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Hospice Nurses' Perception of Factors Influencing Nurse Retention

Vanessa Kelly Boris

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Hospice Nurses' Perception of Factors Influencing Nurse Retention

by

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A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
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Abstract

Aim. To identify factors that affect hospice nurses' intent to remain employed.

Background. Recent literature indicates that turnover is a major problem for health care organizations, since it is costly and negatively affects patient care. Several strategies have been highlighted to help improve retention rates, however hospice nurses have special needs.

Methods. To assess hospice nurse perspectives, a survey was conducted using registered nurses working in a multi-county Hospice and Palliative Care facility in the southeastern U.S. Survey items were based on information gathered from previous focus groups exploring determinants of nurse retention.

Results. Eighty-eight percent (n=7) of nurses chose "supportive colleagues" as an important factor. The next most highly chosen response (n= 6, 75%) was a "supportive and responsive organization." Half of the respondents chose "flexible/self-scheduling" and/or "supportive & empathetic manager/leader." The most selected disincentive (n= 3, 38%) to remain employed was "emotional/physical exhaustion."

Implication for nursing management. Leaders should implement strategies to ensure that support among staff, managers, and the organization is strengthened to help offset the emotional strain that hospice nurses often face in their daily work. Adequate support can help promote retention for this specialty group.

Keywords: hospice nurses, retention, nurse staffing, intent to remain employed

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CHAPTER I

Introduction

Retaining nurses has a significant impact on a health care facility's ability to provide quality care to patients and maintain a strong culture of safety and engagement. As turnover increases, morale often decreases along with teamwork and job satisfaction. Since nurses play a key role in a patient's experience, maintaining a positive work environment can result in higher-rated perceptions of care. Per the National Healthcare Retention and Registered Nurse (RN) Staffing Report, turnover reached 17.2% in 2015 (NSI, 2016). RNs working in Pediatrics and Women's Health continue to record the lowest turnover rates, while nurses working in Behavioral Health, the Emergency department, and on Medical/Surgical units experienced the highest rates of turnover (NSI, 2016). Hospice nurses, who were not specifically studied in this report, are at a higher risk due to the emotional challenge of their specialty. Research by Knudson (2013) found that one in five nurses intend to leave their job within one year as workload challenges increase and United States (U.S.) vacancies are projected to reach 800,000 by 2020.

Besides the upheaval this creates on a nursing unit, turnover is costly for health care facilities. Estimates range from \$37,700 to \$58,400 per nurse, or an average of \$6.6 million per hospital (Trossman, 2016). Not only are such costs detrimental to healthcare systems, but a worldwide nursing shortage threatens the stability of health care establishments, decreases the well-being of workers, and compromises the quality and safety of patient care (Scammell, 2016). Maintaining adequate staffing and resources is critical to improve work environments and lower mortality rates by 40,000 per year

(Redknap, Twigg, Rock, & Towell, 2015). Only 8% of respondents in a survey conducted by Chenoweth, Merlyn, Jeon, Tait, and Duffield (2014) felt that staffing was sufficient to provide quality care. Each additional patient per nurse has been associated with a 23% increase in burnout (Knudson, 2013).

Since job dissatisfaction is a key factor causing nurses to leave the profession, there are many strategies that can help increase satisfaction. These include: greater participation in organizational affairs, nurse-led care, supportive leadership, resource adequacy, and good collegial relationships. Other options include strengthening student mentorship, and improving opportunities for constructive feedback, support, and supervision (Scammell, 2016). High levels of retention may also be related to orientation or residency programs, reasonable workloads, effective collaboration, strong professional practice roles, and a healthy work environment (Trossman, 2016).

Significance

The president of the American Nurses Association (ANA), Pamela Cipriano, believes that continued harm to patients is caused by rising stress and burnout among health care providers (Cipriano, 2016). Progress related to the welfare of nurses has been less apparent than areas such as reducing hospital-acquired conditions, readmissions, and lowering costs. The National Patient Safety Foundation's Lucian Leape Institute details five concepts critical to the safety of our health care system. A new focus of restoring joy and creating an environment that supports safety, as well as caregivers, is referred to as the fourth aim in healthcare. The "quadruple aim" seeks to improve the work-life of health care providers. For nurses, this means ensuring an ethical environment that

supports emotional caregiving, is free of the toxic effects of incivility, violence, and bullying, and promotes safe staffing and safe patient handling (Cipriano, 2016).

Creating and maintaining a positive nursing environment is an important area to consider when addressing retention. Literature reviewed by Redknap et al. (2015) demonstrated that the work environment is the basis of job satisfaction or intent to leave (ITL). Strategies that successfully promote supportive environments result in lower levels of stress, greater satisfaction, higher attraction and retention rates, and better patient outcomes (Redknap et al., 2015). Leadership was also shown to be a strong determinant of job satisfaction and ITL. When staff are supported through visible, accessible leadership with open communication, it helps improve perceptions of empowerment, giving nurses a greater sense of value. Redknap et al. (2015) emphasize the importance of investing in leaders to effectively attract and retain nurses.

Magnet principles support the importance of collegial relationships between physicians and nurses, recognizing it as a fundamental criterion for excellence in nursing care and work satisfaction (Redknap et al., 2015). Having good relationships can promote communication about patient care and improve feelings of value and satisfaction of nursing care. Teamwork and supportive relationships can also help decrease stress and burnout, strengthening a nurse's intent to stay (Redknap et al., 2015).

Purpose

The purpose of this MSN Thesis was to understand which factors contribute to the greatest nurse retention, specifically within the Hospice setting, and which factors cause nurses to look for employment elsewhere. Having a better understanding of these perspectives may help develop initiatives to strengthen teamwork, increase quality, and

improve patient care. Analyzing the chosen incentives or disincentives of surveyed nurses could reveal modifiable organizational factors that have the potential to improve health care delivery.

Research Questions

The aim of this research study was to determine:

1. What factors entice Hospice nurses to remain employed?
2. What factors may result in Hospice nurses leaving their current job?

Theoretical Framework

Smith and Parker (2015) describe Marilyn Anne Ray's middle range Theory of Bureaucratic Caring as one that considers the structural (political, economic, legal, and technological) aspects of an organization. Ray incorporates aspects of the new complexity science that views everything as connected and part of a greater whole. A bureaucracy is like a culture due to an organization's patterns, goals, rituals, and norms. These characteristics can shape how care is prioritized and affect how nurses perform their work or influence system functions. A health care facility's culture can also relate to how patients perceive their experience. In this way, all parts are interconnected and affect each other (Smith & Parker, 2015).

If nurses are placed in a position where they can provide the highest quality care possible, patient outcomes will improve, leading to a more successful organization (Smith & Parker, 2015). Since one-third of a hospital's reimbursement is linked to patient satisfaction, administrators are refocusing their efforts on areas such as the environment and communication. These efforts directly affect the remainder of reimbursement linked to patient quality and safety data. Creating a better environment

and focusing on collaborative, supportive relationships can help make care safer and satisfying for both patients and employees.



