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Fostering Relationships Between New Graduate Nurses and Leadership to Increase Retention

Michelle Cotton
Gardner-Webb University, mcotton@gardner-webb.edu

Fostering Relationships Between New Graduate Nurses and Leadership to Increase

Retention

by

Michelle Cotton

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Submitted by: Approved by:

Michelle Cotton   *Tina Lewis*
_____   _____
Michelle Cotton   Tina Lewis, DNP, APRN, FNP-C, ACHPN,
                                                 CEN

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Abstract

Objective: To implement weekly one-on-one touch bases between nursing leaders, such as managers and directors, with newly hired, new graduate nurses, up to 1 year after graduation to improve retention of those employees. The intent is to improve retention from a baseline of 23% in 2022.

Results: 35.8% of the newly hired nurses plan to remain in their current role for the next 2-3 years.

Conclusions: Almost 55% said that they strongly agreed with the touch base contributing to development/growth. This was the lowest scoring question and the most concerning related to retention. An overwhelming majority felt engaged and involved in their current role. Interestingly only 54% felt welcomed and inclusive, so engagement and involvement don't necessarily suggest they have a sense of belonging. Feeling successful was also not a concern, as 67.9% strongly agreed that they were indeed successful in their current role. Of note, all participants either strongly agreed or agreed that they had a good relationship with their leader.

Keywords: nursing engagement, relationship, leadership, retention, and purposeful rounding

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Problem Recognition

Identified Need

Retention of new graduate nurses is at an all-time low in the project site. The direct care, new graduate nurse turnover rate at the identified project facility is 23.5% in May of 2022, from a rolling 12 months of data (HCA COG-AP Nursing Insights, 2022). When there is poor communication the work environment tends to be unhealthy, which could lead to nurses leaving acute care facilities (Jankelová & Joniaková, 2021). The lack of retaining nurses potentially affects the organization by reducing the ability to provide safe, quality care.

Nursing retention, in both new graduates and seasoned nurses, has been a challenge since the COVID-19 pandemic began. Vacancies, before the pandemic, across the nation were as high as 17% (Gaietto & Brooks, 2019). Even before the devasting effects of the pandemic, experts were already predicting a 900,000-nursing deficit by 2030 (Juraschek, et al., 2019). The percentage of United States hospitals experiencing vacancy rates of 15% or higher has increased from 5.3% in 2018 to 61.2% in 2022 (Nursing Solution, Inc. [NSI], 2022). "The national new graduate turnover rates are as high as 30% in the first year and will increase to 57% in the second year" (NSI, 2022). According to a recent survey, 34% of nurses plan to leave their current roles by the end of 2022.

Additionally, it has been reported that the median nursing turnover rate rose from 15.5% to 18.8% in 2021 (Incredible Health, 2022). Fostering relationships between leadership and new nurses is vital to maintaining retention and staffing of this population. In an Australian study of nurses less than 5 years in their careers, it was found that turnover can be reduced, and retention improved by affecting the factors that influence a

nurse's decision to leave or remain with an institution and the nursing profession (Mills et al., 2016). Bush (2022) Healthcare Summit, explained how having your connectivity model would meet new employees' need to ensure real-life relationships. It has been found that for managers who effectively communicate their vision and direction for the health services team, the likelihood of those staff following the articulated directions is higher. While communicating with nurses, it is necessary to focus on listening, feedback, and empathy, which are found to be the most neglected and at the same time highly beneficial for the job satisfaction of nurses (Jankelova & Joniakova, 2021).

Problem Statement

The need for retention of newly licensed registered nurses hired into the project facility within the past 12 months is an immediate project-site concern. The low retention rate of new graduate nurses hired into nursing positions is the focus of this project. Best practice strategies on how to help retain registered nurses who have graduated within 12 months include increasing leadership engagement by implementing weekly purposeful moments to touch base with newly hired nurses to focus on retention efforts.

