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Exploring Medical-Surgical Nurse Turnover and Strategies

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Exploring Medical-Surgical Nurse Turnover and Strategies for Retention

by

Amber D. Weaver

A thesis submitted to the faculty of
Gardner-Webb University Hunt School of Nursing
in partial fulfillment of the requirements for the
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Date

Abstract

This study explored the issue of medical-surgical unit nurse turnover and strategies to create nurse retention. The goal of this study was to provide nursing administrators with data that shows the cause of nurse turnover in this nursing specialty. The hypothesis was that there will be findings to indicate that medical-surgical nurses are at increased risk for employment turnover due to increased patient load and patient turnover. To study this concept, the Revised Casey-Fink Nurse Retention Survey was utilized. The results of the survey were revealed, and recommendations were made that may lead to nurse retention on the medical-surgical unit.

Keywords: nurse retention, nurse turnover, medical surgical nursing

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CHAPTER I

Introduction

Nurse turnover continues to be a healthcare challenge affecting all nursing specialties. Many different definitions of the term turnover exist. “Some definitions include any nurse leaving an organization; others may include involuntary and voluntary leaving” (Kovner et al., 2014, p. 64). The inconsistent definitions of nurse turnover also result in inconsistent turnover rates. Kovner et al. (2014) stated that 17.5% of new nurses leave their first place of employment before their one year is up. Healthcare facilities are constantly having to orient new staff members to fill in the open positions. This leads to additional expenses and training for health care facilities. Medical-Surgical nurse turnover in specific is a major problem facing nursing administration leading to additional cost and training, and a decrease in workplace morale. In order to increase medical-surgical nurse retention, steps need to be taken.

Boris (2017) found a correlation of nurse turnover to job dissatisfaction and negative work environment for employees. Employees thrive when working with coworkers that they can both trust and relate to. High rates of nurse turnover interfere with staff relationships and growth. The higher the nurse turnover rate is at a health care organization, the greater chance of new nurses leaving before their one year is up.

Duffield et al. (2014) states although nurse turnover affects hospital budgets worldwide, there are some significant differences in rates across countries. The cost of losing one nurse to turnover varies, but Duffield et al. (2014) stated that in the United States, it can range from \$11,740-\$36,567 per nurse. These costs are spent in education and training resources used to train another nurse to fill the open position. Nurse turnover

drastically affects hospital budgets, which can negatively impact patient and staff outcomes. Although New Zealand reported the highest rate at 44.3%, the United States was estimated at 26.8% (Duffield et al., 2014).

Significance

Drastic variances exist in turnover rates across studies. Variances depend on sample size, year, and health care facility evaluated in the study. Evidence shows that turnover rates have increased over time. Kovner et al. (2014), reports that nurse turnover rates in the 1970's averaged around 19% compared to up to 55% by 1991. As nurse turnover rates increase, job satisfaction decreases. New nurses in the field are leaving their first place of employment and some even the profession. Kovner et al. (2014) reviewed international studies on cohorts of nursing graduates and found that the turnover rates varied from 30% in the first year to 86% in the 10 years after graduation. Although many studies discuss the nurse turnover problem, very few discuss it as it relates to medical-surgical nursing.

Purpose

The purpose of this study was to explore the current issue with medical-surgical nurse turnover and explore strategies for medical-surgical nurse retention. This study was performed to determine the extent of medical-surgical nurse turnover and discover strategies that encourage medical-surgical nurse retention. The study performed will be discussed in detail and the results will be given. This study utilized the Revised Casey-Fink Nurse Retention Survey (Casey & Fink, 2009).

Theoretical or Conceptual Framework

Watson's Human Caring Theory was used to guide this study. Sitzman (2017) describes Watson's theory as putting self-care first. Therefore, nurses must first ensure their own physical and emotional health before being able to provide care for their patients appropriately. By applying Watson's concepts of caring consciousness and healing environment, nurse leaders can improve staff satisfaction and retention on the medical-surgical unit.

“Watson's Human Caring Theory stresses self-care as the foundation for all other caring activities in nursing” (Sitzman, 2017, p. 66). Sitzman and Watson (2013), “created a tool to help Caritas nurses' practice conscious intention for cultivating love and transpersonal caring moments throughout the workday (p. 147). Sitzman (2017), discussed Watson's 10 Caritas Processes that outline a holistic approach to the philosophy of caring for one's self and others. Sitzman (2017) found the following:

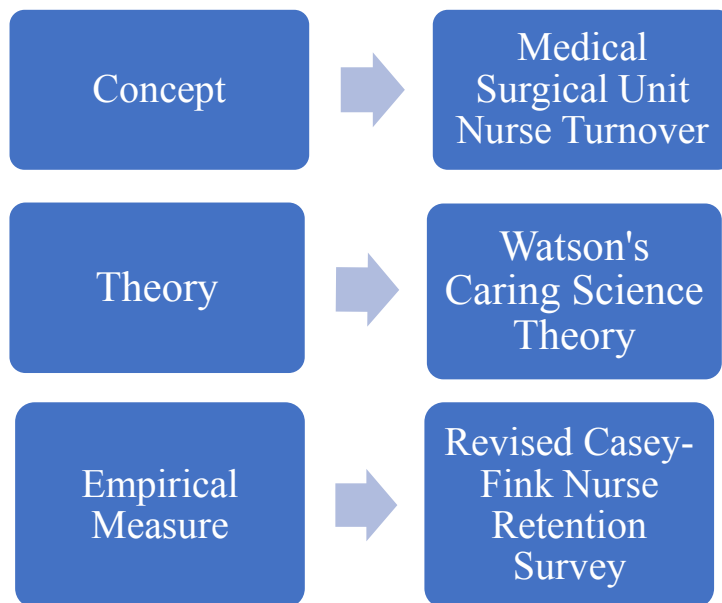
1. Altruism, loving-kindness, compassion, & equanimity with self and others.
2. Authentic Presence and honoring the inner life world of self and others.
3. Sensitivity and cultivation of practices that transcend ego in self and others.
4. Development of loving, trusting, caring relationships with self and others.
5. Allowance of authentic expression of both positive and negative feelings of self and others.
6. Creative problem-solving through caring process and full use of self via all ways of knowing/being/doing/becoming for self and others.
7. Teaching and learning within meaningful context for self/other.

8. Creation of inner and outer healing environment at all levels for self and others.
9. Reverence towards basic needs as sacred acts, touching mind-body-spirit of self and others.
10. Fearlessly remaining open to spirituality mystery, and unknowing. Allowing for miracles.

Watson's Caring Science Theory guided this study. If nursing administrators encourage self-care for staff as a foundation, patient care and staff satisfaction will improve. "The theory-guided approach and activities listed above are not a panacea, but they are a beginning" (Sitzman, 2017, p. 67). Medical-surgical nursing administrators can use Sitzman and Watson's (2013) theory for guided self-care practices as a solution to the medical-surgical nurse turnover problem resulting in nurse retention. Figure 1 represents integration of Watson's Caring Science Theory based on the components of this study.

Figure 1

Concept, Theory, and Empirical Measure Model



Thesis Question or Hypothesis

This study sought to answer the following research questions:

- (1) Are nurses on the medical-surgical unit satisfied?
- (2) What strategies can nurse administrators utilize to improve medical-surgical nurse retention?

The hypothesis is Medical-Surgical nursing has high nurse turnover rates, but with appropriate implementation of strategies researched (Carlson, 2018; Jakucs, n.d.), medical-surgical nursing can achieve higher rates of retention.

