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# The Impact of an Employee Action Program on Staff Accountability and Nursing Retention

Amber Crouse

Gardner-Webb University, [acrouse2@gardner-webb.edu](mailto:acrouse2@gardner-webb.edu)

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**The Impact of an Employee Action Program on Staff Accountability and Nursing Retention**

by

Amber Crouse

A project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the  
Master of Science in Nursing Degree

Boiling Springs, North Carolina

2021

Submitted by:

\_\_\_\_\_  
Amber Crouse

11-15-2021

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Dr. Kathy Williams

11-15-2021

\_\_\_\_\_  
Date

### **Abstract**

Nurse staffing retention rates have decreased in the last 5 years among hospitals nationwide. This decrease in retention of qualified, trained nurses has led to a decrease in the delivery of high-quality care putting patient safety at risk of compromise. The purpose of this project was to propose a leadership education program for the basis of improving staff accountability regarding equal standards; thus, this will ultimately impact nurse staff retention in a positive manner. The leadership education program was meant to streamline management accountability processes in a large academic medical center for improving nurse staff retention rates. The results of inconsistencies in management accountability practices in relation to nursing staff retention are discussed and resolution for the inconsistencies is included in the education program.

*Keywords:* staffing retention, nursing retention, accountability, management

## Acknowledgments

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## **CHAPTER I**

### **Introduction**

With a dwindling nursing workforce, it may be difficult for a medical center to continuously meet customer service level agreements to its patient population. Retention of trained, knowledgeable staff is essential to meeting departmental demands and providing continuous high-quality service and care to patients. Unfortunately, in the face of a nursing shortage, the retention of nurses at the bedside continues to be a growing problem. In 2019 alone, Morris, a hospital administrator, reported an annual turnover rate of approximately 15.3%. With turnover rates this high, a significant strain is placed on medical facilities across the United States. Results from studies regarding factors that have had a positive impact on nurse staff retention were reviewed. An emphasis was placed on holding staff accountable in areas of attendance, performance, code of conduct, and ethical practices as a factor in the retention of staff.

While there are many factors that contribute to the demise of staff retention, the performance improvement Project Leader contends that holding staff to equal accountability standards can positively impact staff retention. The hypothesis of the project proposal was that accountability or holding staff accountable to a standard that is required by everyone, will result in fairness, equality, and staff satisfaction and therefore, would impact nurse staff retention favorably.

### **Problem Statement**

At a large academic medical center in western North Carolina, there is a problem with retaining nurses on staff at the bedside. This is a growing problem because “as many as 30% of new graduate nurses will leave during their first year of practice, increasing to



as many as 57% within the second year” (Cornell & Vaughn, 2020). Poor retention of nurses on staff has a negative impact on the delivery of high-quality care and safety to the patient population that they serve (Tang & Hudson, 2019).

### **Significance**

It has been stated that “good employees do not leave bad companies, they leave bad managers,” or “employees quit managers, not jobs.” Many leadership and management classes, conferences, workshops, and seminars nationwide use this very thought as a central idea. If this is true, then what about that manager or management team is the driving force behind the turnover that is taking place in bedside nursing today? Any way one views it, turnover is costly to organizations. New England College (2020) estimated nursing turnover to cost approximately between \$38,000 and \$61,100 per nurse who leaves an organization. This turnover is an impact annually of approximately between \$4.4 million and \$7 million (New England College, 2020). Organizations withstand strong demands from many external bodies to provide cost-effective, high-quality care (Tang & Hudson, 2019). For this reason, it is wise for organizations to retain the nurses that have been educated on their practices and policies. By retaining nurses, organizations are more apt to meet the demands placed upon them because it reduces orientation and training wages, costly medical errors that occur with inexperienced staff, and decreases instability of team environments.

### **Purpose**

The purpose of this performance improvement project proposal was to identify an evidence-based solution for the improvement of staff accountability in the hospital setting, formulate a plan for implementation of an Employee Action Program, educate management on the program and its components inclusive of accountability and

appreciation, and implement the Employee Action Program to increase retention of nurses at the bedside.

### **Theoretical/Conceptual Framework**

For this project, the theoretical framework of the Deliberative Nursing Process Theory will be used. The Deliberative Nursing Process Theory was published in 1961 by Ida Jean Orlando (Gonzalo, 2014). Typically, this theory emphasizes the relationship between patient and nurse. However, one could also apply this theory in management and accountability situations.

The Deliberative Nursing Process Theory focuses on five concepts. The five concepts include assessment, diagnosis, planning, implementation, and evaluation (Gonzalo, 2014). In regard to leadership holding an employee accountable, an assessment would be ongoing and would be monitoring behaviors of the bedside nurse. Diagnosis would be the act of determining if any correction is needed. Planning, in this case, would be indicative of addressing the behaviors that were not desirable and developing an action plan on how to correct the behavior. Implementation would be the phase when the nurse puts the action plan in place and attempts to modify the undesirable behaviors. Finally, the evaluation would be the analysis of the actions the staff member put in place by leadership. In this theory, the “nurse has to explore her reactions with the patient constantly” (Gonzalo, 2014, p.11). With the application in leadership, however, the leader would continuously evaluate the nurse’s performance and the nurse would, instead, continuously explore his or her actions. See Figure 1.

**Figure 1***Management Accountability Process***Definition of Terms**

The key terms in the project proposal are given the following operational definitions. Accountability is the commitment of accepting responsibility for “one’s actions” (Merriam-Webster, n.d.-a). For the purposes of this project, accountability will refer to holding staff responsible by way of disciplinary advisories to staff actions that are not consistent with expectations in areas of attendance, professionalism, and deliverance of quality care, which is defined by charted assessments, interventions, and results, and reassessments of those interventions.

Retention is “the act of retaining: the state of being retained” (Merriam-Webster, n.d.-b). For this project, retention refers to retaining staff in the same care area in which they were initially hired to work for greater than one year.

