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Nursing Retention in Critical Care

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by

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Abstract

The purpose of the study was to examine anticipated turnover in critical care nurses and if having previous nursing experience prior to working in critical care affects that turnover. Using the Anticipated Turnover Scale (ATS) by Hinson and Atwood, nurses that had been employed in the critical care areas five years or less were asked to participate. They were asked to complete the ATS and answer the question relating to previous nursing experience. Findings of the study indicated that the nurses with previous nursing experience before working in critical care had a higher ATS score than the nurses with no previous nursing experience. Recommendations from the study are to expand to a larger sample and consider other variables that may contribute to nursing retention in the critical care areas.

Keywords: anticipated turnover, nursing retention, critical care

Acknowledgments

First off, I want to thank my Lord and Savior, Jesus Christ, for without him, nothing is possible. I want to thank my thesis advisor, Dr. Sharon Starr, for her continued and invaluable guidance and support through this long journey. I would also like to thank Mr. Bobby Steed, lead statistician, whose assistance with this project allowed me to continue along my journey towards my graduate degree. I also want to thank all my coworkers who have encouraged and supported me throughout this process. And finally, I want to express my gratitude to my parents, Calvin and Viola Melcher, and my husband, Joshua, who have been there with me all along, encouraging me, supporting me, and keeping me motivated to complete my dream of my degree.

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CHAPTER I

Introduction

Nursing retention has long been an issue for employers. The nursing staff of a hospital makes up the largest single group of employees. For this reason, any shortage in nursing staff or retention of nursing staff can greatly affect not only the productivity of a hospital but the quality of care and the financial bottom line. It is better for an institution to be able to retain the staff that is employed than to have to go through the process of advertising the position, hiring a new employee, and going through the process of training another nurse. It was estimated in 2007 that the cost of replacing each new nurse was between $82,000 and $88,000 each (Ulrich et al., 2010). This kind of financial burden can financially impact a hospital each fiscal year if it is a continual problem. It has been estimated that by reducing nursing turnover a cost savings of 1.5 to 2 times a nurse's salary can be gained by a hospital (Friedman, Cooper, Click, & Fitzpatrick, 2011). This kind of financial impact can be astounding to an organization.

Another factor that plays into nursing retention is the nursing shortage. According to Ulrich et al. (2010), despite the fact that the recession has impacted nursing employment and more nurses have returned to work because of this, experts feel that the shortage is only going to get worse. There is a decreased supply and an increased demand for nurses that will only continue. Nursing school enrollments are down, so this impacts graduation rates. There is also an aging nursing population, the baby boomers, which will be retiring soon. This will impact the experienced nurses that are working in a hospital (Ulrich et al., 2010). There are also healthcare reform laws that have been enacted that will begin to impact health care and nursing opportunities. These healthcare reforms will

also impact how healthcare is provided and will increase the overall needs of the healthcare system (Ulrich et al., 2010).

Newly graduated nurses are experiencing a gap between their education and preparedness to work in a hospital versus what hospital leadership feels like they are ready for. One study that was done by a group for the Advisory Board Company found that school leaders and hospital nursing executives had a disparity as to the overall readiness of newly graduated nurses and their ability to provide safe and effective care in a hospital (Ulrich et al., 2010). It has been estimated that in this time of nursing shortages, 13% of newly graduated nurses are at a risk for leaving their current job (Cottingham, DiBartolo, Battistoni, & Brown, 2011). They will leave for a number of reasons: job burnout, dissatisfaction, bullying in the workplace, lack of support, and job expectations/disillusionment (Friedman et al., 2011). Nursing management can have a positive effect over some of these factors, such as the bullying, job satisfaction, support, and work environment that these new nurses will encounter (Laschinger, 2012).

Problem Statement

Nurses go to work in critical care for a number of different reasons. These reasons depend on whether or not a nurse has experience or not. A nurse with at least one year of experience may feel that they are ready to change their work environment, want to be able to have more of an impact on patient care, and take care of sicker patients. These experienced nurses are ready to challenge themselves. A newly graduated nurse may feel like they are well-prepared and ready to take on any kind of patient because they are now a nurse and may choose critical care because of the excitement or because the nurse-to-patient ratio is low. They may have enjoyed their critical care rotation while in school and

feel like that is where they want to be. Many new nurses come out of school not fully understanding the profession of nursing and the job of nursing and working in critical care can compound that misunderstanding and feeling of acculturation and reality shock (Martin & Wilson, 2011). This disillusionment, paired with an unsupportive work environment and job stress can lead to these new nurses leaving their first job within a year or even leaving the profession of nursing. It has historically been felt that critical care nurses had a higher turnover due to burnout and job dissatisfaction but one study found that job satisfaction and intent to turnover was fairly similar between experienced medical-surgical nurses and experienced critical care nurses (Davis, Ward, Woodall, Shultz, & Davis, 2007). Nursing retention is going to continue to be a problem unless this loss of new nurses can be reduced.

Justification of the Research

Nursing retention has long been an issue for employers. The nursing staff of a hospital makes up the largest single group of employees. For this reason, any shortage in nursing staff or retention of nursing staff can greatly affect not only the productivity of a hospital but the quality of care and the financial bottom line. It is better for an institution to be able to retain the staff that is employed than to have to go through the process of advertising the position, hiring a new employee, and going through the process of training another nurse. It was estimated in 2007 that the cost of replacing each new nurse was between $82,000 and $88,000 each (Ulrich et al., 2010). Retention of nurses in a time of nursing shortages only compounds this problem. The US Department of Health and Human Services Health Resources and Services Administration predicts that this shortage will only continue. It was estimated that in 2000 it was 6% and it will increase to

approximately 20% between the years of 2010 and 2015. They also predict that by 2020, it could be as high as 29%. This is approximately 800,000 nurses. When the shortage is added to the problem of an aging workforce and a decline in the number of graduates, retention of the nurses that a facility has becomes even more important (Hauck, Quinn Griffin, & Fitzpatrick, 2011).