Summary

Nurse turnover is a major issue within medical-surgical nursing. Kovner et al. (2014) states that nurse turnover rates of first year nurses estimated around 30%, but 10 years after graduation rates increased to 86%. Although many nursing studies have been performed on nurse turnover in general, few assess nurse turnover specific to the medical-surgical unit. The purpose of this study was to explore the current issue with medical-surgical nurse turnover and explore strategies for medical-surgical nurse retention. This study was performed to determine the extent of medical-surgical nurse turnover and discover strategies that encourage medical-surgical nurse retention. The goal was to provide data for medical-surgical nursing administrators to evaluate in order to make positive changes on their units.

CHAPTER II

Literature Review

The purpose of this study was to explore the current issue with medical-surgical nurse turnover and explore strategies for medical-surgical nurse retention. This study was performed to determine the extent of medical-surgical nurse turnover and discover strategies that encourage medical-surgical nurse retention. The goal was to provide data for medical-surgical nursing administrators to evaluate in order to make positive changes on their units. Information related to nurse turnover on the medical-surgical unit will be important for nursing administrators to review in order to improve their staff satisfaction rates.

Review of Literature

The purpose of the literature review was to gather data, analyze previous studies related to this specific topic, examine solutions found in similar studies, and generate overall ideas found in previous studies. The following sources were used to find literature related to the research questions: (1) Are nurses on the medical-surgical unit satisfied? and (2) What strategies can nurse administrators utilize to improve medical-surgical nurse retention? The following keywords were utilized to locate the literature research: emotional nursing, emotional labour nursing, nursing work schedules, nursing workload, nurse physical exhaustion, nurse sleep, nurse diet, nurse feet, nursing salaries, nurse growth, promotional opportunities nurse, and nurse retention.

Emotional Labor and Nurse Turnover

There is an immense amount of literature suggesting that job dissatisfaction leads to high rates of nurse turnover. The question is: why are nurses not satisfied with their career path? Often nurses endure a hefty amount of emotional labor. Nurses are often the patient's main source of support during difficult times. Not only are nurses required to care for patients during illness, but they care for their families as well. When a patient expires under the nurse's care, it is the nurse's responsibility to perform end of life care. Delgado et al. (2017) discussed the emotional labor that nurses undergo to perform their job and the serious negative impacts that it can have on their personal and professional well-being. Delgado et al. (2017) explained an emotional distancing tactic that nurses often use in order to manage their feelings of failure or loss of control with patient and family interactions and/or outcomes. Badolamenti et al. (2017) analyzed 27 papers with a narrative approach and discovered two main themes: emotional labor strategies and antecedents and consequences. Nurses generally have a high level of emotional labor as a "professional competence, which is a fundamental element to balance engagement with an appropriate degree of detachment to accomplish some tasks aimed to perform the best behavior, and to achieve good results for the patients' caring" (Badolamenti et al., 2017, para. 1). Often, nurses suppress the emotional damage that occurs while caring for their patients. Suppressing their feelings is only a quick fix and eventually the consequences will come to surface.

Work Schedule and Nurse Turnover

Vermaak et al. (2017) states that both experiencing perpetual intense emotional interactions while caring for patients and work schedule were two of the most common stress sources. The majority of nurses work 12 hour shifts and are required to work some holidays. Vermaak et al. (2017) performed a study to explore the effects that shift work has on the psychological well-being of nurses. Vermaak et al. (2017) found that nurses are affected not only by the specific shift (day shift/night shift) they work, but their overall experience of the shift as well. Not only do nurses work holidays, but are also frequently asked to work extra hours in order to cover staffing shortages. Sagherian et al. (2017) performed a descriptive cross-sectional study that compared nurse fatigue, work schedules, and perceived work performance. “Nurses that worked during off days reported significantly higher chronic fatigue compared with those nurses who took time off” (Sagherian et al., 2017, p. 304). Often, after nurses give report to the oncoming shift and then finish any undone task, they can work upwards of 14 hours in one shift. Nurses experiencing fatigue are more likely to lack physical performance at work. In their research, Sagherian et al. (2017) found that due to their work schedules, nurses have depleted energy levels which leads to decrease staff and patient satisfaction.

Workload and Nurse Turnover

The medical-surgical floor has patients with a variety of different medical issues. Qualified medical-surgical nurses can care for pediatric, pregnant, bariatric, and elderly patients as well as patients admitted for surgery or psychological evaluation and treatment. Although medical-surgical nurses care for a wide variety of patients, they generally care for the largest number of patients on average per nurse when compared to

other units within the hospital. Because medical-surgical nurses care for such a wide variety of patients, their workload can vary. Alghamdi (2016) states nursing administrators should “address the workload issue with regard to the real nature of nursing work; this could increase nurses’ productivity, nurses; satisfaction, turnover, work stress, and provide sufficient staffing to patient care needs” (p. 1). In order to fully recognize nursing workload, one must first understand the definition of the term. Alghamdi (2016) breaks the term into five main categories: “the amount of nursing time, the level of nursing competency, the weight of direct patient care, the amount of physical exertion, and the complexity of care” (p. 1). The intention of the study was to define the term workload in order to give more intense focus on nursing time with hopes of providing a closer look at the true nature of a nurse’s workload (Alghamdi, 2016).

Identifying staffing levels to ensure patient safety is of grave importance when it comes to safe nurse workload. Swiger et al. (2016) state that “effective staffing requires comprehensive measurement of nursing workload to determine staffing needs” (p. 244). Nursing administrators often struggle with understanding each nurse’s individual workload when staffing the floor. This is because the nurse caring for the patients is the only one who truly understands the amount of workload that is experienced by their patients. Nurse workload has clearly been linked to patient safety, quality of patient care, and cost (Swiger et al., 2016). An estimated 98,000 to 400,000 patient deaths occur per year in the United States due to medical errors and it is estimated that each additional surgical patient added to a nurse’s workload increases the patient’s odds of dying by means of medical error by 7% (Swiger et al., 2016). It is imperative that nursing

administrators consider and identify nursing workload and safety concerns when staffing a medical-surgical unit.

Physical Labor and Nurse Turnover

Nurses experience emotional exhaustion as well as physical exhaustion. “Nursing presents a challenging work environment with irregular shift rotations, long shift durations that range from 8-12 hours, and physical demanding task” (Chappel et al., 2017, p. 53). Chappel et al. (2017) defines the three pillars essential for good health as: sleep, diet, and physical activity.

Due to the irregular shift rotations that nurses are often required to work, their sleep cycle is negatively affected. In order to look up information about their patients, nurses often arrive to work before the start of their shift and stay after to finish up charting or other tasks. This additional time spent at their work takes away available time for sleep. Fang (2015) analyzed 105 nurses and found that around 58% suffered from sleep disorders. Irregular shift work and work stress were shown to be the main negative contributors to nurse sleep.

Diet has also shown to be a physical factor affected in the medical-surgical nurse profession. Long shifts, missed lunch breaks, and shift work are often nursing obstacles to having a healthy meal while at work (Keogh, 2014). Keogh (2014) studied almost 3,500 staff from the United Kingdom and found that 73% of respondents admitted that they are heavier than they would like to be. One nurse stated that although nurses try to eat healthy, without time for breaks in a 14-hour shift, they resort to eating the quickest most convenient foods like a bag of potato chips (Keogh, 2014). The majority of hospital cafeterias have limited operating hours, leaving staff on their own to find food options

during closed hours. Night shift nurses are especially affected by this. Keogh (2014) tells that 74% of nurses on night shift expressed that there is no food available on their shift, so they are forced to prepare food at home or utilize the vending machine for snacks, such as crisps and chocolate. Due to little down time, nurses often find themselves snacking throughout the day and once they get home after a long day, they lack the energy to prepare a healthy meal.