Figure 1. Grounded Theory of Bureaucratic Caring

Figure 1, from Crucena (2013) demonstrates the integration of caring with the political, economic, technological, legal, educational, physical and socio-cultural systems of an organization. Caring is a complex, transcultural, relational process, grounded in an ethical, spiritual context (Crucena, 2013). Each item on the outer circle can contribute to a caring organization that encourages nurses to remain employed. Educational programs to disseminate, teach, or relay information helps define care. There can also be support for continued education through financial incentives and flexible schedules. Physical factors relate to the state of being, as well as biological or psychological patterns. These patterns can be affected by the number of hours worked, shift length, workload, or the ability to take vacation time. Social and cultural aspects relate to ethnicity and structures of the family; intimacy with friends and family; communication; interaction and support

within a social group, community and society. In this way, supportive families, colleagues, and managers can affect a nurse's intentions to remain employed.

Caring in terms of legal factors involves responsibility and accountability; policies and procedures; informed consent; rights to privacy; malpractice and liability issues; client, family, and professional rights; and the practice of defensive medicine and nursing (Crucena, 2013). These legal factors contribute to how an organization supports their employees when faced with policy questions or liability issues. Technology consists of non-human resources, diagnostic investigations, pharmaceuticals, and the skills required to operate the resources. These resources help nurses perform their care tasks and deliver better patient care.

Economic caring includes money, budgets, insurance, limitations, and guidelines imposed by managed care. The financial component can make a significant difference in a nurse's decision to look elsewhere for employment. So, if managers make sure to adequately compensate their staff and offer longevity bonuses or extra paid time off, nurses may re-consider their search for other positions. The view of nursing within a healthcare administration is influenced by politics and the power structure. This includes communication patterns, decision making within the organization, uses of power, union activities, government, and competition for scarce human and material resources (Crucena, 2013).

Summary

Since nurse retention can have a significant impact on the quality of care provided to patients, it is imperative that administrators focus on areas to improve work environments and job satisfaction. Specific items from the Tourangeau Survey could provide valuable feedback to help develop better nurse retention strategies. This has the potential to reduce turnover rates, save money from rehiring and training costs, and improve patient satisfaction ratings.

CHAPTER II

Literature Review

Nurse retention not only affects a health care facility's bottom line, but can have far-reaching implications for employee engagement, patient satisfaction, safety of care provided, and overall effectiveness. A literature review was conducted to assess the current research related to nurse retention, and how turnover can impact a health care system. Most articles were obtained from the Cumulative Index for Nursing and Allied Health Literature (CINAHL) using the keyword "nurse retention." Thirty articles were found when the search was filtered for full text documents in the date range of December 2012 through December 2016. A few articles were eliminated for their irrelevance to the topic or lack of an English translation.

Literature Related to Problem Statement

Key Predictors for Retention

Understanding why nurses leave their work place or the profession is critical to being able to make changes to help keep nurses fulfilled and satisfied. Sawatzky, Enns, and Legare (2015) surveyed 188 Canadian nurses to identify factors influencing their ITL critical care (CC). A quantitative, cross-sectional design was utilized within a Conceptual Framework for Predicting Nurse Retention (CFPNR). Twenty-four percent reported they would "probably" or "definitely" leave CC within a year, while only 4% reported they would leave nursing entirely. Based on bivariate and regression analysis, key factors were related to: professional practice, management, physician/nurse collaboration, nurse competence, control/responsibility, and autonomy. An additional qualitative question used by (Sawatzky et al., 2015) helped identify specific reasons, such

as retirement or other career opportunities. The study by Sawatzky et al. (2015), emphasizes the importance of exploring multiple factors and retention strategies, especially in CC where shortages are reaching crisis proportions.

The CFPNR is a framework that displays how certain “Influencing Factors” (organizational climate and demographics) relate to “Intermediary Factors” (job satisfaction, engagement, professional quality of life, and caring) and result in the “Outcome” of ITL. Multiple types of surveys were used to gather data for each influencing and intermediary factor. Likert scales were used to measure the ITL CC and/or nursing. Results of these surveys found that having weekends off and working day shift helped reduce ITL. Greater staffing resources and positive scheduling environments emerged as significant for ITL CC. Control/responsibility was a significant factor in all of the regression models. Nursing expertise was significant in the job satisfaction, compassion fatigue, and burnout models. Management was also significant to job satisfaction as well as engagement. Collaboration between physicians and nurses was linked with engagement and compassion satisfaction. Overall, the research found that organizational factors can influence ITL directly and indirectly.

Onboarding Programs

A vital aspect of a nurse’s tenure may relate to how they are transitioned into a work-place and whether an organization is committed to a Culture of Safety (Trossman, 2016). Wake Forest Baptist Health (WFBH) provides newly licensed RNs with a year-long, residency-type program called “Journeys.” It consists of a general and a unit-based orientation, structured preceptorship, quarterly workshops, and the opportunity to network and gain support from their co-hort. Workshops cover issues such as stress

management, self-care, safety, and shared governance. WFBH also has a network of nurses to provide guidance after the orientation and residency is complete (Trossman, 2016).

Sharp Memorial Hospital in San Diego, CA redesigned their orientation program to increase nurse retention. Benner's Novice to Expert Model was used along with Maslow's hierarchy which claims that basic needs and safety must be met before proceeding to self-actualization. So, nurses must understand the basics before advancing to more complex competencies. The orientation program was organized into three phases: basic competencies and safety, intermediate skills and time management, and complex patient situations. After two years, nurse retention increased from 58.5% to 75%. There was also a decrease in turnover from 11% to 5% (Kozub & Hibanada-Laserna, 2015).

Cost of Turnover

The cost savings of nurse retention in the San Diego study were estimated to be \$432,000 to \$594,000 with no change in orientation length (Kozub & Hibanada-Laserna, 2015). Estimates to replace a nurse average \$80,000 (Wheeler, Foster, & Hepburn, 2014). Since comparing costs and turnover is difficult with various definitions and methodologies, a standardized Nursing Turnover Cost Calculation Methodology (NTCCM) should be used more frequently. Duffield, Roche, Homer, Buchan, and Dimitrelis (2014) reviewed 37 studies and only four used NTCCM. The total sample from these four studies included 11 hospitals in Australia, 39 hospitals in Canada, 11 health board districts in New Zealand and four hospitals in the U.S.

Results from Duffield et al. (2014) showed that Australia had the highest turnover costs (\$48,790) due to higher termination and temporary replacement fees. Costs were almost 50% lower in the U.S. (\$20,561), Canada (\$26,652), and New Zealand (\$23,711). Turnover rates also varied significantly across countries with the highest reported by New Zealand (44%), followed by the U.S. (27%), Canada (20%), and Australia (15%). High turnover (“Staff Churn”) can lead to decreased productivity, continuity of care, and job satisfaction (Duffield et al., 2014). When staffing is unstable, nurses are less likely to be aware of their team’s skills or strengths. This generally reduces the efficiency of care delivery due to the need to induct or offer additional explanation to new staff. Also, high turnover and lost productivity can increase workloads, further exacerbating workforce shortages (Duffield et al., 2014).

Professional Commitment

Professional commitment can be defined as a congruency between personal beliefs and the goals of a profession, with greater congruency leading to greater individual efforts on behalf of the profession. Per Chang et al. (2015), nurses who find greater commonality between their beliefs and their profession are more likely to care about the future of nursing and remain employed. Links have also been established between commitment, job satisfaction, and career retention. Other benefits of greater commitment include better performance on patient safety indicators and perceptions of quality care (Chang et al., 2015).

Chang et al. (2015) studied which aspects of professional commitment can effectively retain nurses in the profession. They used a longitudinal design, simple random sampling, and a two-wave data collection to survey and follow-up with a sample

of 579 nurses. This took place over one year in a large medical center in Taiwan. Findings indicated that nurse managers should make efforts to improve nurse salary and employer-sponsored benefits. Enhanced professional developmental opportunities were also shown to retain nurses. This can include encouraging nurses to obtain professional certifications and sponsoring membership in professional societies.

To further enhance a nurse's commitment to an organization, Hsu, Chiang, Chang, Huang, and Chen (2013) studied the effects of trust and monetary reward. Trust is critical in establishing a cooperative atmosphere, where communication is enhanced to provide quality care. Also, fair and attractive rewards may help retain nurses by increasing their job satisfaction and commitment. Hsu et al. (2015) described organizational commitment as being composed of three elements: affection towards the organization, perceived cost of leaving, and feeling obligated to stay. Their research adopted the partial least squares method for parameter estimates and hypotheses based on 797 Likert scale surveys from Taiwanese nurses. Results showed that perceived trust and rewards significantly influence job satisfaction and commitment. In order to build a high level of commitment, developing trust among nurses and increasing job satisfaction were shown to be more important than compensating with monetary incentives alone (Hsu et al., 2015).

The research by Hsu et al. (2015) provided several implications for nursing management. Their findings supported cultivating a workplace atmosphere of trust. Suggestions included arranging group activities for nurses, such as knowledge and experience sharing, group-training events, lunches, or tours. To address rewards, Hsu et al. (2015) advised building a fair and attractive rewards system to improve job

satisfaction and elevate organizational commitment. Since job satisfaction positively influences commitment, managers should strive to create positive job experiences. Also, workplaces can be shaped to offer a more pleasant environment which also benefits patients. To satisfy customer needs, Hsu et al., (2015) stressed the importance of first satisfying the needs of their employees.

Rodwell and Gulyas (2013) added to the category of professional commitment through their work related to psychological agreements, justice, and individual differences. Their research explored emotional and attitudinal outcomes of the psychological contract, organizational justice, and negative emotions in nursing. Cross-sectional data were obtained from a survey of 193 nurses in Australia. Structural equation modeling was used to calculate variance levels of psychological distress (49%), job satisfaction (29%), organizational commitment (60%), and career commitment (47%). Their findings support the influence of psychological contract, fairness and individual differences on outcomes related to retention. Keeping promises was found to be more important than making un-kept promises (Rodwell & Gulyas, 2013).

Team Climate

Nurse retention and burnout can be related to the quality of a team's climate per Cheng, Bartram, Karimi, and Leggat (2013). Their research examined relationships between emotional labor, team environment, burnout, perceived quality of care, and ITL among nurses in Australia. Cheng et al. (2013) focused on how team climate helps nurses regulate their emotions and reduce burnout. A cross-sectional quantitative study was conducted with surveys from 201 RNs. Confirmatory factor analyses and structural equation modeling were used. Their final model demonstrated that faking emotions had a

significant negative influence on perceived quality of care. Hiding emotions predicted burnout, leading to an increase in ITL. Cheng et al. (2013) suggest establishing a strong team climate to help nurses manage emotional demands, promote well-being, and increase retention.

Further study related to team climate was conducted by Brunetto et al. (2013). They examined the impact of workplace relationships (perceived organizational support, supervisor-nurse relationships, and teamwork) on engagement, well-being, organizational commitment, and ITL. Using the Social Exchange Theory, Brunetto et al. (2013) hypothesized that ITL is affected by several factors, especially relationships at work. A survey was used to gather data from 1,228 Australian and U.S. nurses. A multi-group structural equation modeling analysis was used to identify significant paths and compare countries. Overall, their findings suggest that well-being is a predictor of ITL, meaning that managers must consider nurses' well-being in everyday decision making.

Trybou, Pourcq, Paeshuyse, and Gemmel (2014) studied the importance of social exchange and its impact on nurse retention. Their research tested the norm of reciprocity by examining relationships between perceived organizational support (POS), the quality of leader-member exchange (LMX), psychological contract breach (PCB), and retention factors. Since turnover relates to unsatisfying workplaces, this study focused on how social exchanges affect work-related attitudes. A survey of 217 nurses was used to test and refine a model linking POS, LMX, and PCB with job satisfaction, trust, and ITL. The analysis revealed that POS, PCB, and LMX explained significant variance in all three retention factors. Trybou et al. (2012) encourage managers to recognize the importance of social exchange to build trust, satisfy, and retain scarce nurses.

Leadership's Effect on Retention

Supporting nurse leaders. Research by Ekstrom and Idvall (2015) explored how new RNs (< 2 years) experience their leadership role on a care team. New RNs have difficulty during their transition from student to qualified professional and find it challenging to be a leader. Twelve nurses were interviewed in a qualitative study to assess both manifest and latent content. Five themes emerged: feeling stranded; forming well-functioning teams; learning to lead; having the courage, strength, and desire to lead; and ensuring appropriate care. Ekstrom and Idvall (2015) concluded that leadership prerequisites for new RNs need to improve, emphasizing ways to create a supportive atmosphere that promotes professional development and job satisfaction. To increase retention and promote quality of care, managers need to clarify expectations and guide nurses in a planned way (Ekstrom & Idvall, 2015)

Leadership training. Wallis and Kennedy (2013) evaluated a year-long leadership training program designed to promote collaborative, team-based approaches to improve nurse retention. This program was designed and implemented to develop effective teams that could address retention challenges in Colorado. The evaluation consisted of observation, group interviews, and standardized tests to measure emotional intelligence (EI) and team dynamics. The research by Wallis and Kennedy (2013) found that team dynamics were significantly affected by the EI of key members holding supervisory positions and by the existing culture and structure of the participating organizations. Successful teams were described as change oriented and they worked well across functional lines. Evaluation of the program suggests that a project's success may

be more related to carefully selecting team members than to the merits of ideas proposed for improving retention.

Abusive leaders. Rodwell, Brunetto, Demir, Shacklock, and Farr-Wharton (2014) investigated forms of abusive supervision, such as personal or task attacks and isolation. They linked these issues to outcomes for nurses, including job satisfaction, psychological strain, and ITL. A cross-sectional survey was used for 250 public sector nurses employed at five general acute hospitals in Australia. Structural equation modeling confirmed a well-fitting model, explaining 40% of the ITL, 30% of job satisfaction, and 33% in strain. An indirect relationship from personal attacks to ITL, via strain, was observed. Task attacks were related directly, and indirectly via job satisfaction, to increased ITL. Isolation was found to be benign. Overall, Rodwell et al. (2014) highlighted the impact of abusive supervision, especially task attacks, on nurse retention. These results can help devise programs to educate, train, and support staff in their adherence to zero tolerance policies toward antisocial behaviors and encourage reporting incidents.

Retention Factors Related to Race and Age

Discrimination. Discrimination against nurses due to their gender, ethnicity and nationality may create hostile environments, potentially affecting patient care and leading to higher attrition rates (Wheeler, Foster, & Hepburn, 2014). The study by Wheeler et al. (2014) employed a qualitative, explorative approach. Forty-two internationally educated and 40 U.S. educated white and African-American nurses were interviewed about their experiences working in Southeastern U.S. hospitals. One of the study's limitations may be due to the background of the first author (U.S. educated and white) that may have

impacted how the questions were asked and which were chosen for follow-up. Still, all nurses were found to have experienced discrimination from patients, colleagues, and/or other health care personnel.

Interview results from Wheeler et al. (2014) found that supportive supervisors play an important role in diffusing tense situations that occur when patients refuse care provided by certain nurses. Participants were also found to share similar coping strategies to manage or shape discriminatory practices around them. These strategies include: relying on personal values to help them ignore it, excusing the behavior, confrontation, changing jobs, or working harder to prove themselves. To help avoid the need for utilizing coping strategies, Wheeler et al. (2014) suggest that all healthcare personnel receive training to work with colleagues of different ethnicity and nationalities as well as manage discriminatory interactions. Otherwise, pervasive discrimination will result in nurses leaving facilities that do not support them (Wheeler et al. 2014).

Generational differences. Nurse managers are faced with integrating three generations with distinctive perspectives to create a cohesive team. Tourangeau, Thomson, Cummings, and Cranley (2013) conducted a cross-sectional survey of 4,024 nurses to identify incentives or disincentives for remaining in acute care hospitals. SPSS software was used to analyze data and explore differences by generational affiliation. All respondents selected reasonable workloads and manageable nurse-patient ratios as the two greatest incentives. Having a supportive manager was chosen third or fourth most frequently. The least selected incentive was an opportunity for advancement. Baby boomers preferred additional vacation time to higher pay while the younger generations preferred higher pay. The least selected disincentive was a lack of educational or

professional growth opportunities. Generation Y selected “opportunities elsewhere” most frequently when asked for a reason to leave their current position, while Baby Boomers ranked it tenth. Any strategy addressing workload was shown to have the greatest impact on retention for all three generations.

Generation Y or Millennials. A qualitative study of nurses under 30 in New Zealand was conducted by Clendon and Walker (2012) to help develop age-appropriate retention strategies. Generation Y nurses have attributes such as optimism, resiliency, independence, confidence, belief in work/life balance, collaboration, and a need to have a voice in their workplace. Participants described a desire to have an influence to improve the quality of care. They sought empowerment, control over their work environment, and connection to policy changes. Giving nurses ownership of projects “made the difference to me staying in the career” (Clendon & Walker, 2012, p.559). Career progression was important to participants who often felt stifled by the limitations of their workforce structures. Managers can strengthen protective mechanisms to help younger nurses cope with the challenges of nursing or lead initiatives to improve their work environment (Clendon & Walker, 2012).

Work Environment in Specialized Care

Oncology and grief resolution. Creating a positive work environment is even more difficult in certain specialties such as oncology or palliative care. Nurses often experience stressful situations when working patients and their families during end-of-life (EOL) care. Hildebrandt’s (2012) literature review of 18 articles collected retention strategies for oncology nurses who are in great demand. Their high rates of grief and stress can lead to many leaving this specialty or even the profession completely

(Hildebrandt, 2012). Compassion fatigue (CF) occurs when nurses become too emotionally attached to their patients. This can lead to burnout with symptoms ranging from withdrawal, anger, and decreased empathy. Chronic compounded grief (CCG) can also occur if nurses do not have an outlet to resolve their grief. Symptoms can include emotional exhaustion and feelings of inadequacy or failure.

Various strategies were identified to resolve grief, alleviate emotional burdens, and increase nurse retention. These include creating supportive work environments, debriefing with colleagues, providing EOL and grief education, and altering patient care assignments. Psychosocial wellness retreats or grief training can play an important part of EOL education. Enhancing coping strategies can help nurses better serve patients and be prepared to handle their emotions. Bereavement support groups, providing time off following a death, or altering assignments to limit EOL care tasks were all described as options. If palliative or oncology units implement such strategies, nurses should have a greater ability to cope with loss and feel supported by their colleagues which can result in greater retention (Hildebrandt, 2012).

Aged/dementia care. Another area that can lead to greater burnout among nurses involves caring for aged or dementia patients. Chenoweth et al., (2014) conducted research to identify key issues affecting retention of nurses in these specialties. The study was conducted in Australian acute, subacute, community, and residential health-care settings. There were 3,983 complete surveys and 10 focus groups with 58 volunteer survey respondents. Nurses were found to be most positive when they felt valued and supported through education, training, supervision, mentoring opportunities and appropriate remuneration. Only 8% of respondents felt that staffing was sufficient to

provide quality care. Nurses in all settings expressed frustrations with poorly-coordinated changes that were introduced without adequate warning, preparation, or education. Research by Chenoweth et al. (2014) stressed the importance for recognition and providing greater nurse ratios as patients' age and the complexity and acuity continue to increase.

Safety Culture and Patient Experience

Abrahamson, Hass, Morgan, Fulton, and Ramanujam (2016) examined the relationship between nurse-reported safety culture and patient experience. They hypothesized that a strong safety culture may produce positive spillover effects through nurses or caregivers, resulting in patient perception of a high-quality experience. Multivariate mixed-effects regression models were used with data from a multistate sample of hospitals over a 12-month period. Survey responses were compared at the unit (service line) and hospital level. Their results found key variables in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and Agency for Healthcare Research and Quality (AHRQ) surveys were significantly correlated.

The relationship between three safety culture domains; teamwork, adequate staffing, and organizational learning is connected to a positive patient experience. Perceptions of teamwork within a unit was a significant predictor of a patient's likelihood to recommend the hospital. Also, when patients rated nurse communication highly, it was positively related to nurses' perception of staffing adequacy. Efforts to reduce staff turnover can not only improve perceptions of work environment, but it can directly impact patients' experience. This emphasizes the need to consider subjective nurse perceptions of their environment.