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Literature Review

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A literature review was conducted incorporating themes based on nursing, engagement, relationship, leadership, retention, and purposeful rounding as a Boolean phrase using multidisciplinary search databases such as MEDLINE and CINAHL search engines and in the Nursing and Allied Health database. The publication year range was limited to 2006-2023 which resulted in over 2,000 articles. By revising the search terms to nursing satisfaction, nursing leadership, and turnover, which helped narrow the search, resulting in enough articles to create this focused literature review, many included

scholarly materials in nursing and healthcare. The review of the literature demonstrated there are several themes to nurse retention. The 10 most relevant articles were chosen that reviewed nursing shortages and retention as well as leadership and communication with nursing managers and directors.

Transformational Leadership

Quesado et al. (2022) showed the length of service showed a significant and negative correlation, which was linked to the nurses' competency level, experience, and priorities. Quesado et al. (2022) designed a cross-sectional study to explore the management styles of nurse managers and directors and how they affect the job satisfaction of their nursing teams. The sample size was 95 females ranging from 23-64 years old with 83% of them being females with varying degrees of education levels. One of the main identified causes of staff nurse turnover is a lack of support from the leadership. The impact of transformative leadership on important nursing outcomes has been the subject of conflicting findings in recent studies. It is unclear, therefore, if leadership influences retention intent, organizational commitment, and satisfaction directly or indirectly. This study revealed a statistically significant difference between the participants' length of employment, and satisfaction, and an association between Transformational Leadership and satisfaction was found. Communication skills were highlighted by the participants as characteristics a leader should have. While transformational leadership had a minor direct beneficial impact on organizational commitment, it had no direct association with intent to stay or work satisfaction. By creating a supportive and encouraging work environment, transformational leadership can slow down turnover and increase nurse retention. A rise in organizational commitment

and work satisfaction would significantly impact the likelihood of intent to stay. Limitations were noted due to sample size and sampling technique.

An exploratory discussion by Jasper and Crossan (2012) reviewed the construct of 'strategic management', drawing on the literature and questioning its relevance within healthcare organizations through a meta-study. Nurse managers are encouraged to explore and utilize a leadership style considered best practice, yet one guideline has not been developed to be valid and reliable as a consistent method for healthcare leadership. A fetal flaw in the utilization of 'strategic management' is the lack of a defined set of rules, but rather a movement of change (Jasper & Crossan, 2012). Healthcare leadership, regardless of what style is utilized, is directly proportional to the development of the healthcare organization. Jasper and Crossan (2012) stressed caution with organizational-driven management, as the most important specifically for nursing managers is obtaining positive patient outcomes, which cannot be hindered by those being managed. The editorial in the Journal of Nursing Management supports the positive relationships that were founded between a transformational leader, a supportive workplace environment, and a staff nurse's intention to stay employed in their current position (Jasper & Crossan, 2012).

Transformational leadership management style is a leadership style that empowers others. If a new nurse perceives their leadership has power and influence in the organization, the new nurse has a stronger sense of personal control over their practice which relates positively to intent to stay (Taunton et al., 1997). The effects of management traits were linked to retention through work characteristics, job stress, job satisfaction, commitment, and intent to stay. Of the retention variance, theoretical

variables accounted for 22%. Retention was directly impacted by the manager's concern for the staff and the RN's intent to stay; other variable impacts were passed through the will to stay. For turnover, unit separation, and retention, different factors were significant.

A quantitative research study in the Journal of Advanced Nursing found that if supportive leadership practices such as transformational leadership are promoted, the retention of new nurses increases, and intent to quit decreases (Lavoie-Tremblay et al., 2016). An online questionnaire was sent to a random sample of 3,500 nurses. Eligibility criteria included less than 5 years of nursing experience and the ability to read French. Approximately 66% of the sample had 1.93 years of experience. The study consisted of a survey with self-reported measures, and a confirmatory factorial analysis model using the Lisrel 8.80 software. The results showed a positive impact on the patient's quality of care by the nurses who had supervisors who practiced transformational leadership styles and predicted their intention to stay. Also, a negative influence was noted by nurses who felt their leadership was abusive, which also led to predictors of their intention to leave an organization.