The last pillar essential for good health is physical activity. Chappel et al. (2017) explains the physical demanding responsibilities required of a nurse, including manual handling and awkward body positions. “Common manual handling tasks include transferring patients between trolleys, beds and chairs, repositioning patient in bed, pushing beds, trolleys, wheelchairs and commode chairs, and carrying heavy pieces of equipment” (Chappel et al., 2017, para. 4). Also, it is important to recognize that medical-surgical units care for bariatric patients that require additional physical strain on nursing staff. Medical-surgical nurses spend a significant amount of their workday standing on their feet for extended amounts of time resulting in negative impacts on their feet. Stolt et al. (2017) discussed the variety of foot problems that nurses experience: dry skin, foot pain, corns, and calluses. State regulations prevent the use of chairs on the hospital hall in order to avoid patient falls. Therefore, if a nurse needs to chart, they are left with two options: move to the nurse’s unit which is generally away from the direct sightline of their patients to sit and chart or stand and chart in the middle of the hallway. Stolt et al. (2017), expressed the need for prevention of foot problems in the nursing profession to promote long-term nurse work ability.

Pay and Nurse Turnover

Pay compensation has also remained one of the most influential factors in nurse retention and motivation. The physical and emotional stress of the nursing profession can seem financially uncompensated. Nurses are required to wear a multitude of hats by being the frontline staff of the hospital. Brough (2014) discussed what health secretary Jeremy Hunt told delegates at the England's summit on nurse pay raises. Nursing is generally a respected and valued profession, other than when it comes to salary. Brough (2014) discussed his skeptical beliefs that Health Secretary Jeremy Hunt will make any changes in nurse pay. Brough (2014) stated his concerns with government officials not truly understanding the need for nurse pay raises. Brough (2014) stated "we live in a shameful society when MPs get paid more than three times that of a newly qualified nurse, plus expenses" (p. 32).

Bisco et al. (2017) investigated "...the relationship between the levels of government-sponsored healthcare and the salaries of registered nurses (RNs) in the U.S." (p. 215). The Patient Protection and Affordable Care Act of 2010 has drastically affected the health care field. Bisco et al. (2017) results showed that a greater number of enrollees in government programs in greater salaries, suggesting that nurse salaries benefits from a higher demand in their services. Alhamwan et al. (2015) randomly selected 600 nurses working at public hospitals in Jordan and surveyed them. Alhamwan et al. (2015) found that there is a significant relationship between leadership and pay level on turnover intentions. That is, those employees with high pay level are not as likely to experience turnover compared to those with low pay (Alhamwan et al., 2015). Nurse turnover is greatly affected by salary compensation.

Promotional Opportunities and Nurse Turnover

One factor found influencing nurse turnover is little promotional opportunities on the medical-surgical unit. Kagan et al. (2015) administered a questionnaire to 169 registered nurses and midwives across five critical care units. Kagan et al. (2015) measured (a) professional self-image, (b) job satisfaction, (c) nursing promotional and marketing activity, (d) and demographic data. Internal marketing strategies were utilized “based on the concept that an organization’s employees are both its internal customers and potential marketing agents and, as such, can contribute to the organization’s image promotion” (Kagan et al., 2015, para. 11). Internal marketing in the hospital has the potential to achieve employee loyalty and increase job satisfaction by promoting the image of the nurse at the organizational level; leading nurses to promote the profession at a national level (Kagan et al., 2015). Kagan et al. (2015) found the mean scores for nurse promotion to be low and a strong significant correlation between employee nurse promotion and job satisfaction. Nurses need to feel needed and wanted by their employer because this is what pushes them to better the care they provide.

Health care organizations show value and respect in their employees by demonstrating promotional opportunities, such as rewards, managing-up, and positive talk. Bilal and Ahmed (2016) performed an exploratory study to determine the impact of promotional opportunity on nurse burnout among Pakistani pediatric nurses. Bilal and Ahmed (2016) explained that workers generally wish to grow within the company and build a career within one company. “In the absence of promotional opportunities, employees see little or no chance of bettering themselves in the organization; their careers come to a standstill which can increase employee strain and frustration, leading to

burnout” (Bilal & Ahmed, 2016, para. 21). Medical-surgical nurses will be more likely to remain loyal to a specific company if they feel that their employer reciprocates those feelings. Bilal and Ahmed (2016), concluded “an inverse relationship between promotional opportunities and burnout among pediatric nurses” (para. 22). Promotional opportunities allow nurses avenues to build their professional careers while also retaining staff.

Djukic et al. (2014) sampled 1,141 early-career registered nurses to determine if direct and indirect influences of physical work environment affect job satisfaction. Promotional opportunities can have both direct and indirect influences of a nurse’s physical work environment. Promotional opportunities within an organization should be realistic and regular, but also well as deserved. Djukic et al. (2014) addressed 10 variables, one of which was promotional opportunities, and discovered that physical work environment had a positive indirect effect on job satisfaction.

Recruitment and Retention Programs

Medical-surgical units spend thousands of dollars recruiting and training new nurses. Unfortunately, new graduate nurses generally leave their first place of employment within the first year of their hire date, which financially disrupts their employers and other staff members. Medical-surgical nurse managers, as well as other nursing managers need designated and concrete nurse recruitment and retention programs in order to retain and build seasoned nurses. Schroyer et al. (2016) discussed the effects of “implementing a mentor program into the critical care services area of a 325-bed not-for-profit community hospital in northern Indiana” (p. 251). Schroyer et al. (2016) paired each new graduate nurse with an experienced nurse to provide long-term relationship;

encouraging support, feedback, nurturing, and guidance. “Based on this study, nurses with a mentor were retained at a 25% higher rate than those not mentored “ (Schroyer et al., 2016, p. 251). Implementing recruitment and retention programs in this hospital, not only reduced the training cost to the facility but also increased retention and morale on the unit (Schroyer et al., 2016).

“According to the U.S. Department of Labor, nursing employment will increase 16% by 2024, with projected need of 439,300 nurses in the labor force” (Crimlisk et al., 2017, para. 1). The sudden growth in the nursing labor force could be accredited to the baby-boomer generation. In reaction to this increase, nurse managers can use nurse residency programs to better orient new graduate nurses in order to increase retention rates. Crimlisk et al. (2017) created a nurse residency program that included a “generalist 1 month 5 day/week clinical orientation followed by specialty clinical orientation with ongoing generalist education” (p. 83). The residency program was intended to orient a large group of new graduate nurses hired into multiple specialty areas within the hospital (Crimlisk et al., 2017). There is a need for a residency/retention program within the medical-surgical unit. One year after implementation of the nurse residency program, the retention rate increased to 91% (Crimlisk et al., 2017). Multiple research studies regarding nursing residency and retention programs have found significant benefits with utilization.

Characteristics Influencing Nurse Retention

In order for medical-surgical nurse managers to address nurse turnover, they must find common characteristics influencing nurse retention. By understanding the common characteristics, medical-surgical nurse managers can take preventative measures in order

to reduce the rate of nurse turnover. Blegen et al. (2017) performed a secondary analysis to examine the relationship between one-year retention of newly licensed nurses working at hospitals and other any personal or hospital characteristics. In the study, 1,464 newly licensed registered nurses employed by 97 hospitals in three different states were analyzed (Blegen et al., 2017). Blegen et al. (2017) found a one-year overall retention rate of 83% with higher retention rates in both urban areas and Magnet hospitals. Also, Blegen et al. (2017) found that “the only personal characteristic that affected retention was age, with younger nurses more likely to stay” (p. 508). It seems that hospital characteristics have a larger effect on nurse retention than personal characteristics do.

Another method that nurse managers could use to predict nurse turnover and impact retention could be a pre-employment test. “Pre-employment tests are currently used in the healthcare world to help predict success of nurses in the clinical setting and management” (Brandon, 2016, p. 3). Brandon (2016) compared nurses that completed pre-employment testing and their intentions to stay at their current employer, to those who did not. Employers could capture data suggesting nurse turnover before hiring a nurse and utilize the knowledge when making hiring decisions. “Results of the study indicated pre-employment testing could improve the intent to stay and job satisfaction of nurses” (Brandon, 2016, p. 33).