Purpose

The purpose of this study was to examine the relationship between a nurse's previous experience or lack of experience prior to working in critical care and the nurse's intent to leave.

Thesis Question or Hypothesis

The following was the research question: Is there a relationship between nurses having prior experience before working in critical care and those nurses intent to leave their position? The hypothesis is that nurses going to work in critical care with previous nursing experience will have a lower anticipated turnover.

Theoretical or Conceptual Framework

Patricia Benner's philosophy of nursing, From Novice to Expert, is the theoretical framework for the proposed study. Benner studies clinical nursing practice to understand the practice of nursing. She believes that knowledge in nursing is built over time through practice and situational learning and from theoretical knowledge. She defines the difference between "knowing how", or skill acquisition, and "knowing that", theoretical knowledge. Benner adapted the Dreyfus Model of Skill Acquisition to clinical nursing practice and developed the five major concepts of her theory: novice, beginner, competent, proficient, and expert. These concepts are stages that new graduate RNs move

through as their career advances and they gain more experience (Brykczynski, 2006). As nurses gain experience and move through Benner's stages, (Figure 1) they will become more competent and comfortable, therefore seeking a desire to challenge themselves or gain more experience with more challenging nursing. These nurses could seek a job in critical care because they feel they have moved through these stages and are ready for more challenges and new knowledge.

Figure 1. Benner's Novice to Expert

Definition of Terms

Anticipated turnover-the degree to which a staff member thinks or is of the opinion that s(he) will voluntarily terminate her or his present position (Hinshaw, Smeltzer, & Atwood, 1987).

Novice-a student nurse or new graduate, have limited understanding of concepts and experiential cases (Benner, 2001).

Advanced Beginner-a newly licensed nurse, have limited clinical experience, absorbs information as fact (Benner, 2001).

Competent RN-a nurse with two to three years of experience, starting to develop skill and competency based on past experiences (Benner, 2001).

Proficient RN-responses guided by situations, synthesize patients not just the data, sees situations holistically (Benner, 2001).

Expert RN-a nurse with a solid technical foundation, demonstrates critical thinking skills, seeks out problem solving and utilizes resources (Benner, 2001).

Summary

Nursing retention has long been a problem for hospital administration. The reasons for turnover in nursing staff can be numerous; from money, work hours, work empowerment, and new nurses feeling inadequately prepared to the fact that there is an aging nursing population. Some of these factors can be controlled and better managed if there is a better understanding of the problem. The purpose of this study was to examine the relationship between a nurse's previous experience or lack of experience prior to working in critical care and the nurse's intent to leave.

CHAPTER II

Literature Review

Nursing retention has long been an issue for employers. The nursing staff of a hospital makes up the largest single group of employees. For this reason, any shortage in nursing staff or retention of nursing staff can greatly affect not only the productivity of a hospital but the quality of care and the financial bottom line. It is better for an institution to be able to retain the staff that is employed than to have to go through the process of advertising the position, hiring a new employee, and going through the process of training another nurse (Ulrich et al., 2010). It has been estimated that by reducing nursing turnover, a cost savings of 1.5 to 2 times a nurse's salary can be gained by a hospital (Friedman et al., 2011). This kind of financial impact can be astounding to an organization.

There are other factors that play into the issue of nursing retention. Nurses will leave for a number of reasons: job burnout, dissatisfaction, bullying in the workplace, lack of support, and job expectations/disillusionment (Friedman et al., 2011). Nursing management can have a positive effect over some of these factors, such as the bullying, job satisfaction, support, and work environment that these new nurses will encounter (Laschinger, 2012). A couple of factors that management cannot impact are the nursing shortage and the aging nursing population. There is a decrease in the enrollment rate, which directly impacts the graduation rate. The aging nursing population will be retiring soon. This impacts nursing as the number of experienced nurses will dramatically decrease since the baby boomer population has a large percentage of nurses. Healthcare

reform laws that have been enacted will also impact how healthcare is delivered and how nurses will perform their duties (Ulrich et al., 2010).

Newly graduated nurses are experiencing a gap between their education and preparedness to work in a hospital versus what hospital leadership feels like they are ready for. One study that was done by a group for the Advisory Board Company found that school leaders and hospital nursing executives had a disparity as to the overall readiness of newly graduated nurses and their ability to provide safe and effective care in a hospital (Ulrich et al., 2010). It has been estimated that in this time of nursing shortages, 13% of newly graduated nurses are at a risk for leaving their current job (Cottingham et al., 2011).

The purpose of this study was to examine the relationship between a nurse's previous experience or lack of experience prior to working in critical care and the nurse's intent to leave.

Review of Literature

A literature review was performed using EBSCO host from the year 2003 to present. The key concepts identified for the search were: nursing retention, nursing experience, critical care, intent to turnover, anticipated turnover, and competence in newly graduated nurses. There is limited information available about experience and its effect on retention within this time frame.

As discussed previously, there are many factors that can go into the problem of nursing retention. These factors were identified and discussed in a study that was performed to examine nurse job satisfaction. Hayes, Bonner, and Pryor (2010) identified 44 factors that fit into three different clusters: intra-personal, inter-personal, and extra-

personal. Job satisfaction and intent to turnover can be influenced by any or a multiple combination of these factors. Job satisfaction is critical in nurse retention. When there is an increase in job satisfaction, this translates to an increase in morale and commitment that in turn translates to a stronger likelihood that a nurse will not leave a job. The researchers did a review to examine what factors contribute to job dissatisfaction. The researchers reviewed research articles to compile a literature review and used ones that met three specific criteria: the study's goal was to identify job satisfaction factors; the study sample was acute care hospital nurses; and if the tool used was the Index for Work Satisfaction (IWS), it had to be Part A. The total studies used were 17. The study found that nurses who were older and had worked in an area longer tended to have a higher degree of satisfaction. These fell into the intra-personal factors. It was also found that the inter-personal factors (those between the nurse and coworkers or patients) dominated the results, with autonomy, coworker interaction, and patient care duties ranking highest. The implications from this study is that nurse managers are implemental in how a unit runs and is maintained with regards to coworkers relationships, workloads, orientation, education, and the general environment of the unit (Hayes et al., 2010).