Nurse Satisfaction

In order to explore characteristics affecting turnover and satisfaction, Palmer (2014) conducted research in a 900-bed Ecuadorian welfare hospital. Since improving nurse satisfaction can contribute to better patient outcomes, 88 nurses were surveyed about issues related to satisfaction and turnover. This descriptive study included quantitative and qualitative measures, and nine questions from the Nursing Work Index (NWI). Identified themes included pay, insufficient number of nurses, undervaluing of nurses, limited advancement opportunities, lack of autonomy, and inflexible scheduling. When nurses were asked about their frustrations, most described a lack of teamwork, an overwhelming workload, and inability to provide quality care. The top factor of decreased satisfaction and turnover was low pay as indicated by the NWI and qualitative results. Along with increasing pay, other strategies include: providing advancement opportunities, promoting the value of nursing, creating clinical protocols, and enhancing autonomy.

To further assess nursing satisfaction Li, You, Lin, and Chan (2014) examined the use of an 11-item Chinese version of the Career Success Scale (C-CSS). Since opportunities to achieve success and satisfaction from one's career affect the retention and stability of the nursing workforce, Li et al. (2014) conducted a cross-sectional survey of 1,148 nurses to test the C-CSS. Results indicated good internal consistency and test-retest reliability. The scale has a three-factor structure: Career Satisfaction, Perceived In-Organization Competitiveness, and Perceived External Competitiveness. Nurses with a higher rank or longer working experience were found to have better career satisfaction. To address the global nursing shortage, Li et al. (2014) stressed the need to develop

cultural-specific strategies to enhance success and help retain nurses. Information gathered from CSSs can help leaders, administrators, educators, and policymakers assess and evaluate nurses' career success.

Job Embeddedness

Reitz (2014) analyzed the concept of "Job Embeddedness." This concept is used in business literature to help explain employee turnover. Job embeddedness (JE) may help explain nurse turnover and form the foundation to develop effective retention strategies. JE can be viewed as the fit, links, and sacrifice between an employee, organization, and their community. It represents all the reasons an employee would stay in their current position. An employee's future plans in the organization, career goals, and personal values are important components of the fit between an employee and their organization. The JE concept incorporates community factors unlike traditional measures of retention such as job satisfaction and organizational commitment. If long-term retention is the goal, a process of training within the community may be more effective than relocation bonuses. Developing a comprehensive nurse retention strategy should incorporate all attributes of JE.

Nurse Empowerment

Cicolini, Comparcini, and Simonetti (2014) conducted a systematic review aimed to synthesize and analyze studies that related nurse empowerment to job satisfaction. Job dissatisfaction is a primary cause of turnover, and job satisfaction has been linked to a high level of empowerment. Upon reviewing 596 articles, 12 were selected for analysis. A significant positive correlation was found between empowerment and job satisfaction. Also, structural empowerment and psychological empowerment were found to affect

satisfaction levels differently. Cicolini et al. (2014) described structural empowerment to be an antecedent of psychological empowerment which results in positive retention outcomes such as greater job satisfaction. The researchers encouraged leaders to develop and maintain an empowering work environment to improve retention rates and produce positive organizational and patient outcomes.

Strengths and Limitations of Literature

Strengths

The literature identified many reasons for high turnover among nurses and offered insight to health care administrators on how to address these challenges. There is a wealth of information about strategies to help increase nurse retention. These range from designing better onboarding programs to enhancing professional developmental opportunities. Other studies highlighted the importance of trust, money, empowerment, leadership, support, teamwork, community links, safety culture, and grief resolution. Also, certain articles focused on racial or generational differences which can impact how nurses perceive their work environment.

Limitations

Much of the literature was limited to certain populations, mostly foreign Hospital-based nurses. Each geographical location, health care facility, nursing unit and specialty can vary greatly. More research needs to be done specifically on U.S. hospice nurses who work in areas that may contribute to greater emotional burnout. Their work differs greatly from a hospital-based RN who works within a more structured environment and usually do not have a chance to spend months with the same patient. Hospice nurses, on the other hand, go into patient's homes and develop deeper connections with families.

No studies were found that specifically discussed hospice or home-health nurses' retention issues.

Summary

Improving nurse retention can be related to onboarding programs, enhanced work environments, support from managers, effective teamwork, leadership training, professional advancement opportunities, job satisfaction, increased pay scales, and safer staffing structures. Also, as job embeddedness (JE) theorists suggest, it may have more to do with community linkages and sacrifices associated with a move. Focusing on making workplaces more welcoming and developing a culture of safety and engagement can make both patients and employees appreciate a more effective team. When employees are happier, it's likely to affect their work which should translate into more satisfied patients and reduced turnover. Through the research conducted by this MSN Thesis, specific incentives and disincentives for hospice nurses to remain employed will be analyzed.

CHAPTER III

Methodology

To assess how to improve Hospice nursing retention, it is important to ask employees which strategies entice them to remain employed and which reasons make them think about leaving. This information is critical to move forward in creating more effective work teams, and helping employees achieve a greater level of job satisfaction. Managers must be aware of their specific group's needs so they can be more supportive, responsive, and help reduce preventable turnover.

Research Design

A descriptive, cross-sectional study design was used to identify incentives and disincentives of Hospice nurses related to remaining employed.

Setting and Sample

A convenience sample of registered nurses (RNs) working for a rural multi-county hospice and palliative care organization were selected for this study. The facilities are located in the south-eastern United States. Inclusion criteria was that the participant must be a RN working either full time or part time in the selected facility. The survey was sent to 50 RNs and a response rate of 16% (n=8) was received.

Protection of Human Subjects

Approval was obtained from the hospice facility and the Institutional Review Board (IRB) affiliated with the University prior to collection of any data. The primary investigator completed the required Collaborative IRB Training Initiative (CITI) course. There were no risks to the subjects participating in this study. A consent form (Appendix A) included with the survey tool explained the purpose of the study and indicated that

completing and returning the survey served as a consent to participate. No incentives were provided, and there were no penalties for choosing not to participate. Subjects were informed that all information would remain anonymous, and would not reveal any identifying information. Completed surveys were stored on a password protected computer by the primary researcher until the start of data analysis.

Instruments

Participants were asked to complete Tourangeau's Nurse Retention Survey (Appendix B). Approval to use the survey was obtained from the author (Appendix C). The survey consisted of two questions. The first item stem asked, "Which of the following strategies entice you to remain in your current job? Ten incentives were listed. The second item stem asked, "Which of the following reasons make you think about leaving your current job?" Fifteen disincentives were listed. Each survey item required nurses to check all the responses that applied. A write-in option was added for both questions to capture additional reasons. No psychometric testing has been done since these are single-item questions.

Data Collection

Participants received the consent form, Tourangeau's Nurse Retention Survey, and a debriefing statement (Appendix D) electronically. The survey was distributed using participants work email addresses. A follow up email was sent twice.

