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Secret Keeping and Subjective Well-Being in Nurses

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This is to certify that the doctoral dissertation by

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2021

Abstract

Secret Keeping and Subjective Well-Being in Nurses

by

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MA, Ashland Theological Seminary, 2007

BA, Davenport University, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Studies suggest that “secret keeping,” the act of maintaining confidences or personal information, is a problem in the nursing population. Secret keeping may cause depression and anxiety, which might bring about isolation and reduce the ability to provide patient care. The purpose of this study was to address the gap in the literature concerning the relationship between secret-keeping and subjective well-being among early-and late-career nurses. Nurses are those who primarily work at the bedside and who supply the nursing labor force in health cares. I used Seligman's well-being theory to focus on the nurses’ happiness base on positive psychology. The study was a quantitative method with a survey-based design, applying the Self-Concealment Scale (SCS), the Well-Being Index (WHO-5), and The Nurse Retention Index Scale (NRI). The target population was early-and late- career nurses who were employed in or retired from the nursing industry. The data was collected by social media and Walden Participants’ Pool. Data was analyzed based on stated independent and dependent variables (early-career and late-career nurses, secret-keeping, subjective well-being, and nurse retention, respectively). A one-way multivariate analysis of variance (MANOVA) test was run on the data in order to determine the probabilities of and differences between the two sample groups (early-career nurses and late-career nurses). Key results indicated that nurses with between one and five years of experience were more likely to stay in their profession than those who have five or more years of experience. Through the findings of this study, I hope to promote the need for social change to allow nurses a respite from the stresses of their jobs.

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Dedication

I dedicate this dissertation to my loving sons, Gregory Lee Frazier and Daniel Darnell Frazier, and to my family and friends. Your unlimited support and prayers kept me going. To everyone, I offer you much love and appreciation.

Finally, I thank Almighty God for sustaining me through all the difficult times. I experienced Your guidance through this entire dissertation process. I will continue to keep the faith and trust You for my future.

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Chapter 1: Introduction to the Study

Secret keeping has been noted to develop frequently into a burden of psychological distress and health problems among nurses (Morrissy et al., 2013). As a result, some nurses had embraced unhealthy behavior practices. Studies indicate that "chemical use and dependency is a prevalent problem in the nursing" industry (Dittman, 2015, p.58). There are many nursing specialties, including community-based, public health, psychiatric, and acute care nursing (Gambino, 2010). Nurses, the medical professionals who care for patients in hospital settings, require more specialized training and are charged with serving a higher acuity patient population. Currently, there is a growing shortage worldwide of these nurses to serve today's aging population (McCourt et al., 2013). As a result, research indicates that "there is a need to examine factors that contribute to" retainment in this nursing group (Spence et al., 2009, p. 305). Numerous studies have been conducted on nurse burnout, psychological distress, and substance misuse (Spence et al., 2009). Further studies have identified secret keeping among family members who are healthcare professionals and who have concealed unhealthy behaviors such as alcohol and drug use. Among this group are members of the general nursing population (Kenna & Wood, 2005, p. 225). This phenomenon is particularly true when nurses conceal personal problems that in turn bring about symptoms of anxiety that impact their work performance, attendance, and health (Kelly & Yip, 2006). Nurses who became dependent on chemicals or other substances were found to be "more likely to experience" symptoms "of depression and anxiety," which led to feelings of isolation and caused nurses to keep secrets about their substance abuse (Kenna & Wood, 2005, p.227).

Research also shown that depression among nurses could be a result of job-related stress, a stressful life challenge, or problems in the home (Morrissy et al., 2013). Secret keeping is the act of concealing personal information that develops over time into psychological, emotional, and health problems, which in turn develops into unhealthy behavior (Cares et al., 2015). This secret keeping could lead to unhealthy behavior and would lead to affected nurses leaving the profession (Boulton & O'Connell, 2017; Cares et al. 2015).

Research showed that nursing professionals who abuse substances would jeopardize patient care, colleagues' safety, and their own well-being (Boulton & O'Connell, 2017). Nurses who were exposed to severe stressors and not practicing self-care would likely become completely burned out (Desbiens & Fillion, 2007). These nurses would also have the high tendency to fall victim to substance abuse, thus breaking down their well-being further. Consequently, concealing this type of unhealthy behavior could result in diminished nurse retainment in the industry. Although research has indicated a need for "better understanding of the factors that contribute to" nurse retainment (Grace et al., 2014, p. 643), there has not been any data about all three variables (secret keeping, subjective well-being and nurses' retention), which was a significant gap in the existing literature (p. 645).

In this study, I worked to bridge the gap between secret keeping and subjective well-being among early-career and late-career nurses that impacts nurses' retention. Based on these issues, there was a gap in the literature concerning the variables secret keeping, subjective well-being, and nurses' retention impacting nurses' retainment. The shortage of data concerning the three variables showed the growing need to investigate

how to be more effective in retaining nurses. This study could contribute to social change and a safe place for nurses to disclose their unhealthy behaviors such as substance abuse, mental health issues, and personal problems. In such a safe place, nurses could also find resources to alleviate the issues that impact nurses' retention.

The impact of chemical abuse is a nursing industry epidemic as well as in the practice setting. In a 2017 study, Boulton & O'Connell (2017) focused on chemical dependency among student nurses who struggled with drug addiction (p. 181). Student nurses who became addicted are vulnerable, which has taken a toll on their ability to be productive as nurses and led to a higher decline in nurses' retention. Over the last 10 years, the nursing population had experienced a shortage that continues to grow, placing greater workloads and strain on nurses (Buchan et al., 2015). Morrissy et al. (2013) found that nurses would keep secrets among themselves about the strain of their workloads and the burnout that impacts their well-being, causing depression that increases unhealthy behaviors, and job turnover among nurses. Several factors contributed to this shortage, from nurse retirement to burnout (Auerbach et al., 2014). Understanding what contributes to burnout might help to keep nurses at work, possibly lessen unhealthy behaviors and drug usage, and reduce the strain on those who have chosen to remain in the profession. As nurses go through their careers, researchers have not been able to determine if their ability to manage stress causes more secret keeping, nor have they been able to ascertain what effect ill have secret keeping has on nurses earlier versus later in their careers. As secret keeping has been known to contribute to this stress-induced burnout, knowing

more about it will assist hospital administrators to design retention strategies that would mitigate its impact on the nursing workforce (Jones & Gates, 2007; Lampert, 2016).