When healthcare is trying to affect nursing retention and anticipate turnover, an adequate assessment tool is needed for this process to be effective. The tool used in the research study is the Anticipated Turnover Scale (ATS) by Hinshaw and Atwood. This tool was examined in the study by Barlow and Zangaro (2010). Several strategies were used to review this tool, including accessing databases, discussions with researchers, and independent reviewers examining studies. The ATS was found to have an overall mean weighted effect sized (MWES) from 12 different studies of 0.89. The overall MWES of

validity for the ATS was -0.53. When looking at these results the ATS confirmed excellent reliability and construct validity (Barlow & Zangaro, 2010).

By using a tool that has a confirmed validity and reliability and is also user-friendly, healthcare organizations can anticipate turnover more reliably before it happens and can see variables that may also affect retention/turnover. Using reliable and valid tools is important when trying to assess anticipated turnover and nurses' attitudes towards their work environment. A study was done to assess the validity and reliability of another tool that was developed based off the American Association of Critical Care Nurses (AACN) six evidence-based standards required for a healthy work environment. The tool used to develop the new tool was called the Evidence Based Practice (EBP) Belief and Implementation scale and it consisted of two surveys that assessed beliefs, processes, and procedures related to EBP. Two questions were pulled from these surveys regarding intent to stay in their present job to develop the N2N Work Environment instrument. It was found to be a feasible, reliable, and valid method to assess the work environment but was only found to be somewhat useful in assessing retention in nurses (Mays, Hrabe, & Stevens, 2011).

O'Kane (2011) performed a research study at a large teaching hospital in West Yorkshire, England, that examined the experiences of new nurses in the intensive care unit, how these experiences affected them, and the opinions of senior nurses regarding new nurses. The conclusions drawn from the study showed support for the ICU being a good learning environment and provided the support that the new nurse needed. One of the recommendations that came out of the senior nurses group was that the new nurse should have experience as a student in the ICU before taking a job there. They also felt

like the lack of floor experience influenced their care in the ICU. The implications were that new nurses should have exposure to environments outside of the ICU and have adequate support from management as well as staff and preceptors, regardless of experience (O'Kane, 2011).

A research study of graduate nurses perceived readiness to work in critical care areas was done by Halcomb, Salamonson, Raymond, and Knox (2012) that examined student characteristics and experiences and their readiness to work in critical care areas. The implications from this study were that nursing programs need to consider clinical placement to increase interest and readiness for critical care and employers need to ensure adequate support of newly graduated nurses to enhance their knowledge, skills, and competence in critical care (Halcomb et al., 2012).

How a new graduate/licensed nurse perceives themselves and their interactions with others can influence how that new nurse functions in a critical care unit. This was discovered in a study done by Saghafi, Hardy, and Hillege (2012). They focused on the interaction of the new nurse with their coworkers, physicians, patients, and other members of the healthcare team. If the new nurse does not feel a part of the team, they may have difficulty communicating with other members of the team, especially physicians. When a new nurse feels like a part of the team, that sense of belonging can facilitate growth in their nursing career. This study used the lived experiences of 10 new graduate nurses in an intensive care unit at a major acute care hospital in Australia. They argued that to deliver proper care in an ICU, there must teamwork and collaboration or very little will be accomplished. The study found through interviews that if the new nurses felt supported, had a trusting nurse-patient relationship, and were able to

communicate with and receive guidance from senior staff, they felt more confident in their ability to practice nursing in the ICU (Saghafi et al., 2012).

Perceptions of work environment can differ between managers and staff. This difference can affect how each group perceives care delivery. This differing view can impact retention and intent to turnover. A study performed in two Midwestern hospitals by researchers involved 336 nurses and managers. The tools used were the Perceived Nurse Work Environment Scale (PNWE), Anticipated Turnover Scale (ATS), and a researcher-developed perception of quality scale. The results showed that there were significant differences between the nurses and managers perceptions of work environment. There was also a correlation between work environment perception and anticipated turnover. Nurses that scored the work environment less positive had a higher anticipated turnover. Managers scored work environment higher or more positive than staff nurses. This disparity could lead to staff feeling less valued, differing views on what is needed in a unit, and less staff engagement. This study recommended further research into specific nurse retention behaviors and how nurse retention affects quality of care and safety of patients (Gormley, 2010).

The study and article by Lai et al. (2008) was conducted to examine factors that influenced intent to turnover in intensive care unit nurses, compare intent to leave and intent to stay, and attempt to predict factors that affected intent to leave. The results of the study did not address any retention strategies, only recommendations for potentially decreasing the intent to turnover. These were to better prepare nurses to deal with the stressful environment and encourage more health improving activities, such as stress reduction classes and ways to improve sleep and feelings of depression (Lai et al., 2008).

The research article by Hauck et al. (2011) examined the relationship between perceptions of structural empowerment and anticipated turnover among critical care nurses. The authors used the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) and the Anticipated Turnover Scale (ATS).The study involved 257 nurses in five critical care units. It was found that the nurses in critical care felt moderately empowered and this translated to a lower anticipated turnover score (Hauck et al., 2011).

