for other respiratory care departments to follow.

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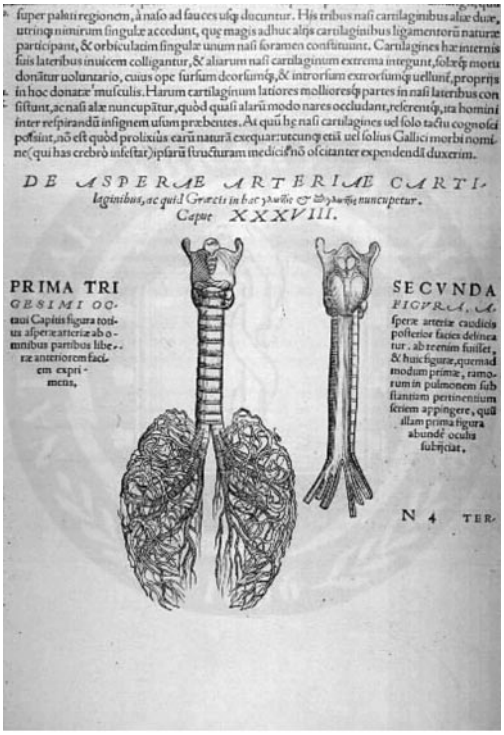

Larynx, trachea, and bronchial tree
Andreas Vesalius. *De humani corporis fabrica*
Ex officina Joannis Oporini; 1543
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