Relational Leadership

Boyle et al. (1999) traced the effects of manager leadership traits on staff retention of registered nurses (RNs) in four metropolitan hospital, Intensive Care Units (ICUs) using causal modeling. The all-RN sample focused on the work unit rather than the hospital and used Leavitt's 1958 model of behavior within an organization to group factors, manager traits, and unit structure variables, as predictors were unique features of the study. Key findings included staff intent to stay was directly related to the managers that ask for and appreciate staff contributions to support the unit leadership. The study's

strengths are finding direct management-style variables contributing to intent to stay, influence over work coordination, and power over staff positions. Weaknesses of the study are identified as potential areas of data that were not proven statistically significant but proved reliable through the study outcomes.

A systematic review of 50 papers was completed by O'Donovan et al. (2021) in an attempt to identify a correlation between healthcare leadership practices and team performance, and themes of four distinctive leadership styles were appraised. Relational leadership was shown to be one of the two styles with the greatest impact on positive team outcomes. Weakness of results was reported when a low number of resources for a particular leadership style was identified. Strengths included the quality of journals meeting quality peer-reviewed standards. No weaknesses were reported.

Li et. al. (2020) found that job satisfaction and organizational commitment were higher when the nurses felt there was a better connection with their supervisors, regardless of the years of experience after a cross-sectional descriptive study was conducted with 1,313 new graduate nurses throughout 18 hospitals in China. Even though the initial 12 months are the most difficult and the most important during the transition, Li et al. (2020) indicated the intention to leave among new graduate nurses needs to be studied for the first 3 to 5 years. This study did not focus on leadership style as having an impact on intention to stay. Continued research needs to be held to determine the true cause of the decreased intention to stay of new graduate nurses.

It has been found that managers who effectively communicate their vision and direction for the nursing team, the more likely those nurses will follow the articulated direction of the leader (Longest & Darr, 2008). To increase nurse retention rates and

lower nursing staff turnover, effective leadership is essential. When nurse managers and directors exhibit effective conflict resolution abilities, cultivate a positive work atmosphere, and give a vision for the future of nursing, nurses report higher levels of job satisfaction (Bourgault & Goforth, 2021).

Recognition and Resilience

There are many ways to recognize frontline nursing staff. From informal recognition when an employee meets a milestone to meaningful recognition which builds over time, it becomes a culture. By realizing that two higher-level needs in Maslow's Hierarchy of Needs are related to recognition including social and ego (Eddy et al., 2022). Motivation must be intrinsic to make it a culture in an organization. Research has examined how reward timing can influence this type of motivation. A study conducted by Salvant et al. (2020) employed a quantitative research methodology to compare the value of recognition to what leaders believed their workers to value among nursing staff. In their study, there were 46 frontline nurses. The study examined two groups' primary values for meaningful kinds of acknowledgment, first by position and then by age stratification. Comparable kinds of appreciation included financial compensation, chances for development, written acknowledgment, public acknowledgment, confidential verbal feedback, and scheduling modifications. Most of the nurses in the study were ages 26-35 and had a 9:1 female-to-male ratio. In the study, it was found that age, not career level, made the highest degree of difference in the meaningful forms of appreciation, and showed monetary rewards were preferred by younger generations. Gen X and baby boomers appreciated written and public acknowledgment more than millennials, with

millennials preferring financial compensation and chances for development. The study's

limitations also included the fact of a small sample size and only one facility.

<p style="text-align:center">**Needs Assessment**</p>

Identified Population

The population consisted of frontline, new graduate nurses who were either full-

time or part-time, working day, night, or other various shifts in the intensive care unit,

critical care unit, medical-surgical unit, orthopedic, and neurological/telemetry unit of an

acute care facility and have up to 1 year of service employment in the project facility. Not

included in the project were PRN nurses, travel nurses, and nursing students.

PICOT Statement

New graduate nurses and nursing leaders' perceived retention will result from

improvement in communication fostered by the implementation of weekly leadership

meetings with new graduate nurses in the acute care setting.