Job satisfaction and dissatisfaction is a recurring theme when nursing retention is involved. In 2007, a study was performed to examine job satisfaction and the differences between experienced medical-surgical nurses and experienced critical care nurses. At this time, the national turnover rate of nurses exceeded 21% per year. In the past, critical care nurses have been shown to have higher levels of burnout, job dissatisfaction, and turnover. Job satisfaction was examined across the two groups. The argument could be made either way for each group's reasons for dissatisfaction. Both groups are feeling the pressure to perform the same duties they once did but with fewer resources. The study used 121 experienced nurses with the sample almost evenly distributed between the two groups. The experienced nurses were defined as having five or more years of experience. The questionnaires were distributed in five acute care hospitals across three states. The Nursing Job Satisfaction Scale (NJSS) by Atwood and Hinshaw was used. After analysis, there was no significant difference found between either group with regards to job satisfaction. The study was felt to be strong due to the number of responses that were received and used in the data analysis. However, it was felt that further research needed to be done to support or disprove this data (Davis et al., 2007). Job satisfaction is not just a problem that could affect nurse retention in the United States.

In China, the same type of study was done that compared critical care nurses and general ward nurses. This study used 446 critical care nurses and 1,118 general ward nurses in nine general hospitals. The tool used was the Chinese Nurses Job Satisfaction Scale and a demographic scale. The data was collected over six months. There were differences between the two groups with regards to age and length of time on the job. The critical care nurses were a younger group and had less time on the job and they had more job dissatisfaction than the other group. The researchers recommended that innovative ways needed to be found to improve the critical care nurse job satisfaction and retention (Zhang, Tao, Ellenbecker, & Liu, 2013). A separate article was found that examined the critical thinking ability of new nurses and experienced nurses. The study used a post hoc retrospective analysis of Performance Based Development System (PBDS) assessment data on 2,144 newly hired nurses. The results found that nurses with more years of experience (10 years or more) and those that were associate or baccalaureate level prepared were more likely to meet the expectations on the PBDS assessment than nurses that had less experience or were diploma prepared. It was also found that approximately 25% of newly hired nurses had deficiencies in critical thinking and new graduates were less likely to meet assessment expectations (Fero, Witsberger, Wesmiller, Zullo, & Hoffman, 2009).

Several research studies have been done that examined job satisfaction and burnout in critical care nurses. One that was done in Turkey involved 206 nurses working in the intensive care units in three teaching hospitals in Turkey. The tools used were the Maslach Burnout Inventory, the Minnesota Satisfaction Questionnaire, and a socio-demographic form. The data analysis showed that the nurses had moderate levels of job

satisfaction, emotional exhaustion, and personal achievement but high levels of sensitivity. Also, nurses that think futile care is demoralizing to healthcare professionals have lower levels of job satisfaction. The issue of futility in medicine and its impact on job satisfaction was the biggest factor that came out of this study and added another dimension that would need to be examined when studying retention and burnout in nurses (Ozden, Karagozoglu & Yildirim, 2013).

Van Dam, Meewis, and Van Der Heijden (2012), did a study that examined the relationship between intensive care nurses perceived work pressure and intent to turnover. The researchers conducted interviews, made observations, and then used questionnaires with 461 Dutch intensive care nurses. It was found that the nurses' perception of work pressure was affected by emotional and physical demands, threats from patients' relatives, social support, and degree of autonomy. Intent to turnover was directly related to age, shift worked, social support, and opportunity to develop. The conclusions were that hospitals needed to pay more attention to intensive care nurses' work environment as this would directly affect retention of these nurses (Van Dam et al., 2013).

A similar study was done by Boev (2012) that examined the relationship between critical care nurse's perception of work environment and patient satisfaction. The patient's perception of nursing care was examined along with the nurse's perception of work environment. The tool used was the Practice Environment Scale of the Nursing Work Index (PES-NWI). Existing data relating to patient satisfaction was used for that component. The study used 671 PES-NWI's that were completed and 1,532 patient satisfaction surveys over a five year period (2005-2009). The patients were satisfied with

the care that was provided and the nurses reported moderate satisfaction with their work environment. There was support shown for a positive relationship between nurses' perceived work environment and patient satisfaction. It highlighted the need to maintain nurses' work environment satisfaction to ensure patient satisfaction. This shows support for a way to improve patient care (Boev, 2012).

A research study was done to see if there was any correlation between nurses having a certification through the American Association of Critical Care Nurses (AACN), another certifying agency, or no certification at all and the intent to leave their job. A web-based survey was sent to members of AACN with a return of 4,268 surveys. The surveys included demographic data and the Conditions of Work Effectiveness Revised (CWEQ-II) by Laschinger et al. (2012). Of the respondents, 53% were certified and 47% were not. There was not a significant difference found in total empowerment scores or intent to leave current job between the two groups. The survey contributed knowledge about empowerment and intent to turnover but not that having a certification had any impact on this. It was felt there should be further study on the benefits of certification for staff nurses (Fitzpatrick, Campo, & Lavandero, 2011).

Summary

The current literature has limited information about experience and critical care nurse retention or intent to leave. There are many other aspects that have been examined in the research with regards to retention of critical care nurses, some of them being empowerment, job satisfaction, certification, and relationships/communication with other members of the healthcare team. The study will add another aspect to what could be

affecting retention in critical care that may be useful on its own but may also contribute

ways to prevent intent to leave or give more information about what affects it.

CHAPTER III

Methodology

Nursing retention has long been an issue for employers. The nursing staff of a hospital makes up the largest single group of employees. For this reason, any shortage in nursing staff or retention of nursing staff can greatly affect not only the productivity of a hospital but the quality of care and the financial bottom line. It is better for an institution to be able to retain the staff that is employed than to have to go through the process of advertising the position, hiring a new employee, and going through the process of training another nurse (Ulrich et al., 2010). It has been estimated that by reducing nursing turnover a cost savings of 1.5 to 2 times a nurse's salary can be gained by a hospital (Friedman et al., 2011). This kind of financial impact can be astounding to an organization.

There are other factors that play into the issue of nursing retention. Nurses will leave for a number of reasons: job burnout, dissatisfaction, bullying in the workplace, lack of support, and job expectations/disillusionment (Friedman et al., 2011). Nursing management can have a positive effect over some of these factors, such as the bullying, job satisfaction, support, and work environment that these new nurses will encounter (Laschinger, 2012). A couple of factors that management cannot impact are the nursing shortage and the aging nursing population. There is a decrease in the enrollment rate, which directly impacts the graduation rate. The aging nursing population will be retiring soon. This impacts nursing as the number of experienced nurses will dramatically decrease since the baby boomer population has a large percentage of nurses. Healthcare

reform laws that have been enacted will also impact how healthcare is delivered and how nurses will perform their duties (Ulrich et al., 2010).

