Some email communications may be filtered to your Spam or Junk folder, even if you have subscribed to them. Please mark **aaciupdate@aaci-cancer.ccsend.com** as a Safe Sender to ensure that AACI emails are delivered to your inbox.

March 2022

Commentary

Repairing Damage to Clinical Trials Office Staffing

By Kristie Moffett



Kristie Moffett is senior director for human subjects research at Moffitt Cancer Center in Tampa, Florida. She is a member of AACI's CTO Staff Retention Task Force and CTO Administrative Directors Roundtable.

Commentary Overview

- AACI's Clinical Research Innovation (CRI) has convened a CTO Staff Retention Task Force, chaired by Dr. Leonidas C. Platanias, director, Robert H. Lurie Comprehensive Cancer Center of Northwestern University.
- Primary drivers of staff turnover include insufficient compensation, heavy workload, desire to work remotely, and lack of engagement between staff and team members.
- Staff retention strategies implemented at Moffitt Cancer Center reduced turnover by 10 percent. The key is finding the right combination of strategies, since some effects can be temporary.

Clinical trials offices (CTOs) have faced unprecedented staffing challenges in recent years due to several factors, including the COVID-19 pandemic. These shifts in the oncology workforce mean that yesterday's solutions may not be appropriate today. We must start thinking like evolutionists, constantly adapting to survive.

Throughout the pandemic, multiple factors have combined to form cracks in the foundation of clinical trials operations. Some of the damage was caused by CTOs losing staff retention competitive advantage to the pharmaceutical industry and contract research organizations, due in part to an employment model that has been forced by circumstances to work remotely, thus mitigating daunting travel requirements of the past.

Regaining staffing stability—repairing the foundation—will require a multi-pronged approach akin to what we have implemented at Moffitt Cancer Center but tailored to the unique needs of individual centers.

In this critical time, it's important to recognize that none of us caused this situation and that we are all trying our best to deal with its ramifications and take action. Equally vital is a willingness to accept change. Most of our clinical trials workforce is young, so leading and engaging them requires different approaches than in the past.

Earlier this year, AACI's Clinical Research Innovation (CRI) launched a CTO Staff Retention Task Force, chaired by Dr. Leonidas C. Platanias, director, Robert H. Lurie Comprehensive Cancer Center of Northwestern University. Prior to joining the task force, I made a presentation before a combined meeting of CRI's CTO Medical Directors and Administrative Directors Roundtables. During the meeting, four main reasons for turnover were cited: insufficient compensation, heavy workload, desire to work remotely, and a lack of engagement between staff and team members. Additional drivers of staff turnover, related to the pandemic, include the need to care for children and elderly parents, early retirement, and staff seeking promotions in areas outside of the cancer center.

My presentation described remote work, career ladders, and team member engagement at Moffitt. At that time, 10 roles covering hundreds of employees were made permanently remote at Moffitt; restrictions were loosened on hiring non-local residents, thus increasing the pool of workers available to fill vacancies; and the clinical trial coordinator career ladder was expanded to allow for more growth and higher pay scales.

The following are some of the steps that CTO leaders at Moffitt have taken to ease the staffing crunch. By implementing these and other strategies, our rolling 12-month turnover rate dropped from over 20 percent to 18 percent—an overall decline of 10 percent—although we have seen periodic spikes. The key is finding the right combination of strategies and adding your own, since some impacts from these interventions can be temporary.

Be flexible. With the constant ebb and flow of COVID, adjusting work hours, break times, and where people work is a necessity. Whether it's a remote team member who is on vacation and wants to work from the beach for a couple days, or a parent asking to work an hour or two in the evening to attend their child's school performance, flexible schedules can lead to greater productivity and less stress for staff.

Flexibility may also require allowing the continuation of remote work. According to the U.S. Census Bureau, the average one-way commuting time is nearly 28 minutes, meaning that team members will save an average of about five hours per week by not commuting. That extra time can make a big difference in their personal lives.

Allowing remote work can lead to fewer missed days of work. I often use the example of pink eye: you don't want to spread it to colleagues, but you don't feel so bad that you can't work. It's also helpful to recognize that schools and daycares are hypersensitive to coughs and sneezes, leading to young children staying home more often. Simply acknowledging that such circumstances are out of parents' control is a good first step toward better management of staff time.

Engage with your team. This can be a challenge in a remote work setting. At Moffitt, volunteer team members make presentations from a personal perspective called "I am Moffitt". Their stories give other team members insights into their family, passions, dreams, setbacks, and events that have led them to where they are today. It all ties back into what drives them to help Moffitt fulfill its mission of preventing and curing cancer.

Another way to better engage with your team is to create task forces, committees, or councils to collect input as problems arise. CTO leaders can propose three acceptable options to tackle a challenge, then collect feedback on the best one.

Expand the career ladder. The newer generations of the oncology workforce appreciate frequent incentives and promotions. A team member can be lost to an equivalent job outside your cancer center if promotions do not happen more frequently than they did in the past. Think forward, not backward: delayed recognition translates to a feeling of not being valued.

Listen to your team members. Being heard is a fundamental human need. While you can't change the world, your staff will recognize that you listened and tried.

The new staffing landscape can be navigated successfully by doing what you do best and by researching the right mix of strategies for your organization to avoid being left behind. The future looks different, but it can still be bright!

Our Mission

The Association of American Cancer Institutes (AACI) represents 103 premier academic and freestanding cancer centers in the United States and Canada. AACI is accelerating progress against cancer by empowering North America's leading cancer centers in their shared mission to alleviate suffering.

About AACI Commentary

To promote the work of its members, AACI publishes *Commentary*, a monthly editorial series focusing on major issues of common interest to North American cancer centers, authored by cancer center leaders and subject matter experts.



Copyright 2022 | Association of American Cancer Institutes