Successful Methods of Addressing Clinical Research Staff Turnover

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1. Background

At the beginning of the COVID-19 pandemic, the University of Miami issued a system-wide hiring freeze that prevented the Sylvester Comprehensive Cancer Center (SCCC) clinical research services (CRS) office from filling vacant positions between March and November 2020. As shown in the figure, turnover during this time resulted in a deficit of 24 employees.

2. Goals

Due to the increasing number of resignations from August to November 2020, CRS leadership outlined several proactive measures to combat vacancies in the office. The goal was to quickly identify, recruit, and hire clinical research staff members.

3. Solutions and Methods

To address this challenge, we developed innovative strategies to fill positions as quickly as possible including:

- Hiring Huddles, which met 3 times weekly with our human resource partners to monitor and discuss all open positions in clinical research
 - Through these huddles, the team began tracking data points throughout all stages of the hiring process and were able to identify the followings trends:
 - Delays in the timeline for approval of offers
 - Delays in the timeline for approval of position requests
 - Long timelines for salary negotiations
 - Lag in communication with candidates
- A hiring SWAT team to quickly interview and evaluate candidates for high-priority positions and site disease groups (SDGs) within 48 hours of application
 - All interviews with candidates for lower-priority positions were scheduled within 6 days and offers were made within 1 week of initial interview with a maximum of 2 interviews

4. Outcomes

Staff turnover continued into 2021 for a total loss of 73 employees since the start of the pandemic. With the initiation of the new hiring strategies, we have been able to hire 139 new staff members, while recovering from a hiring freeze, and working around multiple staff members being infected with the COVID-19 virus (see figure).

Due to the impact of high turnover on clinical research operations, we instituted a 30 percent over-hire model, in which we opened additional positions for all functional areas of the CRS. This method allowed us to provide coverage for staff that resign or are out of the office for extended periods of time without overburdening staff who would otherwise be required to carry the extra workload.

Through the Hiring Huddles and data collection process, we also documented that many of our staff members vacated SCCC positions for roles at our sponsor and CRO partners after being offered 40-100 percent salary increases, fully remote positions, and additional perks. In response, we reviewed existing, and created new, position ladders to increase salaries for the following positions:

- Clinical research coordinators
- Clinical research managers
- Clinical research nurses
- Regulatory staff

5. Lessons Learned and Future Directions

With the support of our clinical research leadership and human resources department, we will continue to restructure the CRS to streamline services, implement additional hybrid/remote work opportunities, and identify perks to offer employees, to ensure a robust clinical research services office for the Sylvester Comprehensive Cancer Center.

Figure:

