2021

Nurse Turnover a Crisis in Healthcare

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This is to certify that the doctoral dissertation by

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Walden University
2021

Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

Nurse turnover is a global, national, and local problem that impacts the ability of healthcare leaders to deliver high quality healthcare to the populations in need of healthcare services. The purpose of this study is to identify reasons nurses leave organizations. The Leader-Member Exchange Theory undergirds the quantitative research which was conducted using the Supervisor Leader Communication Inventory. Nurse leaders communicate with acute care nurses using principles of the Leader-Member Exchange Theory. The survey was distributed to members of the Georgia Nurse Association. Positive correlations were revealed between the independent and dependent variables. SPSS was used to establish the analyses for this study. The research questions for this study sought to identify the correlation, if any, between nurse leader communication and feedback, nurse leader organizational engagement, acute care nurse empowerment, and nurse leader's leadership skills on a nurse's intent to leave an organization. This study may result in positive social change by producing revelations regarding nurse manager/leader communication that results in nurse intent to leave. Appropriate changes in communication techniques with nurse staff may reduce nurse turnover and facilitate the continued delivery of a high quality of healthcare.

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Dedication

I would like to dedicate this work to my husband, my parents, my children, my grandchildren, and my many friends and colleagues who have provided me with unending support and encouragement on this journey. My committee chair, Dr. Cheryl Cullen, has provided me with her patience, profound knowledge, and support though out this process. Dr. Cullen's support has made this journey possible. I am forever grateful.

Acknowledgments

Thanks to the instructors, colleagues, family, and friends for your support and encouragement. Your belief in me, when I could not see the light at the end of the tunnel provided me with the courage and strength to continue this journey.

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Chapter 1: Introduction to the Study

Nurse turnover presents significant challenges to healthcare leaders. Nurse turnover in general is a term used to describe the situation when a nurse changes positions within an organization, leaves an organization, or leaves the profession of nursing. The inconsistencies of measuring turnover among healthcare organizations make trending turnover difficult (Kovner et al., 2014). Some organizations may include internal turnover, voluntary turnover, involuntary turnover, leaves of absence, retirement, and deaths in the organizational rates of turnover while other organizations may include only one or more of these measures (Kovner et al., 2014).

Factors related to turnover that are out of the control of nurse leaders are the aging of the general population, the aging of the nurse workforce, illness of nurses, deaths of nurses, and relocation of nurses due to spousal employment and possible need for relocation. The ability to provide high-quality healthcare services for an aging population who have increased needs for healthcare services is essential for healthcare leaders (Kovner et al., 2016).

Nurse leaders may be able to influence nurse turnover through improved leadership practices and communication with nurse staff members. Positive relationships between nurse leaders and acute care nurses may influence the quality of the service climate. Nurse retention and patient satisfaction are impacted by the service climate within an organization (Auh, Bowen, Aysuna, & Menguc, 2016).

Similarities exist between Magnet and non-Magnet hospitals regarding nurse turnover and intent to turnover. In Magnet facilities, the reasons for nurse turnover were found to be less likely associated with work climate and workload than in non-Magnet facilities (Park, Gass, & Boyle, 2016). The evidence revealed that nurse leaders in Magnet and non-Magnet facilities should continue to improve work climate to maximize the retention of acute care nurses (Park et al., 2016). The work environment has a powerful influence on the intent of a nurse to stay, resign, or retire (Lundmark, 2014).

Forty percent of practicing nurses are baby boomers and have begun to retire. Retirement of baby boomer nurses will continue over the next five to ten years (Gellasch, 2015). The retirement of baby boomer nurses will represent a significant loss of intelligence, skills, and experience to the nursing profession, and these losses may be problematic to employers (Mossburg, 2018). In addition to the aging of nurses, schools of nursing were unable to accept 60,000 qualified candidates due to a shortage of nursing instructors and lack of available clinical sites (Gellasch, 2015).

Job dissatisfaction has been identified as a primary reason nurses leave positions (Kenny, Reeve, & Hall, 2016). Reasons such as work environment, relationships with co-workers, a lack of nursing leadership, workplace bullying, and workload are often identified as causes of nurse turnover (Gellasch, 2015). These issues are identified more frequently in non-Magnet hospitals than in Magnet hospitals (Park et al., 2016). The predominance of female nurses in the workforce with competing work and family

commitments has a distinct impact on nurses leaving the workforce (Currie & Carr Hill, 2012).

The expense of nurse turnover increases the cost of providing healthcare services. Hospitals in the United States may experience turnover rates as high as 16.5% which translates to a cost of $44,380 to $63,000 per nurse with a total estimated annual cost of $4.21 to $6.02 million in financial losses for healthcare organizations (Yarbrough, Martin, Alfred, & McNeill, 2016). Cost estimations may include only direct expenses while other estimations include both the direct and indirect expenses related to nurse turnover (Park et al., 2016).

Turnover of newly licensed registered nurses (NLRN) is a concern for healthcare leaders because approximately 80% of new nurses work in hospitals. Internal turnover of new nurses ranges from 10.8% to 70% (Kovner et al., 2016). Internal nurse turnover occurs when nurses move between nursing units or departments within the same organization. NLRNs often begin working in a general medical-surgical unit and later transfer to intensive care or other departments as individual interests change and professional development occurs.

Internal turnover does impact the stability of individual units within an organization due to realignment of the nursing staff (Park et al., 2016). Nursing leadership may capitalize upon internal turnover to enhance job satisfaction and improve retention rates through the reduction of external nurse turnover. The prevention of the departure of NLRNs reduces financial losses allocated to the expenses of recruitment and

orientation. The departure of registered nurses has a negative impact on the morale of the remaining staff, quality of patient care, and patient satisfaction (Yarbrough et al., 2016; Ludmark, 2014). The effectiveness of nursing care is impacted by the work environment and is an essential component in the delivery of safe patient care (Ma & Park, 2015).

Background

Nurse turnover is a problem that will increase in severity without significant successful interventions. Recruitment and retention of NLRNs will become more essential as nurses continue to leave the profession due to retirement and the inability to train enough nurses to replace the retired nurses (Gellasch, 2015). One successful remedy to reduce NLRN turnover rates noted in the literature was to offer transition into practice nurse residency programs (Africa, 2017). Nurse leaders must monitor turnover rates and clinical performance of the NLRN to provide evidence to hospital executives to ensure transition into practice residency programs will continue to be supported and funded (Silvestre, Ulrich, Johnson, Spector, & Blegen, 2017).

The development of transition into practice programs is a costly process that includes expenses associated with module creation, web maintenance, and module revisions over time. The maintenance cost for one program may be up to $3,185 per NLRN (Silvestre et al., 2017). The expense of transition into practice programs may be justified by the increase in competence and self-confidence of the NLRN (Africa, 2017). There is no identified standard means of determining the cost of a transition into practice

program due to multiple cost associated variables that may or may not be included in the creation and calculation of costs for a program.

The National Council of State Boards of Nursing in collaboration with other nursing organizations has developed an evidenced based program to aid in the standardization and accreditation of transition into practice programs. The evidenced based model depends upon strong preceptor relationships with the NLRNs (Silvestre et al., 2017). The work of the National Council of State Boards of Nursing may assist with the development of the evidenced based model for transition into practice programs and may be assimilated by organizations to reduce the cost of the creation of individual programs (Lundmark, 2014).

Transition into practice programs produced reductions in the losses of NLRNs within the early years of practice (Kenny et al., 2016). Silvestre et al. (2017) found substantial cost savings and improved retention rates of NLRNs enrolled in the transition into practice programs. Data from a national sample taken prior to implementation of a transition into practice program indicated that 17.5% of NLRNs left their first job within the first year with a total of 33.5% leaving within two years of practice (Kovner et al., 2014).

A transition into practice program serves as a continuation of education and provides a bridge between academia and professional practice. The lack of preparation of NLRNs results in excessive turnover of the NLRNs and produces a negative impact on work climate, employee morale, and patient outcomes as measured by hospital acquired

infections, falls with injury, and medication errors to name a few (Africa, 2017). These programs have produced a reduction in the loss of NLRNs within the early years of practice (Kenny et al., 2016).

One such transition into practice program is known as the Versant program which is a national provider of nurse residency programs. This program serves as a bridge between academia and professional practice to facilitate the transition of the NLRN. The Versant program boasted a 2% decrease in nurse turnover for a year which translated to approximately $600,000 of cost savings (Trepanier, Mainous, Africa, & Shinners, 2017). The journey of the NLRN has long been removed from reality due to the gaps and disconnects between theory and practice.

The standardization of the Versant program is designed to fill the gaps and smooth the transition into professional practice. Each NLRN entering the Versant program completes a gap assessment that is used to formulate a personalized plan for each NLRN. An additional gap assessment is taken by each NLRN at the end of the program to validate if the learning gaps have been closed (Trepanier et al., 2017). The Versant model relies on experienced preceptors within the healthcare organizations to support the NLRNs.

Africa (2017) noted the trend in accreditation of the transition into practice programs. Accreditation of TPP programs would ensure quality and continuity between individual programs. Two accrediting bodies, the Collegiate Nursing Education (CCNE) and the American Nurses Credentialing Center (ANCC), certify the TPP programs to

assure quality (Africa, 2017). The departure of NLRNs represents a loss of time in training and orientation expenses that are incurred prior to the nurse becoming fully acclimated into the role of professional practice. NLRNs often leave their initial jobs within 1.5-2.5 years due to a variety of work-related reasons such as lack of quality orientation, job difficulty, disillusionment with the profession, and poor job satisfaction (Unruh & Nooney, 2011).

Healthcare executives must have accurate information regarding the return on investment of the transition into practice programs. Despite the proven successes of the transition into practice programs, healthcare executives continue to fail to acknowledge the benefits that justify the return on investment of such programs (Silvestre et al., 2017).

The nature of the nursing profession lends to a wide variety of opportunities such as academia, hospitals, medical offices, public health, and research to name a few. There are projections that the deficit of nurses may reach approximately one million by 2024 with an associated continued job growth through 2026 (Kennedy, 2018). The negative impact of nurse turnover on organizational performance, patient outcomes, and customer satisfaction ratings will be significant (Nei, Snyder, & Litwiller, 2015). Measures such as reallocating duties that do not require a nursing license from the nurses to ancillary staff may have a positive impact on patient safety, patient satisfaction, and diminish nursing duties left undone due to time constraints. Nursing care left undone is positively associated with nurse burnout and turnover. High levels of nurse burnout may reflect a lack of support in the work environment. Nurse leaders are responsible for creating a

healthy work environment where patient safety is as important as is the communication between leadership and co-workers (Liu et al., 2018).

Inter-professional communication between all members of a patient care team is a key to the delivery of safe patient care and patient satisfaction. Relationships between all members of the patient care team are positively impacted through collaboration and mutual trust. Effective teams respect each other's specific domains of responsibility and expertise. The development of an effective plan of care for patients depends upon effective communication between all members of the patient care team (McComb, Lemaster, Henneman, & Hinchey, 2017). Relationships between coworkers, employees, nurses, physicians, and managers have an impact on a nurse's intention to stay or turnover to another position within the organization, to leave the organization, or to leave the profession of nursing. Communication between nurse managers and acute care nurses is a key component of nurse retention. Robeano (2017) reported that nurses consider leaving 84% of the time when there is nurse manager dissatisfaction.

Problem Statement

The problem is that the nursing shortage has become an international problem, and it is expected to continue well into 2025 (Gellasch, 2015). The retention of nurses may be the key to maintaining adequate staffing levels to ensure quality of care for patients (O'Hara, M.A. & Burke, D. 2019). An understanding of risk factors that lead nurses to think about leaving or leaving an organization is necessary for nurse leaders to take necessary actions to reduce nurse turnover (Gellasch, 2015; Kiel, 2012; Nei et al.,

2015). Retention of nurses is a key factor in the maintenance of an attaining a environment with an overall high rate of work satisfaction which facilitates good patient outcomes Nurse staffing shortages are impacted by at least three problems 1) nurse staff turnover, 2) an inadequate number of new graduate nurses to fill positions of retired nurses, and 3) the recruitment of nurses to positions away from the bedside (Kiel, 2012).