Sponsors and Stakeholders

Increasing the new nurse pipeline at the DNP project implementation facility is a

Workforce 2022 Imperative for Nursing. The project site's leadership team agreed to

facilitate weekly one-on-one meetings to allow the new nurse participants to connect with

their leadership team. The leadership team included the unit manager level or above in

the leadership hierarchy. One of the most concerning reasons why nurse retention is so

important to the project facility is because turnover is expensive. Another reason why this

is important is the potential harm high turnover rates can do to patient care. The

continuity of care for patients may be disrupted when nurses quit their jobs. Longer

hospital stays, readmissions, and even patient death may result from this. The sponsors

and stakeholders voiced their concerns and are willing to be actively involved in implementing a change in process to positively increase retention of the new graduate nurse.

Organizational Assessment

The project facility is a 204-bed acute care hospital and a leading provider of healthcare in a rural county in Florida and the surrounding areas. The facility is a full-service, 24/7 facility providing emergency care, a Heart and Vascular Center, an Orthopedics and Spine Center, a Women and Baby Center, robotic surgery, and oncology services with accreditations from the Joint Commission, and the American College of Radiology and offers Graduate Medical Education.

SWOT Analysis

Figure 1 depicts the SWOT analysis of the project.

Figure 1

SWOT Analysis of Project Site

Strengths	Weaknesses
• Leadership-paid certification programs • Recruitment-prelicensure nurse recruitment, preceptorship, nurse extern program • Hospital-financial support for certifications, nursing mentorship programs	• Leadership-hierarchical and inflexible nursing leadership, nursing proactive models that limit clinical nurses' autonomy • Staffing-aging nursing workforce, chronic nursing shortages and over-use of travel nurses • Administrative unilateral decisions-disregard expertise of nursing care delivery
Opportunities	Threats
• Training- interdisciplinary training programs for stroke and progressive care, hospital collaborations with local nursing schools • Hospital-funding for nursing projects and research, tuition reimbursement, encouraging support to participate in hospital quality improvement projects	• Rural area-lower salaries • Workplace environment-violence against nurses in the workplace, unsafe working environments • Community-lack of knowledge of preventative care and full scope of nursing practice

Available Resources

Available resources included the DNP project leader, who is a Director of Medical Neurology at the project site, with oversight and accountability for the project. In addition, there were five practice partners, currently nurse leaders of the project site units who conducted weekly, meaningful nurse leader/new graduate nurse rounds with a specified tool. The project was limited to inpatient units including the intensive care unit, critical care unit, medical-surgical unit, and neurological/telemetry unit.

Desired and Expected Outcomes

This project aimed to implement a nurse leader purposeful rounding with new bedside graduate nurses between 1-12 months of the start date with managers and directors from the project facility so they could foster relationships that would retain new nurse graduates. This project had the structure in place to begin 1:1 meetings immediately upon university and facility approval. The project leader implemented leadership involvement to strategically emphasize purpose and belonging to nurses within their 1-year start date by structuring the nurse managers and directors (nurse leaders) to meet 1:1 weekly for 6 weeks to build relationships by performing purposeful rounding. This would foster a relationship between the new nurse and their nurse leader. The turnover of new nurse hires causes increased demands on nurses at the bedside, increasing negative outcomes, as well as increased costs to healthcare facilities (Woodward & Willgerodt, 2022). Retention of new graduate nurses is an important part of fighting the nursing shortage. The purpose of this project was to implement 1:1 purposeful meetings with leadership. Following the meeting, the subject would answer the 6-question Likert scale, with the additional qualitative open-ended question if any question is scored below 4,

questionnaire and will return it to the project leader. This will be both a quantitative and qualitative study to evaluate an improvement in unit engagement and the likelihood of longevity in the organization.

Team Selections

The team for this project included the Chief Nursing Officer of the facility, identified as a practice partner, along with two-unit managers, and three-unit directors, all considered committee members.