Newly graduated nurses are experiencing a gap between their education and preparedness to work in a hospital versus what hospital leadership feels like they are ready for. One study that was done by a group for the Advisory Board Company found that school leaders and hospital nursing executives had a disparity as to the overall readiness of newly graduated nurses and their ability to provide safe and effective care in a hospital (Ulrich et al., 2010). It has been estimated that in this time of nursing shortages, 13 % of newly graduated nurses are at a risk for leaving their current job (Cottingham et al., 2011).

The purpose of this study was to examine the relationship between a nurse's previous experience or lack of experience prior to working in critical care and the nurse's intent to leave.

Implementation

A non-experimental descriptive quantitative study design was used to determine if having experience prior to beginning work in a critical care area will affect the intent to leave of the nurses in the critical care areas. The study collected answers to a single demographic question and used results of the Anticipated Turnover Scale (ATS) by Hinshaw and Atwood. The study was open to all nurses currently employed for five years or less in the six intensive care units in a large acute care hospital in the southern United States. These nurses were identified through the nurse managers and permission to use each intensive care unit was obtained from each nursing division director involved.

Setting

The setting was a large, 550 bed acute care hospital in the southeastern region of the United States. There are six intensive care units that were included in the study. These units were a Coronary Care Unit (CCU), Cardiovascular Recovery Unit (CVRU), Medical/Pulmonary ICU (MPICU), Neuro Trauma ICU (NTICU), Surgical Trauma ICU (STICU), and Neonatal ICU (NICU).

Sample

Convenience sampling of all of the nurses included in the study was used. The nurses were identified by the nurse managers of each intensive care unit. Nurses that had been employed in the intensive care units for five years or less were included. Each nurse was given the research tool and demographic question with a cover letter that included instructions. A return envelope was also included with this for ease of return. Sixty-four surveys were given to these nurses with a return of 32 surveys. The only demographic information collected was if the nurse completing the survey had previous nursing experience or not.

Design

A non-experimental descriptive quantitative study design was used to determine if having experience prior to beginning work in a critical care area would affect intent to leave of the nurses in the critical care areas. The study collected results of the Anticipated Turnover Scale (ATS) by Hinshaw and Atwood (19828) and included a single question on the bottom of the tool regarding previous nursing experience.

Protection of Human Subjects

Prior to data collection, approval from the hospital and university Institutional

Review Boards (IRB) were obtained. The primary investigator completed the required

Collaborative IRB Training Initiative (CITI) course. There were no risks to the subjects

participating in the study. The cover letter included with the tool explained the purpose of

the study and included a statement that by completing and returning the survey,

participants were indicating consent to participate. No incentives were provided, and

there were no penalties for not participating. Subjects were informed that all information

would remain anonymous, and would not reveal any identifying information. Completed

Anticipated Turnover Scale surveys were placed in a sealed envelope in a secure location

until data analysis began.

Instruments

The instruments used in the research study were a researcher developed

demographic form and the Anticipated Turnover Scale (ATS) developed by Hinshaw and

Atwood in 1982. The demographic form consisted of one question placed on the ATS

survey asking if the nurse had previous experience prior to working in the unit. The ATS

is an index to report the employee's perception or opinion of the possibility of voluntarily

terminating his or her present job. It is a self-reported tool that contains 12 items in

Likert-format with seven response options from agrees strongly to disagrees strongly.

The questions are scored 1-7 or 7-1 based on the scale depending if the question is a

positive or negative question. A score of 1 indicates the least probability of intent to leave

anticipated turnover with 7 indicating the highest probability of intent to leave. The tool

was tested before being used in the Anticipated Turnover among Nursing Staff (ATANS) study. (Appendix A)

Internal consistency reliability was estimated using Cronbach's α (0.84). This was validated in the Shader, Broome, Broome, West, and Nash (2001) study where the Cronbach's α was 0.86. Construct validity was estimated by using principal component factor analysis. Two factors were identified that explained 54.9% of the variance.

Data Collection

The data collected was the single question and the completed ATS survey tools. The surveys were distributed to all qualified nurses via personal work mailboxes by nurse managers or their designees. The surveys were returned to the primary investigator in the envelopes provided to the participants when they received the letter and tools. The nurses had two weeks to complete the surveys and return them to the primary investigator.

Data Analysis

The primary investigator collected the data from the study. An appointed statistician and the primary investigator conducted analysis and management of the data after completion. Upon analysis of the survey tools and question, there were no questions left blank. The surveys used a 7-point Likert scale to calculate the final Anticipated Turnover Scale score. The scoring for the questions was 1 to 7 or 7 to 1 depending if the question was a positive or negative question. This positive or negative was indicated on the tool in front of each question with a (-) or (+). If the question was positive, it was scored 7 for agrees strongly to 1 for disagrees strongly. If the question was negative, it was scored 1 for agrees strongly to 7 for disagrees strongly. Each question was scored this way prior to calculating the mean, according to the author's instructions (Hinshaw &

Atwood, 1982). By doing so, the mean for the tool and each individual question could be interpreted the same. A lower score was interpreted as a lower intent to leave according to the tool, just as a higher score would be interpreted as a higher intent to leave. The answers were put into a spreadsheet with each question receiving the score appropriate to the answer circled according to the key that was provided with the ATS tool. The question of having previous nursing experience was also placed in the spreadsheet with scores to analyze the relationship between the scores and previous nursing experience. The appointed statistician, along with the primary investigator, conducted analysis and management of the data after completion. The statistician evaluated and prepared the data based on the results of the anonymous ATS and demographic question using an independent group t-test. A significance level was set at $p< .05$. Descriptive statistics were used to analyze the single question about previous nursing experience and how it related to anticipated turnover. Data was used to identify any relationship between the demographic question and results of the Anticipated Turnover Scale in each of the registered nurse participants.