Research indicates that nurse shortage studies that seek to examine and understand factors that contributed to nurse retainment are essential to the nurses' well-being (Brown et al., 2013). To this end, this study was unique as it sought to illuminate the challenges that affect the nursing population and examine this group, which was currently in high and growing demand. Further, this study was designed to investigate how secret keeping might be affecting their well-being. I also examined how the amount of years in the profession related to this issue. If there was indeed a correlation between years of experience and secret-keeping tendencies, and the connection was better understood, it could assist in developing retention strategies for this population and thus contribute to social change while increasing employee retention in this group and create a safe place for nurses to disclose their unhealthy behaviors.

Early-career nurses have been found to conceal their fears about being incompetent and about achieving work–life balance during the transition from being students to working as full-time nurses (Cares et al., 2015). What has been examined is specific understanding of the issues of how years in the profession impact and correlate to the nursing community's retention. Definitive results will assist nursing professionals to determine methods that could retain nurses and help prevent unhealthy behaviors among nurses due to secret keeping about personal problems.

Chapter 1 is arranged as follows: an outline the background of the problem, discussions of the problem statement, purpose of the study, and research questions and

hypotheses, and an analysis of the theoretical frameworks was used during this study. The final section of Chapter 1 is a presentation of insightful conclusions based on the scope and significance of this study.

Background

According to Boulton & O' Connell (2017), "it is estimated that between 6% and 20% of 3 million nurses in the United States are chemically dependent" (p. 310). Studies have identified the drug usage in college students (Boulton & O' Connell, 2017). Nurses under the influence who have not been treated compromise and endanger their moral obligations, values, and ethics, not only to themselves but for patient care but also to their peers (Kumyk & Austin, 2011). The nurses' attempts to conceal this unhealthy behavior has even impaired their effectiveness, according to Kunyk & Austin (2011). According to the National Advisory Council on Nurse Education and Practice (as cited in the American Association of Colleges of Nursing, 2016), "federal projections say the rising complexity of [nursing] would see the demand for RNs in hospitals climb by 36 percent by 2020" (p. 213).

Nurses are specially educated to "provide advanced nursing care across the continuum of" healthcare services (Kleinpell, 2005, p. 212). The primary responsibilities of a nurse are directly related to the "management of patient care," and these duties "account for 85% to 88% of" their "time spent," performing their responsibilities (Kleinpell, 2005, p. 213). If a nurse is under the influence of a substance, it would be almost impossible for the nurse to fulfil her or his obligations. Therefore, nurses need a safe place on the job to get the assistance they need to overcome their addictions, discuss

their stressors, overcome the burnout they are experiencing, and, ultimately, remain in the nursing profession.

Nurses who are self-concealers experience "a negative impact on their subjective well-being" (Wismeijer et al., 2008, p. 324). Self-concealment is negatively correlated with life satisfaction (Wismeijer et al., 2008) and subjective well-being, as it affects nurses' likeliness to fulfill their autonomy, competence, and relatedness (Uysal et al., 2011). Self-concealment leads to negative psychological issues such as anxiety and depression, which lead to an unhealthy lifestyle (Kahn & Hessling, as cited in Uysal et al., 2011). Self-concealment is also associated with suicidal behaviors, which lead to substance usage in inexperienced nurses (Friedlander et al., 2012), and with stress that has, over time, caused distress (Pennebaker, as cited in Friedlander et al., 2012) among nurses, regardless of their experience levels or ages (Friedlander et al., 2012). Nevertheless, nursing professionals used substances as a form of coping due to the stressors and the growing lack of nurses. Thus, the lifestyle of abusing substances and self-concealing leads to unhealthy behaviors that impact nurses' retention.

Problem Statement

Little was known about the gap in the literature concerning the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impacts nurses' retention. My intention was to examine the impact of and the differences between secret keeping and subjective well-being among early-career and late-career nurses. To what extent do secret keeping and subjective well-being impact nurses' retention and shortage?

Studies “indicate that there was a shortage of nurses;” thus, retention factors within this group were examined more closely (Adams, 2016, p. 487). Research indicates that the “prevalence of substance abuse among nurses is difficult to determine” (Cares et al., 2015, p. 61). “Nurses … underestimate the amount and impact of their substance use; therefore, they might “fear legal and professional repercussions.” This fear might lead nurses to underreport and conceal these habits (Cares et al., 2015, p. 63). Nurses who abuse drugs might worry that they will lose their jobs, be pushed toward rehab, be written up, or be suspended if their secrets are revealed; therefore, their behavior and concerns open the door to concealment and isolation. According to Cares et al. (2015), nurses conceal their mental health status, which often includes drug use among nurses, of whom “48% reported alcohol or drug use” while working (p. 59). Thus, nurses feel less competent in job performance and patient care.

On another note, according to the results of Sheridan-Leos’s (2008) study, nurses from all professions experience lateral violence; many are bullied, and endure “aggressions, verbal and emotional abuse, backstabbing, and failure to respect privacy,” all factors that impact nurses’ retention (p. 399). Therefore, this type of workplace violence is known to cause nurses to “oppress (conceal) or covert” their experiences, which has caused nurses to “feel powerless and dominated by others” (p. 399). “According to” the World Health Organization, there was a shortage of 4.3 million healthcare workers worldwide, which was expected to increase by 20% in the next two decades” (Spence et al., 2009, p. 303). The “shortage is particularly acute in the nursing profession, which was the largest group of health professionals in hospital settings” (p.