Instability of nursing managers has a significant negative impact on the work environment, nurse turnover, and patient outcomes as measured by hospital acquired infections, falls with injuries, and medication errors. Nurse manager turnover rates can be as high as 50% with an intent to turnover their positions within 5 years as high as 72% in some hospitals. Nurse manager turnover may cost as much as 75% to 125% of the nurse manager's salary (Pilat, M., & Merriam, D.H., 2019). Nurse manager turnover rates may be impacted by the lack of role preparation a new nurse manager receives. Often nurse managers are selected from clinical nurses or by seniority rather than managerial skills. Lack of role preparation may result in associated stress, increased staff turnover, nurse manager turnover, and could produce a negative impact on patient outcomes (Roche, M., Duffield, Dimitrelis, & Frew, 2014).

Patient outcomes may also be adversely impacted due to the lack of stability among acute care nurses (McCright, Pabico, & Roux, 2018). Data from surveyed nursing units revealed an increase in pressure ulcers and patient falls when there was instability of nurse staffing and nurse managers (Warshawsky, Rayens, Stefaniak, & Rahman, 2013).

Hospital acquired conditions such as pressure ulcers, surgical site infections, and urinary tract infections impact the reimbursement of hospitals according to the prospective payment guidelines. Hospital acquired conditions may cause patients to experience pain and suffering. Hospital acquired conditions may impact 1 in 25 patients admitted to hospitals with a cost of $9.8 billion of associated cost, loss of reimbursement for care, increased morbidity, and mortality (Aiken, Cimiotti, Smith, Flynn, & Neff, 2011). Nurses are challenged to document the presence of conditions at the time of admission to avoid decreased reimbursement penalties. Inadequate staffing resulting from staff turnover may have a negative impact on the accuracy and consistency of the documentation of these types of conditions. Nurses must be trained and efficient in the documentation of patient conditions at the time of admission to avoid decreased reimbursement (Healey & Cromwell, 2012).

Purpose

The purpose of this quantitative correlational study was to identify the relationship, if any between the leadership and communication behaviors of acute care nurse leaders and the intent to leave of acute care nurses. The dependent variable was intent to leave. The independent variables were the leadership and communication behaviors of the nurse manager. The study population included acute care professional registered nurses, nurse supervisors, and nurse managers who work in Georgia hospitals.

The survey tool used for this quantitative correlational study was the Supervisor Leadership and Communication Inventory (SLCI) (Rouse, 2009). The SLCI tool is an

online survey tool that has been used in healthcare organizations as well as other types of organizations to evaluate the effectiveness and impact of leader communication techniques with employees. The SLCI tool has proven reliability with a Cronbach alpha of 80% (Rouse, 2009).

The survey was administered to hospital acute care registered nurses who work in Georgia. The President of the Georgia Nurses Association and Vice President of the Northwest Georgia Chapter of the Georgia Nurses agreed to the distribution of the survey consent and the survey to the members of the organization. Descriptive data to was collected and included years of nursing licensure, position, gender, age, level of education, employment status of full-time, part-time, or per diem. The survey results were analyzed through SPSS. Correlational and regression analyses were completed.

The impact on social change may be the potential to reduce nurse turnover by informing nurse leaders regarding the impact that communication and leadership methods have on a nurse's intent to leave. The information may improve the work environment and increase the ability to attract potential nurses to direct patient care because of improved nurse-leader exchange.

Research Questions

RQ1: What is the correlation if any, between the SLCI supervisor communication scale score and the registered nurse's intent to leave?

$H_0$1: There is no statistically significant relationship between the SLCI supervisor communication scale score and a registered nurse's intent to leave.

H_A1: There is a statistically significant relationship between the SLCI supervisor communication scale score and a registered nurse's intent to leave.

RQ2: What is the correlation if any, between the SLCI supervisor leadership scale score and the registered nurse's intent to leave?

H_02: There is no statistically significant relationship between the SLCI supervisor leadership scale score and a registered nurse's intent to leave.

H_A2: There is a statistically significant relationship between the SLCI supervisor leadership scale score and a registered nurse's intent to leave.

RQ3: What is the correlation if any, between the SLCI employee behavior scale score and the registered nurse's intent to leave?

H_03: There is no statistically significant relationship between the SCLI employee behavior scale score and a registered nurse's intent to leave.

H_A3: There is a statistically significant relationship between the SLCI employee behavior scale score and a registered nurse's intent to leave.

RQ4: What is the correlation if any between the SLCI organizational outcome scale score and the registered nurse's intent to leave?

H_04: There is no statistically significant relationship between the SLCI organizational outcome scale score and a registered nurse's intent to leave.

H_A4: There is a statistically significant relationship between the SLCI organizational outcome scale score and a registered nurse's intent to leave.

Theoretical Framework

The Leader Member Exchange Theory (LMX) developed by Nathan (2016) was the theoretical framework applied to this study (Nathan, 2016). The origin of the LMX theory can be traced to 1972. The LMX theory examines the impact of the leader's communication methods and engagement with employees or members as a method to understand a leader's impact on teams within organizations and the formation of successful relationships (Nathan, 2016).

LMX is reflected in the relationships between nurses, co-workers, and their leaders. Nurse leaders are pivotal in producing healthy work environments and may ensure a high quality of care delivery that may be expressed in positive patient outcomes, low turnover rates, and high group level commitment. Galletta (2012) hypothesized that a positive LMX relationship would decrease the turnover intention of nurses on defined units (Galletta, Portoghese, Battistelli, & Leiter, 2012).

LMX is important in understanding work related stress and overall wellbeing in the work setting. LMX is appropriate as the theoretical framework for this study because of the communication needs of everyone. The evolution of the LMX theory enhances the appropriateness of the use of LMX with the multi-generational workforce (Nathan, 2016).

The identification of the causes for nurse turnover will provide organization leaders with opportunities to proactively address turnover, reduce the occurrence of turnover, and reduce the increased financial and decreased quality of care impact of nurse

turnover. LMX is characterized by the development of insider and outsider relationships between the leader and the followers. The relationships with the insider group often exceed the requirements of professional communication while the relationships with the outsider group only meet the requirements of professional communication. High quality LMX relationships between leaders and new employees create an environment to foster positive assimilation into the work group (Nathan, 2016). Organizational leaders equipped with the knowledge provided by this study should be positioned to retain their nursing staff and continue to provide high quality healthcare to those who require healthcare services. Maintenance of high-quality healthcare service delivery will ensure that the organization will receive optimum reimbursement for services delivered by employees (Nei et al., 2015).

Nature of the Study

The nature of this study is quantitative and will investigate the correlational relationship if any between the independent and dependent variables. The consent and the survey were sent to the target population via email by the staff of the President of the Georgia Nurses Association. The email contained a letter of introduction informing the member that this study was seeking registered nurses, who work in acute care hospitals in Georgia, and the hyperlink to the informed consent page. If the nurse selects *yes,* the survey will open. Demographic questions were asked that include length of time practicing as a registered nurse, position held, age, gender, and zip code of residence.

Definitions

Associated length of stay: The length of hospitalizations associated with events during the hospitalization such as hospital acquired infections, medication errors, or falls among many other healthcare related events (Musu et al., 2017).

Newly licensed registered nurse: A registered nurse that has graduated from nursing school, passed boards, and obtained licensure to practice nursing. NLRNs require assistance, additional education, and practice in the clinical environment to achieve success in the new role as a registered nurse (Dyess & Parker, 2012).

Nurse preceptor: An experienced registered nurse who assumes the additional role of orientation or acclimation of a nurse into the new role of being a registered nurse. Nurse preceptors may obtain additional education and guidance to assist in the acclimation into the nurse preceptor role.

Nurse manager: A nurse who has the responsibility of managing a unit and the staff who are employed on an individual unit. Human resource management, financial stewardship, mediation between front line staff, and administrative leaders are examples of responsibilities of the nurse manager role. The nurse manager role continues to evolve (Moore, Sublett, & Leahy, 2016).

Transition into practice program: A program designed to provide support for newly licensed registered nurses during the transition into the professional practice of nursing with the purpose to increase job satisfaction and reduce nurse turnover (Silvestre et al., 2017).

Nurse turnover: A concept that refers to a nurse who leaves an organization or changes positions within an organization (Nei et al., 2015). Turnover is associated with an increase in the cost of providing healthcare, an increase in hospital associated conditions, an increase in mortality, and morbidity (Aiken et al., 2011).

Assumptions

This survey study assumes that all the respondents are registered nurses licensed to practice in Georgia, each respondent works in acute care hospitals, and will provide honest answers to the questions.

Delimitations

The primary delimitation is that the nurse must work an acute care hospital in Georgia. The respondents should not be hesitant to answer questions regarding personal or professional experiences due to the assurance that no information will be tracked and reported to any employer. Any person who participated in the survey provide consent prior to beginning the survey and could withdraw from the survey at will. There is no post survey follow-up expectation of the participants.

Limitations

The limitations of this survey study are recognized as being dependent upon the number of respondents, the understanding by the respondents of the questions asked of them, and membership in the Georgia Nurses Association. Opportunities for additional research are recognized. Similar survey studies may be conducted by organizational leaders to evaluate the attitudes of nurses noted to lead to turnover in specific organizations (Rouse, 2009).

Significance of the Study

Nurse turnover is a significant problem for healthcare leaders. Silvestre et al. (2017) predicted that the nursing shortage will increase in severity until 2025 due to the impact of the aging population, demanding more nursing care, baby boomer nurse retirement, and a decrease in retention of NLRNs. This change has a negative impact on the delivery of high-quality healthcare (Nei et al., 2015). Aiken et al. (2011), associated nurse turnover with an increase in patient falls, hospital acquired infections, length of stay, increased morbidity, and mortality (Aiken et al., 2011). Significant financial savings have been noted with decreased nurse turnover in the form of a reduction in falls with injuries and hospital acquired conditions such as pressure ulcers (Oberlies, A., 2014).

This study seeks to gain information regarding the work experiences of nurses who are licensed in Georgia. The unique quality of this study is the lack of organizational boundaries. This study may provide healthcare leaders with a different lens to view nurse turnover and offer ideas on how to decrease nurse turnover.

Summary

Nurse turnover is a significant problem for healthcare leaders, and the problem will increase in intensity without effective intervention by nurse leaders. Nurse turnover occurs when a nurse leaves a position for another position within the same organization, a nurse leaves an organization, or leaves the profession of nursing (Kovner et al., 2016). Nurse turnover is associated with increased hospital associated infections, decreased quality of care, falls with injuries, and medication errors (Kiel, 2012). The cost associated

with nurse turnover represents a significant expense and leads to financial losses for organizations. The turnover of one nurse can result in a cost of $44,380 to $63,400. The cost of nurse manager turnover can range from $132,000 to $228,000 (McCright et al., 2018). These costs do not include the cost of management of poor patient outcomes. Turnover of significant numbers of nurses within an organization will amount to unsustainable financial and service losses.

This study may provide healthcare leaders with a different lens to view nurse turnover and the impact of leadership on a nurse's intention to turnover their positions. The LMX will be the guiding theory in this study. The SLCI tool has been used in healthcare with proven validity and reliability (Rouse, 2009). The LMX theory examines the impact of the leader's communication methods and engagement with employees to examine a leader's impact on teams within organizations (Nathan, 2016).

In chapter 2 the results of the literature review regarding nurse turnover will be revealed. Walden University's Library resources were accessed to explore the subject of nurse turnover. A variety of search choices were employed to conduct an exhaustive research of the topic of nurse turnover.

Chapter 2: Literature Review

Introduction

Nurse turnover has been a significant issue for decades and will increase in severity without effective interventions. Nurse turnover is recognized as a source of increased healthcare costs and decreased quality of care. In the United States, the shortage of nurses is projected to be between 200,000 and 500,000 by the year 2025 (Twigg & McCullough, 2014). The impact of the nurse shortage has been exacerbated by the aging general population, the aging of nurses, and an increasing demand for healthcare services. Nurse turnover is a complex concept with many variables such as the availability of jobs, workload, promotional opportunities, desirable work schedules, work environment, and the economic environment (Aiken et al., 2011).

Financial Impact of Nurse Turnover

Nurse turnover creates an environment of inadequate staffing. Nurses who remain may be unable to deliver needed care due to short staffing and high nurse to patient ratios. Inadequate nurse staffing is associated with higher rates of hospital acquired infections, increased lengths of stay, increased falls with injury, hospital re-admissions, an increase in patient morbidity, and mortality (Aiken et al., 2011).