## **CHAPTER II**

### **Literature Review**

The purpose of this MSN project was to identify an evidence-based solution to improve staff nurse retention through accountability practices for bedside nurses. A review of the literature was performed using Bulldog OneSearch, CINAHL, Ovid Search, Builder, and Google Scholar databases. Keywords used by the Project Leader during the search of said databases included: staffing retention, nursing retention, inpatient retention, retention, accountability, nursing accountability, management, nursing management, professional nursing accountability, professional accountability, nursing, nursing accountability, nursing shortage, evidence-based practice, and nursing turnover.

#### **Causes of Staff Turnover**

Brewer et al. (2016) performed a cross-sectional study of nurses who had maintained a license from 7.5-8.5 years to review the effect of transformational leadership on the intent of newer nurses in areas of job satisfaction, the intention of remaining in their positions, and their commitment to the organization. The sample analysis was on 1,037 newly licensed registered nurses. Data was collected for 2 months in 2013, which was collectively part of a 10-year longitudinal panel design. Brewer et al. (2016) identified lack of leadership support as a primary cause of staff nurse turnover but found during their study that transformational leadership did not have an impact on intent to stay or job satisfaction. It did, however, identify a positive effect on the commitment to the organization. Ultimately, it was recognized that nurses could be retained by the visible leadership support of nurses and the creation and maintenance of a positively enforced work environment.

Shumba et al. (2017) conducted research evaluating the perception of an organization's culture and how it was interpreted and experienced by health care workers. Further examined was how organizational culture in the private-not-for-profit (PNFP) health facilities impacted retention strategies. The World Health Organization (WHO) recommends that there should be 2.28 health care workers per every 1,000 persons accounted for in the population (Shumba et al., 2017). In 2016, there were 57 countries the WHO identified as having a critical shortage of health care workers (Shumba et al., 2017). Uganda is one country that has a severe shortage of about 1.55 health care workers per 1,000-person population (Shumba et al., 2017). Both the public and PNFP health care facilities have critical shortages in health workers, but the private sector is hit the hardest. The PNFP serves the most remote and hard-to-reach rural areas, and the PNFP owns about three-fourths of the country's training institutions. Health care workers are aware that in PNFP health facilities it is expected that the workload is greater and there is more control and supervision by managers. Previous surveys identified that health care workers prefer organizations that have values of transparency, professional growth, staff recognition, shared decision making, accountability, productivity, leadership development, and teamwork and if these values were missing within the organization it resulted in negative experiences, low motivation, and high turnover (Shumba et al., 2017).

The study completed by Shumba et al. (2017) was conducted in 19 PNFP facilities that were geographically spread throughout Uganda and were a mix of public and PNFP facilities. The researchers used semi-structured interviews, transcribed the data verbatim, and kept notes about facial expressions, body language, and tone of voice

during the interview conduction. The researchers reviewed the content for themes manually and then organized the data in tables. Of significant importance is understanding that in public facilities there are limited supplies and medications which motivates new staff to join the PNFP where supplies are more plentiful. The study suggests that culture plays an important role in healthcare worker retention and feelings toward the organization are influenced by their perceptions. It is understandable that healthcare workers appreciate the professionalism, self-actualization, and good interpersonal relationships at the same time expressing negative feelings towards perceived workload. This study suggests that organizational culture is an important factor in retention and should encourage health facilities to conduct organizational culture assessments and evaluate how they influence retention. This can lend ideas and create collaborative strategies to improve retention.

Nei et al. (2015) did a meta-analysis on the causes of nursing turnover. In their analysis, it was found that there are multiple causes of turnover in the nursing profession. Of their findings, however, turnover rates were most “highly associated with supportive and communicative leadership, network centrality, and organizational commitment” (Nei et al., 2015, p. 249). Additionally, it was found that “positive leader relations are an important predictor of actual turnover behavior” (Nei et al., 2015, p. 251). These findings indicate that training and education of leadership and management teams are particularly important and have the probability of directly impacting staff nurse retention.

In a study conducted by Halter et al. (2017), nursing turnover was reviewed to discover both determinants and consequences in the realm of adult nursing. Turnover has become an ever-growing concern that impacts economics internationally. Turnover can

be voluntary or involuntary, avoidable or unavoidable, internal or external. Additionally, it is complicated by the intention to leave, versus the nurse leaving the institution and the profession altogether. The researchers completed a review of systematic reviews with the goal to identify the evidence of what determines, and consequences of, turnover in adult nursing. Reviews published between 1990-2015 in English through various electronic databases were identified and nine reviews were included. All stages of reviews were completed by two reviewers. The researchers felt that more research would be beneficial, as current literature was incomplete and had many limitations. It was determined in this study that at the individual level, nursing stress, psychological experiences, and burnout have a negative impact leading to dissatisfaction, and all are important factors in determining nursing turnover. However, at the hospital level, primary determinants of turnover were identified as unit management style and supervisory support factors.

Owens Pickle et al. (2017) completed a study regarding retention for the clinical research associate (CRA). These professionals are responsible for a variety of duties including administrative, regulatory, subject management, and data collection duties at individual research sites. The study aimed at identifying factors associated with CRA retention, as this group continues to have high turnover and position vacancy rates. It is important to note that the study was supported by the National Cancer Institute. The study consisted of a cross-sectional survey design to identify key reasons CRAs gave when considering leaving or staying in a position. Results suggested that low salary, unmanageable workloads, lack of career advancement, professional development, and lack of commitment from the medical team were associated with wanting to leave the CRA position. Reasons provided for staying on the job included their job was



meaningful, interest in the work itself, being a supportive principal investigator, and enjoying working with their colleagues.

