



## CASE STUDY

# From Burnout to Breakthrough: How Mercy Regional Medical Center Reduced Nursing Turnover by 61% in 8 Months

## Organization Profile

<b>Organization:</b>	Mercy Regional Medical Center
<b>Type:</b>	280-bed acute care hospital
<b>Staff Size:</b>	420 clinical staff members
<b>Management:</b>	14 unit managers and shift supervisors
<b>Challenge:</b>	Critical nursing shortage with 18% annual turnover

## Transformation Results

Metric	Before	After	Improvement
<b>Nursing Turnover</b>	18%	7%	↓ 61%
<b>Burnout Scores</b>	68%	31%	↓ 54%
<b>Patient Satisfaction</b>	72%	89%	↑ 24%
<b>Annual Savings</b>	—	\$2.8M	\$2.8M
<b>Platform ROI</b>	—	571%	571%

## The Crisis Point

March 2025 marked a turning point for Mercy Regional Medical Center, but not the kind anyone wanted. The 280-bed facility had lost 76 nurses in the previous 12 months, an 18% annual turnover rate that was straining every unit to the breaking point. The ED was chronically understaffed. Med-Surg units were running on skeleton crews. Travel nurses were costing the hospital \$185 per hour while permanent staff watched their overtime hours climb past sustainable levels. Experienced nurses were leaving for competitor hospitals, taking decades of institutional knowledge with them.

*"We were in a death spiral. Nurses were burning out because we were short-staffed, which caused more nurses to leave, which made the*



*remaining staff even more burned out. I was losing sleep wondering how we would maintain safe patient care ratios."*

— Dr. Patricia Reynolds, Chief Nursing Officer

Exit interviews revealed a consistent pattern. Nurses felt unsupported by their unit managers, disconnected from hospital leadership, and trapped in a cycle of crisis management. The typical responses: better pay elsewhere, impossible workloads, lack of professional development, and feeling like just another number in the system. The hospital had tried standard retention strategies. They had increased sign-on bonuses to \$15,000, enhanced benefits packages, and brought in pizza during night shifts. Nothing stopped the exodus. Each departure cost an estimated \$58,000 in recruitment, orientation, and lost productivity, plus the immeasurable cost of decreased patient satisfaction scores.

## The Clover ERA Implementation

In April 2025, Mercy Regional's CNO made a different choice. Rather than another top-down initiative from administration, they would empower unit managers and shift supervisors with real-time data about their teams.

They implemented Clover ERA for all 14 unit managers and shift supervisors across Emergency, ICU, Med-Surg, and specialty units. Each manager would oversee 20-30 clinical staff members, getting daily insights through the CLOVER framework.

*"At first, I thought it was just another survey that would collect dust. But when I saw my team's Communication scores drop after we changed shift handoff procedures, I knew this was different. I could see the problem the same day it started, not six months later in an exit interview."*

— Michael Torres, ED Nurse Manager

The platform's 30-second daily reflections were designed specifically for healthcare's time-constrained environment. Nurses could complete their reflection during shift change, at the nurses' station between patients, or even on their phones before leaving the hospital. The questions focused on the six CLOVER areas: Communication, Learning, Opportunities, Vulnerability, Enablement, and Reflection.

What made the difference was the manager dashboards. Instead of vague engagement scores, unit managers could see exactly which aspects of the work environment needed attention for each nurse. When three ICU nurses flagged Enablement issues on the same day, their manager discovered they were waiting 45 minutes for central supply to deliver basic equipment during critical patient situations.

## Eight Months of Transformation: The Results

By December 2025, Mercy Regional's metrics told a dramatically different story:

### Turnover and Retention:

- Nursing turnover rate dropped from 18% to 7% annually
- Only 29 nurse departures in the second half of 2025 (compared to 47 in the first half)
- Zero unit manager turnover after implementation
- Average nursing tenure increased from 3.2 years to projected 5.8 years
- Travel nurse usage decreased by 73%



## Staff Wellbeing:

- Daily reflection participation averaged 83% across all units
- Burnout indicators decreased 54% (from 68% to 31% of staff)
- Communication scores improved 47% in the first 120 days
- Learning and development engagement increased 38%
- Staff reporting adequate resources (Enablement) rose from 41% to 78%

## Patient Care Impact:

- Patient satisfaction scores increased from 72% to 89%
- Hospital-acquired infection rates decreased 16%
- Average length of stay decreased 0.4 days
- Medication error reports decreased 22%

## Financial Results:

- Estimated annual savings of \$2.8M in turnover and travel nurse costs
- ROI of 571% (platform cost vs. savings)
- Platform investment: \$49,560 annually (\$295/month × 14 managers)
- Additional revenue from improved patient satisfaction metrics: \$340,000

## What Changed: Manager Perspectives

The transformation came from giving unit managers the ability to identify and address problems before they became crises.

*"For years, I managed by walking around and hoping to catch problems early. Now I have data. When I see Learning scores dropping for night shift nurses, I know they feel disconnected from training opportunities that only happen during day shift. That's something I can fix immediately."*

— Linda Washington, Med-Surg Unit Manager

Washington shares a specific intervention that prevented what could have been another departure. Her dashboard showed one of her most experienced nurses had declining Opportunity scores for three consecutive weeks. Rather than wait for the bi-annual review, she met with the nurse within 48 hours.