Scope of Project

Implementation

Managers/Directors were introduced to the survey tool before conducting the 1:1 meetings with the project leader. A six-question quantitative, Likert scale survey was not utilized by the manager/director conducting the 1:1 weekly meeting with the newly hired, up to 1 year of service, bedside Registered Nurse (RN), rather the bedside RN reflected on the 1:1 meeting via the survey, after the survey was completed away from view of the manager/director. A seventh, qualitative question was to be asked if one of the previous Likert scale answers was less than agree/number 4 (Appendix). The meetings consisted of focused conversations with the RN, and each lasted approximately 15 minutes, then the RN completed the survey.

Impact on System

Nurse managers/directors were responsible for scheduling their weekly rounding with each eligible RN for the project to ensure they had a weekly meeting with each. The meetings were held while the RN was scheduled to be in the project facility and

compensated for their time during the meetings. The benefit to the project facility will be in the retention of newly hired nurses to sustain the workforce.

Setting

The project setting was a 204-bed acute care hospital in West Florida. Inpatient units included medical/surgical, orthopedics, neurology, progressive care, Intensive Care (ICU), and Critical Care (CCU) units. These newly implemented meetings, referred to as "touchbases," occurred in the manager/director's office during work time, while on the clock. The survey was to be completed on their own time, as this protected the RN's identity and encouraged survey completion.

Goals, Objectives, and Mission Statement

Goals of Project

The SMART goals of this project were as follows:

- Specific- Fostering relationships with new bedside nurses and nursing leaders will increase retention and intent to stay.

- Measurable- This will be measured by a weekly survey, related to their intent to stay, by the bedside new nurse will complete after their touch base with the leader.

- Actionable- This new implementation of nurse-leader purposeful rounding with weekly touch-bases with the relevant questions about their intention to stay at 1 year will allow leaders to understand the motivation and intention of their newly hired nursing staff.

- Realistic- This aligns with the project facilities goal of less than 20% turnover of less than 1 year hire new nurses.

- Timely- There will be an increased satisfaction of the project site in survey responses on the Likert Scale of 1-5 with the progression of the 6-week surveys.

Outcome Objectives

To translate leadership 1:1 purposeful rounding with new graduate nurses using the survey developed by the project leader and reviewed by the project chair for item reliability to reach improved retention over 6 weeks.

Mission Statement

The mission of this DNP project was to evaluate how fostering relationships between new graduate nurses and leadership in weekly one-on-one meetings by answering specific questions in a survey would increase retention.

Theoretical Underpinnings

Douglas McGregor's theory of motivation, X and Y was relevant to this implementation of nurse leader engagement with new graduate nurses as they described two very different management styles related to staff. The theory X manager believes staff typically dislike work and will avoid if it at all possible, lacks responsibility, and ambition, and must be controlled and threatened to perform; whereas the theory Y manager believes work is natural, people are not lazy but can become that way if under-motivated, people have self-direction and self-control, people have potential to learn and to be responsible. Manager Y is going to be more important in influencing a new graduate RN to stay on the job or with the facility. The theory Y assumption is that people want to satisfy some of their needs through work, and they will do so if management provides them with a supportive environment (Dartey-Baah, 2009).

Kanter's Theory of Structural Empowerment maintains that organizational and structural factors within the work environment play a larger role in determining an employee's attitude than personal attributes or social interactions. As studied by Dartey-Baah, it was found that high levels of leader-staff exchange paired with a perception of structural empowerment by the staff nurse would lead to greater efforts by the nurse in a personal transfer of knowledge and behaviors (2009). Curtis et al. (2012) explored these efforts of how a new graduate nurse navigates from a student perspective to nursing practice at the bedside. Their study identified a connection between being able to find a balance between using the professional practice models they learned as students and the real-life duties of the nurse at the bedside. Costs associated with staff turnover including recruitment, financial, and training issues contribute to organizational dysfunction (Wagner, 2010). This led to further frustration of staff constantly training and then losing staff to turnover. With the theory of structural empowerment, touch bases with nurse managers/directors are projected to show an increase in the potential for retention versus historical data turnover without touch bases. Data collection will be iterative and a process to reach an end goal of retention of nurses related to a fostered leadership relationship.