303). Therefore, identifying the retention factors would afford nursing administrators the opportunity to create strategies to keep these nurses in their careers longer (Ackermann, Kenny & Walker, (2007). Secret keeping frequently develops into a burden of psychological distress and health problems among nurses (Morrissy et al., 2013). Furthermore, studies suggest that "secret keeping" wis the act of concealing personal information that develops in time to a burden of psychological, emotional, and health problems, which in turn develop into unhealthy behavior (Noffsinger, 2014). This secret keeping has affected nurse retention. The research had a clear gap in this area; therefore, there was a need for investigation into factors that affect nurse retention (Adams, 2016), with emphasis on the three variables: secret keeping, subjective well-being, and nurses' retention.

Research does not provide specifics in relating to investigating nurse retention; however, what this researcher sought to investigate was the factors that have contributed to nurse employment turnover. As these nurses are unique and exposed to severe stressors "such as end-of-life care" for patients "and" chronic illnesses "among" patients (Rosenthal & Guerrasio, 2010, p. 23) on a daily basis, a close look at the effects of secret keeping on their well-being across their careers and the effects of these phenomena upon their retention rates has address the noted research gap in relation to nurse retention. The shortage of data concerning the three variables showed the growing need to investigate how to be more effective in retaining nurses. The results of such an investigation may contribute to social change and a safe place for nurses to disclose their unhealthy

behaviors and to have professionals on standby to address issues that impact nurses' retention.

Lillibridge et al. (2002) indicated that nurses concealed unhealthy behavior such as, their misuse of drugs because they were fearful of the consequences they would have to face when they sought help. Cares et al. (2015) also reported that nurses would keep secrets due to anticipated consequences. Research also showed that depression among nurses could be a result of job-related stress, a stressful life challenge, or problems in the home (Morrissy et al., 2013). Anxiety among nurses might relate to a variety of job-and home-related responsibilities that could bring about stress, threaten stability and disposition, and cause a nurse to be apprehensive and fearful (Morrissy et al., 2013, p. 159). The problem that was addressed was in this research study was the relationship between the impact of secret keeping and subjective well-being between early-career and late-career nurses that impacts nurses' retention. Sheridan-Leos's (2008) research also indicated that many nurses conceal their experiences concerning lateral violence, which did not allow the nurse to "confront but remain a victim in" secret keeping his or her experience, "feeling hurt, vulnerable and powerless," which brings about retention (p. 399). Secret keeping ultimately caused them to leave the profession, thus increasing the ever-growing nursing shortage, particularly in this high-demand nursing specialty. Kelly & Yip (2006) provided insight into the leading causes as well as the consequences of secret keeping, which included psychological distress and health problems. According to a study by Dittman (2008), most disciplinary reporting among nurses occurred from these "impairment activities" (p. 325). Kenna & Wood's (2005) research indicated "that 62%

of chemically dependent nurses reported" that a "family member" was an alcoholic "compared" to "28%" of "non-chemically dependent nurses," which was not based totally on secret keeping but adjacent to family addictions (p. 226). Researchers have found that this struggle with substance abuse has caused depression and anxiety, which in turn brought about isolation and lead nurses to keep secrets about their substance abuse (Kenna & Wood, 2005). Frequently, this has led to anxiety and depression which the result in nurses being away from work. This absenteeism not only has hindered a hospital's nursing population's ability to provide patient care but also put a strain on nurses covering or caring for too many patients. Understanding what contributed to nurses concealing substance abuse issues, depression, and anxiety in the nursing population was essential.

Nurses also choose secret keeping to conceal their own diagnosed cases of HIV-positive status or mental health issues. For instance, Kyakuwa & Hardon's (2012) research indicated that "around one-third of nurses that participated in the research concealed their status that they were HIV-positive" and the means of poor coping habits such as unhealthy behaviors to avoid problems in the workplace and possible job loss (p. S123). "Nurses are not required to disclose their HIV"-positive "status" to colleagues and "co-workers" (Symington, 2013) and doing so caused them to resort to unhealthy behaviors and lifestyles. According to Symington (2013), "as a general rule, people living with HIV are under no legal obligation to disclose this fact in the workplace" (p. 34). "However, for health-care providers there were (small) risk of HIV transmission in carrying out certain job tasks," which had caused the nurse to go into depression and

engage in unhealthy behaviors (p. 34). “Therefore, there are some special, limited requirements about HIV disclosure that are set out by professional regulatory bodies” (p. 35): “For example, health-care providers may be required to disclose their status to their regulatory body and may be restricted from performing exposure-prone procedures” (p. 35). However, the nurses disclosed that they formed a private group because they feared “social stigma such as promiscuity, unsafe sex and fear of contagion” (Kyakuwa & Hardon, 2012, p. S125). Therefore, the nurses suffered in secret with psychological problems, anxiety, depression, anti-social behavior, drugs, and alcohol, which caused their health to decline, thus leading to increased workplace absences (Reknes et al., 2014). Understanding more about why nurses keep secrets at each stage in their careers will allow administrators to provide support and intervention for them, thus decreasing their time away from work.

Past studies have addressed other reasons for nurses’ decisions for concealment and disclosure of their personal secrets. Walsh and Buchanan’s (2011) research indicated that nurses’ distance and detach themselves emotionally from their patients’ suffering in order to continue to provide care to them. Furthermore, Slepian et al. (2012) have addressed the impact of secret keeping “on the quality of patient care that” nurses are “able” to give when they are burdened with their own personal secrets (p. 621). According to Shu-Ti et al. (2013), “nurses who care for” trauma or critically “ill patients in” emergency and intensive care units experienced symptoms of depression and more health issues (p. 1379). Nurses often experienced mood swings because of the stress levels and enduring health hazards such as back pain, needle pokes, strains, and fractures

to avoid having to be on medical leave or restrictions (Shu-Ti et al., 2013). These incidents among nurses also caused "medical errors [and] incidents [,] thus diminishing the quality of health care," which impacted nurses' confidence in doing their jobs (Shu-Ti et al., 2013, p. 1378). This in turn affected retention as some suffering nurses chose to leave the profession (Care et al., 2015).