Nurses may have a positive or negative impact on patient care. The Center for Medicare and Medicaid Services (CMS) recognizes the pivotal role nurses play in the prevention of hospital-acquired conditions such as pressure ulcers, post-operative

infections, falls with injury, medication errors, and blood stream infections to name a few (Brooks, 2017).

Nurse turnover has a direct impact on a healthcare organization's cost of doing business. The ability to retain seasoned nurses who provide high quality patient healthcare services can potentially save thousands of dollars annually by the avoidance of poor patient outcomes, hospital acquired infections, hospital re-admissions, and increased lengths of stay (Aiken et al., 2011). Effective interventions to reduce or discourage nurse turnover are scarce and have received inadequate attention in the literature as well as in practice (Kiel, 2012).

Some hospitals are experiencing up to 16.5% turnover of registered nurses. This rate of turnover represents a minimum economic loss of $44,000 to $63,000 per nurse which translates into an annual cost from $4.21 to $6.02 million per year (Yarbrough et al., 2016). These conservative figures do not include the loss of knowledge and skills of experienced nurses. (Yarbrough et al., 2016). The cost of turnover can be as much or greater than 3 times the nurse's annual salary and is generalizable across the country. Nurse turnover costs do include the expenses of recruitment, hiring, orientation, salary of agency or temporary staff, overtime of remaining staff, advertisement, relocation expenses of the newly hired nurse, on boarding expenses, and the maturation processes of the newly hired registered nurse (Brewer et al., 2011).

There are two types of turnover of registered nurses. Organizational turnover occurs when the nurse leaves an organization. Internal turnover occurs when the nurse

transfers within an organization to another unit or assigned workplace. Registered nurse turnover is an important aspect of healthcare management which must be understood due to the impact on the costs of healthcare, decreased quality of care, and an increased burden on those nurses who remain with the organization (Brewer et al., 2011).

New nurses turnover at a rate of 30% in the first year of practice often because of internal transfers. Internal turnover has not received the same attention in the literature as organizational turnover. Internal turnover should be tracked due to the costs of the turnover and the possible impact on unit stability and patient outcomes. Unit level staff stability is an important aspect of safe patient care (Kovner et al., 2016). A portion of this internal turnover may be connected to an organizational practice of not hiring a NLRN into intensive care units until the nurse has a year or more of clinical experience. This practice is understandable but may result in a nurse turnover if a desirable position becomes available with a different organization before the nurse meets the experience requirement to transfer to a different position within the organization such as a position in an intensive care unit.

Nurses form the largest body of healthcare workers. The loss of registered nurses presents a loss of intellectual capital. There is no consistent definition or method of measurement of nurse turnover. Some organizations include the cost of recruitment and replacement of nurses while others do not include these costs. Healthcare organizations must replace nurses who have turned over positions and may incur the added expenses of temporary replacement staff, short staffing, decreased patient satisfaction scores, and

negative patient outcomes. One estimate of the costs associated with the turnover of registered nurses was $856 million for organizations with a cost to society between $1.4 to $2.1 billion dollars (Brewer et al., 2011).

Inadequate nurse staffing is associated with higher rates of hospital acquired infections (HAI), increased associated lengths of stay, increased falls with injury, hospital re-admissions, an increased patient morbidity and mortality (Aiken et al., 2011). A significant financial burden is associated with the occurrence of HAIs. The rate of HAIs can be as high as 1 in 25 hospital admissions with $9.8 billion dollars of associated costs and an increase in mortality rates (Lorden, Jiang, Radcliff, Kelly, & Ohsfeldt, 2017).

Nurse turnover has a direct impact on a healthcare organization's cost of doing business. The ability to retain seasoned nurses who provide high quality patient healthcare services can potentially save thousands of dollars annually by the avoidance of poor patient outcomes, HAIs, hospital re-admissions, and increased lengths of stay (Aiken et al., 2011). Successful interventions to reduce or discourage nurse turnover are scarce and have received inadequate attention in the literature as well as in practice (Kiel, 2012). Turnover in hospitals commonly range as high as 16.5% for registered nurses. This rate of turnover represents an economic loss of $44,000 to $63,000 per nurse which translates into an annual cost from $4.21 to $6.02 million per year. These figures are conservative because the loss of knowledge and skills of experienced nurses and the cost of the negative impact on patient outcomes are not included (Yarbrough et al., 2016). The cost of turnover is relative to the salary, expertise, and knowledge of the departing nurse.

The cost of turnover can be as much or greater than 3 times the nurse's annual salary and is generalizable across the country. Nurse turnover costs includes the expenses of recruitment, hiring, orientation, salary of agency or temporary staff, overtime of remaining staff, advertisement, relocation expenses of the newly hired nurse, on boarding expenses, and the maturation processes of the newly hired registered nurse (Brewer et al., 2011).

Hospital Acquired Infections

Hospital acquired infections are events that occur secondary to hospitalization. These infections cause unnecessary pain and suffering to the patient, are preventable, and are expensive due to the additional cost of care to resolve these infections. CMS does not reimburse for the additional care provided to resolve acquired conditions. A significant financial burden is associated with hospital-acquired infections. The rate of hospital-acquired infections may be as high as 1 in 25 hospital admissions (Lorden et al., 2017). The expense of providing care for hospital-acquired conditions was estimated to be $9.8 billion dollars in 2012(Brooks, 2017).

Antibiotic resistant infections are associated with inadequate staffing, poor patient outcomes, extended lengths of stay, and increased healthcare costs. One study conducted on a nationally representative sample concluded that 22-34 out of 1000 hospitalized patients were for infections that were resistant to multiple antibiotics (Johnston, Thorpe, Jacob & Murphy, 2019). An estimated 300 million deaths and an expense of $100 trillion dollars are expected by the year of 2050 due to antibiotic resistant strains of bacteria. One

hospital acquired blood stream infection can cost an estimated $92,344 and is associated with an increase in morbidity and mortality (Thaden et al., 2016).

The CMS began the healthcare acquired conditions (HAC) reduction program in 2015 to provide financial incentives to hospitals to improve patient care and reduce the incidence of hospital-acquired infections. The CMS penalizes hospitals based on the occurrence of healthcare acquired infections or conditions. The financial penalties have an enormous impact on hospitals. In 2015, the CMS penalized 724 hospitals by 1% for a total of $330 million (Brooks, 2017).

Falls with Injury

Patient falls with injury are classified as never events and are preventable. Prevention of falls through adequate staffing, appropriate delegation to ancillary staff, purposeful hourly rounding, safe environments, and accurate risk assessments are important interventions nurses perform to increase patient safety. Patient falls have been associated with episodes of missed nursing care (Hessels, Paliwal, Weaver, Siddiqui, & Wurmser, 2018). Financial and legal implications of falls with injuries are significant. The financial impact of patient falls amount to .1% of all healthcare related expenses in the United States (Ambrose, Geet, & Hausdorff, 2013). Legal proceedings related to falls with injuries costs organizations millions of dollars (Chu, 2017). Falls are a leading cause of death in hospitalized patients age 65 and older. A multitude of injuries can be associated with falls and result in increased costs of providing care. The long-term impact

of patient falls may be an increased fear of falling with the result of increased immobility issues which compound the impact of the preventable initial event.

As early as 2008, the CMS halted reimbursement for conditions acquired during hospitalization (Chu, 2017). The financial burden is absorbed by the hospital where the injury occurred. Nurses and other care providers must be educated in an evidenced-based manner with a multi-disciplinary approach to avoid falls. Higher levels of interdisciplinary collaboration between nurses and physicians correspond to lower levels of patient acquired conditions (Ma, Park, & Shang, 2017).

Intra-disciplinary collaboration between nurses and other disciplines has been noted to have a positive impact on patient outcomes, decreased intent to leave, and higher job satisfaction among nurses (Ma et al., 2017). Collaboration within a health care team fosters the sharing of information between team members. Nurses may report a higher level of satisfaction in a collaborative environment where input is valued and utilized to make healthcare decisions for patients. Nurse-to-nurse sharing of information is an important factor in patient safety. Patient falls and hospital-acquired pressure injuries can be greatly reduced with the intra-collaboration between nurses who provide direct care to patients with the result of improved patient outcomes (Ma et al., 2017).

Medication Errors

Medication errors may be grouped with medical errors in the United States. A medication error may be defined as a situation where a patient receives an incorrect medication, incorrect dose of medication, at the wrong time, by the wrong route, and may

cause harm, injury, or death. A medication error may cause significant harm to the patient and result in an increased cost of providing care to the patient (Lapkin, Levett-Jones, Chenoweth, & Johnson, 2016).

Preventable medication errors or adverse drug events are the third leading cause of death in the United States (Sanko & Mckay, 2017). Pre-licensure nursing education curricula must provide the basics of medication administration safety. There is difficulty in conveying the importance of accurate medication administration in the traditional classroom. Some nursing programs are using pharmacology simulation to teach medication administration in addition to the experience students receive in clinical rotations (Sanko & Mckay, 2017). Nursing students must appreciate the importance of accurate medication administration practices and avoid the occurrence of medication errors. The results of medication errors may be increased lengths of stay, increased cost of providing care, and patient deaths. This education is an important component of nursing education and is pivotal in the ability of the student to make a successful transition into professional practice (Lee & Quinn, 2019).

Data has shown that 19% of all medication administrations include some type of error and hospitalized patients are subjected to a minimum of one medication error per day. Medication errors occur in 2%-5% of all hospital admissions globally. The cost of medication errors exceeds $19 million per year (Lee & Quinn, 2019).

The collection of data regarding patient deaths related to medical or medication errors is difficult due to the manner of recording the cause of death on death+ certificates.

Causes of death are identified on death certificates per the International Classification of Disease (ICD) codes. Failure to capture deaths due to medical errors results in an underestimation of cases that result in mortality. A more accurate estimate would be medical errors resulting in at least 250,000 deaths annually in the United States (Makary & Daniel, 2016). A different method for the identification of the causes of death is needed to accurately identify deaths that occur as a result of medical errors.

Nurse Retention Strategies

Many variables influence turnover decisions for nurses. Examples of these variables include family responsibilities, children, multiple job opportunities, work environment, and the economic environment. Nurses will be attracted to organizations that provide competitive salaries, flexible schedules, and career ladder opportunities (Brewer et al., 2011). The implementation of a professional tool to identify opportunities and career paths available to registered nurses has been proven to retain nurses and engage them in professional development opportunities within an organization. The retained nurses are supported in their identified career aspirations. One of the major points of the Institute of Medicine's Report in 2010 was to remove barriers for nurses to obtain advanced degrees in nursing. Doctoral prepared nurses are positioned to change policies and promote improvements in the delivery of healthcare (Wheeler & Eichelberger, 2017). Achievement of this goal will increase the numbers of available nurse educators by 20%. Increased numbers of nurse educators will enable students who desire careers in nursing to gain admission into schools of nursing rather than to be

turned away. The development of a career pathway tool will support the nurse and lessen the nurse's desire to seek other opportunities (Shinners, 2017). Recognition of the need to retain seasoned nurses at the bedside is not a new idea. There is substantial focus on ways to keep seasoned nurses in practice. Successful organizations capitalize on the knowledge and skills of seasoned nurses. Organizations must consider opportunities for continued education and skill development to ensure job satisfaction of seasoned, experienced nurses (Armstrong-Stassen, Cameron, Rajacich, & Freeman, 2014). Research has shown that nurses who experience a psychological attachment to an organization, have congruent values with an organization, and develop a sense of belonging or who become embedded with an organization are less likely to turnover their positions (Vardaman, Rogers, & Marler, 2018).

Transition from Academia to Professional Practice

The NLRN's transition from academia into professional practice must be navigated carefully to ensure adequate supervision and support in this critical period of adaptation. There is a tapestry of interconnected issues that the NLRN must navigate in order to adapt to the role of becoming a professional registered nurse. Included in this tapestry are issues of personal insecurity, unknown expectations of the employer, and the level of organizational support or lack of support as compared to the support provided by instructors in the academic environment (Dwyer & Hunter-Revell, 2016). Competing demands and stressors produce a negative impact on NLRNs.