Summary

Nurse turnover among medical-surgical nurses can have a negative outcome on nurse retention (Kovner et al., 2014). Emotional labor, work schedule, workload, physical labor, pay, and insufficient promotional opportunities were found to influence medical-surgical nurse retention. Nursing requires an extensive amount of emotional

labor, which can have major effects on both their personal and professional well-being (Delgado et al., 2017). Nurses work schedules that are often chaotic requiring them to work holidays, weekends, and long hours, which effects their overall work experience (Vermaak et al., 2017). Alghamdi (2016) stated that nursing administrators must address the workload issue and understand the real nature of a nurse's workload in order to staff appropriately. Medical-surgical nurse retention is affected when nurses suffer from inadequate sleep, nutrition, and physical activity (Chappel et al., 2017). Brough (2014) had reservations that government officials truly understand the need for higher nurse pay. It is important to provide employees with promotional opportunities that encourage growth (Bilal & Ahmed, 2016).

The nursing literature supported the use of recruitment and retention programs. Recruitment and retention programs have shown to be an effective way at combating nurse turnover. Schroyer et al. (2016) provided each new graduate nurse with an experienced nurse to encourage relationships building, support, feedback, nurturing, and guidance. Results showed that nurses with a mentor were retained at a 25% higher rate than those without (Schroyer et al., 2016). By understanding any personal or hospital characteristics that influence nurse turnover, nursing administrators can capture data encouraging nurse turnover during the hiring process (Blegen et al., 2017). It is important that nurse administrators understand the causes of nurse turnover on the medical-surgical unit. By understanding the causes, steps can be made to better the medical-surgical nurse experience. By assessing similar characteristics influencing medical-surgical nurse turnover, administrators can change the hiring process. Lastly, recruitment and retention programs have shown to encourage nurse retention.

The literature produced a lack of evidence related to specifics on nurse pay in regard to nurse retention. Additional research and scholarly articles on dissatisfaction with nurse pay would be beneficial to assess the causative factors of medical-surgical nurse turnover and the steps that can be made to create retention.

CHAPTER III

Methodology

The purpose of this study was to explore the current issue with medical-surgical nurse turnover and explore strategies for medical-surgical nurse retention. This study was performed to determine the extent of medical-surgical nurse turnover and discover strategies that encourage medical-surgical nurse retention. The goal was to provide data for medical-surgical nursing administrators to evaluate in order to make positive changes on their units. Also, by exploring suggestions encouraging retention, medical-surgical administrators may make changes for the better. Data discussing factors influencing nurse turnover will assist medical-surgical administrators to improve the functioning of their unit.

Study Design

A descriptive, correlational study was completed and utilized an instrument known as the Revised Casey-Fink Nurse Retention Survey (Casey & Fink, 2009). The study hoped to quantitatively assess medical-surgical nurse turnover and retention. The survey consisted of a variety of different types of questions broken in to four sections including fill in the blank, multiple choice, open ended, and matrix table questions. Questions assessed job satisfaction, praise method, and professional development. The hypothesis was that medical-surgical nurses experience low job satisfaction resulting in low nurse retention rates. Responses obtained from the Revised Casey-Fink Nurse Retention Survey provided data for this study.

Setting and Sample

The setting of this study was a medical-surgical unit, in a small, not-for-profit hospital in western North Carolina. This hospital is focused on providing advanced and affordable healthcare to the community. The survey was provided to both day and night shift nurses on the medical-surgical floor. Data collection took place at the hospital at the nurse's convenience.

A convenience sample of 30 was selected and notified of the participation in this study two weeks prior to beginning the study. Nurses were selected based on employment on the medical-surgical unit at the small, not-for-profit hospital. The sample included a wide variety of nurses ranging in ages, gender, past experience, ethnicity, and education. Permission to survey nurses was obtained from the medical-surgical nurse administrator.

Measurement Methods

The Revised Casey-Fink Nurse Retention Survey was utilized to assess medical-surgical nurse retention. Section one consisted of 36 questions that respondents would answer with one of the following: strongly disagree, disagree, agree, strongly agree. Section two of the survey assessed how satisfied the employee is with different aspects of their job. Respondents would answer with one of the following: very dissatisfied, moderately dissatisfied, neither satisfied nor dissatisfied, moderately satisfied, very satisfied. The last two questions of the survey gave the respondent an opportunity to describe how they are praised on the job and their preferred method of praise and recognition. Section three discussed professional development with fill in the blank and multiple-choice questions. Section four of the Revised Casey-Fink Nurse Retention

Survey assessed respondent demographic information and was omitted from the survey to protect respondent confidentiality during the study.

Data Collection Procedure

First, permission was obtained from the University's Institutional Review Board (IRB) (Appendix A). Following, permission was obtained to use the revised Casey-Fink Nurse Retention Survey (Appendix B), as well as from the hospital's nurse administrator. Using the Revised Casey-Fink Nurse Retention Survey data was collected regarding medical-surgical nurse retention. Study participants were approached at work at their convenience via an e-mail from the nurse manager. The e-mail explained the purpose of the study as well as informed consent. The Revised Casey-Fink Nurse Retention Survey was converted to an online survey to protect participant confidentiality. Informed consent, the Revised Casey-Fink Nurse Retention Survey, and an explanation of the study was sent to participants via e-mail (Appendix C). Participants completed the survey at their convenience and when the survey period ended, the researcher received the results through the online survey. If a participant did not wish to partake in the study, they could withdraw at any time. The surveys were due within two weeks and once all surveys were collected, the researcher reviewed them.

Protection of Human Subjects

Before completing this survey, an application was submitted to the University's IRB. Federal regulations require that when involving human subjects, research projects obtain IRB approval. This survey posed little to no risk to study subjects. One possible risk could be additional stress and time required while completing the survey. If at any point the participants decided that they did not wish to continue with the study, they

could forfeit. The benefit of participating in the study was to bring awareness to medical-surgical nurse turnover and retention. By assessing the current issues that pose a threat to medical-surgical nurses, this study brought out suggestions for nursing administrators to improve nurse retention.

This survey was delivered to multiple nurses. On the first day of data collection, medical-surgical nurses were e-mailed the survey via a SurveyMonkey link. It was explained to the nurses that their participation was completely voluntary, and they could withdraw from the study at any time with no repercussions. The purpose of the study and the goal were thoroughly explained. The first question on the survey was informed consent that explained the survey and stated that “by clicking next you are consenting to complete the survey”.

No names were collected for this study and participants remained anonymous. After completing the surveys, participant results were sent to the researcher through the SurveyMonkey site. Only individuals involved directly with this study were allowed to review the responses of each survey. Personal demographic information omitted from the survey included age, gender, number of years as a registered nurse, number of years in area of specialty, number of years at the surveyed hospital, employment status, employment setting, unit employed, and highest degree attained.

Microsoft Excel was utilized to organize and analyze data results. The information was organized by information provided by the Revised Casey-Fink Nurse Retention Survey. Results were revealed in a way in which readers could easily interpret.

Data Analysis

The results collected from the survey were organized on a Microsoft Excel spreadsheet to allow for better data interpretation. The researcher drew common characteristics, major findings, and concluded with a summary. After data was transcribed to the Microsoft Excel spreadsheet, all survey information was analyzed.