Researchers acknowledge the "existence of lateral violence (LV) and its negative influence on nursing practice and nursing retention was discussed in the international nursing literature," …[though]… "little data exist to support those assertions" (Martin et al., 2008, p. 58). What is also not known is what contributes to nurse retention, specifically among nurses across their careers. With the growing shortage and huge demand for these nurses, understanding more about the factors that contribute to retaining them is essential. Secret keeping, such as concealing personal problems, is found to affect nurses in general, a phenomenon that is worthy of investigation and that will help address the noted research gap (Dittman, 2015). By examining whether there is a difference in secret keeping and subjective well-being between early-career and late-career nurses, I addressed this gap to improve job retention within this group. In this study, I explored the problem of secret keeping among nurses and its effect on them over their years of service. The results of the study indicated that nurses react to this stress differently at different points in their careers. The results of this study will be helpful in developing interventions to assist nurses at different times in their careers as they deal with the impact of concealing the impact of their personal problems upon their subjective well-being. In this way, this study will contribute positively to nurses' personal struggles,

health, performance, and attendance, as well as the quality of the patient care that they provide. The problem I addressed in this study defined the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impact nurses' retention.

Purpose of the Study

The purpose of this research was to address the gap of currently unknown information in the literature concerning the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impact nurses' retention. Fisher (2013), a registered nurse, found in her own research that the impact of secret-keeping on a nurse's subjective well-being might have caused the nurse to feel oppressed, particularly when he or she had promised to keep another person's secret – such as a cancer diagnosis. In fact, the specific concealer (nurse) also was diagnosed with breast cancer. Thus, not only she was concealing her sister's health challenge, but she was also faced with her own (p. 2). Fisher's (2013) research indicated that most nurses are embarrassed to share personal information concerning their own health challenges, especially when a nurse feels that his or her situation stemmed from his or her unhealthy "behaviors and poor health practices" (p. 3). A study by Friedlander et al. (2012) indicated that self-concealment was when an individual was actively concealing distressing personal information from others. The impact of this concealment could have affected the concealer's subjective well-being and could have had unhealthy behaviors, depression, and even suicidal ideation. Friedlander et al.'s (2012) research indicated that previous "research had shown" an "association between self-concealment and negative

outcomes" (p. 2). Therefore, research had shown that concealing secrets have been "correlated with unhealthy behaviors, …depressive symptoms and psychological distress" (p. 3).

On another note, concerning nurses concealing personal secrets, Martin et al.'s (2008) research indicated that nurses conceal their experiences concerning lateral violence on the job, which impacts their job performance and retention. Nurses are afraid to share their lateral violence experiences, choosing suppression to conceal decreasing job satisfaction and nurses' shortage (Martin et al. 2008). MacKusick and Minick (2010) provided research that "in the United States, nursing workforce projections indicated registered nurse (RN) shortage may have exceeded 500,000 RNs by 2025" (p. 335). Gambino's (2010) research showed that "health care is facing an ever-worsening nursing shortage that, if left unchecked, will undermine the delivery of medical care throughout the United States and the world" (p. 2532). Therefore, MacKusick and Minick (2010) provided an estimate that between 30% and 50% of all new RNs will either "elect to change positions or leave nursing completely within the first 3 years" of their careers (p. 335). Ultimately, this research will improve the nurses' retention rates. Research exists that documents how secret keeping affects nurses; however, the current research focused specifically on the nursing group, their careers, and how to retain these nurses in their profession. I aimed to identify the differences to offer strategies to nurses to keep them in their careers longer.

This research study had two goals: (a) to provide information that would contribute to the development of a more positive social climate among nurses, thus

decreasing problems with substance abuse, health, their time away from work, contributing to enhanced patient care, and, ultimately, increasing nurse retention; and (b) to conduct further research to increase awareness about the negative outcomes and critical needs in nursing relating to self-concealment and subjective well-being to help nurses to remain in their careers. According to Hinson and Spatz (2011), "Healthcare leaders who implemented effective strategies to improve nurse retention" and engagement "could reduce the risk of adverse patient outcomes and retain a highly satisfied and engaged clinical staff" (p. 103). This study will support the need for future research in early intervention for nurses.

Research Questions and Hypotheses

The following research questions and associated hypotheses addressed the identified gap in the literature:

Research Question 1 (RQ1): What is the relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention?

$H_0$1: There is no relationship between secret keeping and subjective well-being among nurses that impacts the nurses' retention.

H1: There is a relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention.

Research Question 2 (RQ2): Is there a difference between secret keeping and subjective well-being for early-career and late-career nurses?

$H_0$2: There is no significant difference between secret keeping and subjective well-being among early-career and late-career nurses.

*H*2: There is a significant difference between secret keeping and subjective well-being among early-career and late-career nurses.

Theoretical and/or Conceptual Framework for the Study

Seligman's well-being theory, which was based on positive psychology, served as the theoretical framework for this study. Developed in 2012, Seligman's well-being theory was based on five elements, which are known by the acronym PERMA: positive emotion, engagement relationships, meaning, and accomplishment (Jayawickreme et al., 2012, p. 330). Positive emotion is a "subjective positive view of the present, past, and future" disposition of nurses (Asebedo & Seay, 2015, p. 162). Engagement reflects the "psychological state" of the nurses' complete involvement in "some particular task or activity" (p. 162). "Positive relationships" entails "the pursuit of positive, healthy … relationships with others" (p. 163). Meaning involves nurses' "full utilization of" [their] abilities "to contribute and belong to something believed to be bigger than" themselves (p. 163). Accomplishment relates to nurses' "pursuit of success, mastery, realization of goals, and" achievements (p. 163). Seligman's theory indicated "that the pursuit and attainment of" the "five elements" will lead to one's "well-being and that" this attainment may lead to the individual "flourishing as a result" (p. 163). The results of this study indicated that there is a significant difference between secret keeping and subjective well-being; therefore, I have proposed future research that examines interventions that have the potential for nurses to pursue happier lives and to remain in their careers.