It is well known that a high rate of turnover is associated with organizational instability and an inability to achieve goals (Griffeth & Hom, 1995). Resources to conduct research are scarce and the constant turnover of qualified CRAs stresses the limits of resources (Owens Pickle et al., 2017). The goal of the Children's Oncology Group (COG) is to "cure all children and adolescents with cancer, reduce the short and long-term complications of cancer treatments, and determine the causes and find ways to prevent childhood cancer" (COG, n.d., About Us section, para. 4). Understanding the research environment as one that is complex with many moving parts is imperative, and the importance of maintaining qualified CRAs is a major concern (Owens Pickle et al., 2017).

The study by Owens Pickle et al. (2017) was completed with a cross-sectional survey open to all members of the COG for 3 weeks. Survey monkey was used to create the survey, collect, and analyze the data. About half of the 970 members responded to the survey with 93% females. Most of the subjects worked full-time and 75% had a bachelor's or master's degree. Additionally, one-fourth of the participants identified as nurses, and many were certified. The researchers identified limitations of the study as only one convenience sample from one group. There was a possibility that the study was skewed, and people who were unhappy in their current positions responded or many may have thought it could be tracked and they would be identifiable. Leaders need to assess compensation based on the size, complexity of the studies, duties, and multi-site research

areas. Implementing appropriate professional development activities like travel support and clinical ladder programs would seem practical and doable.

Rahnfeld et al. (2016) completed a research study examining components in the relationship between care settings and turnover. Internationally, there is a high turnover of nurses. But, in Germany, one-third of nurses consider leaving their job in 1 year, with 17% considering leaving the profession in the next year (Rahnfeld et al., 2016). It is clear we need strategies to improve staff retention in nursing, and especially in the geriatric nursing setting. This study included both home care and nursing home staff. The researchers predicted that geriatric nurses in-home care have different demands and resources than nurses in nursing homes. Nurses' turnover and intention behavior do not differ between home care and nursing home staff, even though the working conditions tend to be better in-home care. The Job-Demands-Resources model was used to explain indirect and buffering effects of job demands (time pressure, social conflicts) and resources (task identity, supervisor report, and co-worker support) with the nurses' perceived health and job satisfaction on nurses' leaving intention. A cross-sectional questionnaire was conducted with a sample size of  $N = 278$  registered nurses and nurse aides in German geriatric care. Surprisingly, the research suggested that there are no differences in intention to leave the job and the profession. The questionnaire looked at turnover intention including the intention to leave the job and the profession, time pressure, social support, social conflicts, health, and job satisfaction. The researchers found no significant direct relationships between care settings and intention to leave the job or profession. However, significant indirect effects were noted in the research including time pressure, social conflicts, task identity, supervisor support on intentions to

leave the job or profession. Limitations to the study, as outlined, included focusing on turnover intention not actual turnover and the subjects participated voluntarily.

Schroyer et al. (2020) thought outside of the box and examined nursing retention from an angle of mentoring and supportive care to staff. It was found that newer nurses in their organization felt as though there was a lack of support causing a sense of being overwhelmed in their new roles. This study concentrated on newly hired nurses in critical care areas of a 325-bed community hospital. A sample size of 70 newly hired nurses participated in the study with an equal number that was mentored versus not mentored. The results were positive in that mentored nurses were retained at a 25% higher rate than those without a mentor.

### **Implications of Staff Turnover**

Takase et al. (2015) utilized surveys in a study that looked at how competence affected nursing turnover intention in Japan. In their study, it was found that organizational reward systems for competent, or experienced nurses, helped to retain them at the bedside. There is significance behind retaining nurses that possess competence in their practice because without experience, there is little that can be done to train incoming new staff effectively. In this study, 57% of participants totaling 766 registered nurses and midwives participated and data was analyzed using a moderated regression analysis.

Fan et al. (2016) sought to study the relationship of a perceived work environment and psychological empowerment to job engagement to explore implications for nurse managers that desire the maintenance of their nursing force with the standard of quality care. They utilized a cross-sectional quantitative survey at four large university hospitals.

“Chinese versions of the perceived nurse work environment scale, the psychological empowerment scale, and the job engagement scale” (Fan et al., 2016, p. 646) were utilized as the research mediums and structural equation modeling was used to test variable correlation. Of the participants, there were 923 registered nurses surveyed. The study had limitations of only sampling from the Northeastern part of China and data for variables were based on the self-report of nurses. It was determined that Chinese nurses felt as though they suffered from inadequate resources. Given that the study was driven towards views of empowerment, it was determined that working environmental factors and mental empowerment of nurses were both instrumental in job engagement and satisfaction. Further, it was determined that management looking to strengthen the commitment of nurses should utilize strategies of empowerment to promote job engagement by enhancing overall nursing work conditions which would, in turn, enable more positive nurse recruitment and retention.

### **Defining Accountability**

There are extensive differences in what is commonly defined as professional nursing accountability. In 2014, Krautscheid listed similarities in multiple definitions to loosely define the term. Because of inconsistencies of the definition both in published literature and from outlets of professional nursing organizations, it is challenging at best to concretely set forth a set of boundaries and allowances for accountability practices (Krautscheid, 2014). What is known is those who lack the characteristics and discipline of what is generally recognized as accountability, also contribute to “poor nursing practice” (Krautscheid, 2014). Alternatively, nurses who uphold themselves to a level of professional accountability, practice with integrity and continually seek growth and

educational opportunities to “enhance competence, promote quality patient care, and uphold the standards of the nursing profession” (Krautscheid, 2014, p. 46). According to Krautscheid (2014):

Professional nursing accountability will be defined as taking responsibility for one’s nursing judgments, actions, and omissions as they relate to lifelong learning, maintaining competency, and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one’s nursing practice. (p. 46)

Similarly, according to the American Nurses Association (ANA) (2015), accountability is defined in their Code of Ethics as taking responsibility for their own actions, ensuring competence, and always putting client and family interests first.