CHAPTER IV

Results

The purpose of this study was to explore the current issue with medical-surgical nurse turnover and explore strategies for medical-surgical nurse retention. This study was performed to determine the extent of medical-surgical nurse turnover and discover strategies that encourage medical-surgical nurse retention. The goal was to provide data for medical-surgical nursing administrators to evaluate in order to make positive changes on their units. Data collected regarding medical-surgical nurse retention was used to create strategies nurse administrators can utilize to improve medical-surgical nurse retention. This chapter reported the information gathered to answer the following questions: (1) Are nurses on the medical-surgical unit satisfied? and (2) What strategies can nurse administrators utilize to improve medical-surgical nurse retention?

Sample Characteristics

On the first day of data collection, a convenience sample of 30 were invited to participate in the study. Of the 30 potential participants, one decided to participate and complete the survey to equal a response rate of 3.3%. The hospital surveyed requested that all demographic data be removed from that survey. Thus, defining sample characteristics of the study population is limited. Respondent sex, ethnicity, and age were not revealed from respondents. The only characteristics that were drawn from the sample were nurses working on the medical-surgical unit of a small, not-for-profit hospital in western North Carolina.

Major Findings

A professional statistician was consulted to perform statistical analysis of survey results. The individual was provided with the SurveyMonkey results in order to appropriately analyze findings. Descriptive statistics were used to determine job satisfaction of medical-surgical nurses. The SurveyMonkey contained responses on a Likert scale. Major findings were grouped into two main categories: “Satisfaction in Job Aspects” and “Satisfaction with Job Role.” There was only one respondent to the survey (n=1).

The first major finding analyzed in the SurveyMonkey was satisfaction with job aspects. Descriptive data was used to measure job satisfaction in respect to job aspects of medical-surgical nurses (n=1). This table was arranged as a Likert scale ranking 1-5. Questions were categorized by the following answers: very dissatisfied, dissatisfied, neither satisfied or dissatisfied, satisfied, and very satisfied. Weighted totals were calculated based on response to each question. The potential range of responses for the instrument was 1-5. Very Dissatisfied earning 1 point, dissatisfied earning 2 points, neither satisfied or dissatisfied earning 3 points, satisfied earning 4 points and very satisfied earning 5 points. Figure 2 illustrates the distribution of responses.

Figure 2*Satisfaction in Job Aspects*

| Revised Casey-Fink Nurse Retention Survey | | | | | | | | | | | | |
|---|-------------------|-------------------------|------------------------------------|----------------------|----------------|-------|------------------|---|---------|---|---|---|
| How Satisfied are you with the following aspects of your job: | | | | | | | | | | | | |
| | VERY DISSATISFIED | MODERATELY DISSATISFIED | NEITHER SATISFIED NOR DISSATISFIED | MODERATELY SATISFIED | VERY SATISFIED | Total | Weighted Average | | | | | |
| Salary | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 1 | 4 |
| Benefits | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 1 | 5 |
| Getting out of work on time | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 0.00% | 0 | 1 | 3 |
| Nurse to patient ratios | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 1 | 2 |
| # Weekends off per month | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 1 | 4 |
| Rotating day/night shifts | 100.00% | 1 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 1 | 1 |
| Opportunity to work straight shifts (straight days or nights) | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 1 | 5 |
| Timeliness of the schedule being available | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 1 | 4 |
| Schedule is flexible to my needs | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 1 | 4 |
| Opportunities for career advancement | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 1 | 4 |
| Amount of encouragement and feedback from manager | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 0.00% | 0 | 1 | 3 |
| Orientation was adequate for my needs | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 1 | 4 |
| Quality of care that I am able provide | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 | 1 | 4 |

The median and mode satisfaction score for the sample (n=1) was 4.0. The mean satisfaction score was 3.6154 (see Table 1). As represented in Table 2, Minimum job satisfaction score of the sample (n=1) was 1 and maximum was 5. The range of the sample (n=1) was 4 (see Table 3). Because there was only one response to the survey (n=1), descriptive statistics were restricted. The job satisfaction of the survey respondent was represented by the mean of 3.6154 based on the 1-5 Likert scale.

Table 1*Job Aspects Mean, Median, and Mode SurveyMonkey Ratings (n=1)*

| Statistics | | |
|-------------------|---------|--------|
| Are you satisfied | | |
| N | Valid | 13 |
| | Missing | 0 |
| | Mean | 3.6154 |
| | Median | 4.0000 |
| | Mode | 4.00 |

Table 2*Job Aspects Range, Minimum, and Maximum SurveyMonkey Ratings (n=1)*

| Descriptive Statistics | | | | | | |
|-------------------------------|----|-------|---------|---------|--------|----------------|
| | N | Range | Minimum | Maximum | Mean | Std. Deviation |
| Are you satisfied | 13 | 4.00 | 1.00 | 5.00 | 3.6154 | 1.12090 |
| Valid N (listwise) | 13 | | | | | |

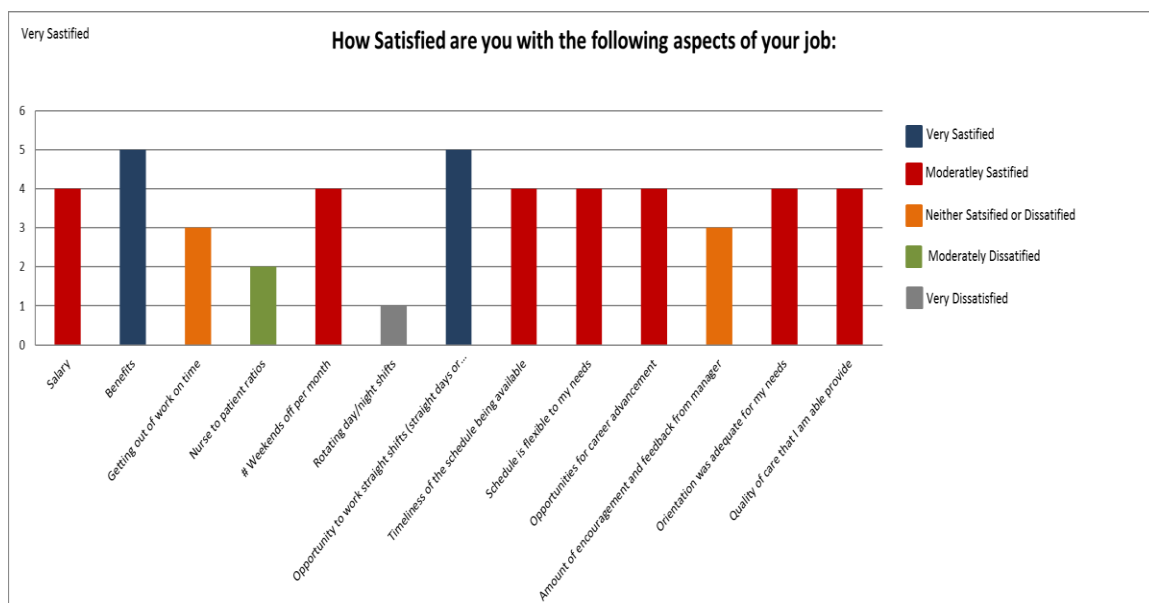
Table 3 represents means for each variable, revealing which variables affect job satisfaction the most. The answers regarding job satisfaction ranged from 1-5, representing a wide variety of responses. Because there was only one respondent (n=1), respondent data cannot be compared to others. Although, by looking at the one nurse's answers to each variable, analysis can still be made (see Table 3). The nurse was very satisfied with the following variables: benefits and opportunity to work straight shifts. The nurse was satisfied with the following variables: opportunity for career advancement, adequate orientation, quality of care able to provide, salary, schedule flexibility, timeliness of the schedule being available, and weekends off per month. The nurse was neither satisfied or dissatisfied with the following variables: encouragement and feedback from manager and getting out of work on time. The nurse was dissatisfied with the following variable: nurse to patient ratios. The nurse was very dissatisfied with the following variable: rotating day/night shifts. Figure 3 assesses the relationship between job satisfaction and job aspects. This illustration allows the reader to visually see the difference in satisfaction between different job aspects (n=1). Easy visual comparisons can be made.