The nurse, a 12-year veteran, felt stuck in bedside care with no path to specialty certification or leadership roles. Washington worked with HR to create a clinical ladder program that allowed experienced nurses to advance without leaving patient care. She also secured funding for the nurse to pursue wound care certification. Three months later, that nurse is leading a wound care quality improvement initiative and mentoring newer staff.

*"The daily reflections take maybe 30 seconds while I'm charting. But the insights I get as a manager are priceless. I can see patterns across my entire 28-person unit that used to take me months to piece together from one-on-one conversations."*

— Michael Torres, ED Nurse Manager

Torres credits the neuroscience-backed approach with helping him understand why certain interventions worked. Learning that prolonged stress triggers cortisol and damages engagement helped him restructure how his ED handles surge capacity. Instead of



expecting nurses to work constant overtime, he implemented a float pool system with premium pay that gave staff more control over their schedules.

## The System That Worked in Healthcare

What distinguished Mercy Regional's success wasn't a single policy change. It was creating a responsive system where problems surfaced immediately and managers had the authority to act.

*"Annual staff surveys told us morale was low, but by then we'd already lost good people. Daily insights let us address issues in real-time. When Communication scores dropped across all units after administration changed the EHR documentation requirements, we held town halls within 48 hours to address concerns."*

— Dr. Patricia Reynolds, Chief Nursing Officer

The Vulnerability component proved especially valuable in healthcare's high-stress environment. One ICU nurse had been masking severe anxiety about making medication errors. Traditional check-ins never surfaced this because admitting vulnerability felt like admitting incompetence.

Her Vulnerability scores flagged the issue before it became a patient safety concern. Her unit manager connected her with the employee assistance program and arranged for additional mentoring during high-acuity cases. Six months later, she's one of the unit's most confident nurses and is training others on error prevention protocols.

## Lessons for Other Healthcare Organizations

Mercy Regional's transformation offers critical insights for hospitals facing similar staffing crises:

**Empower unit managers, not just administrators.** The platform succeeded because it gave frontline managers their own data and tools. Each unit manager could see their specific team's needs and respond independently without waiting for hospital-wide initiatives.

**Daily data prevents crises.** In healthcare, waiting for quarterly surveys means discovering problems after staff have already reached burnout. Real-time insights allow managers to intervene when nurses are stressed, not after they've resigned.

**Address the neuroscience of healthcare burnout.** Mercy Regional stopped treating symptoms and started addressing root causes: lack of control (autonomy/serotonin), feeling undervalued (oxytocin), no progress on improvements (dopamine), and chronic stress (cortisol overload).

**Make reflection fit clinical workflows.** The 30-second commitment worked because nurses could complete it during natural breaks in their shift. Longer surveys had always failed because clinical staff simply don't have time.

**Give managers authority to act immediately.** Unit managers could address staffing patterns, schedule issues, and resource problems within days. When night shift flagged inadequate pharmacy support, their manager adjusted the on-call pharmacist schedule within a week.



**Connect staff wellbeing to patient outcomes.** When leadership could show the direct correlation between reduced burnout and improved patient satisfaction scores, it justified continued investment in engagement initiatives.

## Where They Are Now

Ten months after implementation, Mercy Regional has become a destination hospital for nursing talent in their region. The culture shift is visible in everything from staff interactions to patient reviews.

"Nurses talk about their reflections in huddles now," observes Torres. "Someone will say 'I reflected this morning about how our supply chain issues are affecting patient care,' and it starts a productive conversation instead of just complaints. It's become part of how we communicate about the work environment."

The hospital is recruiting successfully again. Job candidates specifically ask about the management tools and professional development pathways during interviews. Several nurses who left for travel positions have returned to permanent staff roles, citing the improved work environment.

*"We spent years trying to fix retention with bonuses and benefits. What actually worked was giving our unit managers daily visibility into their teams and trusting them to respond. The platform didn't solve our staffing crisis. It showed us exactly where the problems were every single day, which gave us the chance to fix them before losing more nurses."*

— Dr. Patricia Reynolds, Chief Nursing Officer

## Final Impact Summary

Investment	Results	ROI
\$49,560/year	\$2.8M saved	571%
14 managers	18% → 7% turnover	61% reduction
30 seconds/day	83% participation	Sustained

## About Clover ERA

Clover ERA empowers healthcare managers with daily team insights based on the neuroscience-backed CLOVER framework (Communication, Learning, Opportunities, Vulnerability, Enablement, Reflection). The platform replaces annual engagement surveys with 30-second daily reflections designed for clinical workflows, providing unit managers with real-time data to prevent burnout and reduce turnover in high-stress healthcare environments.

## Contact Information

Learn More:	<a href="http://cloverera.com">cloverera.com</a>
Schedule Demo:	<a href="https://calendly.com/clive-hays-cloverera/30min">calendly.com/clive-hays-cloverera/30min</a>
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