Further, the American Nurses Association (2015) states:

To be accountable, nurses follow a code of ethical conduct that includes moral principles such as fidelity, loyalty, veracity, beneficence, and respect for the dignity, worth, and self-determination of patients, as well as adhering to the scope and standards of nursing practice. Nurses in all roles are accountable for decisions made and actions taken while actively in nursing practice. Systems and technologies that assist in clinical practice are adjunct to, not replacements for, the nurse’s knowledge and skill. Therefore, nurses are accountable for their practice even in instances of system or technology failure. (p. 14-15)

These definitions as directly related to nursing and professional nursing practices embody a broad understanding of accountability by highlighting education, integrity, and

competency, with the goal of delivering high-quality patient care inclusive of family and oneself.

### **Leadership Accountability Practices**

The leadership team is a critical piece of the accountability process in nursing. Researchers, Saleh et al. (2018), focused on leadership styles used by nurse management teams from the perspective of the bedside nurse. Leadership styles affect the quality of care, retention of staff, cost, and job satisfaction. The research study used qualitative methods involving 35 nurses working in different nursing specialties in Saudi Arabia. The researchers completed open-ended questions in a semi-structured interview. The analysis was completed using the phenomenological-hermeneutic approach identifying themes. The participants described four styles of leadership: relational, preferential, communication chain, and ineffectual. The relational style was viewed by staff as cooperative, supportive, problem-solving, and some identified the style as non-trusting, dictating, and ordering. Most felt that the relationship style of leadership was a means to deliver safe and quality patient care. The subjects felt the preferential leadership style suggested that the manager's nationalities played a major role in promotion, evaluation, vacation requests, and patient assignments. Implying that if the head nurse and staff were from the same country of origin the nursing staff was treated more favorably. The communication chain style is well known in nursing: the charge nurse, head nurse, nursing director, chief nursing officer (CNO), and other variations of these. Staff nurses felt they could not go directly to the CNO office to request an appointment. If they did this, it had to be pre-approved by the head nurse or manager. Nursing staff want a more open-door policy with the nursing executives or at least have the freedom to meet with

them. It is the responsibility of the upper leadership to ensure that the nurse is heard and that the managers beneath them are acting appropriately and professionally. Lastly, ineffectual leadership seems to run the ship without regard for the nurse's input. Staff ask for leadership fairness, focus on satisfaction, being proactive, and having a good attitude. The manager needs to involve the bedside nurse in-unit decisions. Ultimately, the nature of nursing leadership styles has a major impact on nursing satisfaction. When nurses are dissatisfied, this can lead to retention concerns and a staff that is less motivated and engaged.

### **Components of Success**

For accountability practices to be successful, an accountability culture is necessary. Rachel (2012) stated that “where an expectation of accountability exists, three elements—clarity, commitment, and consequences—must be present” (p. 2). Rachel (2012) further defined clarity as making clear expectations by explaining details of how and why something is done. This element of accountability avoids confusion on behalf of both the leader and employee, which does not allow much room for error (Rachel, 2012). The element of commitment is the process of the employee actively learning the objective to be carried out and agreeing to complete the task, versus partially agreeing with an incomplete devotion (Rachel, 2012). Lastly, there is the element of consequences, which becomes slightly more involved. Consequences can either be individually or group-driven, adding additional components to the details of the expectation. For example, if an individual is tardy three times in one month, an occurrence to their personnel record is documented. This type of consequence is group-driven, and all staff is equally held accountable to the same standard. However, if a staff member does not

continually meet medication administrations in a timely manner because they are a slower worker, it may be more beneficial to tailor a consequence to directly impact and change the behavior of the staff member individually. Understanding one's staff and what is unique to them, as well as what their interests and goals are, can assist management in determining appropriate consequences for undesirable actions (Rachel, 2012).

In a caring environment where accountability practices are not already in place, leadership must determine the best way for employees and staff to believe in the concept for it to be successful. Furunes et al. (2018) found that nurses appreciate a health-promoting work environment as one where they are both competent and functional in their position, but also one where they can grow as human beings. Giving the staff decision-making capacity and the ability to buy into ideas and concepts, strengthens the idea of a health-promoting work environment, and retains nurses who identify themselves as an asset to the organization (Furunes et al., 2018).

In a study conducted by Robinson et al. (2003), accountability was addressed in the public health system. Using a modified nominal group technique, a balanced scorecard for this area of healthcare was developed and was determined to be successful. Challenges were met when developing this tool for accountability, so the public health system experts were consulted to determine performance indicators to be measured. It was determined that if the workers themselves were able to identify what was considered accurate reflections of their job description and what they do, the workers were more likely to find the scorecard useful. In the study, surveys were mailed to both public health personnel and public health experts and between the two groups, 74 indicators were identified for a balanced scorecard. These indicators were then divided among four



quadrants of Public Health Program Performance, Public Perceptions of Public Health, Financial Performance, and Organizational Performance. The developed scorecard permitted units to compare performances in and among their units to highlight areas of success as well as areas needing improvement. It also gave the probability of serving as an accountability instrument for those units.

### **Literature Related to Theoretical Framework**

The theory of the dynamic nurse-patient relationship developed by Ida Jean Orlando is a theoretical framework that revolves around communication, the most important component of human relationships. Gaudet and Howett (2018) summarized Orlando's theory as:

The theory of the dynamic nurse-patient relationship keeps nursing care focused on the patient and provides a framework for the nurse to improve patient outcomes. Nursing practice requires that the nurse identify the patient's need for assistance based on observation, patient behaviors, and nurse-patient interactions. The nurse's reaction to the patient's behavior is validated between the patient and the nurse. The subsequent nursing action is discussed with the patient, and this facilitates the identification, improvement, or resolution of distress. (p. 371)

Further, Gaudet and Howett (2018) stated that knowledge of the patient came from multiple sources inclusive of both spoken language and nonverbal actions. Out of the dynamic nurse-patient relationship theory, the Deliberative Nursing Process was born. The Deliberative Nursing Process included stages on how to apply five steps to guide and evaluate patient outcomes. Hopper and Zborowski (2018) detailed Ida Orlando's Deliberative Nursing Process by pointing out that Orlando noticed that processes adapted

by “good nurses” led to more successful patient outcomes. Additionally, it is stated, “the nursing-process model helps nurses prioritize care and individualize the plan of care to reach the best outcomes for the patient without expecting perfection” (Hopper & Zborowski, 2018, p. 15). While these points again speak to the relationship between nurse and patient, this theory can directly apply to management and staff relationships as well. The actions and interactions between a manager and staff member rely heavily on clarity of communication, and Ida Orlando’s Deliberative Nursing Process theory places communication at the center of successful relationships.