Preceptors and Mentee Relationships

The preceptor aids in the development of organizational skills, development of new skills, and prioritization of issues related to patient care. NLRNs have identified the importance of having dedicated preceptors as a positive aspect of orientation. Preceptors must be properly prepared to deliver a positive orientation experience (Figueroa et al., 2013). Preceptor preparation is rarely a formal process. Preceptors are generally expert clinical nurses who learn how to precept on the job. The development of a preceptor includes an additional layer of responsibilities to established duties of the clinical practitioner role. The Dryfus Model of Skill Acquisition has been used to explain this role. Benner's presentation of the Dryfus Model would be appropriate in the new preceptor role talent acquisition (Miller, Vivona, & Roth, 2017).

Preservation of seasoned nurses is an idea that Canadian nurses capitalized upon by the development of a project known as the Legacy Nurse Project. The Legacy Nurse project was a reaction to the grim statistics of the increasing nurse shortage in Canada. A legacy nurse can be defined as a nurse who is age 55 or greater and has 20 years or more of nursing experience. This project was implemented by the invitation to seasoned nurses to share their individual knowledge and expertise with other nurses. Legacy nurses have substantial knowledge, experience, and dedication to share with NLRNs and their peers. Seasoned nurses are valuable assets that must be capitalized upon to preserve years of knowledge and talent (Clauson, Weir, McRae, & Straight, 2011). The project consisted of the development of individualized projects by the legacy nurses. The projects were

planned, implemented, presented, and the successes were celebrated. The Legacy nurse presenters were encouraged by their successes. Some of the presenters were re-engaged and re-energized to the point of delaying their previously stated retirement plans. Recognition of human resource practices that may be important to legacy nurses is an important aspect for retention of legacy nurses. Most notably was a desire to feel valuable to the processes of healthcare delivery (Armstrong-Stassen et al., 2014).

Transition into Practice Programs

The implementation of transition into practice programs (TPP) and nurse residency programs may aid in the amelioration of the cost of the losses associated with NLRN turnover. Hospital administrators are often reluctant to implement such programs because of the financial costs associated with these programs. Organizations that have made the financial commitment to establish these programs have seen positive results with the reduction in NLRN turnover within the first years of practice (Silvestre et al., 2017). Nurse residency programs may result in an increase of self-confidence, improvement of critical thinking skills, and an improvement in the basic knowledge of the NLRN (Cochran, 2017).

Transitions into practice programs have produced lower NLRN turnover rates in the first year of practice. This is accomplished by the provision of mentorship, open communication, and support (Africa, 2017). Nurse leaders must monitor turnover rates and clinical performance of the NLRN and provide evidence to hospital executives to

ensure transition into practice programs and nurse residency programs will continue to be supported and funded (Silvestre et al., 2017).

A transition into practice program serves as a continuation of education and provides a bridge between academia and professional practice. The lack of preparation of NLRNs results in excessive turnover of the NLRNs this turnover has a negative impact on work climate, decreased employee morale, and results in poor patient outcomes (Africa, 2017). These programs have produced a reduction in the loss of NLRNs within the early years of practice (Kenny et al., 2016). Silvestre et al. (2017) found a substantial cost savings due to the improved retention rates of NLRNs enrolled in transition into practice programs.

Africa (2017) noted the trend in accreditation of the TPP programs. Accreditation ensures quality and continuity of program content. There are two accrediting bodies the Collegiate Nursing Education (CCNE) and the American Nurses Credentialing Center (ANCC) (Africa, 2017). Nurse residency programs designed to bridge the NLRN into professional practice have been a successful means to retain NLRNs in some cases, and this model is known as the Married State Preceptorship Model (MSPM). The MSPM features preceptors and support for the patient and the NLRN (Figueroa et al., 2013)

One such transition into practice program is known as the Versant program. The Versant program is a national provider of nurse residency programs. This program supports an innovation between academia and healthcare service providers to facilitate the transition of NLRNs from academia into professional practice. The Versant program

boasted a 2% decrease in nurse turnover for a year. This decrease translated into approximately $600,000 of cost savings (Trepanier et al., 2017). The journey of the NLRN has long been described as removed from reality due to the gaps and disconnects between theory and practice. Transition into practice programs offer opportunities for the NLRNs to build relationships with staff members, improve knowledge, and perfect skills (Africa, 2017).

Determination of the Value of Nursing

Determination of the economic value of nursing is a difficult task. The customary means of covering the cost of nursing is to include nursing expense into the cost of a patient room. This method leaves nursing as an expense of doing business as opposed to an asset necessary in the delivery of patient care. Only by the separation of nursing from the patient room cost will the value of nursing be realized (Jones & Gates, 2007). Needleman, Buerhaus, Zelevinsky, and Mattke (2006) suggested that hospitals could change the way the fixed costs of operation are managed to recoup the cost of increased nurse staffing. The recommendations from Needleman et al. (2016) would be expensive but would only represent 1.5% of a hospital's annual expenditures.

The United States spends approximately 17.9% of the national GDP on healthcare with the expectation that the cost of healthcare will increase to 19.6% by 2021. This level of spending has failed to produced evidence of an increase in the quality of healthcare as evidenced by the comparison of the United States with other developing countries around the globe (Spaulding, Zhao, & Haley, 2014). Any estimate of nurse turnover is accurate

only to the point that it does not include the experience, education, and the value of the departing nurse. There is no standard formula to determine the cost of nurse turnover. This fact makes trending the cost of turnover difficult throughout the country (Needleman et al., 2006).

Justification for increasing nurse staffing may lie in the costs of patient care that are not incurred such as patients who do not fall, patients who do not develop pressure injuries, and patients who are not subjected to medication errors. The inference is that cost savings avoided from fewer patient deaths, reduced lengths-of-stay, and overall decreased adverse patient outcomes justify the investment to increase nurse staffing. A point can be inferred is if there is no financial case for increasing nurse staffing then there certainly should be a social case for an increase in nurse staffing (Needleman et al., 2006).

Healthcare executives should strive to retain skilled nurses. Retention strategies related to nurse patient ratios have been proven to reduce nurse turnover and improve patient outcomes. Recommendations for nurse patient ratios as low as 4:1 or lower have been shown to improve patient outcomes in Magnet facilities. One study proved that a nurse staffing shortage of just one nurse for a 8 hour shift resulted in a 6% increase in risk of death of patients (Hairr, Salisbury, Johannsson, & Redfern-Vance, 2014). Another study found that lower patient to nurse ratios and BSN educated RNs decreased the odds of mortality of hospitalized patients (Aiken et al., 2011). Other studies have been conducted that prove one source of job dissatisfaction and nurse turnover lies in the

numbers of patient that a nurse cares for in one shift. The prudent executive should consider the reduction of the patient to nurse ratio to capitalize on nurse retention, improve patient outcomes, and decrease the cost of providing healthcare (Hairr et al., 2014). Hospital administrators often choose to endure the cost of nurse turnover rather than to address the issues related to nurse staffing levels.

Nursing Impacts Patient Outcomes

The improvement of patient outcomes can be attributed to several interventions such as improvement of technology, continuing education for staff members, and improvement of nurse staffing to patient ratios. The cost of preventable hospital-acquired conditions is an important economic and social aspect of the business of healthcare (Needleman et al., 2006).

Nurses are the largest group of healthcare providers who have direct contact and impact on patient care and patient outcomes. The integration and application of evidence-based practices are somewhat dependent upon nurses education regarding evidence-based practice interventions to improve patient outcomes (Wu et al., 2018). A study conducted in Australia identified an important link between the attitudes, experience, and knowledge of nurses in the prevention and treatment of hospital acquired pressure injuries (Barakat-Johnson, Barnett, Wand, & White, 2018).

The realization that nurses directly impact patient outcomes is an important step in the achievement of the reduction of hospital acquired conditions. Hospital acquired conditions directly impact the reimbursement for care provided (Spaulding et al., 2014).

Transition into Practice Programs

The work of the National Council of State Boards may assist with the development of an evidenced based model for transition into practice programs (TPP) and may be assimilated by organizations to reduce the cost of creation of individual programs. Organizations that have made the financial commitment to establish these programs have seen positive results with the reduction of NLRN losses within the first years of practice (Silvestre et al., 2017). Nurse residency programs may result in an increased confidence, improved critical thinking, enhanced skills and increased basic knowledge of the NLRN (Cochran, 2017).

Preceptor/Peer Mentor

The NLRN is not necessarily a young person. Nursing is a popular profession for those seeking second career opportunities. Many variables influence turnover decisions for the nurse such as family responsibilities, childcare, multiple job opportunities, and the economic environment. The NLRN will be attracted to organizations providing competitive salaries, flexible schedules, and career ladder opportunities (Brewer et al., 2011).

The NLRN's transition from academia into professional practice must be navigated carefully to ensure adequate supervision and support in this period to prevent turnover. There is a tapestry of interconnected issues that the NLRN must navigate in order to adapt to the role of becoming a registered nurse. Included in this tapestry are issues of personal insecurity, unknown expectations of the new role, and the level of

organizational support or lack of support as compared to the support of instructors in the academic environment (Dwyer & Hunter-Revell, 2016). The NLRNs stress level is often increased due to competing demands and stressors.

NLRNs have identified the importance of having dedicated preceptors as a positive aspect of orientation. Preceptors must be properly prepared to deliver a positive orientation experience. Preceptor preparation is rarely a formal process. Preceptors are generally expert clinical nurses who learn how to precept on the job. This is a role transition from expert clinical nurse to novice preceptor. NLRNs have reported positive experiences in the clinical setting while working with skilled preceptors (Miller, 2017). Becoming a preceptor includes adding an additional layer of responsibilities to the current duties of being a clinical practitioner. The Dryfus Model of Skill Acquisition has been used to explain the preceptor role. Benner's presentation of the Dryfus Model would be appropriate in the new preceptor role of talent acquisition (Miller et al., 2017).

Organization Culture and Job Fit

The NLRN should explore organizational and job fit prior to seeking or accepting employment with an organization to avoid turnover. Exploration of an organization's culture is difficult due to the lack of transparency during the interview process. This discernment becomes more difficult due to the probability of sub-cultures and micro-cultures within individual work groups. These principles are applicable to a NLRN, an advanced practice nurse or a nurse seeking a position in academia (Fisher & Wilmoth, 2017).

An organization and a potential employee should have congruent values for a productive and long-lasting relationship to develop. A positive relationship between an organization and an employee/nurse results in an engaged employee who is less likely to leave or turnover (Peng, Lee, & Tseng, 2014).

NLRNs should be acquainted with employment seeking processes by nursing faculty. This aspect of education may be limited because nursing faculty are often removed from the professional practice environments and must rely on those in the practice environments to educate or inform students on environmental/culture specifics in healthcare organizations. Hiring nurse managers are positioned to assist the NLRNs to assimilate into the culture of the unit where they are hired. NLRNs should be well equipped with relationship building skills prior to seeking employment (Moore et al., 2017).

Recognition of the need to retain seasoned nurses at the bedside is not a new idea. There is substantial focus on ways to keep seasoned nurses in practice. Successful organizations capitalize on the knowledge and skills of seasoned nurses. Organizations must consider opportunities for continued education and skill development to ensure job satisfaction of seasoned experienced nurses (Armstrong-Stassen et al., 2014). Nurse managers must be knowledgeable about human resource options that are important to seasoned nurses and may encourage seasoned nurses to remain in the workforce longer than expected. Options that may be important to seasoned nurses are flexible schedules, shorter work hours, and job-sharing opportunities. One notable trend to encourage

seasoned nurses to remain in the workforce is the need to feel valued, respected, and belonging in the workgroup (Armstrong-Stassen et al., 2014).

Culture and organizational congruence provide encouragement to create innovative work behavior (IWB) of nurses. A nurse who has a feeling of self-confidence and a sincere belief in his/her personal abilities will aspire to be creative in the work environment. A nurse who is engaged in work may aid in the advancement of ideas to impact the delivery of a high degree of patient care quality and improve organizational performance (Afsar, Cheema, & Saeed, 2018).

Generational Diversity

There is a high degree of generational diversity among practicing registered nurses. Yarbrough (2017) identified four distinct cohorts of nurses related to age which include Traditionalists, the Baby Boomers, the Generation Xers, and the Generation Ys. Each cohort represents a distinct set of values and priorities. These differences complicate matters for the nurse manager in the retention of a stable engaged workforce (Yarbrough et al., 2016).