Work Planning

Project Management

As implementation began, all aspects were monitored to ensure the schedule was met. Data was collected weekly from the surveys that were completed. Gathering data generated through the project by using an evaluation method allowed discoverable performance improvement opportunities. Project evaluation was also critical to keep

stakeholders updated on the project status and any changes required to the schedule. During the data interpretation, the project leader tried to discern the differences between correlation, causation, coincidences, and many other biases. The survey was analyzed qualitatively as categorical and content analysis on the open-ended survey question and quantitatively as numerical on the Likert Scale.

Cost/Benefit Analysis

The inability to retain newly hired nursing graduates has a major financial impact on the United States (US) healthcare delivery system. The 2022 National Health Care Retention & Registered Nurse Staffing Report estimates that the average cost of turnover per nurse is approximately $46,131. Hospitals can lose approximately $7.1 million annually (NSI Nursing Solutions, Inc. [NSI] 2022). The cost of this project was supported by the project facility's Chief Nursing Officer, who supports the manager/director's time spent and was dedicated to holding the weekly session with a minimum of 10 new nurse hires from new graduates to 1 year of service.

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Evaluation Planning

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The purpose of the Likert scale is to evaluate the RN's intent to stay at the project facility and if not, how a relationship with the nurse manager/director can help to encourage them to stay. The appropriate questions were chosen to measure the intent of the RN staying at the facility. The response options were 1 through 5, with 1 being strongly disagree and 5 being strongly agree. There was one qualitative question if any of the 6 Likert scale questions were answered below agree/4. The data was analyzed to quantify the number of RNs with the intent to stay and evaluate if that changed

throughout the project. The results were interpreted to determine the overall level of agreement or disagreement.

Project Implementation

The implementation phase consisted of a meeting with the nurse managers and directors with instructions on conducting their 1:1 weekly face-to-face meetings with their new graduate nurses. At the end of the instruction training session, each participant acknowledged understanding. This phase then included the project implementation. Directors and nurse managers were given individual packets for their new graduate nurses, each with six individual unmarked envelopes with sequential dated Likert surveys addressed to the project leader. Each new graduate nurse participant was given informed consent and contact information for the Employee Assistance Program the participating hospital offers.

Threats and Barriers

During implementation, there was a meeting with nurse managers and directors to ensure they had begun their weekly meetings with the new graduate nurses. Threats included discovering a nurse manager would be resigning near the end of the scheduled 1:1 weekly meeting. Thankfully, she was able to administer the last interview the week she was leaving, but this could have affected responses from the two new graduate nurses she had hired. The departure of a manager can significantly impact staff retention in a healthcare organization (DeVries et al., 2023). Out of the six Nurse Managers and Directors who initially agreed to be a part of the project, one decided on implementation that she would not have time to hold the 1:1 weekly meeting. It was noted in the early weeks, that new graduate nurses with more engaged managers or directors seemed to

send surveys in promptly. Another barrier was that implementation also took place during the project facilities' new yearly evaluation rollout conducted on every employee by their manager or director. Others, with less engaged managers or directors, had to be encouraged to ensure they completed the surveys that week. This included the direct reports under the manager who had put in her 30-day notice.
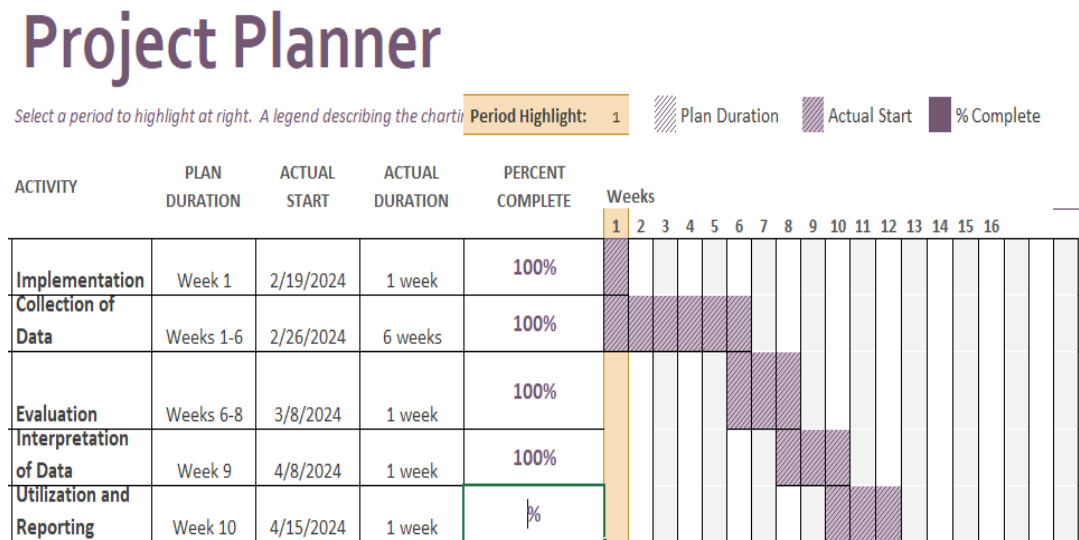
Monitoring of Implementation