Table 3*Job Aspects Mean Ratings of SurveyMonkey Variable*

| Report | | | | |
|--|--------|----|----------------|--|
| Are you satisfied | | | | |
| Variable | Mean | N | Std. Deviation | |
| Benefits | 5.0000 | 1 | . | |
| Encouragement and feedback from manager | 3.0000 | 1 | . | |
| Getting out of work on time | 3.0000 | 1 | . | |
| Nurse to patient ratios | 2.0000 | 1 | . | |
| Opportunity for career advancement | 4.0000 | 1 | . | |
| Opportunity to work straight shifts | 5.0000 | 1 | . | |
| Orientation is adequate | 4.0000 | 1 | . | |
| Quality of care I am able to provide | 4.0000 | 1 | . | |
| Rotating day/night shifts | 1.0000 | 1 | . | |
| Salary | 4.0000 | 1 | . | |
| Schedule flexible to needs | 4.0000 | 1 | . | |
| Timeliness of the schedule being available | 4.0000 | 1 | . | |
| Weekends off per month | 4.0000 | 1 | . | |
| Total | 3.6154 | 13 | 1.12090 | |

Figure 3

Comparison of Satisfaction Pertaining to Different Job Aspects.



Note: This figure illustrates a bar graph to compare satisfaction pertaining to different job aspects

The second major finding analyzed was respondent's satisfaction in job role. Descriptive data was used to measure job satisfaction in respect to job role of medical-surgical nurses (n=1). Table 4 arranged questions of a Likert scale of 1-4. Questions were categorized by the following answers: strongly disagree, disagree, agree, and strongly agree. Weighted totals were calculated based on response to each question. The potential range of responses for the instrument was 1-4. Strongly disagree earning 1 point, disagree earning 2 points, agree earning 3 points, and strongly agree earning 4 points. Table 4 illustrates the distribution of responses.

Table 4*Satisfaction in Job Role*

| | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE | Total | Weighted Average |
|--|-------------------|----------|---------|----------------|---------|------------------|
| My work challenges me. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel that my talents are appreciated. | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 |
| I feel that I make a difference with patient care. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel that I am a respected member of the healthcare team. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel supported by my unit. | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| I feel supported by my charge nurse. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| My charge nurse provides encouragement and feedback about my work. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| My educator provides encouragement and feedback about my work. | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 |
| My manager provides encouragement and feedback about my work. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel comfortable communicating with patients and families. | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| I feel overwhelmed by my patient care responsibilities and workload. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel the expectations of me in this job are realistic. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel supported by the physicians I work with. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel that my contributions to this organization are acknowledged. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel that my charge nurse is approachable. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel that my educator is approachable. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel that my manager is approachable. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I feel that my manager follows through with my concerns. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| There are positive role models for me to observe on my unit. | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| My manager is helping me to develop confidence in my practice. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| My manager places a high value on the work that I do. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I have a mentor I look to for continued guidance and mentoring. | 0.00% | 0 | 0.00% | 0 | 0.00% | 0 |
| I am satisfied with my chosen nursing specialty. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I would like to be working here 5 years from now. | 0.00% | 0 | 0.00% | 0 | 100.00% | 1 |
| I would consider staying here if offered the option of working shorter shifts. | 0.00% | 0 | 100.00% | 1 | 0.00% | 0 |

The median and mode score of the data was 3.0 (n=1). The mean score was 3.1200 (see Table 5). As represented in Table 6, the minimum score was 2 within the sample (n=1) and the maximum was 4. The range of the sample (n=1) was 2 (see Table 6). Because there was only one nurse to respond to the survey (n=1), descriptive statistics are constricted. The agreeability to the survey questions in this section of the survey was represented by the mean score of 3.1200 on the 1-4 Likert scale.

Table 5*Job Role Mean, Median, and Mode SurveyMonkey Results (n=1)*

| Statistics | | | |
|-------------------|---------|----------|---------------|
| | | Variable | Do you agree? |
| N | Valid | 25 | 25 |
| | Missing | 0 | 0 |
| | Mean | | 3.1200 |
| | Median | | 3.0000 |
| | Mode | | 3.00 |

Table 6*Job Role Range, Minimum, and Maximum SurveyMonkey Ratings (n=1)*

| Statistics | | | |
|-------------------|---------|----------|---------------|
| | | Variable | Do you agree? |
| N | Valid | 25 | 25 |
| | Missing | 0 | 0 |
| | Range | | 2.00 |
| | Minimum | | 2.00 |
| | Maximum | | 4.00 |

Table 7 represents means for each variable, revealing which variables the nurse agrees to the most and least. The answers regarding agreeability ranged from 2-4 (potential answers ranging from 1-4), representing a moderate variety of responses. Because there was only one nurse to respond (n=1), respondent data cannot be compared to others. Although, by looking at the nurse that did respond to the survey, analysis can still be made (see Table 7). Some areas of improvement seem to be approachability of nurse educator and feeling that talents are appreciated represented by a mean score of 2 out of 4. The nurse seemed moderately satisfied with the approachability and feedback received from their charge nurse represented by a mean score of 3 out of 4 (answering

agree to questions regarding charge nurse approachability and feedback). Some things the nurse strongly agrees to are feeling supported by the unit, positive role models present on the unit, and comfortability communicating with their patients and families (mean=4).