Nature of the Study

The study was quantitative in nature, with a survey method used to collect the data. This method was most appropriate given that the purpose of the study was to consider both the relationship between secret keeping and subjective well-being among nurses and the differences between secret keeping and subjective well-being among early-career and late-career nurses that impact nurses' retention. The variable of secret keeping was measured by the Self-Concealment Scale (Appendix B). Larson & Chastain (1990) designed this scale to measure how an individual's concealed secret was perceived "as distressing or negative" (p. 3). The variable of subjective well-being was measured by the Subjective Well-Being Scale (Appendix A) from the WHO-5 Well-Being Index (1982). Bech (1982) designed the Subjective Well-Being Scale to "assess both positive and negative well-being" (p. 1) in participants who had concealed secrets that consisted of painful or "personal intimate information" (p. 1). "The WHO-5" method "has been validated in a number of studies with regard to both clinical and psychometric validity" (p. 2). The variable of retention was measured by Nurse Retention Index Scale (NRI) (Appendix C). The NRI was designed to indicate the "nurses' intention to stay in nursing or to leave the profession" (Hart, 2003, p. 175). There are "six items, and the higher the nurse ['s] score would have indicated their intention to stay in the profession" (p. 175).

The independent variables were early-career and late-career nurses, and the dependent variables were secret keeping, subjective well-being, and nurses' retention among early-career nurses and late-career nurses. An early-career nurse is defined as a nurse with 1 to 5 years in the profession. A late-career nurse is defined as a nurse with

more than 5 years in the profession. A nurse is defined as one who gives care to patients who require treatment in a healthcare setting.

The study was focused on nurses from intensive care units, emergency rooms, trauma teams, palliative and hospice care, wound treatment, dialysis care, diabetes care, oncology care, cancer care, radiation and chemo care, labor and delivery, pain management care, orthopedic care, radiology care, trauma and crisis care, surgical care, urgent care, therapy care, psychiatric care, cardiac care, and other units in the nursing industry. The three surveys were the only instruments used in the study. There were 128 participants, a number that was determined using G*Power analysis. The number of nurses included was adjusted as needed to complete a viable research study. The demographic variables were each participant's title, gender, educational level, and length of time working in the nursing industry.

Non-probability sampling was used to recruit participants. In non-probability sampling, researchers gathered samples in a process that did not give all the individuals in the population equal chances of being selected. This methodology included "quota sampling" based on my choice rather than the use of probability sampling that relied on randomization and allowed me the option to generalize the results of the study (Laerd, 2012, p. 1). "Quota sampling was a non-probability sampling technique" in which the "assembled sample had the same proportions of individuals as the entire population" in regard to specific traits or qualities, in this case, secret keeping (Im & Chee, 2011, p. 382). Im and Chee (2011) suggested the use of a "quota sampling method to recruit a similar number of participants from diverse socioeconomic and ethnic groups" (p. 383).

However, although Im and Chee (2004) previously reported that quota sampling had been suggested as appropriate for internet sampling, they also reported in a subsequent study that there was limited data regarding issues with and concerns about using quota sampling in internet research. Available data suggested that issues and concerns included, but have not been limited to, the "inability to validate participants' identification" and that online sampling required "a longer time [to complete the study] …more expense than anticipated, and lack of generalizability" (Im & Chee, 2011, p. 381).

The Subjective Well-Being Questionnaire (SWB; Appendix A) was used to evaluate the impact of subjective well-being in the nursing population. This instrument was developed in 1998 for "the World Health Organization (5) Well-Being Index (WHO-5)" by Bech. Subjective well-being was defined as the effect of human happiness and satisfaction. The questionnaire defined subjective well-being, and its results would reveal whether concealing a secret or secrets affects an individual's subjective well-being. For example, the questionnaire asked questions such as "Does concealing a secret from someone impact your subjective well-being?" Participants responded by selecting answers from a 6-point Likert scale.

The Self-Concealment Scale (SCS) was used to evaluate the variable of secret keeping and was used to examine secrecy or deception and its effect on the nurse study participants. The SCS questionnaire (Appendix B) was developed in 1990 by Larson and Chastain (p. 439). The SCS was designed to measure concealed information that one perceived to be "personal information that was negative or distressing" (Larson & Chastain, 1990, p. 439). The focus of the scale was twofold in relation to the subjective

well-being of nurses: to "determine empirically whether self-concealment and self-disclosure were two separate and distinct constructs; and second, to examine the predictive validity of self-concealment" (p. 2).

The Nurse Retention Index Scale (NRI; Appendix C) was used "to evaluate the impact" of nurses' retention on the nursing population (Cowin & Hart, 2005, p. 175). This instrument was developed in 2001 "to measure nurses' intention of staying in their nursing job or leaving to find other work thereby providing a simple measure of intention" (Cowin, 2002, p. 287). Nurses' retention was "measured by a newly created eight-item index" and used "an eight-point forced choice Likert type scale" (p. 287). "There were four positively worded items and two negatively worded items" (Cowin & Hart, 2005, p. 175).

Definitions

The following terms were used as part of this study:

Chemical Dependence is an "addiction to a mood or mind-altering drug, such as alcohol or cocaine" (Cares et al., 2015, p. 63).

Early-Career Nurse is an individual who has been employed in nursing between one to five years in the profession.

Late-Career Nurse is an individual who has been employed in nursing for more than five years in the profession.

Nurses are medical professionals who give care to patients who require treatment in a hospital setting. Such a setting in a hospital includes intensive care units, emergency rooms, trauma team, palliative and hospice care, wound treatment, dialysis care, diabetes

care, oncology care, cancer care, radiation and chemo care, labor and delivery, pain management care, orthopedic care, radiology care, traumas and crises care, surgical care, urgent care, therapy care, psychiatric care, cardiac care, and other units in the nursing industry.