The nurse manager must navigate the generational divides and communicate effectively with each nurse regardless of their generational cohort. Each nurse manager/leader has the responsibility to ensure a cohesive, team-oriented work environment to support high quality care and safe patient outcomes (Christensen, Wilson, & Edelman, 2017).

Traditionalists Nurses

The Traditionalist nurses lived through the Great Depression and World War II. Many of these nurses are no longer in practice. Those who remain may be in executive roles. These nurses were hard workers and frugal (Reinbeck, D. 2014).

Baby Boomer Nurses

The Baby Boomer cohort of nurses was born between 1945-1980. This generation lived during two significant recessions. They are survivors (Christensen et al., 2017). Approximately 34% of working nurses are from this cohort. The retirement of Baby Boomer nurses is a concern as the nursing shortage looms and the retirement of these nurses coincide. Baby Boomers are competitive, dedicated to their careers, and are often workaholics. Baby Boomers often take on additional roles such as mentoring new nurses and serving on committees (Christensen et al., 2017). Baby Boomers do not respond well in a micromanaged work environment. Baby Boomers prefer autonomy and face-to-face communication. Baby Boomers often respond well to opportunities that advance their skill sets (Christensen et al., 2017).

Generation X Nurses

The Generation X nurses were born from 1965-1979. This generation composes approximately 35% of the current nursing workforce. This is the latchkey generation. Economic difficulties of this time period lead to higher divorce rates and two-parent employment. Technical diversions such as computers and television were more available during this time and as a result the latchkey kids are more tech savvy than their Baby

Boomer parents. These children became independent as well as skeptical because they were taught to fear strangers by their parents who were not always present (Christensen et al., 2017). The Generation X nurses often seek to achieve work life balance possibly because their Baby Boomer parents placed more value on work than on family time (Christensen et al., 2017).

The nurse manager must navigate the generational divides and communicate effectively with each nurse regardless of generational cohort. Each nurse manager/leader has the responsibility to ensure a cohesive, team-oriented work environment to support high quality care and safe patient outcomes (Christensen, Wilson, & Edelman, 2017).

Generation Y Nurses

The Generation Y nurses were born between the mid-1960s to the mid-1980. The nurses compose approximately 20% of the nurse workforce or approximately 76-79 million nurses. The Generation Y component of the nurse workforce will continue to increase over the next few years. It is common for this generation to be inquisitive. They were educated with the team approach and tend to thrive in a collaborative environment (Christensen et al., 2017). The Generation Y nurses are often optimistic which lends to the propensity to turnover their positions for the next best opportunity. This generation is very tech savvy and may need assistance in the development of positive interpersonal relationships with patients and other co-workers (Christensen et al., 2017).

Leadership Suggestions in Dealing with a Multi-generational Workforce

The multi-generational nurse leader or manager will need to embrace up to three generations in the workforce, respect their differences, establish purpose, and acknowledge the accomplishments of each in the creation of a strong, collaborative team (Christensen et al., 2017). The nurse leader must communicate comprehensively via a variety of means to reach all members of the team and must use a variety of leadership styles to create a strong, cohesive, nurse workforce (Stevanin, Palese, Bressan, Vehvilainin-Julkunen, & Kvist, 2018).

Advanced Degree Nurses at the Bedside

Advanced degreed nurses who practice at the bedside is a growing trend. The increased complexities of health care indicate the need for nurses who are prepared at higher degree levels. Staffs with higher proportions of BSN and MSN degrees have been linked to greater patient satisfaction and improved patient outcomes with a decrease in mortality rates (Aiken et al., 2011). The Institute of Medicine recommends doubling the number of doctorate prepared nurses by the year 2020 (Abraham, McGohan, & Pfrimmer, 2015). Achievement of this goal would also ensure adequate numbers of nurse educators to fulfill the need to educate and train nurses for the future as well as increasing the numbers of doctorate prepared nurses at the bedside (Abraham et al., 2015).

The Institute of Medicine's Report (IOM) Future of Nursing report in 2010, encouraged nurses to seek higher education, removed barriers, and made progress to remove nursing practice restrictions. This movement increased the numbers of NLRNs

who began seeking advanced degrees in nursing. The impact of this report may be that approximately 465,000 nurses return to school to obtain BSN, MSN and Doctoral degrees (McGhie-Anderson, 2017). Achievement of this goal will increase the numbers of available nurse educators by 20%. Increasing the number of nurse educators will enable students who desire careers in nursing to gain admission into schools of nursing rather than to be turned away. Doctoral prepared nurses are positioned to change policies and promote improvements in the delivery of healthcare (Wheeler & Eichelberger, 2017).

Nurses with BSN and MSN degrees may identify the lack of autonomy as a source of dissatisfaction. The higher degreed nurses may elect to work in environments with greater levels of autonomy to fulfill expectations of the professional role of nursing. Providing higher degreed nurses with more supervisory responsibilities may enhance the level of fulfillment for professional nurses. The caveat to the utilization of higher degreed nurses in supervisory roles is that they may be removed from the bedside and risk a negative impact on patient outcomes (Unruh & Nooney, 2011).

Diploma and associate degreed nurses compose a significant portion of registered nurses in the United States. Approximately 40% of licensed nurses hold a bachelor's degree (McGhie-Anderson, 2017). Nurses who elect not to pursue academic advancement may experience lack of support in the work environment. Nurses who have a supportive work environment, a supportive family, and a positive social environment may consider career progression through academic advancement as a viable career choice (McGhie-Anderson, 2017).

Nurses who perceive support and value will continue the path of academic and professional advancement (Gray, Rowe, & Barnes, 2014). Continuing professional development and change regarding the registration requirements in Australia has given rise to self-reflection among nurse midwives. In Australia, a nurse can maintain dual registration as a midwife and as a registered nurse. The dual registered nurse must meet the continuing education requirements for both registrations. Continuing educational pursuits is an important aspect of professional development. Nurse midwives who were interviewed perceived a positive relationship and personal reward from providing care to those patients (Gray et al., 2014).

There have been discussions at a large academic medical center in the Midwestern United States regarding the job descriptions of nurses related to the degree possessed, experience attained, and relative performance requirements. The overall decision was that nurses with MSN and DNP degrees with little or no experience would enter practice with a job description equivalent to that of BSN prepared nurses and would later be considered for promotion into the MSN and DNP job descriptions (Abraham et al., 2015).

The Work Environment

Environments of practice have been proven to impact nurse turnover (Aiken et al., 2011). Characteristics of the work environment can either support the aging workforce or be detrimental to nurse retention (Buck, 2017). Vardaman (2014) found that positive work conditions, where there is motivation and positive social themes such as interdependence of the employees, social support within the team, and professional

collaboration improves retention (Vardaman et al., 2014). Nixon et al. (2015) posited that the development of a framework where there is a psychologically safe environment will aid in interventions to decrease on the job injuries, decrease safety work around behaviors, and reduce turnover. The work environment has a strong influence on nurse turnover from an organizational standpoint. An ideal work environment would feature adequate staffing, supportive management, professional nurse and physician relationships, and an interdisciplinary approach to providing care. There is a distinct correlation between the nurse work environment and patient outcomes. The safety climate and the environment of care are important components in healthcare environments. Creation of work environments supportive of nursing also improves patient safety and the quality of patient care (Olds, Aiken, Cimiotti, & Lake, 2017).

Nurse Manager Sets the Tone

A nurse manager who is welcoming and supportive creates an environment where a NLRN will be able to thrive. NLRNs should be well equipped with relationship building skills prior to seeking employment, but most are not prepared for the work environment (Moore et al.,2017). The nurse manager must be aware of the tone of the relationships between nurses and NLRNs and provide appropriate intervention for negative behaviors. Nurses tend to remain employed when there is a sense of community within the work family. Formation of interconnected relationships among the work family is a source of job satisfaction and commitment. A sense of community leads to innovation, positive work environment, and positive coping behaviors (Buck, 2017).

Bullying in the Workplace

Nurse relationships are complex and contribute either negatively or positively to the work environment. Experienced nurses are sometimes unwelcoming to the NLRNs. Few nurse leaders are unaware of the presence of workplace bullying. Nurse incivility can be present in varying degrees from general rudeness to flamboyant disrespect and disregard for a co-worker with the intent to minimize or exclude the targeted person from belonging or feeling welcomed in a group.

Workplace bullying includes a variety of overt or covert behaviors with the intent of demeaning the targeted person and can further be described as emotional abuse (Hutchinson & Hurley, 2013). Bullying behaviors are associated with power plays and negative relationships with targeted individuals who have difficulty with self-defense (Kaiser, 2016). Nurse incivility was reported less frequently in an environment of transformational leadership, with the highest impact of appropriate response to events of bullying in the workplace (Kaiser, 2016).

The organizational costs from bullying behavior may be much greater than the costs related to turnover because bullying decreases employee engagement and productivity. Targets of bullying and potentially witnessing bullying waste emotional energy in the determination of whether to remain with an organization. Emotional stress related to bullying can place the target at risk of mental and physical illness such as anxiety disorders and coronary heart disease (Hutchinson & Hurley, 2013)

Workplace Safety Concerns

Nurses are often exposed to hazards such as biological, chemical, and physical hazards. Nurses work in psychologically and emotionally stressful environments. There is routine exposure to a variety of diseases. Examples of biological hazards are blood borne pathogens, chemotherapy agents, and radiation exposure. Physical hazards such as tripping over cords result in falls/injuries or equipment malfunctions are always present (Nixon et al., 2015). Approximately 16 billion dollars per year is attributed to worker's compensation payments with additional added expenses related to employee absences, medical care, and turnover costs (Nixon et al., 2015). Healthcare administrators may find that investments into the improvement of working conditions are important in the retention of professional nursing staff (Vardaman et al., 2014).

The global nurse workforce is aging. Older nurses may be exposed to bullying, stereotyping, or may be perceived as less capable than their younger counterparts. Older nurses are more likely to experience work related injuries than younger nurses (Ryan, Bergin, & Wells, 2017). Older nurses are valuable and are needed due to their accumulation of knowledge, skills, and experience (Spiva, Hart, & McVay, 2011).

Mandatory Floating to Other Units

Nurse floating to poorly staffed units is a source of dissatisfaction. Routine floating of staff to cover absences may condone absenteeism among staff and perpetuate the vicious cycle of short staffing which produces nurse turnover. Organizations with organized float pools avoid floating staff members who have a designated place of work (Unruh & Nooney, 2011). Nurses tend to remain employed when there is a sense of

community within the work family. Formation of interconnected relationships among the work family is a source of job satisfaction and commitment. A sense of community leads to innovation, positive work environment, and positive coping behaviors (Buck, 2017). Mandatory floating to other work areas disrupts the sense of community, creates job dissatisfaction, and could potentially lead to turnover.

Impact of Turnover on Unit Stability

Turnover may be indicative of a larger problem within the work environment. An inverse relationship between nurse turnover and quality of care has been well documented. One study found a 14% increase in 30-day mortality in an organization where the nurse's perception of the environment was poor. Other correlations that were noted included an increase in failure to rescue events and patient satisfaction scores (Buck, 2017). NLRNs identified work stress, ambiguity of orders, and unfamiliarity with procedures as issues that promote an intention to leave their assigned positions. Other difficulties associated with the work environment were pace of work and inability to complete assigned tasks within an appropriate amount of time (Unruh & Nooney, 2011). The time prior to the nurse reaching full productivity represents 30-60% of the costs of training and orientation. Decreased efficiency could impact the functionality of the team and could result in suboptimal patient outcomes. The more time and training a nurse receives increases the nurse’s marketability in the competitive market (Duffield, Roche, Dimitrelis, Buchan, & Dimitrelis, 2014).

Manager Transparency with High, Middle, and Low Performers

The Studer Group works with healthcare organizations to improve organizational performance and patient outcomes through the promotion of employee engagement at all levels. The Studer Group promotes the concepts of alignment, action, and accountability. Engaged employees are less likely to turnover their positions than disengaged employees (Studer, Hagins, & Cochrane, 2014). Studer et al. (2014) found that turnover rates greater than 22% resulted in increased lengths of stay (LOS) by 1.2 days greater than those with lower turnover rates. These statistics suggest that turnover may lead to decreased quality of patient care (Studer et al., 2014). Studer et al. (2014) promoted transparency within organizations as well as in public domains. Transparency promotes engagement at each level within an organization. In a transparent environment metrics are shared so that all persons involved know where and why improvements are needed. Studer et al. (2014) strongly supported leadership development as an investment rather than an expense. Engaged employees are pivotal in achieving quality metrics by hardwiring excellence across organizations (Studer et al., 2014).