Summary

Nursing retention has long been a problem for hospital administration. The reasons for turnover in nursing staff can be numerous, from money, work hours, work empowerment, and new nurses feeling inadequately prepared to the fact that there is an aging nursing population. Some of these factors can be controlled and better managed if there is a better understanding of the problem. The purpose of this study was to examine the relationship between a nurse's previous experience or lack of experience prior to working in critical care and the nurse's intent to leave. A non-experimental descriptive

quantitative study design was used to determine if having experience prior to beginning work in a critical care area will affect intent to leave of the nurses working in those areas. The study collected results of the Anticipated Turnover Scale (ATS) by Hinshaw and Atwood (1982) and used those results to link with the single demographic question. The study was open to all nurses currently employed for five years or less in the six intensive care units in a large acute care hospital in the southern United States. These nurses were identified through the nurse managers and permission to use each intensive care unit was obtained from each nursing division director involved.

CHAPTER IV

Results

Nursing retention has long been an issue for employers. The nursing staff of a hospital makes up the largest single group of employees. For this reason, any shortage in nursing staff or retention of nursing staff can greatly affect not only the productivity of a hospital but the quality of care and the financial bottom line. It is better for an institution to be able to retain the staff that is employed than to have to go through the process of advertising the position, hiring a new employee, and going through the process of training another nurse (Ulrich et al., 2010). It has been estimated that by reducing nursing turnover a cost savings of 1.5 to 2 times a nurse's salary can be gained by a hospital (Friedman et al., 2011). This kind of financial impact can be astounding to an organization.

There are other factors that play into the issue of nursing retention. Nurses will leave for a number of reasons: job burnout, dissatisfaction, bullying in the workplace, lack of support, and job expectations/disillusionment (Friedman et al., 2011). Nursing management can have a positive effect over some of these factors, such as the bullying, job satisfaction, support, and work environment that these new nurses will encounter (Laschinger, 2012). A couple of factors that management cannot impact are the nursing shortage and the aging nursing population. There is a decrease in the enrollment rate, which directly impacts the graduation rate. The aging nursing population will be retiring soon. This impacts nursing, as the number of experienced nurses will dramatically decrease since the baby boomer population has a large percentage of nurses. Healthcare

reform laws that have been enacted will also impact how healthcare is delivered and how nurses will perform their duties (Ulrich et al., 2010).

Newly graduated nurses are experiencing a gap between their education and preparedness to work in a hospital versus what hospital leadership feels like they are ready for. One study that was done by a group for the Advisory Board Company found that school leaders and hospital nursing executives had a disparity as to the overall readiness of newly graduated nurses and their ability to provide safe and effective care in a hospital (Ulrich et al., 2010). It has been estimated that in this time of nursing shortages, thirteen percent of newly graduated nurses are at a risk for leaving their current job (Cottingham et al., 2011).

The purpose of this study was to examine the relationship between a nurse's previous experience or lack of experience prior to working in critical care and the nurse's intent to leave.

Sample Characteristics

The final sample size for the study was 32 registered nurses that had been employed five years or less in one of the six intensive care units. All nurses that had been employed for five years or less in the intensive care units were eligible to participate. Thirty-two nurses responded with 14 reporting no previous experience and 18 reporting they had previous nursing experience. There were no participants that withdrew from the study.

Major Findings

The hypothesis identified was that nurses that go to work in critical care with previous nursing experience will have a lower reported intent to leave than new nurses that have no previous nursing experience. The mean Anticipated Turnover Scale (ATS) score for the total group was 3.17. A score of 1 indicated the least anticipated turnover with 7 indicating the highest probability of anticipated turnover. (Table 1)

Table 1

ATS Scores for Total Group

ATS Scores for Total Group	
Mean	3.17
Standard Deviation	1.19
Range	4.75
Minimum	1.08
Maximum	5.83
N	32

The data analysis revealed that there was a not a statistically significant relationship between the Anticipated Turnover Scale scores and whether or not the nurse had previous nursing experience ($p = 0.10$). The mean ATS for the group with no previous nursing experience was 2.77 while the mean ATS score for the group with previous nursing experience was 3.47. (Table 2)

Table 2

ATS Scores for Participants With and Without Experience

ATS Scores for Participants with Experience and Participants without Experience		
	No	Yes
Mean	2.77	3.47
Standard Deviation	1.15	1.15

t = 1.70, *df* = 28, *p* = 0.10

Statistically significant results were noted in the responses to survey items #1 (p

=0.05) and #2 ($p = 0.04$). Question #1 states, "I plan to stay in my position for a while".

The mean for participants reporting they had previous experience was 3.22 while the

mean for those reporting no previous experience was 1.93. (Table 3)

Table 3

Question #1 Scores for Participants With and Without Experience

Question 1 Scores for Participants with Experience and Participants without Experience		
	No	Yes
Mean	1.93	3.22
Standard Deviation	1.59	1.99

$t = 2.04$, $df = 30$, $p = 0.05$

Question #2 states, "I am quite sure I will leave my position in the foreseeable future". The mean for participants reporting they had previous experience was 4.33 while the mean for those reporting no previous experience was 2.71. Question #1 is a negative question, therefore it is scored 1 to 7, with a score of 1 for agrees strongly up to 7 for disagrees strongly. Question #2 is a positive question, therefore it is scored 7 to 1, with a score of 7 for strongly agrees down to 1 for strongly disagrees. (Table 4)

Table 4

Question #2 Scores for Participants With and Without Experience

Question 2 Scores for Participants with Experience and Participants without Experience		
	No	Yes
Mean	2.71	4.33
Standard Deviation	2.2	1.94

$t = 2.17, df = 26, p = 0.04$

Summary

Overall, the initial hypothesis, which was that nurses going to work in critical care with previous nursing experience will have a lower intent to leave than nurses with no previous nursing experience. However, the data analysis for this study did now show this. The mean for the group with no previous nursing experience was lower than the mean for the group with previous nursing experience as well as the overall group mean. Even though these findings were not statistically significant, the difference in the means could indicate that nurses with no previous nursing experience may have a lower or less intent to leave. Two questions were statistically significant indicating that nurses with no previous nursing experience have a lower or less intent to leave. Specifically, the questions indicated that the nurses with no previous nursing experience planned to stay in their positions for a while and that they did not plan to leave their positions in the foreseeable future. The opposite could be said for the nurses with previous nursing experience. No other questions had statistically significant differences in the mean scores.