During the first week of the project implementation, the project leader met with the team to evaluate team cohesiveness and to ensure the weekly 1:1 meetings were occurring and their new graduate nurses were being encouraged to complete and submit the surveys through an anonymous envelope delivered through interdepartmental mail. The project leader engaged the relevant team members weekly to assess progress as the data was collected and reviewed systematically.

Timeline

Figure 2 depicts the planning timeline for the project.

Figure 2

Project Planning Timeline

Project Planner

Select a period to highlight at right. A legend describing the charting... Period Highlight: 1 — Plan Duration | Actual Start | % Complete

ACTIVITY	PLAN DURATION	ACTUAL START	ACTUAL DURATION	PERCENT COMPLETE
Implementation	Week 1	2/19/2024	1 week	100%
Collection of Data	Weeks 1-6	2/26/2024	6 weeks	100%
Evaluation	Weeks 6-8	3/8/2024	1 week	100%
Interpretation of Data	Week 9	4/8/2024	1 week	100%
Utilization and Reporting	Week 10	4/15/2024	1 week	%

Project Closure

All surveys were completed by week 6 as requested. During the project, one manager gave notice of employment resignation and one of the newly hired graduate nurses also resigned. There was sufficient evidence to show that newly hired and newly graduated nurses benefit from proactive, as well as ongoing, timely, touchbases to retain them. Although we have the potential to influence someone to remain employed as a nurse every day, the weekly touch bases gave the leaders an opportunity to get one-on-one feedback to ensure the new nurse felt heard and could follow up from week to week on concerns.

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Interpretation of Data

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Quantitative Data

At the end of the 6th week of project implementation, the data from the 10 participants was compiled and the responses were analyzed. It was found that most participants either agreed or strongly agreed with all the questions included in the questionnaire.

- Question #1 asked if the employee felt like the weekly manager/director touched base with them and encouraged growth within the facility. Almost 55% said that they strongly agreed with the touch base contributing to their development/growth.

- Question #2 asked the employee if they planned to be at this job for at least the next 2-3 years and more selected "Agree" (52.8%) over "Strongly Agree" (35.8%). This question also had just shy of 10% of participants omitting or answering "Neither" as a response. Lastly, these were the only questions that

participants answered with a "Strongly Disagree" (1.9%). This shares that longevity may not be as critical to a new nurse as perhaps advancing and building their experience level within the field.

- Question #3 asked the employees if they felt engaged and involved in their current role. This question had a similar response structure as the first question. The majority of the participants answered "Strongly Agreed" with this question at 75.5%.

- Question #4 asked if the employee felt welcomed and included within the department/team. Results were shared that 54.7% "Strongly Agreed" but there were 3.8% answered "Neither or N/A". This was interpreted that the employees may not feel overwhelmingly involved in the facilities, but they also see the attempt that the department leaders were making to include members of the team within the unit.

- Question #5 asked if the employee felt as if they were successful in their current role shared an astonishing 67.9% "Strongly Agreed" and 30.2% "Agreed". There were 1.9% who answered Neither or N/A.