Data Analysis

Survey data was collected in a Microsoft Excel spreadsheet to tabulate response rates and calculate percentages of nurses who selected each incentive and disincentive.

Summary

Gathering information related to nurse retention from hospice RNs can give managers a greater sense of their nurses' needs and help highlight the strategies that must be strengthened for continued support. This information is important for managers to be aware of so they can best support and lead their team. If certain factors are chosen repeatedly among staff, then leaders can work towards addressing those issues which could have the greatest impact on retention rates. It can also aid the organizational goals of making the work environment better to increase job satisfaction and resilience, plus result in higher quality patient care.

CHAPTER IV

Results

This chapter presents the major findings related to incentives and disincentives of hospice nurses' current employment.

Major Findings

Seven (88%) respondents chose the same incentive, *supportive colleagues*, as being one of the most important factors influencing their decision to remain employed in their current job. Close behind, with six (75%) respondents, *a supportive and responsive organization*, was also highly selected. The third and fourth most chosen responses were: *supportive and empathetic leader* (n=4, 50%), as well as *flexible/self-scheduling* (n=4, 50%). Results are displayed in Table 1.

Table 1

Tourangeau Survey Results - Incentives (N=8)

Incentives	N	%
Supportive colleagues	7	88
Supportive & responsive organization	6	75
Flexible/self-scheduling	4	50
Supportive & empathetic manager/leader	4	50
Reasonable workload	3	38
Additional vacation time	2	25
Manageable nurse-patient ratios	2	25
Opportunity for advancement	1	13
Higher pay	1	13
Paid education leave for school/conferences	1	13

Disincentives were less chosen overall. The highest selection involved the category of *emotional/physical exhaustion* ($n=3$, 38%). One nurse wrote-in a response stating they were: "*not thinking of leaving until I want to retire.*" Some nurses chose up to seven disincentives, while another chose none. Results are displayed in Table 2.

Table 2

Tourangeau Survey Results - Disincentives (N=8)

Disincentives	N	%
Emotional/physical exhaustion	3	38
Family responsibilities	2	25
Opportunities elsewhere	1	13
Inadequate time to do my job well	1	13
Inadequate resources/supplies	1	13
Inadequate staffing in my work area	1	13
Unsupportive organization	1	13
Poor work environment	1	13
Scheduling conflicts or inflexibility	1	13
Lack of continuing education/professional growth	1	13
Poor leadership or lack of manager support	1	13
Unmanageable workload	1	13
Poor work group cohesion	1	13
"not thinking of leaving until I want to retire"	1	13
Bullying, belittling, & harassment	0	0
Illness	0	0

Summary

To achieve a greater understanding of hospice nurses' reasons for remaining in their current work environment, a survey was conducted to capture specific incentives and disincentives. Each unit, setting, and workgroup can vary from location to location so it is important to accurately assess a specific group to be able to respond effectively. Managers often struggle with retaining qualified nurses, so it is critical to understand which factors can be addressed to help achieve greater retention. When certain factors are identified, these can be the focus for further study and improvement.

CHAPTER V

Discussion

To get a better indication of Hospice nurse perspectives regarding retention, a survey collected information about incentives and disincentives associated with their current employment. These factors can provide insight for managers about areas to focus their energy and resources. When certain issues are highly selected by a specific workgroup, further investigation is needed to help improve the disincentives while building up the incentives.

Implication of Findings

Due to the worldwide shortage of nurses that threatens the stability of healthcare, well-being of workers, and ultimately compromises the quality and safety of patient care, it is imperative to address certain factors that may contribute to retention. Overall, support was cited as the greatest incentive for remaining employed. This support can stem from co-workers, managers, or the organizational culture. Having a strong support network can help balance out the most selected disincentive related to emotional and physical exhaustion. Some researchers such as Hildebrandt (2012) refer to this as compassion fatigue (CF). This type of exhaustion arises from becoming too emotionally attached to patients and families which is often the case for hospice nurses who follow patients through the course of their terminal illness. The length of time these nurses spend with patients and their families within their homes adds another layer of difficulty to their experiences. To help combat their stress, Cheng et al. (2013) emphasizes the establishment of a strong team climate. This can help nurses manage the emotional demands of their role, and promote their well-being and retention.

Application to Theoretical Framework

Smith and Parker (2015) describe Marilyn Anne Ray's middle range Theory of Bureaucratic Caring as one that considers the structural aspects of an organization. These can shape how care is prioritized and affect how nurses perform their work or influence system functions. If nurses are placed in a position where they can provide the highest quality care possible, patient outcomes will improve, leading to a more successful organization (Smith & Parker, 2015). Creating a better environment and focusing on collaborative, supportive relationships can help make care safer and satisfying for both patients and employees.

A caring organization encourages nurses to remain employed. Focusing on supportive relationships can help offset the other potential disincentives. Overall, the term support was highly selected as being an important factor. Support is also connected to flexible/self-schedules that allow employees to work at times that fit their personal responsibilities. When other nurses can help fill-in gaps and work for each other, bonds can be strengthened, helping improve the feeling of colleague support. Social and cultural aspects of Marilyn Ray's model relate to interaction and support within a social group, community, and society. In this way, supportive colleagues, managers, and organizations can affect a nurse's intention to remain employed.

Economic caring includes money, budgets, insurance, limitations, and guidelines imposed by managed care. The financial component can make a significant difference in a nurse's decision to look elsewhere for employment. However, this study did not support financial reasons as a disincentive to remaining employed in their current facility. More importantly, being a responsive and supportive organization, had a greater impact

on employees. The view of nursing within a healthcare administration is influenced by politics and the power structure. This includes communication patterns, decision making within the organization, and uses of power (Crucena, 2013).

Limitations

The main limitation of this study was the small number of respondents. The response rate of 16% does not allow for accurate generalization of all hospice nurses. Still, those who did choose to respond may have had stronger opinions they wanted to share which can help offer insight into the organizational issues. Other nurses may have not responded due to a concern about the privacy of their selections. This may have also swayed several nurses to appear more optimistic, with a greater number of selections classified as “incentives.”

Implications for Nursing

The small number of results still offered valuable insights into some of the most significant reasons that nurses remain employed within a certain organization. The theme of support seems to greatly influence a nurse’s decision to stay. Colleague support was a striking result with 88% of nurses choosing this item as an important incentive. Then came organizational support and close behind, managerial support. All three of these areas must be focused on for greater nurse resilience and contentment. Having adequate support can help offset the most selected disincentive, *emotional/physical exhaustion*. This issue is especially apparent in hospice or palliative care specialties where nurses often become burned out.

Recommendations

Nurse leaders must take positive steps to address staff support and emotional/physical health. Chenoweth et al. (2014) confirmed that managers and senior nurses are pivotal in communicating the organizational values and protocols that generate a healthy workplace culture, staff satisfaction, and organizational commitment.