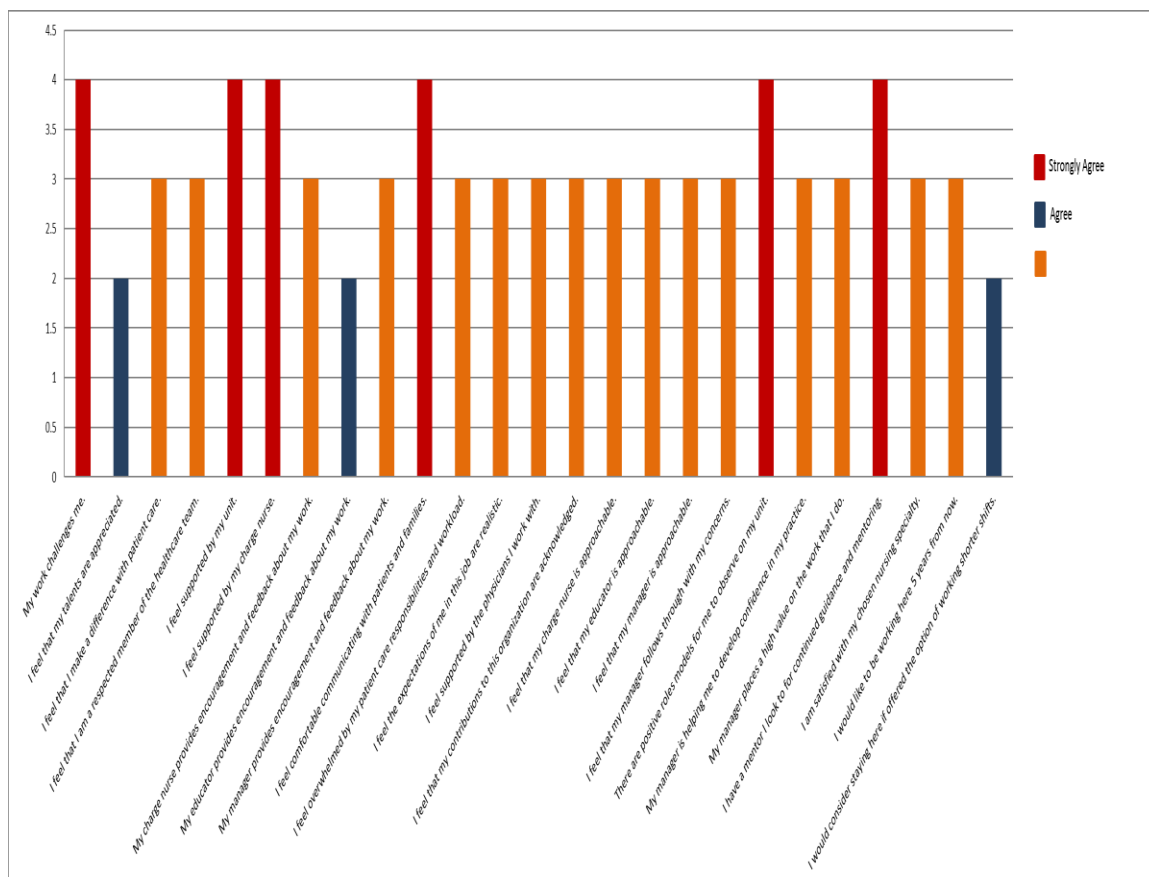
Table 7

Job Role Mean Ratings of SurveyMonkey Variable

| Variable | Report | | |
|---|-----------------------|---|----------------|
| | Do you agree? Mean | N | Std. Deviation |
| Charge nurse is approachable | 3.0000 | 1 | . |
| Charge nurse provides encouragement and feedback | 3.0000 | 1 | . |
| Comfortable communicating with patients and families | 4.0000 | 1 | . |
| Consider staying here if offered the option of working shorter shifts | 2.0000 | 1 | . |
| Contributions to organization are acknowledge | 3.0000 | 1 | . |
| Educator is approachable | 3.0000 | 1 | . |
| Educator provides encouragement and feedback | 2.0000 | 1 | . |
| I am a respected team member | 3.0000 | 1 | . |
| I make a difference | 3.0000 | 1 | . |
| I would like to work here 5 years from now | 3.0000 | 1 | . |
| Manager follows through with my concerns | 3.0000 | 1 | . |

| | | | |
|---|--------|----|--------|
| Manager helping me to develop confidence in my practice | 3.0000 | 1 | . |
| Manager is approachable | 3.0000 | 1 | . |
| Manager places high value on work that I do | 3.0000 | 1 | . |
| Manager provides encouragement and feedback | 3.0000 | 1 | . |
| Mentor with continued guidance and mentoring | 4.0000 | 1 | . |
| Overwhelmed by patient care responsibilities | 3.0000 | 1 | . |
| Positive role models on the unit | 4.0000 | 1 | . |
| Realistic job expectations | 3.0000 | 1 | . |
| Satisfied with chosen nursing specialty | 3.0000 | 1 | . |
| Supported by charge nurse | 4.0000 | 1 | . |
| Supported by my unit | 4.0000 | 1 | . |
| Supported by physicians | 3.0000 | 1 | . |
| Talents are appreciated | 2.0000 | 1 | . |
| Work challenges me | 4.0000 | 1 | . |
| Total | 3.1200 | 25 | .60000 |

To assess the relationship between nurse satisfaction and job roles, see Figure 4. This illustration allows the reader to visually see the difference in satisfaction between different job roles (n=1). Easy visual comparisons can be made.

Figure 4*Comparison of Satisfaction Pertaining to Different Job Roles*

Note: This figure illustrates a bar graph to compare satisfaction pertaining to different job roles.

Summary

The data gathered provided information to answer the following questions: (1) Are nurses on the medical-surgical unit satisfied? and (2) What strategies can nurse administrators utilize to improve medical-surgical nurse retention? From the data collected, it is determined that the nurses on medical-surgical unit (n=1) are not satisfied. Based on the survey results, nurse administrators can increase medical-surgical nurse

retention by improving the following job aspects: rotating day/night shifts, nurse to patient ratios, getting off work on time, and encouragement and feedback from manager.

CHAPTER V

Discussion

The purpose of this study was to explore the current issue with medical-surgical nurse turnover and explore strategies for medical-surgical nurse retention. This study was performed to determine the extent of medical-surgical nurse turnover and discover strategies that encourage medical-surgical nurse retention. The goal was to provide data for medical-surgical nursing administrators to evaluate in order to make positive changes on their units. Data collected regarding medical-surgical nurse retention will be used to create strategies nurse administrators can utilize to improve medical-surgical nurse retention.

Implications of Findings

Based on the findings in this study, nurses on a medical-surgical unit are not completely satisfied with their job. Improvements need to be made in order to improve medical-surgical nurse satisfaction. Only one nurse out of 30 responded to the survey. With only one respondent to the SurveyMonkey, comparisons could not be made, and data was limited. With more responses, comparisons could have been drawn between the sample.

The mean score of nurse satisfaction with job aspects was 3.6154 out of a 5-point scale. Findings suggested that medical-surgical nurses are only moderately satisfied with their job. For nurse administrators, this study suggests that changes can be made to improve medical-surgical nurse satisfaction. By improving medical-surgical nurse satisfaction, nurse administrators can improve medical-surgical nurse retention.

Medical-surgical nurse administrators can make a few improvements in job aspects that could lead to large increases in nurse retention. Nurse administrators need to limit rotating day/night shifts. According to the study, nurses prefer to work only one shift at a time. Medical-surgical nurses are also not satisfied with nurse to patient ratios and feel that they can not get out of work on time. Medical-surgical nurse administrators need to take steps to improve encouragement and feedback between staff and manager as well. Some areas that medical-surgical nurses are satisfied with according to the survey are salary, benefits, weekends off per month, opportunity to work straight shifts, timeliness of the schedule being available, flexibility of schedule, opportunity for career advancement, adequate orientation, and quality of care able to provide. By evaluating what job aspects medical-surgical nurse are satisfied with, nursing administrators can see what is working well on the unit and should not change.

Medical-surgical nurse administrators can make a few improvements when it comes to nurse satisfaction in job role as well. Nurse administrators need to ensure their nurses feel their talents are appreciated and that they are providing feedback regarding employment progress. Also, according to the survey, medical-surgical nurses do not want to work shorted shifts and would rather stay working their 12-hour shifts. Some areas regarding job role that medical-surgical nurses are satisfied with are feeling that they make a difference in patient care, feeling respected by the healthcare team, charge nurse and manager encouragement, feedback, and approachability. Also, medical-surgical nurses feel that they have realistic job expectations, supported by physicians, and feel comfortable communicating with patients and families.

Application to Theoretical/Conceptual Framework

The theoretical framework developed by Jean Watson (Sitzman & Watson, 2013) drove the conceptual structure of this study. Sitzman (2017) explains that nurses must first ensure their own physical and emotional health before being able to provide appropriate care to their patients. Medical-surgical nurses in this study responded to a SurveyMonkey answering questions pertaining job satisfaction as it relates to nurse retention. The nurse who responded to the survey expressed some concerns in job satisfaction.

Sitzman and Watson (2013) discussed how Watson's 10 Caritas Processes outline a holistic approach to the philosophy of caring for one's self and others. By evaluating this process, nursing administrators can shape new framework that will encourage medical-surgical nurse self-care. Attention can be brought to providing an environment for nurses that supports loving, trusting, and caring relationships between teammates. Creative problem-solving through the caring process is one way of caring for one's self. Also, according to Sitzman (2017), allowing authentic expression of both positive and negative feedback regarding others and new policies is important.

The medical-surgical nurse that responded to the SurveyMonkey expressed significant concerns regarding feedback and encouragement. Using Watson's Human Caring Theory, nurse administrators can create an environment where nurses feel comfortable expressing positive and negative feedback (Sitzman, 2017). Utilizing this theory appropriately can lead to increased medical-surgical nurse satisfaction with feedback and encouragement.