### **Limitations & Strengths of Literature Review**

There were limitations while performing the literature review. First, and most prominent, is the lack of available literature available relating to the Deliberative Nursing Process as it applies to nursing management. While the Deliberative Nursing Process theory was designed specifically to guide the relationship and outcomes between a nurse and patient, the five steps outlined in the theory are capable of catering to many other types of relationships, including those between managers and their staff. Another limitation of literature was the location where some of the studies originated. Not all the studies were conducted in the United States but instead were done in other areas such as Africa, Canada, and Japan. Finally, most studies were not performed in the focus area of medical-surgical units of a hospital environment. Alternately, there was prominent strength in the literature review revolving around the promise of increased nurse retention with management education.

## **CHAPTER III**

### **Needs Assessment**

For an Employee Action Program to be developed, accepted, and successful many things must first be considered. Some considerations must be made for the targeted audience, the setting the program is to be utilized in, costs of implementation and maintenance, and the support team members that will be involved in and throughout the process. There are also benefits and risks to balance, and strengths and weaknesses to examine. These factors must be examined further to determine if the proposed project would be beneficial or counterproductive to the organization.

### **Target Population**

The target population for the proposed project will be a group of 10 assistant nurse managers, supervising staff in the inpatient population of a hospital. The assistant nurse managers should have at least 6 months of supervisory experience in their current role with a direct-report nurse manager. Additionally, the assistant nurse manager must co-manage a unit with greater than 30 direct-report employees.

### **Target Setting**

The setting for the proposed project is inclusive of a large, academic medical center. More specifically, the medical inpatient unit setting of the medical center to include both pediatric and adult population patients that are hospitalized for a length of stay greater than 2 days, but less than 30 days. Medical inpatient settings can include but are not limited to concentrations in general medicine, surgery, cardiology, renal, transplant, pulmonology, oncology, and inpatient psychiatry. All areas will have patients with a medical diagnosis and receive active treatment for their inpatient diagnosis.

## **Sponsors and Stakeholders**

Multiple individuals play a part in the success of a project. First, the manager of the medical-surgical unit with the highest rate of turnover of bedside staff will partner with the project leader. This unit manager will have a high probability of interest in the proposed project to increase their rates of staff retention and to decrease the amount of annual financial impact of turnover on their unit budget. The unit manager will have supervisory experience of over 15 years in the nursing field, with combined nursing experience greater than 25 years, and will collaborate with and navigate the project alongside the project leader. Stakeholders will include other unit managers who will have assistant nurse managers in attendance of the proposed educational module. The inclusion of other unit managers is beneficial for monitoring the efficacy of the education program and for coverage of missed shifts and duties that would otherwise be covered by their assistant nurse managers, while they complete the educational PowerPoint module. The education department manager will be included to determine the best course of action for the development and implementation of the educational PowerPoint module.

Additionally, the division educators that cover the educational needs and offerings of the assistant nurse managers that will be in attendance will be involved to identify unique unit-specific policies and procedures that need to be included in the education. These educators will also be beneficial in maintaining attendance and completion records for any continuing education credits or hours that may apply to the completion of the educational PowerPoint module. Finally, the director of the medical-surgical division will be included to provide financial graces for project development, implementation, and success. The director will also provide a support role in communication in, and among,

stakeholders and sponsors, project prioritization, and key decisions for the advancement of the project into practice.

### **Desired Outcomes**

It is proposed that the implementation of an educational PowerPoint module will benefit employee retention by decreasing the number of nurses leaving the bedside, thus saving the hospital from extensive costs involved in recruitment and turnover. The Employee Action Program educational PowerPoint module is aimed at increasing the education and confidence of current leaders to make solid leadership decisions in accountability practices. By maintaining a persistent level of accountability in and among staff nurses, there will be no question by the bedside nurse about what steps will take place next in the disciplinary process.

Patient care will be positively impacted by the initiation and maintenance of education provided in the Employee Action Program. When a facility can retain its staff instead of losing them to turnover, the education that has been invested in that staff member is also maintained. Training invested in staff along the way on important benchmark indicators such as patient care, policy knowledge, and procedural guidelines is continually built upon, and experience and knowledge base among staff excels. Maintaining nurses with this experience and knowledge at the bedside will allow the organization to maintain, and potentially increase, the delivery of high-quality patient care.

### **SWOT Analysis**

As with any project, there are internal and external factors that could impact the success of a project both positively and negatively. Carefully examining and

understanding these factors is key in enhancing the gains of the project. Strengths of implementation of an Employee Action Program include communication, teamwork, passion for change, personal development, and enhanced work ethic. Assistant nurse managers are leaders of their teams. Effective leaders are confident in their skills and lead their teams with strong communication and feedback, which enhances the unity and teamwork among their staff. However, not everyone is a born leader, and often effective communication is a learned behavior. Thus, a major component of the education offered in the Employee Action Program would be geared towards effective communication. If more educated and confident in their communication skills, an assistant nurse manager is also empowered and can develop a passion for change. Leaders typically have a goal for gains in their departments; and, changed behaviors with consistency can make their workload lighter allowing them time for other focuses like personal development and advancement. Collectively, this combination will allow one to take pride in their work strengthening their overall work ethic. This will allow the assistant nurse manager to effectively lead by example.