Workplace conditions that help to retain satisfied nurses must focus on organizational and management support through system change, improved nurse leadership, particularly the middle-management level, and a culture of openness and respect among managers and staff. There needs to be better communication between administration, managers, and team members along with flatter hierarchies (Chenoweth et al., 2014).

In regards to emotional or physical exhaustion, Scammell (2016) discussed the importance of addressing stress and burnout. This professor argued that in health education, students are trained to put others' needs before their own, yet are expected to deal with the emotional strain of illness, death and dying daily, in an increasingly resource-constrained health care economy. To better prepare nurses, educational programs must include a greater emphasis on resilience and emotional intelligence (EI) to develop self-insight (Cheng et al., 2013, Scammell, 2016). Scammell (2016) suggested reflective essays and support sessions to help develop personal reflective skills and peer support. Another recommendation involves making the topic of resilience, and its link to stress and burnout, a central theme throughout a nurse's education.

Hildebrandt (2012), focused on grief resolution for oncology nurses and described several excellent strategies to help resolve grief and increase nurse retention. These included creating supportive work environments, debriefing with colleagues, providing

EOL and grief education, and altering patient care assignments to help balance out workloads. Other strategies to improve work-life balance can help limit the grief experienced by EOL nurses. Ideas range from physical activity, asking for help when needed, sustaining adequate sleep and nutrition, and engaging in enjoyable activities (Hildebrandt, 2012). Future research on emerging technologies and their effects on nurse coping and retention strategies would also be beneficial.

To help moderate the effects of CF and burnout, Cheng et al. (2013), described the need for a strong team climate. It is critical for managers to encourage the use of teamwork by establishing a shared climate, which incorporates a clear team vision, task orientation, high levels of participation, interaction frequency, safety, and strong support for innovation. These factors coincide well with the American Organization of Nurse Executives (AONE) principles and elements of a healthful practice/work environment. The AONE (2015) describes the importance of a collaborative practice and communication rich culture, as well as the presence of expert, competent, credible, visible leadership. Other elements include the presence of adequate numbers of qualified nurses and recognition of the value of nursing's contribution.

Conclusion

This is one of the first studies to focus on U.S. Hospice nurses, specifically in relation to retention factors. Gathering their perspectives about incentives or disincentives to remain employed indicated the great value placed on support from colleagues, managers, and the organization. These factors help to counteract the emotional stress hospice nurses experience which can alleviate burnout and lead to greater retention rates. A strong level of team support may represent an effective

management strategy to deal with the negative side of providing EOL care. Given the current challenges in the nursing profession and the adverse effects of stress on well-being, perceived quality of care, and retention, managers must focus on building a strong team to help manage the emotional demands of nursing.

References

- Abrahamson, K., Hass, Z., Morgan, K. Fulton, B., & Ramanujam, R. (2016). The relationship between nurse-reported safety culture and the patient experience. *Journal of Nursing Administration, 46*(12), 662-668.
- American Organization of Nurse Executives (2015). *AONE Nurse Executive Competencies*. Chicago, IL: Author. Accessible at:
<http://www.aone.org/resources/nurse-leader-competencies.shtml>
- Duffield, C. M., Roche, M. A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing, 70*(12), 2703-2712. doi:10.1111/jan.12483
- Brunetto, Y., Xerri, M., Shriberg, A., Farr-Wharton, R., Shacklock, K., Newman, S., & Dienger, J. (2013). The impact of workplace relationships on engagement, well-being, commitment and turnover for nurses in Australia and the USA. *Journal of Advanced Nursing, 69*(12), 2786-2799. doi:10.1111/jan.12165
- Crucena, J.D. (2013). Theory of Beaucocratic Nursing. University of the Philippines Open University (UPOU) S.Y 2013-2014: N207 Group C. Accessed on April 24, 2017. <http://maryanneray.weebly.com/group-c-members.html>
- Chang, H., Shyu, Y. L., Wong, M., Friesner, D., Chu, T., & Teng, C. (2015). Which Aspects of Professional Commitment Can Effectively Retain Nurses in the Nursing Profession? *Journal of Nursing Scholarship, 47*(5), 468-476. doi:10.1111/jnu.12152

- Cheng, C., Bartram, T., Karimi, L., & Leggat, S. G. (2013). The role of team climate in the management of emotional labour: implications for nurse retention. *Journal of Advanced Nursing*, 69(12), 2812-2825. doi:10.1111/jan.12202
- Chenoweth, L., Merlyn, T., Jeon, Y., Tait, F., & Duffield, C. (2014). Attracting and retaining qualified nurses in aged and dementia care: outcomes from an Australian study. *Journal of Nursing Management*, 22(2), 234-247. doi:10.1111/jonm.12040
- Cicolini, G., Comparcini, D., & Simonetti, V. (2014). Workplace empowerment and nurses' job satisfaction: a systematic literature review. *Journal of Nursing Management*, 22(7), 855-871. doi:10.1111/jonm.12028
- Cipriano, P.F. (2016). Safe nurse, safe patients. *The American Nurse*, 48(6), 3.
- Clendon, J., & Walker, L. (2012). 'Being young': a qualitative study of younger nurses' experiences in the workplace. *International Nursing Review*, 59(4), 555-561. doi:10.1111/j.1466-7657.2012.01005.x
- Duffield, C. M., Roche, M. A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing*, 70(12), 2703-2712. doi:10.1111/jan.12483
- Ekström, L., & Idvall, E. (2015). Being a team leader: newly registered nurses relate their experiences. *Journal of Nursing Management*, 23(1), 75-86. doi:10.1111/jonm.12085
- Hildebrandt, L. (2012). Providing grief resolution as an oncology nurse retention strategy. *Clinical Journal of Oncology Nursing*, 16(6), 601-606. doi:10.1188/12.CJON.601-606.

- Hsu, C., Chiang, C., Chang, C., Huang, H., & Chen, C. (2015). Enhancing the commitment of nurses to the organization by means of trust and monetary reward. *Journal of Nursing Management*, 23(5), 567-576. doi:10.1111/jonm.12180
- Knudson, L. (2013). Nurse staffing levels linked to patient outcomes, nurse retention. *AORN Journal*, 97(1), C1-9.
- Kozub, E., & Hibanada-Laserna, M. (2015). EB84 Focusing the Flame: Redesigning Orientation in a Surgical Intensive Care Unit to Increase Nurse Retention. *Critical Care Nurse*, 35(2), e41.
- Li, Z., You, L., Lin, H., & Chan, S. W. (2014). The career success scale in nursing: psychometric evidence to support the Chinese version. *Journal of Advanced Nursing*, 70(5), 1194-1203. doi:10.1111/jan.12285
- NSI (2016). National healthcare retention and RN staffing report. NSI Nursing Solutions, Inc. <http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2016.pdf>
- Palmer, S. P. (2014). Nurse retention and satisfaction in Ecuador: implications for nursing administration. *Journal of Nursing Management*, 22(1), 89-96. doi:10.1111/jonm.12043
- Redknap, R., Twigg, D., Rock, D., & Towell, A. (2015). Nursing practice environment: A strategy for mental health nurse retention? *International Journal of Mental Health Nursing*, 24(3), 262-271. doi:10.1111/inm.12126
- Reitz, O. E. (2014). Job embeddedness: A concept analysis. *Nursing Forum*, 49(3), 159-166. doi:10.1111/nuf.12053