The work that Studer et al. (2014) completed on re-recruiting high performers within the organization is compelling. Managers are encouraged to rank their reports in the high, middle, and low performer categories. Managers provide feedback to all employees from the high performers to the low performers. Studer et al. (2014) recommended that the conversations with high performers be approached in a positive manner. The high performer's accomplishments and appreciation for their service to the

organization must be recognized. Conversations with the middle performers should also begin on a positive note highlighting accomplishments, but also recognizing areas where growth is needed to move the middle performer to the high performer ranking. Conversations with the low performers should not begin on a high note.

Studer (2005) recommended the DESK method for conversations with low performers due to the general capacity for a low performer to blame and find fault rather than accept responsibility for performance shortfalls. The DESK method for employee counseling is simple to follow. The manager should describe observations regarding the employee's performance, evaluate how the person feels, provide specifics regarding actions to take and finally ensure the employee is aware of the consequences for failure to improve performance. The key to making these conversations productive is appropriate follow through with low performers who will either comply with stated expectations or leave the organization (Studer, 2005).

Work-Life Balance

Work-life imbalance produces an unhealthy level of psychological stress. The result is a negative impact on one's health, and a decreased capacity to deliver high quality patient care, job dissatisfaction, and may lead to job turnover (Boamah & Laschinger, 2016). Healthcare providers are expected to possess a healthy character trait known as resilience. Resilience to the NLRN is foreign when facing life and death circumstances and may be a source of extreme stress. The healthcare environment is stressful due to the pace required to care for multiple patients, high patient to nurse ratios,

plus the emotional component of caring for individuals in stressful life-threatening situations. Nurses should be supported as they develop healthy levels of resilience through support of co-workers, their organization, and through exposure to positive role models in their daily practice environments (Scammell, 2017).

Nurses with BSN and MSN degrees may identify the lack of autonomy as a source of dissatisfaction. The higher degreed nurses may elect to work in environments with greater levels of autonomy to fulfill expectations of the professional role of nursing. Providing higher degreed nurses with more supervisory responsibilities may enhance the level of fulfillment for professional nurses. The caveat to the utilization of higher degreed nurses in supervisory roles is that they may be removed from the bedside and risk a negative impact on patient outcomes (Unruh & Nooney, 2011).

Leadership

Laissez-faire Leadership

Laissez-faire leadership style is known as the hands-off leadership approach. The Laissez-faire leader avoids placing themselves in a position to face criticism by staff members and peers. The avoidance of action and failure to provide direction leads to confusion within the group (Green, 2019). A Laissez-faire leader would represent an absence of leadership (Khan, Quinn Griffin, & Fitzpatrick, 2018). Staff nurse empowerment is lacking under the Laissez-faire leader (Khan et al., 2018). Laissez-faire leaders may promote bullying or other negative behaviors by opting not to address behavior issues with perpetrators (Kaiser, 2016). The Laissez-faire leader is often not

present to address problems as they arise. There is no identified component of emotional intelligence (EI) in Laissez-faire leadership (Spano-Szekely, Quinn-Griffin, Clavelle, & Fitzpatrick, 2016).

Transactional Leadership

Transactional leaders may only be concerned with the daily activities of the unit and lack concern for individuals. The transactional leader uses short-term planning, risk limiting behaviors, and system maintenance as a construct to lead others. The transactional leader may tolerate behaviors such as bullying as long the behavior does not disrupt the work of the unit (Kaiser, 2016). Failure to address bullying behavior leads to turnover (Hutchinson & Hurley, 2013). A descriptive correlational study conducted by Khan et al. (2018) examined the nurse manager's transactional leadership behaviors. The study revealed staff nurses were influenced less by a transactional leader than by a transformational leader (Khan et al., 2018). An organization may focus of the development of transformational leadership skills in transactional leaders to improve organizational performance and staff nurse satisfaction (Khan et al., 2018).

Transformational Leadership

Transformational leadership is geared toward employee empowerment. Transformational managers have a direct impact on the performance of a unit and patient outcomes. The transformational nurse manager has a direct and positive impact on the practice of registered nurses. Nurse leaders have a direct impact on patient outcomes through influence of job satisfaction of registered nurses, the work environment, and the

empowerment of designated staff to achieve excellence in nursing practice (Spano-Szekely et al., 2016). Empowered nurses often have greater job satisfaction, higher retention rates, and prefer to work collaboratively with other team members (Kaiser, 2016).

A transformational leader creates a culture of positivity and empowerment by focusing on the vision of the organization. The transformational leader inspires others to reach their potential (Hutchinson & Hurley, 2013). Transformational leadership characteristics including emotional intelligence (EI) have been noted in businesses other than healthcare such as retail management, academia, and in some elected officials (Spano-Szekely et al., 2016).

Emotional intelligence (EI) is the ability to manage oneself and relationships with others in an effective manner. Nurse managers with healthy levels of EI may have the ability to tailor motivation, support, and provide feedback to individuals in their respective units to achieve the maximum positive impact. Transformational leadership has more encouraging outcomes than either transactional or laissez-faire leadership styles (Spano-Szekely et al., 2016). EI of the nurse and the nurse manager with transformational leadership characteristics should have staff members with higher levels of intent to stay with their respective organizations (Wang, Tao, Bowers, Brown, & Zhang, 2018). Wang et al. (2018) noted a significant impact on a nurse manager's use of emotional intelligence with the implementation of transformational leadership. The impact expressed a correlation between nurse manager's EI and transformational leadership

styles and an increased incidence of a nurse's intent to stay with the organization (Wang et al., 2018). Nurse managers have been noted to have a higher perception of their personal transformational leadership characteristics than those staff nurses who work for them. This perception mismatch is grounds for further investigation into the nurse managers real versus perceived transformational leadership behaviors. This is an indication that nurse managers may benefit from transformational leadership training to increase the positive impact on patient outcomes and nurse retention (Wang et al., 2018).

Nurse managers should understand the perception of staff nurses regarding their transformational leadership practices to maximize the impact of transformational leadership on their respective units (Khan et al., 2018).

In chapter 3, the research design and rationale for the study on the nurse's intent to leave will be discussed. The Leader-Member Exchange theory will serve as the theoretical framework to search for evidence, if any, regarding the impact of nurse manager leadership and communication behavior on the intent of nurses to leave acute care nursing positions. Evidence may also be found on the behaviors of a nurse who does not leave but remains as a disengaged co-worker.

Chapter 3: Research Method

Introduction

Healthcare leaders are challenged to retain highly trained and competent registered nurses. Nurse turnover is recognized as a significant barrier for leaders who are tasked to deliver high quality healthcare to the patients in need of healthcare services. Career options for nurses are expected to increase at least until the year 2020. This expansion of career options will further dilute the pool of nurses who desire positions in acute care nursing (Nei et al., 2015). Nurse turnover is associated with medical errors, poor patient outcomes, increased morbidity, increased mortality, decreased patient satisfaction, increased nurse fatigue, and nurse burnout (Shimp, 2017). The research questions and hypotheses examined are:

RQ1: What is the correlation if any, between the SLCI supervisor communication scale score and the nurse's intent to leave?

$H_0$1: There is no statistically significant relationship between the SLCI supervisor communication scale score and the nurse's intent to leave.

H_A1: There is a statistically significant relationship between the SCLI supervisor communication scale score and the nurse's intent to leave.

RQ2: What is the correlation if any, between the SLCI supervisor leadership scale score and the nurse's intent to leave?

$H_0$2: There is no statistically significant relationship between the SLCI supervisor leadership scale score and a nurse's intent to leave.

H_A2: There is a statistically significant relationship between the SLCI supervisor leadership scale score and a nurse's intent to leave.

RQ3: What is the correlation if any between the SLCI employee behavior scale score and the nurse's intent to leave?

H_03: There is no statistically significant relationship between the SLCI employee behavior scale score and a nurse's intent to leave.

H_A3: There is a statistically significant relationship between the SLCI employee behavior scale score and a nurse's intent to leave.

RQ4: What is the correlation if any, between the SLCI organizational outcome scale score and the nurse's intent to leave?

H_04: There is no statistically significant relationship between the SLCI organizational outcome scale score and a nurse's intent to leave.

H_A4: There is a statistically significant relationship between the SLCI organizational outcome scale score and a nurse's intent to leave.

This study should produce useful information to inform and empower nurse leaders to address the antecedents of nurse turnover in a proactive manner. Antecedents of turnover may be lack of empowerment, poor job satisfaction, lack of autonomy, undesirable leader member exchange and toxic work environments (Church et al., 2018).

Research Design

The quantitative survey method was chosen for this study. Surveys are cost effective and can be delivered in an expeditious manner. The respondents were assured of

anonymity and were free to express their ideas and thoughts with no fear of repercussions. One disadvantage was the potential for an inadequate number of responses to achieve desirable power for the study.

Participants

The study population included professional acute care registered nurses and nurse leaders licensed to practice in Georgia and are members of the Georgia Nurses Association. All acute care nurses who work in acute care hospitals, who meet the criteria of being a registered nurse in Georgia and are members of the Georgia Nurses Association were eligible to participate in this research survey.

Newly licensed nurses often turnover their first job within 6 months of being hired. The level of burnout in novice nurses is accompanied by increased turnover. Nurse turnover is costly to organizations because of the expenditures associated with hiring, onboarding, and orientation. The transition period for new nurse should be facilitated by nurse leaders and nurse coworkers (Dwyer, Hunter-Revell, Sethares, & Ayotte, 2019). The population of nurses with 10 years or less experience is of concern due to potentially high rates of nurse turnover. This group of nurses represents the future of the nursing profession (Church, He, Yarbrough, 2018). This study may provide nurse leaders with information regarding the importance of communication with acute care nurses that may facilitate the retention of those nurses.

Instrumentation

This study employed the research tool Supervisor Leadership Communication Inventory (SCLI) developed by Rouse (2009), in the data collection process. The SCLI has been used in research involving communication between nurse leaders, nurses, physicians, administrative leaders, and ancillary personnel in a critical care unit in Indiana. The tool yielded results in this study that were predictive and reliable. The Cronbach alpha reliability of .92 was achieved (Rouse, 2009). The tool is designed with Likert items to evaluate the quality of the communication as it relates to the work environment and nurse turnover. The SCLI tool is based on the conceptual framework of Dr. Richard Schuttler. The metaphor of the traffic light is used to describe leader communication with employees.

The red zone leaders are often perceived to be short sighted, micro-managers. A red zone manager's concern may lie only in the bottom line of the organization. There may be lack effective communication with employees. An employee of a red zone manager may have cause for concern regarding issues with their future employment and stability (Kaplan, Rouse, Schuttler, 2010). Operation in the red zone may by a symptom of larger organizational issues. Lack of leader training is a common thread in red zone organizations. Employees become complacent and fail to develop an ownership mentality with the organization (Schuttler, R., 2009). The red zone leader may withhold important negative information from their employees rather than to have positive collaborative conversations to address pressing issues. This avoidance of issues often results in

employees learning of significant problems through rumors spread within an organization. These situations require immediate improvement and attention to enhance performance or there may be negative organizational results such as increased errors, lack of engagement, decreased productivity, sub-optimal patient outcomes, and employee turnover (Schuttler, 2009).

The yellow zone leaders must pay attention to detail and focus on continual improvement in communication with the employees. These leaders often lack organization and tend to be reactive rather than proactive in their leadership actions. These leaders may be reluctant to share difficult situations with their employees (Kaplan et al., 2010). One predominant characteristic of yellow zone leaders is the cautious approach to dealing with pressing issues. Teams in yellow zone organizations often fail to perform with high levels of consistent achievement. Organizations often become stuck in the yellow zone and are unable to deliver world-class services to customers because there is no identifiable purpose across the organization. Yellow zone organizations are often plagued with high turnover rates of skilled workers that may exceed an annual rate of 10 percent (Schuttler, 2009).