While there are multiple strengths identified, weaknesses must also be acknowledged. Currently, in the medical-surgical division, there is a lack of leadership experience from within the organization. Several of the assistant nurse managers and nurse managers came to the organization from other unaffiliated organizations. New individuals often bring fresh ideas, but this also means that there is a lack of solid knowledge regarding the policies and procedures of the organization. This lack of knowledge has led to a reputation of prior inconsistencies and staff have lost trust in leadership figures along the way. And, because there is new leadership, continuity in

practices may suffer, even with new educational programs rolling out until more staff is educated and practices become more consistent in the organization. Depending on the time when the program would be initiated, time constraints and affordability may interfere with timely education. At the time of this proposal, most countries are suffering staffing shortages in the healthcare systems due to a global pandemic. For this reason, assistant nurse managers are having to fill in gaps in staffing to narrow increasing ratios. Having to fill in the gaps in staffing is taking time from completion of their already strained scheduled activities, and it may hinder time availability for an additional educational academy. Also due to the pandemic, fewer nurses are applying to inpatient bedside nursing positions making recruitment of new staff more difficult.

Opportunities may present themselves along the way in venues external to the medical center. Participants of the program, the project leader, stakeholders, and team members can network with others when they attend organizational, educational, and community meetings with them. They will be able to share ideas to further strengthen the program along the way or to help others develop similar programs for their organizations. This can promote retention of both current employees, but also has the possibility of retaining clientele due to enhanced customer service and met benchmarks. After all, a happy, confident employee is more likely to influence patients and their families to notice when they receive excellent care. During the pandemic, it has become more apparent than ever before that the ability for the nurse to complete tasks like education is more convenient when it can be done remotely. Because this program is a PowerPoint educational offering, it can be done remotely at the leisure of the learner in a comfortable environment that is suitable to them. This luxury is not offered by all the local

competition either, making it more potentially appealing to the learner. Overall, happy employees are more likely to stay where they are, and not seek other employment opportunities.

Unfortunately, there are still some external threats to the success of the project. Assistant nurse managers that are already bombarded with additional responsibilities in the current global health crisis may feel as though taking on additional educational requirements may further strain their personal time. This can lead to a sense of intrusion in the already delicate work/life balance that leaders struggle to find. Competitor employers may not mandate attendance of a similar educational program in their requirements for leaders, potentially making the competition look more appealing. Competitors may also offer higher pay, benefits, or perks, persuading a newer leader to entertain offers elsewhere. This is a threat because the recruitment of nurses and nurse leaders is already strained, and continuity runs the risk of infiltration of turnover like that of bedside nurses. Interestingly, this does not just apply in the market of competition. The staffing constraints have spanned sister facilities as well, requiring even more flexibility and time rigidity, which can decrease the availability of leaders' time for program completion. See Figure 2 to view the SWOT analysis chart.



**Figure 2***SWOT Analysis Chart***Resources**

The proposed project will utilize current resources that are available for educational purposes and should require no additional resources. These resources include, but are not limited to desktop or laptop computers, computer programs that will be utilized for the development of PowerPoint modules, and actual attendance in the virtual

educational academy. Current education staff members will be instrumental in assisting in the design of the content for the PowerPoint presentation inclusive of acted-out case scenarios as well as graphics and audio/visual enhancements.

### **Team Members**

The team needed for successful designing and implementation of the Employee Action Program includes the project leader and the project leader's partner. Together, the project leader and the project leader's partner will collaborate closely with two designated education specialists assigned by the education department manager. The four team members together will work closely in all aspects of design to ensure all intended content is developed and appropriately laid out in an easy-to-understand format. Additionally, the full team will evaluate the effectiveness of the project after full implementation.

### **Cost-Benefit Analysis**

The facility already has the capability of providing education through PowerPoint module format, and therefore would incur no additional costs for design or implementation. New England College (2020) estimated the cost of an employee leaving an organization to cost the organization between \$38,000 and \$61,100. It is expected, with the implementation of the Employee Action Program educational PowerPoint module, that the monthly turnover of bedside nurses will decrease by two nurses. On the lower end of the cost spectrum of an employee leaving an organization at \$40,000 per employee, it is expected that this decrease of nurses leaving would save the hospital approximately \$80,000 per month, \$240,000 per quarter, and ultimately \$960,000 annually.

## **CHAPTER IV**

### **Project Design**

The proposed Employee Action Program project consists of an educational PowerPoint module for the education of assistant nurse managers and is designed for simplicity and ease of presentation. PowerPoint presentations are adaptable and provide educational opportunities in a wide variety of settings. By utilizing a versatile program that is user-friendly, the success of the end-user is more likely. Using PowerPoint adds the significant benefit of time and cost savings as well. Designing a PowerPoint presentation is a versatile method of providing educational information, and there are many other software applications that are compatible with adding eye-appealing enhancements and graphics. Most organizations also readily have the PowerPoint software available for use for other applications of their daily operations, making it an affordable option.

### **Goals and Objectives**

The proposed Employee Action Program project consisting of an educational PowerPoint module aims to target many goals, as well as some specific objectives. Improved communication, consistency among management team members in areas of accountability, and staff satisfaction and retention are basic goals that are expected with the implementation and completion of the PowerPoint module. With the enhanced education provided in the PowerPoint module, it is expected that the assistant nurse manager will better understand various types of communication, so they are better prepared to handle day-to-day interactions with staff. While day-to-day interactions with staff are relevant, it is often the uncomfortable or difficult conversations where

management members struggle. Utilizing excellent communication skills with every conversation opportunity enhances teamwork and builds the trust of staff members towards management. The educational PowerPoint module will also improve consistency among management team members in areas of accountability. Accountability in practices such as attendance and performance standards are imperative in the success of staff retention. The assistant nurse manager participants will learn and enhance their current knowledge on basic attendance policies in areas of absences and tardiness. They will also learn how to document them properly for maintaining accountability of attendance practices. With enhanced knowledge of these policies, the assistant nurse manager will be better prepared to carry out steps of the corrective action process and demonstrate to their staff that all members are treated equally. The overall goal of the educational PowerPoint module is staff satisfaction and retention. The success of the educational PowerPoint module will be defined by a documented decrease of two bedside nurses leaving the medical-surgical division per month from baseline within 1 year of module implementation.