- Rodwell, J., & Gulyas, A. (2013). The impact of the psychological contract, justice and individual differences: nurses take it personally when employers break promises. *Journal of Advanced Nursing*, 69(12), 2774-2785. doi:10.1111/jan.12160
- Rodwell, J., Brunetto, Y., Demir, D., Shacklock, K., & Farr-Wharton, R. (2014). Abusive supervision and links to nurse intentions to quit. *Journal of Nursing Scholarship*, 46(5), 357-365. doi:10.1111/jnu.12089
- Sawatzky, J. V., Enns, C. L., & Legare, C. (2015). Identifying the key predictors for retention in critical care nurses. *Journal of Advanced Nursing*, 71(10), 2315-2325. doi:10.1111/jan.12701
- Scammell, J. (2016). Should I stay or should I go? Stress, burnout and nurse retention. *British Journal of Nursing*, 25(17), 990.
- Smith, M., & Parker, M. (2015) *Nursing theories and nursing practice* (4th ed.), Philadelphia, PA: F.A Davis Company.
- Tourangeau, A. E., Thomson, H., Cummings, G., & Cranley, L. A. (2013). Generation-specific incentives and disincentives for nurses to remain employed in acute care hospitals. *Journal of Nursing Management*, 21(3), 473-482. doi:10.1111/j.1365-2834.2012.01424.x
- Trossman, S. (2016). Stepping into a culture of safety: Onboarding programs help retain nurses, strengthen patient care. *The American Nurse*, 48(6), 1-6.
- Trybou, J., Pourcq, K., Paeshuyse, M., & Gemmel, P. (2014). The importance of social exchange to nurses and nurse assistants: impact on retention factors. *Journal of Nursing Management*, 22(5), 563-571. doi:10.1111/jonm.12039

Wallis, A., & Kennedy, K. I. (2013). Leadership training to improve nurse retention.

Journal of Nursing Management, 21(4), 624-632. doi:10.1111/j.1365-

2834.2012.01443.x

Wheeler, R. M., Foster, J. W., & Hepburn, K. W. (2014). The experience of

discrimination by US and Internationally educated nurses in hospital practice in

the USA: a qualitative study. *Journal of Advanced Nursing*, 70(2), 350-359.

doi:10.1111/jan.12197

Appendix A

Consent Form

Purpose:

The purpose of this MSN thesis: *Hospice Nurses' Perception of Factors Influencing Nurse Retention*, is to gain an understanding of factors that incentivize and de-incentivize nurses in their current work environment. Identifying these factors may help administrators develop initiatives to strengthen teamwork, increase quality, and improve patient care. This information is critical to move forward in creating more effective work teams, and helping to achieve a greater level of job satisfaction.

Procedure:

You are being asked to complete the Tourangeau's Nurse Retention Survey. Your participation should take 5-10 minutes. You have no further obligation to the study once the survey is completed.

Voluntary Participation:

Completing this survey is voluntary. Your decision to participate or not to participate will not impact your employment with Hospice of Rutherford County or your relationship with Gardner-Webb University. Should you choose to participate in this research study, you have the right to withdraw at any time without consequence. Additionally, you have the right to refuse to answer any question(s) for any reason, without consequence.

Confidentiality:

All surveys are to be completed anonymously. All survey results and data analysis will be stored on the researcher's password protected personal computer. The collected data and results will be retained by the Hunt School of Nursing for three years in a secured location after completion of the study.

Risks & Benefits:

There is a minimal level risk involved in participating in this study; however, if you experience any type of distress from completing the survey, please contact the Employee Assistance Program at your facility.

Benefits for participating include providing valuable perspectives about factors that may contribute to nursing retention.

If you have questions about the research you may contact the researcher, Vanessa Boris at vboris@gardner-webb.edu or 828-774-6391 or you may also contact my thesis advisor, Dr. Tracy Arnold at tarnold@gardner-webb.edu or 704-406-4359. If you have concerns about your rights or treatment, or the risks and benefits related to this study you may contact the Gardner-Webb University Institutional Review Board at 704-406-4724.

Consent to Participate:

By completing this survey, you are consenting to participate. If you choose not to participate in this study, please delete this email.

Appendix B

Tourangeau Nurse Retention Survey

1. Which of the following strategies entice you to remain in your current job?**(check all that apply)**

- Opportunity for advancement
- Higher pay
- Flexible or self-scheduling
- Paid education leave for school or conferences
- Additional vacation time
- Supportive and empathetic manager/leader
- Supportive colleagues
- Reasonable workload
- Manageable nurse–patient ratios
- More supportive and responsive organization
- _____

2. Which of the following reasons make you think about leaving your current job?**(check all that apply)**

- Opportunities elsewhere
- Inadequate time to do my job well
- Inadequate resources and supplies to do my work
- Inadequate staffing in my work area
- Unsupportive organization
- Bullying, belittling, and harassment at my workplace
- Family responsibilities
- Illness
- Emotional/physical exhaustion
- Poor work environment
- Scheduling conflicts or inflexibility
- Lack of continuing education/professional growth opportunities
- Poor leadership or lack of manager support
- Unmanageable workload
- Poor work group cohesion
- _____

Appendix C


Permission to use Survey Tool

Fwd: RE: permission to use survey from 2013 article



Vanessa Boris <vboris.nc@gmail.com>

Friday, June 16, 2017 at 12:58 PM

To:  Tracy Arnold

----- Forwarded message -----

From: "Ann Tourangeau" <ann.tourangeau@utoronto.ca>

Date: Mar 20, 2017 12:23 PM

Subject: RE: permission to use survey from 2013 article

To: "Vanessa Boris" <vboris.nc@gmail.com>

Cc: "Ann Tourangeau" <ann.tourangeau@utoronto.ca>

Vanessa, we created these items for our study. You are welcome to use them in your work. They emerged from focus groups we had conducted. The strategies might be different for your population though. There was no psychometric testing done as these are single item questions.

All the best,

Ann Tourangeau

Appendix D

Debriefing Statement

Thank you for your participation in this research on factors influencing nurse retention. The information you have provided will provide a unique perspective from Hospice Nurses.

If you have any questions about the study, please feel free to contact me, Vanessa Boris, at vboris@gardner-webb.edu or 828-774-6391 or my thesis advisor, Dr. Tracy Arnold at tarnold@gardner-webb.edu 704-406-4359.