Nurses' Retention is defined as a strategy to prevent nurses' turnover and to keep nurses in the industry (Hayhurst, Saylor, & Stuenkel, 2005).

Secret Keeping, or self-concealment, is defined as to concealing "personal information that is negative or distressing" (Larson & Chastain, 1990, p. 439).

Subjective Well-being or happiness is defined as effect of human happiness and satisfaction; specifically, subjective well-being is the cross-cultural importance of happiness and contentment (Tov & Diener, 2013).

Unhealthy behavior is defined as a pattern of harmful habits that will impact one's well-being, mental health, and lifestyle negatively (Larson, Chastian, Hoyt & Ayzenberg, 2015).

Assumptions

This study assumed multiple things. The first assumption was that all participants in this study would provide honest responses to the surveys. It was also assumed that the participants would not provide responses that were not short and limited, but that the responses would offer adequate information that would add value to the research. The third assumption was that the participants would know how to navigate and complete the survey. Because this study used non-probability sampling, it was assumed that the findings would not be generalizable to larger populations.

Scope and Delimitations

This study limitation focused on early-career and late-career nurses and attempted to determine the impact of secret keeping among these nurses to contribute research to improve the shortage in nursing. Despite this knowledge and research on secret keeping among nurses, there was a gap in the research. Little is known about these three variables (secret keeping, subjective well-being and nurses' retention), or whether there was a difference in secret keeping and subjective well-being among early-career nurses and late-career nurses impacting nurses' retention. Understanding the issues that plague the nursing community and determining methods that help prevent unhealthy behaviors among nurses such as substance abuse, mental health issues, depression, and burnout and attrition due to secret-keeping were the first steps in addressing this problem.

Delimitations are characteristics that defined the scope and put the boundaries in place for a study. Delimiting factors included the choice of the topic, the research questions, and the population and where that population was based. This study used non-probability sampling, which also removed generalizability of the results of the study (Laerd, 2012). Non-probability and quota sampling are often used when the researcher needs quick access to the sample population of interest, and when constraints (such as financial limitations) are impediments to completing the study (Laerd, 2012).

Limitations

Three of the four survey questionnaires that were used in this study—the Self-Concealment Scale, the Subjective Well-Being Scale and the Nurse Retention Index Scale—have limitations; therefore, a researcher-developed demographic survey will be

used to measure the data that is collected. These surveys were provided randomly to nurse participants who work in the various nursing healthcare setting in the northeastern and northwestern United States. These four survey instruments were used to collect data to evaluate the relationship between secret keeping and subjective well-being. The nurses had the option of completing the questionnaires via social media.

The findings of this study would not be generalizable to a broader population. Findings also was assumed both male and female nurses' participation in completing the surveys. Purposively selected samples of participants in small sizes, such as the non-probability sampling used in this research method, limited the generalizability of any findings.

Furthermore, a limitation of this study was, specifically, the topic of choice. Because the topic "secret keeping among nurses" was one that had very limited research for all three variables (secret keeping, subjective well-being, and nurses' retention), there was little known about the subject, thus presenting a limitation on the understanding of the study. There had been limited research on this topic, and this study supports future research on the selected population to provide research to decrease the nursing shortage.

Significance

This study, with its focus on secret keeping and subjective well-being in the nursing, has "the potential to make a significant contribution to the nursing" literature. Previous studies (e.g., Morrissy et al., 2013, p. 159) had suggested that graduate nurses' struggles with depression, pessimism, and anxiety would lead to self-medicating and substance abuse, which correlated with poor work performance, tardiness, and

absenteeism. Morrissy et al.'s (2013) study argued "that graduate nurses would be at a higher risk for depression" (p. 160). Cares et al. (2015) noted that nurses that engaged in substance misuse were also known to keep personal secrets, had higher rates of burnout, and lower retention rates. Morrissy (2013) suggested that knowing graduate nurses had a higher rate of depression suggested that strategies to support them could be developed. In this study, I aimed to look not only at graduate-level nurses and the impact of secret keeping to conceal personal problems on whether they were able to continue to work as nurses, but also at how nurses were impacted across their careers. I investigated the nursing sector, whose members were in high demand, as retention strategies for this group were arguably important to patient care in today's hospitals. In addition, early-career nurses had been found to conceal their fears about being incompetent and about achieving work–life balance during the transition from being students to working as full-time nurses (Cares et al., 2015). This study examined whether secret keeping adversely affects nurses' subjective well-being. The results of this research could lead to suggestions concerning secret-keeping interventions to support subjective well-being in nursing culture and practice and, ultimately, to encourage nurses to stay in their roles.

Various researchers had explored components of well-being. Research by Wismeijer et al. (2009) indicated that one's well-being is undermined by concealing secrets that were associated with negative personal information. In fact, negative secrets altered one's mood to the point that he or she developed poor coping skills, which promotes unhealthy behaviors. Wismeijer et al.'s (2009) study "showed that self-concealment was" indeed "negatively" associated "with" subjective "well-being" (p.

729). Park et al. (2004) examined “relationships between strengths of character and subjective well-being (SWB) by looking specifically at life satisfaction, the cognitive aspect of SWB” (p. 607). In a later study, Negovan (2010) evaluated “psychosocial well-being as a multidimensional construct that included subjective, psychological, and social components (dimensions) as related but distinct aspects of individuals’ positive psychological functioning in their” environments (pp. 88-89). Both studies aimed to establish the psychometric properties and clarify the relationships between variables and measurements of well-being. In 2012, Seligman conducted research on well-being and determined five elements that correlate positively to a lifetime of happiness: positive emotions, engagement, relationships, meaning, and accomplishment/achievements, or PERMA (Jayawickreme et al., 2012, p. 333).