### **Plan and Material Development**

The education department will assist the project leader in planning and developing the educational PowerPoint module. From the start of the development of the educational PowerPoint module until completion ready for presentation and implementation, a period of 2 weeks will be allotted. The PowerPoint module will consist of 38 slides and material will be presented in short phrases with verbal narration on each slide for a more in-depth context. Slides containing only written content will have a time ceiling of 1 minute, while slides containing case scenarios or skits will have a time

ceiling equivalent to the completion of the video contained therein. Each slide will be designed to catch and maintain the attention of the assistant nurse manager participant with concentrated information for a maximized learning opportunity. The educational PowerPoint module will be no longer than 2 hours in length overall. The PowerPoint will be designed in four separate sections to allow for breaks of the assistant nurse manager during the learning process. The breaks included can be used for a short break period at the learner's discretion, or the module can be stopped completely at one time and started again at another time. If the learner stops the module completely and returns later for completion, the same computer workstation must be used so the progress can be appropriately tracked for completion. If another workstation is used in error, the educational PowerPoint module progress tracking will completely start over at the beginning and the section or sections that were already completed must be completed again.

### **Timeline**

The timeline for completion of the complete project is 1 year and 1 month. Initial data collection for turnover rates will be collected from human resources at the start of the project period. The data collection will include data from 6 months prior to the start of the project period. Staff satisfaction surveys and the initial meeting with assistant nurse manager participants will also be completed at this time. The time allotted for the development of the educational PowerPoint presentation is 2 weeks. Following the development of the presentation, implementation of the education to the assistant nurse manager participants designated for the project will take place. Directly after completion of the education, more data collection will take place. This data collection will include

surveys from the participants that completed the education and retention rates. Shortly thereafter, at the 3-month mark, after the assistant nurse manager participants complete their PowerPoint module, another meeting will take place to solicit feedback from the participant managers. Additionally, the staff satisfaction follow-up survey will be sent out at this time. Six months following module completion by the assistant nurse manager participants, staff retention data will again be collected. Finally, 1 year after the completion of the educational PowerPoint module, final staff retention data will be collected, and all feedback will be summarized and reviewed for themes and determination of success.

### **Budget**

The facility has staff members in the education department that are equipped with the knowledge for the creation and design of the educational PowerPoint module. Additionally, PowerPoint programming is already in place and readily available to use for the module itself. No additional supply costs or manpower hours would be incurred for the proposed project. Therefore, the organization would not require an additional planned budget to design or implement the proposed educational PowerPoint module.

### **Evaluation Plan**

As with any presentation, there will need to be a means for evaluation of the presentation and its effectiveness. After the assistant nurse manager completes the educational PowerPoint module, a questionnaire will be administered. The questionnaire administered will include identification of the PowerPoint module and will ask a series of 10 questions related to the content matter. The answers to the questions will solicit a circled response of a numeric scale of 1-5, with 1 indicating a response of Strongly

Disagree, 3 indicating a response of Neutral, and 5 indicating a response of Strongly Agree. Questions asked will include:

- The PowerPoint slides were presented in a manner that was easily understandable and goal-oriented.
- The content matter of the PowerPoint slides is pertinent to my position.
- The PowerPoint slides were organized and easy to follow.
- The PowerPoint module presented content that was new to me.
- The PowerPoint module slides were clearly narrated and easy to understand.
- The PowerPoint module content will impact my work performance in a positive manner.
- The PowerPoint module was an effective use of my time.
- The PowerPoint module was done in a manner that engaged me.
- I am confident that this educational PowerPoint module will help me make sound decisions as an assistant nurse manager.
- I feel as though communication and staff retention will be positively impacted now that I have completed this educational PowerPoint module.

There will be a portion for written comments and suggestions for improvement at the bottom of the questionnaire.

Another means of evaluation for the effectiveness of the educational PowerPoint module will be a comparison of retention rates. This comparison will be completed in four intervals to determine if retention rates improve with the implementation of the module. The first interval measurement of retention will be results recorded from information provided by human resources 6 months prior to the presentation of the

educational PowerPoint module. The second interval measurement of retention will be recorded immediately following module completion. The third interval measurement will be recorded 6 months following module completion. And finally, the fourth and final interval measurement will be recorded 1 year following module completion.

Managers will also need to have input into their perceived opinions of the effectiveness of the educational PowerPoint module. Managers of the assistant nurse managers who participate in the educational module offering will be assembled at an agreed-upon time, 1 month prior to module completion to discuss their expectations of the module along with small group discussion of concerns, suggestions, and perceived barriers to the initiation of module completion. After module completion, the same group of managers will assemble for another small group discussion of their thoughts on the effectiveness of the module and how it compared to their initial expectations. This meeting will take place 3 months after the assistant nurse manager participants complete their educational PowerPoint module. Managers will be free to discuss case scenarios and hands-on examples with the project leader to strengthen their opinion of the effectiveness of the educational PowerPoint module.