CHAPTER V

Discussion

Nursing retention has long been an issue for employers. The nursing staff of a hospital makes up the largest single group of employees. For this reason, any shortage in nursing staff or retention of nursing staff can greatly affect not only the productivity of a hospital but the quality of care and the financial bottom line. It is better for an institution to be able to retain the staff that is employed than to have to go through the process of advertising the position, hiring a new employee, and going through the process of training another nurse (Ulrich et al., 2010). It has been estimated that by reducing nursing turnover a cost savings of 1.5 to 2 times a nurse's salary can be gained by a hospital (Friedman et al., 2011). This kind of financial impact can be astounding to an organization.

There are other factors that play into the issue of nursing retention. Nurses will leave for a number of reasons: job burnout, dissatisfaction, bullying in the workplace, lack of support, and job expectations/disillusionment (Friedman et al., 2011). Nursing management can have a positive effect over some of these factors, such as the bullying, job satisfaction, support, and work environment that these new nurses will encounter (Laschinger, 2012). A couple of factors that management cannot impact are the nursing shortage and the aging nursing population. There is a decrease in the enrollment rate, which directly impacts the graduation rate. The aging nursing population will be retiring soon. This impacts nursing, as the number of experienced nurses will dramatically decrease since the baby boomer population has a large percentage of nurses. Healthcare

reform laws that have been enacted will also impact how healthcare is delivered and how nurses will perform their duties (Ulrich et al., 2010).

Newly graduated nurses are experiencing a gap between their education and preparedness to work in a hospital versus what hospital leadership feels like they are ready for. One study that was done by a group for the Advisory Board Company found that school leaders and hospital nursing executives had a disparity as to the overall readiness of newly graduated nurses and their ability to provide safe and effective care in a hospital (Ulrich et al., 2010). It has been estimated that in this time of nursing shortages, thirteen percent of newly graduated nurses are at a risk for leaving their current job (Cottingham et al., 2011).

The purpose of this study was to examine the relationship between a nurse's previous experience or lack of experience prior to working in critical care and the nurse's intent to leave.

<div align="center">**Implication of Findings**</div>

Based on the results presented in Chapter IV, there was not a statistically significant difference, between the Anticipated Turnover Scale scores of nurses that had previous nursing experience before going to work in critical care and the scores of nurses that had no previous nursing experience before going to work in critical care. The mean score for the nurses with previous nursing experience was higher than the mean for the nurses with no previous nursing experience but this did not indicate a statistically significant difference. There were two questions in the data that did have a statistically significant difference. Question #1 was "I plan to stay in my position for a while." The nurses with previous nursing experience had a statistically significant higher mean score

than the nurses without previous nursing experience. Question #2 was "I am quite sure I will leave my position in the foreseeable future." Again, the nurses with previous nursing experience had a statistically significant higher mean score than the nurses without previous nursing experience. As discussed previously, this indicates that the nurses with previous nursing experience reported that they were quite sure that they would be leaving their position in the near future. The nurses with no previous nursing experience indicated that they were planning to stay in their positions for a while and were quite sure that they would not be leaving their position in the foreseeable future. By answering these questions in this way, they indicated a lower intent to leave than the nurses that had previous nursing experience. Further research is needed to examine specific factors that could contribute to a nurse's intent to leave. Knowing that nurses with no nursing experience have a lower intent to leave may influence hiring practices for critical care areas that have a high turnover rate. Managers may be hiring inexperienced nurses already but may want to be more effective in retaining the experienced staff that they have or hire experienced staff. More research into what factors affect experienced nurses intent to leave could give more insight into that aspect of nurse turnover. Further research could also be done to see if hiring only inexperienced nurses changes the turnover rate in a critical care area or at what time frame does the experienced nurse have a higher intent to leave an area. This is an area that will require more examination as nursing retention continues to be a problem across the country.

Application to Theoretical/Conceptual Framework

Patricia Benner's philosophy of nursing, From Novice to Expert, was the theoretical framework for the proposed study. Benner studies clinical nursing practice to

understand the practice of nursing. She believes that knowledge in nursing is built over time through practice and situational learning and from theoretical knowledge. She defines the difference between "knowing how", or skill acquisition, and "knowing that", theoretical knowledge. Benner adapted the Dreyfus Model of Skill Acquisition to clinical nursing practice and developed the five major concepts of her theory: novice, beginner, competent, proficient, and expert. These concepts are stages that new graduate RNs move through as their career advances and they gain more experience (Brykczynski, 2006).

At the onset of the study, it was anticipated that the study would reveal there would be less intent to leave in more experienced nurses because of the increase in their level of experience and comfort as they moved through Benner's stages. This was not verified in this study so additional research is needed to further examine this assumption. The data did show that the nurses in the study that had previous nursing experience did not plan to stay in their positions and were quite sure they would be leaving their position in the foreseeable future, as exhibited by the mean scores for these two questions. As nurse's move through Benner's stages, some may feel like gaining the confidence and knowledge will allow them to progress and move on to a job that allows them more autonomy, uses more critical thinking, is faster paced, and more intense, such as a critical care unit. This may not be the case, but again, this was not verified with this study and further research is needed.