There has also been a significant amount of research concerning well-being in nurses that have addressed the impact of secret keeping as well as of telling a secret. For example, Gao et al. (2012) focused on the well-being of nurses who were concealing personal problems in China and how they were affected by working in a stressful industry. They found that nurses concealed symptoms such as substance abuse, depression, and anxiety, which impacted work performance, attendance, and health. Morrissy et al. (2013) conducted research on the job-related effects “of the transition from being a student to” working as a full-time nurse on graduate (early career) nurses’ well-being (p.164). They reported that 87% of the nurses in their study “concealed fears and distress, which caused insomnia and precipitated career changes” (Morrissy et al., 2013, p. 162).

There has been research on secret keeping and subjective well-being. Findings have shown that self-concealment and secret-keeping had "direct and indirect effects on well-being, and that" secrets were detrimental only when the secrets (i.e., substance abuse, abusive relationships, mental health, etc.) were serious (Jing et al., 2014; Vrij et al., 2002, p. 697). What had not been explored was whether this was an issue specifically within the nursing population and whether nurses' longevity of service affects subjective well-being. This issue needed to be explored; as the need for nurses continues to increase, more and more nurses would be exposed to the increased risk of secret keeping and its consequences (i.e., substance abuse, burnout, psychological distress, retention). This increase would, in turn, affect nurses' ability to stay in the profession. With the worldwide shortage of nurses, research that would provide evidence about how to increase their retention would be highly regarded.

Through this study, I sought to provide a greater understanding of whether there was a correlation between secret keeping and subjective well-being and whether there was a difference in secret keeping and subjective well-being between early-career and late-career nurses. This understanding can benefit professionals in healthcare corporate administration and human resources by leading them to the development of interventions given in a timely manner to early-, mid-, and later-stage career nurses. These interventions would be aimed at decreasing nurses' substance abuse, deteriorating health, mental health issues, and sick time to increase their productivity, thus promoting better quality patient care.

This study bridges a gap in nursing research by providing current data on the relationship between secret keeping and subjective well-being among early-career and late-career nurses by examining how those differences impact nurses' retention. This study also provides new data on the implications of secret keeping in the nurse population and how it relates to nurses' years of service. Further, it sheds light on whether the information concealed consists of personal secrets of nurses or secrets of their unhealthy behavior and lifestyle, patients, family members, or friends, and the potential adverse effects of secret keeping on nurses' quality of life. Finally, I sought to develop recommendations for future research on interventions to minimize secret keeping concerning unhealthy behaviors and lifestyle among nurses.

Summary

Chapter 1 included an outline of major key points in this research study including the background of the problem, the problem statement, the purpose of the study, and research questions and hypotheses, as well as discussion of the theoretical frameworks used during this study. Secret keeping, especially related to unhealthy behavior and lifestyle, job anxiety, substance abuse, chemical dependence, stressful life challenges, or at-home problems among nurses, frequently developed into a burden of psychological distress and health problems among nurses (Morrissy et al., 2013). Secret keeping also contributed to nurses leaving the profession. With a growing worldwide shortage of nurses, the research has indicated there is a gap in the existing literature and a need for better understanding of the factors that contribute to nurse retention. As the nursing group was in particularly high demand, a focus on the effects of secret keeping across their

careers could not only address the current gap in relevant literature but also contribute to an increased understanding of how to increase this group's retention rate.

Studies suggested that secret keeping is the act of concealing personal information that developed in time to a burden of psychological, emotional, and health problems, which in turn developed into unhealthy behavior (Cares, 2015). This research study focused on the impact of secret keeping among nurses and addressing the gap in the research on secret keeping among nurses and its effects on nurse retention. Understanding the issues that plagued the nursing community and determining methods that helped prevent nurse burnout due to secret-keeping are the first steps toward reducing the amount of nurses who left their jobs. Once completed, it was my hope that this study's findings would provide gateways to address the shortage of data concerning the three variables showing the growing need to investigate how to be more effective in retaining nurses would contribute to social change and a safe place for nurses to disclose their unhealthy behaviors that impact nurses' retention. Current research indicated that there was a need for social change in terms of allowing nurses a respite from the stresses of their jobs so that they would remain in those jobs.

Chapter 2 provides a review of the literature, with special focus upon several central themes, including coping strategies among nurses who were stressed out, the relationship between secret keeping and well-being, and factors that influence chemical dependence among nurses.

Chapter 2: Literature Review

Research has indicated that over time, nurses who became compassion-fatigued could experience substance abuse issues, debilitating anger, irritability, and a "diminished sense of enjoyment and impaired ability to make decisions," [thus] impacting patient "care" (Jarrad, 2018 p. 2). "Nurses in such a state did exhibit inappropriate behavior including self-coping by taking drugs and alcohol. Studies showed that "alcohol and other substance used by nurses potentially places patients, the public, and nurses themselves at risk for serious injury or death" (Strobbe & Crowley, 2017, p. 104). On another note, Boulton and O'Connell (2018) found that student nurses were misusing prescription drugs and illicit drugs, which impacted their performance and led to behavior issues. For Boulton and O'Connell, another concern was the influence of drug usage among student nurses who were "non-users" (p. 310). Previous studies (e.g., Morrissy et al., 2013) suggested that graduate nurses struggled with depression, pessimism, and anxiety, which led to self-medicating and substance abuse, which correlated with poor work performance, tardiness, and absenteeism. In addition, nurses were being "influenced primarily by turnover and retention," [which] "was a global issue that affected patient mortality and outcomes, nursing satisfaction, burnout, and intentions to remain in the nursing profession" (Hinson & Spatz, 2011, p. 103). Research also showed that depression among nurses can be a result of unhealthy behavior, job-related stress, a stressful life challenge, or problems in the home (Morrissy et al., 2013). Strobbe and Crowley (2016) found evidence that substance abuse "among nurses was similar to that of the general population" (p. 1). The focus of Strobbe and Crowley's (2016) research

was the impact of secret keeping among nurses. In fact, their research confirmed that relatable factors of one's family history, stressors (such as work), emotional pain that leads to depression, and having access to medicine opens the door for nurses to become vulnerable to addiction (p. 1). Because of this vulnerability, the nurse was in an impaired position, impacting his or her performance and rendering him or her incompetent, or appearing incompetent.