The goal of the proposed Employee Action Program project consisting of an educational PowerPoint module for assistant nurse managers is to increase staff satisfaction and retention. To evaluate the staff's perception of the change in climate and satisfaction is to administer a survey to the staff to solicit their opinions. The survey will be administered anonymously to staff via a Survey Monkey link that is emailed to staff members supervised by the assistant nurse manager participants of the educational PowerPoint module offering. This survey will be sent to staff 1 month prior to



implementation of the PowerPoint module, and again at the 3-month mark after completion of the module. The survey will consist of 10 questions. The answers to the questions will solicit a response on a numeric scale of 1-5, with 1 indicating a response of Strongly Disagree, 3 indicating a response of Neutral, and 5 indicating a response of Strongly Agree. Questions asked will include:

- On my unit, I feel as though I have a voice.
- I am empowered in my position to report concerns to the management team without fear of retaliation.
- I feel supported by my management team.
- My management team genuinely cares about my well-being.
- I receive communication regularly from my management team.
- On my unit, my opinion is valued.
- My management team treats myself and my coworkers equally.
- I am an important member of my team and unit.
- I plan to stay in my current position.
- I am held to the same accountability standards as my peers.

There will be a portion for written comments and suggestions for improvement at the end of the survey.

### **Summary**

The proposed Employee Action Program project consisting of an educational PowerPoint module to enhance the practice of assistant nurse managers in the medical-surgical division is a step in the right direction towards building a more confident, empowered body of staff. This type of confidence is imperative to the success of a staff

retention program. Having plans in place for the design, implementation, and evaluation of the educational PowerPoint module, like those mentioned, further enhances the proposal. These plans pave a path that is less likely to suffer from errors and mishaps along the way to completion and ultimately give direction for a successful program to aid in the retention of bedside nurses.

## **CHAPTER V**

### **Dissemination**

Adequate nurse staffing is imperative to meet the demands for the delivery of high-quality patient care and to meet productivity goals. Enhancing the performance of new assistant nurse managers by educating them on general policies and ways to effectively manage staff will give them the key to becoming more successful leaders. It is proposed that nurse staff retention will be positively impacted by having leaders that are more prepared to hold their staff equally accountable for actions in areas of attendance, code of conduct, performance, and ethical standards through the implementation and deliverance of an Employee Action Program.

#### **Dissemination Activity**

Feedback was solicited from a member of the targeted population for the presentation. The presentation was presented to an assistant nurse manager who had been in her role for 4 months total and was newly able to function on her own in her role's capacity. A copy of the Employee Action Program PowerPoint was provided to the assistant nurse manager via in-person handout of the slides. She read through the slides at a leisurely pace and wrote down notes and asked questions following the completion.

The assistant nurse manager gave thorough feedback. Feedback included a recommendation for the presentation to be done in a classroom setting to solicit real-time feedback and questions from the participants to the presenter versus a timed PowerPoint module on a computerized platform. There was a recommendation to additionally include expectations of the position other than the corrective action process. Additional expectations include but are not limited to audits, rounding, scheduling basics, coverage responsibilities, and basics of finance and budgeting. Finally, the assistant nurse manager

stated that overall PowerPoint organization, content, and aesthetic appeal were engaging and pleasing to her as the recipient. She stated that something like this would have been very beneficial to her during her orientation process and requested to keep a copy of the PowerPoint module for reference if needed.

Because of the recommendations from the assistant nurse manager recipient, there are some project modifications that are proposed. It is proposed for the Employee Action Program to have additional information to include other areas of interest and need-to-know information for new assistant nurse managers to help them on their management journey. The more knowledgeable the assistant nurse manager is in their role, the more confidence an employee is likely to have in their leader. However, it is not proposed that the additional information be added to this PowerPoint module. Instead, it is proposed that additional modules be designed and implemented as part of a series of new assistant nurse manager education. These additional modules would be named something consistent with the subject matter that it will include. After new PowerPoint modules are created, it is proposed that the education be included in an assistant nurse manager academy inclusive of the full series of modules. It is also proposed that the various modules be presented in a classroom environment versus on an online platform.

### **Limitations**

The major organizational barrier to the implementation of the Employee Action Program is the lack of human resources. There is a shortage of nurses that is creating a strain on workload and access to time for completion of tasks. Due to this shortage, assistant nurse managers are being pulled to the bedside to supplement their staff, and therefore, their already full schedules of tasks are being pushed behind. This limits the

available time the assistant nurse managers would have for completing the Employee Action Program.

At the time of this proposal, the global COVID-19 pandemic places a further strain on resources available in the hospital environment. More seriously ill patients create the need for lower nurse to patient ratios, placing a harsher burden on the already taxed availability of nurses. Because of this, assistant nurse managers are pulled into patient care roles to offset the shortage of nurses on the units and limits their availability for completion of education.

### **Implications for Nursing**

The Employee Action Program PowerPoint module is important to stabilize today's nursing culture. With the continuous staff changeover of travel nurses and staff nurses moving on for other reasons, units are suffering from a lack of staff comradery and the overall sense of support from each other as staff members, as well as from management. Knowledgeable assistant nurse managers can facilitate an environment of unity and belonging. While some staff members search for opportunities to make more money or seek new opportunities in career choice, others seek to have a sense of belonging and stability. Further, belonging to a home unit where all staff are treated equally, both in acknowledgement and accountability, can make a difference and have a positive impact on staff retention.

### **Recommendations**

To further the development of staff accountability and improve the Employee Action Program, it is recommended that administration meet with each nurse that leaves the bedside to inquire where the organization could have changed the decision of the

employee. With the data that is collected, specific areas of concern that need education concentration would be identified. This would be beneficial for the development of future education modules that cater to assistant nurse managers and their success as leaders.

### **Conclusion**

With a growing nursing shortage and higher demands on healthcare systems nationwide, retaining trained staff is becoming more and more important. Retention of staff and whether it is successful or is suffering can impact the satisfaction of both current staff and patients, quality of care deliverance, and budgetary goals both positively and negatively. Establishment and implementation of an Employee Action Program can lead to more knowledgeable assistant nurse managers in the inpatient setting. More knowledgeable assistant nurse managers are trained in areas of acknowledgement and accountability of staff members, signifying to staff that they are all being treated fairly and equally. With this knowledge, the assistant nurse manager is better prepared to handle situations, both simple and significant, in a manner that is consistent with the goals of the organization and thus, will impact staff retention positively.

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