- Question #6 asked if the employee had a good relationship with their leadership. Positive feedback was received as this response was almost an even 50/50 split with a 1% variance between "Strongly Agree" and "Agree".

Figure 3 shows a summary of the six questions and their response rates.

Figure 3

Data Analysis

	Question 1	Question 2	Question 3	Question 4	Question 5	Quesiton 6
1- Strongly Disagree	0.0%	1.9%	0.0%	0.0%	0.0%	0.0%
2- Disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
3- Neither or N/A	0.0%	9.4%	0.0%	3.8%	1.9%	0.0%
4- Agree	45.3%	52.8%	24.5%	41.5%	30.2%	50.9%
5 - Strongly Agree	54.7%	35.8%	75.5%	54.7%	67.9%	49.1%
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Qualitative Data

There were only three write-in answers to the final question "If any answers were less than a 4, please complete the question below: How can the nurse leader change this?" Two of the write-ins related to pay, stating "pay better" on one survey and one "staffing/pay". The only other write-in was "My schedule is not the same weekly and I would like that to change". Although there were six below agree/4 recorded, only three people used the opportunity to share what it would take to change their perception.

Process Improvement Data

Almost 55% said that they strongly agreed with the touch base contributing to their development/growth. The survey question that asked the employee about their plan to be at their job for the next 2-3 years, only 35.8% strongly agreed and there was a singular answer of strongly disagree. This was the lowest scoring question and the most concerning related to retention. An overwhelming majority felt engaged and involved in their current role, but only 54% felt welcomed and included, so engagement and involvement don't necessarily suggest they have a sense of belonging. Feeling successful was also not a concern as 67.9% strongly agreed that they were indeed successful in their current role. All participants either strongly agreed or agreed that they had a good relationship with their leader. Several studies included in this project have shown that

collaboration between leaders and frontline staff, as well as interpersonal relationships, lead to better nursing leadership and can result in improved retention, satisfaction, and engagement of nurses. The survey could be continued with each meeting going forward to keep a pulse on the staff's retention probability. Other possibilities to ensure and increase retention were:

- actionable steps to becoming an employer of choice by offering healthy, inclusive work environments,

- obtain insights related to the nurses' viewpoints on roles and satisfaction, by continuing to survey newly hired nurses,

- effective onboarding methods for developing employees and increasing engagement, by offering "touchbases" with leaders, educators, and resource nurses, and

- recruitment and retention solutions to save resources, time, and money.

Understanding reasons for nursing turnover and implementing effective strategies to help combat nursing turnover is critical for maintaining a safe and skilled nursing workforce.

Conclusion

Implementing regular check-ins with new hires has proven to be a valuable strategy for understanding their experiences, needs, and overall well-being more effectively. These touchpoints offer insights into the adaptation process of new employees, highlighting areas where they may require additional support or information. They also serve as a platform for fostering a sense of belonging and engagement within the organization. For further research, it would be beneficial to explore the optimal

frequency and format of these touchbases to maximize their effectiveness. Additionally, investigating the long-term impacts of such practices on employee retention and satisfaction could provide deeper insights into the benefits of this approach. Ultimately, by refining our understanding and implementation of these check-ins, organizations can enhance their onboarding processes, promoting a more inclusive and supportive workplace environment.

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Appendix

New Graduate Nurse Touch Base Survey

New Graduate Nurse Touch Base Survey

Please circle your answers below

Date_____

Question 1: I feel like the weekly manager/director touch-bases with me encourage my growth at this facility.

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree

Question 2: I plan to be at this job for at least the next 2-3 years.

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree

Question 3: I feel engaged and involved in my current unit.

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree

Question 4: I feel welcome and included in my current unit.

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree

Question 5: I feel as if I am successful in my current RN role.

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree

Question 6: I feel like I have a good relationship with my nurse leadership.

5 Strongly Agree	4 Agree	3 Neither Or N/A	2 Disagree	1 Strongly Disagree

If any answer was less than a 4, please complete the question below:

How can the nurse leader change this?

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