The green zone leaders show positive results but must continue to strive for continued vigilance to identify any issues where improved communication is needed. A green zone leader may be perceived as inspirational, a problem solver, and ethical (Kaplan et al., 2010). The green zone leaders are positioned to prevent issues from becoming problematic by effective communication with employees (Rouse, 2009).

Organizations operating in the green zone often have highly engaged employees who are open to process improvements. Teamwork success in green zone organizations is common because employee morale is high, employees are self-motivated to push forward to achieve successes and employees are encouraged to be innovative where the need for improvement is recognized (Shuttler, 2009).

Research Procedures

The anonymous survey approach to this study provided information from acute care nurses employed in a variety of acute care settings, who are members of the Georgia Nurses Association. The respondents were free to express their thoughts, feelings, and share personal experiences through the survey because there is no connection to personal employers. Consent to participate in the survey was obtained prior to the beginning of the survey. Once the participant selected *yes* the survey opened for the respondent. Pertinent demographic information was collected from each survey participant. Each participant was allowed to exit the survey at any time without any repercussions.

The sample was derived from members of Northwest Georgia Nurses Association. There are approximate 350 members in this region. This sample size provided a confidence level of 95% with a confidence interval of .5. An alpha level of .5 and a beta level of .8. Statistical calculations based on a larger sample size would have had greater power and resulted in decreased opportunities of making a Type II error or a false negative result (Ellis, 2010). In this study, the sample size 354 nurses who belong to the Northwest Georgia chapter of the Georgia Nurses Association. The anticipated return

of completed surveys was 25. A priori sample of 25 produced an effect size of .5; an alpha error probability of .05 and a power of 80%. G*Power ® analysis was used in order to conclude that only 43 responses were needed if the assumption is 80% power, .05 alpha, .15 effect size, and 6 predictors for research question 1. For research questions 2, 3, and 4, G*Power ® analysis was used to conclude that only 64 responses are needed if the assumption is 80%, .05 alpha, and .3 effect size.

Inclusion and Exclusion Criteria

The inclusion criteria for participation in this survey research was acute care nurses who work in acute care hospitals in the Northwest region of Georgia and are members of the Georgia Nurses Association.

The exclusion criteria for participation in this survey research was those nurses who do not work in acute care hospitals in Northwest Georgia or are not members of the Georgia Nurses Association.

Data Analysis Plan

The statistical software used in the interpretation of the data was SPSS. The data were cleaned and screened for appropriateness and inclusion in this study. Any incomplete survey was deleted from the data. Multiple linear regression was used, and there were six predictors (age, years in practice, zip code of participant, degree of the nurse, years of practice, and professional organization membership). The intent was to measure the impact of the independent variables on the dependent variable intent to leave ("Multiple Regression," 2018). The data was measured using Likert scaled responses.

The lower-level responses indicated the nurse leader's communication techniques likely influenced the nurse to turnover a position. The higher-level responses regarding nurse leader communication techniques likely influenced the nurse to remain in a position. SPSS was used to determine a correlation if any between the variables. The dependent variable in this study is the nurse's intent to leave an organization. The independent variables are leadership and communication of the nurse manager. The statistic of correlation measures the linear relationship between the variables measured. In this survey, the nurse leader's communication methods, leadership skills, nurse leader engagement, and tolerance of the sharing of new ideas and innovations by nurses was investigated. (Rouse, 2009).

Threats to Validity

The external threats to validity may have been the degree of infiltration of the survey into the desired population and the response rate of the nurses who met the inclusion criteria to participate in the survey. Given that the Georgia Nurses Association (GNA) database was the source of contact with potential respondents those nurses who would otherwise have met the criteria for inclusion in the study, but who are not members of the GNA were not contacted.

The method of dissemination of the survey may result in a poor response rate to the survey and produce invalid statistical evidence. The survey tool used in this survey has been determined to have exceptionally high validity and reliability scores in previous studies (Rouse, 2009). The Cronbach alpha score for leadership and communication was

.96 and the employee's Cronbach alpha score was .85 (Rouse, 2009). No other construct or statistical threats were identified.

Ethical Procedures

There are no ethical concerns for this survey study. An email was delivered to each potential respondent via email by the President of the Georgia Nurses Association. The email contained a consent and a hyperlink to Survey Monkey. Each potential respondent was required to provide consent to participate in the study. Once the respondent answered *yes* the survey was opened for the respondent to begin the survey. The survey was encrypted to provide assurance of confidentiality. Survey Monkey places high value on reliability and security. This was evident in the fact that as little personal information as possible was collected. Each respondent could find the security policy on Survey Monkey's official website. Survey Monkey.com recommended that survey respondents review privacy statements, security statements, and verify that the URL to the survey contains https:// before beginning any survey (Survey Monkey.com).

Summary

Significant work is needed to retain qualified registered nurses to continue the delivery of high-quality healthcare to individuals in need of those services. The upcoming retirement of senior nurses, turnover of qualified nurses, too few new graduate nurses, and the increase in job opportunities will further dilute the pool of nurses available to organizations. Organizations must focus on the retention of nursing staff. Nurse retention has become even more important due to the aging of the general population with

increased healthcare needs, insufficient numbers of new nurses entering the workforce, and the retirement of senior nurses (Nei et al., 2015).

Significant attention must be directed toward the preparation of nurse leaders to achieve successes in nurse retention. Registered nurses who are proficient in the clinical setting are often promoted to leadership positions without formal training or mentoring. The result of this misaligned career progression is often frustration, stress, and burnout for the unprepared nurse leader. This situation for the nurse often leads to high turnover of nurse leaders and acute care nurses. Opportunities exist to examine reasons nurse leaders and acute care nurses elect to leave their positions and even the profession of nursing (Hudgins, 2016).

Chapter 4: Results

Introduction

The purpose of this quantitative correlational study was to identify the relationship, if any between the leadership and communication behaviors of acute care nurse leaders and the intent to leave of acute care nurses. The dependent variable was intent to leave. The independent variables are the leadership and communication behaviors of the nurse manager. The study population included acute care professional registered nurses, nurse supervisors, and nurse managers who work in Northwest Georgia hospitals. A total of 34 nurses participated in this study.

The following research questions and hypotheses were examined in this study:

RQ1: What is the correlation if any, between the SLCI supervisor communication scale score and the nurse's intent to leave?

$H_0$1: There is no statistically significant relationship between the SLCI supervisor communication scale score and a nurse's intent to leave.

H_A1: There is a statistically significant relationship between the SLCI supervisor communication scale score and a nurse's intent to leave.

RQ2: What is the correlation if any, between the SLCI supervisor leadership scale score and the nurse's intent to leave?

$H_0$2: There is no statistically significant relationship between the SLCI supervisor leadership scale score and a nurse's intent to leave.

H_A2: There is a statistically significant relationship between the SLCI supervisor leadership scale score and a nurse's intent to leave.

RQ3: What is the correlation if any, between the SLCI employee behavior scale score and the nurse's intent to leave?

H_03: There is no statistically significant relationship between the SLCI employee behavior scale score and a nurse's intent to leave.

H_A3: There is a statistically significant relationship between the SLCI employee behavior scale score and a nurse's intent to leave.

RQ4: What is the correlation if any, between the SLCI organizational outcome scale score and the nurse's intent to leave?

H_04: There is no statistically significant relationship between the SLCI organizational outcome scale score and a nurse's intent to leave.

H_A4: There is a statistically significant relationship between the SLCI organizational outcome scale score and a nurse's intent to leave.

Table 1 displays the frequency counts for the years of RN experience. Table 2 displays the psychometric characteristics for the five scale scores. To answer the research questions, Table 3 displays the Pearson and Spearman correlations for the four SLCI scores with the retention scale.

Data Collection

The time frame for this data collection process was from December 1, 2020 through January 11, 2021. The Georgia Nurses Association President's staff distributed

the consent to the survey and the survey to the Northwest Georgia Nurses Association members. There were approximately 354 surveys sent with only 34 completed survey responses. The survey was closed on January 11, 2021.

Demographic Characteristics

Table 1 displays the frequency counts for years of RN experience. The amount of experience ranged from 0 to 9 years (44.1%) 30 to 40 years (17.6%) with the median amount of experience being *Mdn* = 14.5 years (see Table 1).

Table 1

Frequency Counts for Years of RN Experience

Years of experience [a]	n	%
0-9	15	44.1
10-19	9	26.5
20-29	4	11.8
30-40	6	17.6

Note. $N = 34$.
[a] Experience: *Mdn* = 14.5 years

Table 2 displays the psychometric characteristics for the five scale scores. Cronbach alpha reliability coefficients ranged in size from $\alpha = .82$ to $\alpha = .97$ with the median sized alpha being $\alpha = .93$. This suggested that all five scales had acceptable levels of internal reliability (Polit, D & Beck, C. pp. 422-423) (see Table 3).

Table 2

Psychometric Characteristics for the Scale Scores

Scale	Items	M	SD	Low	High	α
supervisor communication scale	18	3.19	1.03	1.61	4.83	.97
Supervisor leadership scale	15	3.09	.82	1.47	4.73	.93
Employee behavior scale	13	3.47	.77	1.62	5	.93
Organizational outcome scale	4	3.33	.96	1	5	.82
Retention scale	6	2.94	.98	1	5	.91

Note. $N = 34$.

Table 3

Pearson and Spearman Correlations for SLCI Scores with Retention Scale

SLCI scale score	Pearson	Spearman
Supervisor communication scale	.58	.59
Supervisor leadership scale	.47	.51
Employee behavior scale	.6	.58
Organizational outcome scale	.71	.7

Note. $N = 34$.
Note. All correlations were significant at the $p < .001$.

Results

To answer the research questions, Pearson correlations were used. However, due to the small sample size ($N = 34$), Spearman correlations were also used for verification purposes.

RQ1: What is the correlation if any between the SLCI supervisor communication scale score and the nurse's intent to leave? The related null hypothesis was, $H_0 1$: There is

no statistically significant relationship between the SLCI supervisor communication scale score and a nurse's intent to leave. To answer this question, Table 3 displays the relevant Pearson and Spearman correlations. Inspection of the table found both the Pearson correlation ($r = .58$, $p < .001$) and the Spearman correlation ($r_s = .59$, $p < .001$) to be significant positive correlations. This combination of findings provided support to reject the null hypothesis (see Table 3).

RQ2: What is the correlation if any, between the SLCI supervisor leadership scale score and the nurse's intent to leave? The related null hypothesis was, $H_0 2$: There is no statistically significant relationship between the SLCI supervisor leadership scale score and a nurse's intent to leave. To answer this question, Table 3 displays the relevant Pearson and Spearman correlations. Inspection of the table found both the Pearson correlation ($r = .47$, $p < .001$) and the Spearman correlation ($r_s = .51$, $p < .001$) to be significant positive correlations. This combination of findings provided support to reject the null hypothesis (see Table 3).

RQ3: What is the correlation if any, between the SLCI employee behavior scale score and the nurse's intent to leave? The related null hypothesis was, $H_0 3$: There is no statistically significant relationship between the SLCI employee behavior scale score and a nurse's intent to leave. To answer this question, Table 3 displays the relevant Pearson and Spearman correlations. Inspection of the table found both the Pearson correlation ($r = .60$, $p < .001$) and the Spearman correlation ($r_s = .58$, $p < .001$) to be significant positive

correlations. This combination of findings provided support to reject the null hypothesis (see Table 3).

RQ4: What is the correlation if any, between the SLCI organizational outcome scale score and the nurse's intent to leave? The related null hypothesis was, $H_0$4: There is no statistically significant relationship between the SLCI organizational outcome scale score and a nurse's intent to leave. To answer this question, Table 3 displays the relevant Pearson and Spearman correlations. Inspection of the table found both the Pearson correlation (r = .71, p <.001) and the Spearman correlation (r_s = .70, p <.001) to be significant positive correlations. This combination of findings provided support to reject the null hypothesis (see Table 3).

Summary

In summary, this quantitative correlational study used survey data from 34 nurses to identify the relationship, if any between the leadership and communication behaviors of acute care nurse leaders and the intent to leave of acute care nurses. Hypothesis 1 (supervisor communication and retention) was supported (see Table 3). Hypothesis 2 (supervisor leadership and retention) was supported (see Table 3). Hypothesis 3 (employee behavior and retention) was supported (see Table 3). Hypothesis 4 (organizational outcome and retention) was supported (see Table 3). In the final chapter, these findings will be compared to the literature, conclusions and implications will be drawn, and a series of recommendations will be suggested.