Limitations

Limitations of the study include limited data due to the number of participants that returned the surveys. The small sample size did not allow for an adequate collection of information on both sides of the previous nursing experience. It also limited the

generalizability to a larger population. More data collection of the demographic nature could also add to the research. The question of night shift versus day shift, one unit more likely than another, highest level of education, the staffing mix of experienced versus inexperienced, having a consistent preceptor, or even how long a nurse was at a previous nursing job could have some impact in anticipated turnover and would need to be examined with further research.

Implications for Nursing

Retention of nurses has long been an issue for hospitals. If adequate research can be done to examine trends or problems, this could potentially help the situation. It has long been known that as the baby boomers age out of nursing, the nursing shortage is only going to get worse. As this is happening, there are also fewer admissions to nursing programs so enrollment in these programs is down. This trend will have a financial impact on hospitals as hiring and training costs continue to rise. Recruiting and retaining the nurses, especially critical care nurses that require more resources for training, can have a financial impact on a hospital.

Nursing retention, anticipated turnover, and intent to leave has been the topic of many research studies. Many of these studies look at a wide range of reasons for this turnover as well as looking at specific nursing populations. One study examined the relationship between quality of work life and turnover. The study was performed in Saudi Arabia with 508 primary healthcare nurses. A correlation was found between being dissatisfied with work life and anticipated turnover. If nurses were dissatisfied with their work life, they were more likely to intend to turnover (Almalki, Fitzgerald, & Clark, 2012). Another reason that has frequently been examined in research is structural

empowerment. One such study was done involving behavioral health nurses, in particular. This study involved 50 surveys that were returned out of 93 that were sent out. There was a negative correlation between empowerment and anticipated turnover as the majority of the nurses that responded felt empowered and also had a lower anticipated turnover (Smith, Capitulo, Quinn Griffin, & Fitzgerald, 2012). A study by Zurmehly, Martin, and Fitzpatrick (2009) examined the relationship between empowerment and intent to leave. The empowerment was perceived access to formal power, informal power, and work empowerment structures. The study was an electronic survey that had 1,335 respondents with varied education and backgrounds in nursing, ranging from staff nurses to educators with Associate degrees to PhDs. The study reported that Baccalaureate-prepared nurses felt the most empowerment and were the least likely to leave their current position. It also reported that older nurses were less likely to leave their current positions. The findings from this study gave information about who was least likely to leave positions and suggested that efforts needed to focus on the staff that employers felt would not leave in an effort to retain that staff (Zurmehly et al., 2009).

Further research needs to be done like the previous studies mentioned to determine who is not leaving and why to get more information about retention of staff. Education, shift flexibility, innovative benefits for valued, long-term employees, and other ways to retain current staff need to be researched. This would lend more information into a subject that is still so vague yet impacts so many as healthcare continues to change. There is very little research to be found related to critical care nurses as well as how nursing experience effects anticipated turnover. Discovering consistent reasons why nurse's turnover and linking these reasons to intent to leave can impact

healthcare as a whole. Some critical care areas that restrict their hiring to experienced nurses only may be experiencing a higher turnover rate than critical care areas that hire new graduates. Further research would benefit to see if the hiring practices reflect a difference in turnover rates among different critical care units.

Recommendations

Because of the limitations previously discussed, such as small sample size, future recommendations would be to expand the study to include more participants. Investigation of additional factors would also provide more information to link anticipated turnover and may give more insight into who is intending to leave their job and what factors may be influencing that. This information could be collected and used to improve retention, not only in critical care but also throughout the nursing units in a hospital. The factors that come from more research may not be specific to critical care but more general to nursing.

Conclusion

The intent of this study was to examine intent to leave in critical care areas and determine if previous nursing experience impacted that intent. The limited data that was collected does not show that having previous nursing experience decreases the chance of that nurse leaving in nurses with five years or less time in the critical care area. The nurses with previous nursing experience that participated in the study had a higher overall mean score for anticipated turnover than the nurses that had no previous nursing experience. This trend needs to be studied further and examined more in depth to look at specific reasons for intent to leave.

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Appendix A

Anticipated Turnover Among Nursing Staff

ANTICIPATED TURNOVER SCALE
by
(Hinshaw, A.S. and Atwood, J.R.)

<u>Response Options</u>

AS	=	Agree Strongly
MA	=	Moderately Agree
SA	=	Slightly Agree
U	=	Uncertain
SD	=	Slightly Disagree
MD	=	Moderately Disagree
DS	=	Disagree Strongly

<u>Directions:</u> For each item below, circle the appropriate response. Be sure to use the full range of responses (Agree Strongly to Disagree Strongly).

Scoring

Key	Options	Item
(-)	AS MA SA U SD MD DS	1. I plan to stay in my position awhile.
(+)	AS MA SA U SD MD DS	2. I am quite sure I will leave my position in the foreseeable future.
(-)	AS MA SA U SD MD DS	3. Deciding to stay or leave my position is not a critical issue for me at this point in time.
(+)	AS MA SA U SD MD DS	4. I know whether or not I'll be leaving this agency within a short time.
(+)	AS MA SA U SD MD DS	5. If I got another job offer tomorrow, I would give it serious consideration.
(-)	AS MA SA U SD MD DS	6. I have no intentions of leaving my present position.
(+)	AS MA SA U SD MD DS	7. I've been in my position about as long as I want to.
(-)	AS MA SA U SD MD DS	8. I am certain I will be staying here awhile.
(-)	AS MA SA U SD MD DS	9. I don't have any specific idea how much longer I will stay.
(-)	AS MA SA U SD MD DS	10. I plan to hang on to this job awhile.
(+)	AS MA SA U SD MD DS	11. There are big doubts in my mind as to whether or not I will really stay in this agency.
(+)	AS MA SA U SD MD DS	12. I plan to leave this position shortly.

ATS: Rev 8/84

Did you have previous nursing experience? (Circle one)   Yes   No