The medical-surgical nurse that responded to the SurveyMonkey also expressed concerns with nurse to patient ratios. According to Jean Watson's Human Caring Theory, teaching and learning occurs best when it is meaningful and in context for self and others (Sitzman, 2017). If nurse to patient ratios are inadequate, meaningful patient teaching and learning cannot occur. Improvements in nurse to patient ratios will likely lead to an increase in medical-surgical nurse job satisfaction.

Limitations

A convenience survey method was utilized for this survey. This limited the study's sample size and response variety. Also, the hospital surveyed for the study asked that demographic information be eliminated from the survey to protect respondent confidentiality. With all demographic information removed from the survey questions, similarities between demographics and satisfaction could not be drawn.

The largest limitation of the study was only having one nurse respond to the survey. The SurveyMonkey was sent to a convenience sample of 30 medical-surgical nurses and only one completed it. With a sample size of one ($n=1$), respondent data cannot be compared to others and common data characteristics cannot be drawn.

Implications for Nursing

Implications for the medical-surgical nurse administrator based on the findings of this study were the following:

1. Ensure nurses feel their work is appreciated
2. Ensure educators provide encouragement and feedback regarding nurse work
3. Do not utilize rotating day/night shifts
4. Decrease nurse to patient ratios

5. Ensure nurses are getting out of work on time
6. Increase amount of encouragement and feedback from manager

Nurse administrators are responsible for ensuring that their nurses have the tools to provide safe and effective patient care while also considering staff satisfaction. It is vital that nursing administrators ensure staff satisfaction in order to promote nurse retention. With consideration to the implications stated above, medical-surgical nursing administrators can take positive steps towards medical-surgical nurse retention.

Recommendations

After completion of the survey, some recommendations can be made regarding future studies pertaining to medical-surgical nurse satisfaction and retention. It would be helpful to repeat the survey at multiple hospitals in the surrounding area that are similar in size. By surveying other similar hospitals, comparisons could be made. Also, this would allow for larger demographic data. It would also be beneficial to survey another unit at the same hospital in order to compare nursing specialties in relation to job satisfaction. Comparing different nursing specialties could identify medical-surgical nurse satisfaction and retention in comparison to others. If another unit had significantly higher levels of nurse satisfaction and retention, conclusions and suggestions could be made. Overall, medical-surgical nurses are not completely satisfied in their specialty suggesting a need for improvements in order to achieve higher rates of retention.

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Appendix A

Gardner-Webb University IRB Informed Consent Form

Title of Study

Exploring Medical-Surgical Nurse Turnover and Strategies for Retention

Researcher

Amber Weaver, RN BSN

Purpose

The purpose of this research is to explore the current issue with medical-surgical nurse turnover and explore strategies for medical-surgical nurse retention. Evidence shows that turnover rates have increased overtime. Kovner et al. (2014), reports that nurse turnover rates in the 1970's averaged around 19% compared to up to 55% by 1991. As nurse turnover rates increase, job satisfaction decreases. Although many studies discuss the nurse turnover problem, very few discuss it as it relates to medical-surgical nursing.

Procedure

What you will do in the study:

In this study, you will complete a Revised Casey-Fink Nurse Retention Survey (2009) via SurveyMonkey. The survey seeks to answer the following research questions:

1. Are nurses on the Medical-Surgical Unit Satisfied?
2. What strategies can nurse administrators utilize to create medical-surgical nurse retention?

Time Required

It is anticipated that it will take approximately 15 minutes of your time to complete the survey.

Voluntary Participation

Participation in this study is completely voluntary and results are anonymous. The results will exclude all respondent information (names, email addresses, IP addresses, and custom data). At any time, you may withdraw from this confidential survey.

Confidentiality

Data from the surveys will be completely confidential. The results will exclude all respondent information (names, email addresses, IP addresses, and custom data).

Risks

There are minimal anticipated risks in this study.

Benefits

There are no direct personal benefits associated to the participants in this study. There is potential benefit for the medical-surgical nursing leadership team. Results from this survey have the potential to increase medical-surgical nurse retention. The information from this study has the potential to expose factors that lead to nurse turnover. If the factors leading to medical-surgical nurse turnover can be addressed, greater nurse retention may occur.

Payment

You will receive no payment for participating in the study.

Right to Withdraw From the Study

You have the right to withdraw from the study at any time without penalty. Participation in the survey is completely voluntary and you may choose to not answer any question, and/or withdraw, by closing the browser and not submitting the survey, at any time, prior to submission, with no consequences.

How to Withdraw From the Study

If you want to withdraw from the study, please close the browser at any time. You may withdraw anytime during the study, prior to submission.

If you have questions about the study, contact the following individuals:

Amber Weaver, BSN RN
Hunt School of Nursing
Gardner-Webb University
(828) 442-7480
apoteat1@gardner-webb.edu

Dr. Brittany Graham, EdD, MSN, RN
Hunt School of Nursing
Gardner-Webb University
Boiling Springs, NC 28017
(704) 406-2518
bgraham1@gardner-webb.edu

If you have concerns about your rights or how you are being treated, please contact the IRB Institutional Administrator listed below:

Dr. Sydney K. Brown
IRB Institutional Administrator
Gardner-Webb University
Boiling Springs, NC 28017
Telephone: 704-406-3019
Email: skbrown@gardner-webb.edu

References

Kovner, C., Brewer, C., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice*, 15(3,4). 64-71.

By clicking next you are consenting to complete the survey.

Appendix B

Copy of Permission to Use the Revised Casey-Fink Nurse Retention Survey



Casey-Fink Nurse Retention Survey

[Home](#) > [Health care professionals](#) > [Professional development](#) > [Casey-Fink surveys](#) > Casey-Fink Nurse Retention Survey

Thank you for completing the information form. The survey tool and related documents are available for download via the links below.

You have permission to use the survey tool to assess likelihood and trends of nurse retention in your setting. Please note that this tool is copyrighted and should not be changed in any way.

We hope that our tool will be useful in your efforts to enhance the retention, professional development, and support of graduate nurses in your practice setting.

Kathy Casey RN, MSN
Regina Fink RN, PhD, AOCN, FAAN

[Casey-Fink Nurse Retention Survey](#)

[Nurse Retention Survey Reliability and Validity](#)

[JONA Casey-Fink Nurse Retention Article](#)



Casey, Kathryn RN <Kathryn.Casey@dhha.org>

Fri 7/19/2019 4:34 PM

Brittany Graham; Regina.Fink@UCDenver.edu; Amber Weaver



Hi Brittany and Amber—Thanks for your interest in using the Casey-Fink Retention survey for your Master's Thesis.

You have our permission to make changes to the demographic portion of our survey. You can insert the name of your institution. UEXCEL is the name of the clinical advancement/ladder program that was implemented at University Hospital where the survey was piloted. You can insert the name of your clinical advancement program where the term UEXCEL is listed.

Please complete the survey on our website, if you haven't already done so, as we keep a database of those who are using our surveys. Best of luck to you in your work. Let us know if you have any other questions.

<https://www.uchealth.org/professionals/professional-development/casey-fink-surveys/>

Regina and Kathy

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Appendix C

Sample E-mail to be Sent to Potential Subjects

Greetings,

This e-mail is to invite you to participate in the research study: *Exploring Medical-Surgical Nurse Turnover and Strategies for Retention* completed by Amber Weaver, MSN Student.

1. Please access the survey using the link provided:
<https://www.surveymonkey.com/r/XZRX2F8>
2. Remember, participation in this study is voluntary and is for research purposes only and will not have any effect on your employment.
3. The due date for the survey is: **ADD DATE HERE.**

Thank you for your time and consideration for participating in this study!

Kind Regards,

Amber Weaver, MSN Student

Gardner-Webb University