Chapter 5

Introduction

The purpose of this study was to identify the correlation if any between a nurse's intent to leave with the leader's communication and leadership practices. Nurse turnover creates situations where organizations must rely on overtime of remaining staff or employment of temporary nurses until a new nurse can be hired and oriented into the vacated position. The study was conducted to potentially impact social change by the prevention of nurse turnover in Georgia hospitals. The presence of a dedicated and engaged staff of nurses to provide a high quality of patient care positively impacts patient safety by the decrease of medication errors, decrease in falls with injury, and decreased hospital acquired conditions (Buck, 2017).

The CMS does not reimburse hospitals for care provided to patients that is a result of hospital acquired conditions. The decreased reimbursement impacts the financial status of healthcare organizations. Nurse turnover is expensive to organizations due to the cost associated with recruitment, onboarding, and orientation of a newly hired nurse even without the consideration of the impact on patient outcomes (Lorden et al., 2017).

The research tool Supervisor Leadership and Communication Inventory has been successful in past healthcare organizational studies and was successful in the identification of the correlations found in this study of nurse turnover intent (Rouse, 2009). The SLCI tool has proven reliability with a Cronbach alpha of 80% (Rouse, 2009).

Q1: What is the correlation if any, between the SLCI supervisor communication scale score and the nurse's intent to leave. The study found significant positive correlations between the Pearson correlation (r=.58, p< .001) and Spearman correlation (r_s =.59, p < .001). The combination of these findings provided support to reject the null hypothesis (see Table 3).

RQ2: What is the correlation if any between the SLCI supervisor leadership scale score and the nurse's intent to leave? The study found significant positive correlations between the Pearson correlation (r =.47, p <.001) and the Spearman correlation (r_s =.51, p< .001). The combination of these findings supports the rejection of the null hypothesis (see Table 3).

RQ3: What is the correlation if any, between the SLCI employee behavior scale score and the nurse's intent to leave? The study revealed significant positive correlations with the Pearson correlation (r=.60, p <.001) and the Spearman correlation (r_s = to .58, p <.001). The combination of these findings supports the rejection of the null hypothesis (see Table 3).

RQ4: What is the correlation if any, between the SLCI organizational outcome scale score and the nurse's intent to leave? The study revealed significant positive correlations with the Pearson correlation (r = .71, p < .001) and the Spearman correlation (r_s = .70, p < .001). The combination of these findings supports the rejection of the null hypothesis (see Table 3).

Interpretation of the Findings

The Leader Member Exchange Theory is the underlying support for this study. The theory embraces the importance of appropriate communication between leaders and followers. The leader provides appropriate feedback to staff members to produce positive interactions between all members of the work team.

The nurse leader/manager must navigate the generational divides and communicate effectively with each nurse regardless of their generational cohort. Each nurse manager/leader has the responsibility to ensure a cohesive, team-oriented work environment to support high quality care and safe patient outcomes (Christensen et. al., 2017). The ability of the nurse leader to communicate with transparency to a nurse staff that is multi-generational is imperative. A transformational leader will provide communication that is accurate and timely on a frequent basis. This study revealed that appropriate communication between the nurse leader and the nursing staff proved to encourage staff engagement and produced a collaborative environment where staff perceived respect and value for their commitment to the care of patients. Healthcare reimbursement has shifted from a fee for service to a value based system where positive patient outcomes are rewarded. This fact increases the importance of team collaboration. Intradisciplinary team collaboration is noted to have a positive impact on patient outcomes, decreased intent to leave, and results in a higher degree of job satisfaction among nurses (Ma et al., 2017).

Transformational leaders are willing to be involved with the staff nurses and are receptive to ideas from the staff for changes that are perceived to improve the work environment. The leader provides new employees with preceptors who mentor and coach the new employee in a manner that is appropriate for the skill level, knowledge, and experience of the new employee. There will be no bullying tolerated within the unit staff. Inappropriate behavior will be addressed in a swift manner that is appropriate to eliminate the threat from the work environment. The nurse leader serves as a role model and participates in the mentoring of new as well as established employees.

Employee behaviors are influenced by effective communication within the team, between the interdisciplinary team members, and with the nurse leader. Engaged employees are innovative and are imaginative in the solving of issues related to the work environment. Employees who are engaged with their work tend to be self-directed in the accomplishment of their work within their assigned unit. The results of this study supported the positive impact of leadership communication, patient outcomes and nurse retention. This finding is consistent with the literature. Asfar (2018) posited that a nurse who is engaged in work may aid in the advancement of ideas to impact the delivery of a high degree of patient care quality and improve organizational performance.

An organization that can retain nurse staff is likely to experience positive patient outcomes (Brewer et al., 2011). Organizations that retain nurse staff pays close attention to ensure nurse morale remains high, and that nurses have no desire to work elsewhere. An organization concerned with the wellbeing of nurse staff members will produce an

environment of openness and trust. A collaborative environment is an important aspect of patient care as well as nurse retention. Employees with a positive work environment lack symptoms of burn out and look forward to returning to the work place each day.

Limitations of the Study

Limitations of this study were nurses who do not belong to the Georgia Nurses Association would not be included in this survey. Lack of saturation into the nursing population would limit the results of the study to those nurses who elect to be members of the Georgia Nurses Association and who are potentially more engaged with their career than those nurses who are not members of the Georgia Nurses Association.

Surveys have advantages as well as disadvantages that may impact the results of the study. Surveys are flexible and can be presented to a broad number of potential respondents in a rapid manner (Polit, 2012). One major disadvantage of a survey is the potential for a low response rate as was experienced with this study. A response rate of 50% or higher would be considered excellent, but a rate of 5-30% is more typical in online surveys. This researcher is unknown to the studied population which could have influenced the response rate. The greater suspicion is the influence on the level of exhaustion in nurses due to the increased job expectations and stress related to the Covid-19 pandemic. The survey was distributed to a limited population of nurses in the state of Georgia. Expansion of the survey into other regions could have improved the response rate but would have undermined the purpose of the survey which was to gain information from Georgia nurses.

The trustworthiness of this study is high because of the presumption that only registered nurses in the state of Georgia who are members of the Georgia Nurses Association are in fact registered nurses.

The reliability and validity of the SCLI research tool has been proven with past studies and was suitable for this survey study.

Recommendations

The likelihood that there has been greater nurse turnover due to the Covid pandemic is recognized. Travel agencies have persistently offered lucrative contract salaries. Many nurses have embraced the opportunities for financial gain during the Covid 19 pandemic and have left permanent positions. There would be decreased opportunities to receive emails including the email attached to the survey for this study. Departed nurses would have been less likely to participate in the survey data collection.

Nurses are generally overwhelmed with the increased stressors related to caring for patients who have Covid 19. These stressors could be working with high acuity patients, staffing shortages and inadequate personal protective equipment. Compassion fatigue is often experienced by nurses who provide care for Covid 19 patients due to increased workload and fear of becoming infected (Labrague & Santos, 2021).

The extension of this survey into other regions of Georgia as well as other states is also potential avenues for additional study.

Nurse leaders interested in the status of their unit staff could potentially benefit from SLCI survey with direct reports. Information regarding leadership status from the

point of view of the staff may be beneficial to leaders in need of feedback regarding potential leadership growth and development needs.

Healthcare leaders should be proactive in nurse retention strategies. The SLCI tool could be applied at the organizational level to evaluate the condition of staff as related to intention to leave the organization. The information that could be produced from an organizational survey would potentially provide leaders with the knowledge needed to take definitive actions to protect themselves from nurse turnover through appropriate leadership development actions.

Conclusion

Nurses compose the largest group of healthcare workers. Nurse retention is vital for the health of an organization. High nurse turnover is often a reflection of organizational issues that should be addressed proactively by administration.

This study revealed that nurses tend to remain with organizations who employ innovative and engaged nurse leaders. Often nurse leaders are promoted from clinical positions without proper people skills to lead staff through transformational leadership tactics. Nurse managers that are ill equipped to manage people find themselves stressed due to their lack of preparedness. These nurse leaders may in fact leave their managerial positions due to undue stress and lack of success in their roles. There is a call for hospital administrators to properly prepare their nurse leaders to lead. This preparation may prevent nurse turnover as well as turnover of nurse leaders. The research performed in this study confirms the need for transformational leadership to retain nurses. An

organization with a talented staff of nurses and nurse leaders are positioned to provide a high level of patient care, receive maximum reimbursement for the healthcare services provided and will position their organization as a preferred source of healthcare in the communities.

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Appendix A: Consent

You are invited to participate in a research study regarding nurse turnover. This research concerns reasons nurses turnover or leave their positions or the profession of nursing. The current nursing shortage makes the management of nurse turnover an imperative for healthcare organizations. The inclusion criteria for this study are that you are a professional nurse in the state of Georgia and that you are a member of the North West Georgia Chapter of the Georgia Nurse Association. This form is part of a process called "informed consent" to allow you to understand this study before deciding to accept or decline to participate in the study.

This study is being conducted by a researcher named Billie Robinson, who is a doctoral student at Walden University. You may already know this researcher as a registered nurse with Wellstar, as a nursing instructor with Mercer University, or as a former nursing instructor at Georgia Highlands College. This study is separate from either of these roles.

Background Information:

The purpose of this study is to determine the association of leadership behaviors as related to nurse turnover. There are 52 Likert scaled questions contained in this survey. There are no right or wrong answers.

A sample question might be to what degree did your nurse leader encourage innovation in your position as a staff nurse? The response could be rated from 1-5 with one being the least encouragement and 5 being the most encouragement.

Voluntary Nature of the Study:

The study is voluntary. You are free to accept or decline the invitation. No one at the GNA will treat you differently if you decline to participate in this study. If you decide to participate in the study now, you can still change your mind later. You may stop at any time without repercussions.

Risks and Benefits of the Study:

The risks of participation in this study are minimal. Possible risks may be increased anxiety due to the nature of the questions and the time spent completing the survey. The potential benefits identified could be the improvement of leadership techniques that may improve nurse retention. Increased nurse retention may result in positive social change.

Payment

There are no associated payments, gifts or enticements associated with this study.

Privacy

Reports coming from this study will not reveal the identities of individual participants. In order to protect your privacy, no signature is being requested. Details that might identify participants, such as the location of the study will not be shared. Even the researcher will not know your identity. The researcher will not use the data from this research for any purpose outside this research project. Data will be kept secure by lock and key in a

private home office. Data will be maintained for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now or if you have questions later, you may contact this researcher via email at billie.robinson@waldenu.edu. If you want to talk privately about your rights as a participant, you may call the Research Participant Advocate @ Walden University at 612-312-1210.

Your consent to participate in this survey is implied by your selection of "yes" which will take you to the encrypted survey in Survey Monkey.

Appendix B: Permission to Use SCLI Tool

Permission to Use an Existing Survey
Supervisor Leadership Communication Inventory (SLCI)
Date: August 1, 2019
Dr. Ruby A. Daniels
Organizational Troubleshooter, LLC
5653 Poppy Seed Run
San Antonio, Texas 78238

Hi Billie,
Thank you for your request for permission to use the Supervisor Leadership Communication Inventory (SLCI) in your doctoral dissertation research study at Walden University. I am willing to grant you a one-time permission to reproduce the SLCI at no cost with the following understanding:

- You will use the SLCI only for your doctoral research study and will not sell or use it with any compensated management/curriculum development activities.
- You will include copyright notification information on all copies of the instrument, whether on paper or electronic.
- You will provide one copy of your approved dissertation upon the completion of your study.
- Duplication and/or distribution of the SLCI (in whole or in any part), or any related material provided by Organizational Troubleshooter, LLC, beyond your doctoral dissertation work will be in violation of copyright law.

If these are acceptable terms and conditions, please indicate so by signing one copy of this agreement and returning the original at the above address.

Best wishes with your study!

Sincerely,

Ruby A. Daniels, Ph.D.

I understand these conditions and agree to abide by these terms and conditions.

Student's Signature

Date 08/07/2019

Printed Name: Billie Robinson