Nurses who concealed personal secrets invoke symptoms of anxiety that impact their work performance, attendance, and health (Kelly & Yip, 2006). Nurses who become dependent on chemicals or other substances were found to be "more likely to experience symptoms of depression and anxiety," which cause isolation (Kenna & Wood, 2005, p. 226). Isolation could cause nurses to keep secrets about their substance abuse (Kenna & Wood, 2005). Further, concealing secrets could cause nurses to leave their jobs. According to Sheridan-Leos (2008), nurses who concealed their painful experiences from the lateral violence directed at the nursing population also impacted the nursing shortage that is a threat to the "health and well-being of all citizens in the United States" due to increasing retention issues (p. 400). With a growing worldwide shortage of nurses, it was important to examine this issue of nurse retention. Secret keeping could "be associated with stress-related health problems" such as cancer, and "heart disease," that could lead to poor behaviors and negative lifestyle changes (Nair et al., 2016, p. 2). "Self-concealment" of personal problem could minimize coping and impair one's "social" ability (p. 2). Research indicated that student nurses conceal "alcohol-related injuries and decrease their well-being as they attempt to assimilate into a socially acceptable practice"

(Nair et al., 2016, p. 1). Concealing minimized the embarrassment but left an open door to use secret keeping as a coping mechanism, which caused nurses eventually to go into an addictive mode (Nair et al., 2016). Oftentimes, student nurses used the excuse that the substance habit helped them to cope; however, they did not realize that this coping mechanism would lead to a destructive lifestyle (p. 3). In turn, the outcomes of the lifestyle could be the demise of their careers or even their deaths. Student nurses are the future healthcare professionals; however, substance abuse could adversely affect nurse retention.

It was important to focus on nurse retention, specifically because the world's population was growing, and there was a need for a greater number of nurses. If the high acuity patients to whom these nurses were exposed create stressors that lead the nurses to secret keeping and its dangerous consequences (i.e., burnout, psychological distress, unhealthy behaviors), they have a higher likelihood of leaving the profession. According to Jarrad et al. (2018), nurses did not reveal that they were burned out due to the shortage of nursing professionals. Therefore, nurses self-medicate, believing erroneously that the substance would give them the energy they needed to make it through their shifts, despite their intellectual understanding of the side effects and outcomes of taking drugs. Jarrad et al. (2016) found that nurses consume sleeping pills to relax and to get some rest, not knowing that they were at a point of experiencing compassionate fatigue, depression, and anxiety. Although there were more nurses entering the workforce, there was currently a growing shortage due to the aging Baby Boomer population (Buchan et al., 2015). Increasingly, aging people need healthcare, and the responsibility falls on nurses to

provide that care. For the purpose of this study, nurses were defined as nursing practitioners who work in facilities including hospitals and trauma centers (Hamric et al., 2013). Unlike community nurses, who typically focused on promoting health and preventing or lowering the risk of disease and offer services from a community setting, this study focused on nurses who work with chronically ill patients with acute illnesses and offered services from an acute care setting (see Hamric et al., 2013). Nurses primarily supplied the nursing labor force in hospitals and work at the bedsides of patients. Over the last 10 years, the nursing population has experienced a shortage that continues to grow, placing greater workloads and strain on nurses (Buchan et al., 2015). Nurses faced increased psychological distress regarding concealing personal problems, which impacted their job and homelife.

Brandford & Reed's (2016) research indicated that nurses concealed their depression at a rate almost double the percentage of other professionals from other industries. Oftentimes, nurses were not aware that they were clinically depressed, which impacted colleagues and work environment. Subsequently, only was the nurse at risk, but he or she was risking the organization for which the nurse worked, not really understand that the "workplace was of vital importance" (p. 488). Thus, everyone within the organization was at risk. Morrissy et al. (2013) found concealing behaviors would eventually develop into a burden of psychological distress and health problems among nurses. Research also showed that depression among nurses could be due to concealing stressful life challenges, and problems in the home that the nurse is uncomfortable sharing (Lampert, 2016). On another note, Sheridan-Leos's (2008) research indicated

that nurses who were dealing with depression due to experiencing lateral violence "could experience physical symptoms, such as weight loss or gain, hypertension, cardiac palpitations, and irritable bowel syndrome" (p. 400). This was particularly true when nurses concealed symptoms of job anxiety, which impacted their work performance, attendance, and health (Kelly & Yip, 2006). Therefore, the "outcome of working in this type of environment was job dissatisfaction, psychological distress" and retention (Sheridan-Leos, 2008, p. 400). Nurses who became dependent on chemicals or other substances were found to be "more likely to experience symptoms of depression and anxiety," which caused isolation. Isolation might have caused nurses to keep secrets about their substance abuse because they feared loss of employment and even licensure (Kenna & Wood, 2005, p. 230). Due to the challenges nurses faced, Hogan, Moxham, & Dwyer's (2007) research indicated that there was a shortage of skilled nurses. Despite this knowledge and research on secret keeping among nurses, there was a gap in the research about nurse retention; little was known about whether there was a difference in secret keeping and subjective well-being among early-career and late-career nurses and the results would provide awareness in this profession and highlight the need for support and resources.

The research question guiding this study was: What is the relationship between secret keeping and subjective well-being among nurses impacting the shortage in nursing? To answer this question, a full review of the existing literature was necessary to understand the breadth of the literature on this topic and to understand the research needed to close the current gap. Several articles highlighted certain themes in the review

of the literature. Some of the common themes that emerged were coping strategies among stressed-out nurses; the relationship between secret keeping and subjective well-being; and factors that influence chemical dependence among nurses and that, in turn, impact nurse retention.

Literature Search Strategy

To conduct the literature review, the researcher explored electronic databases such as Google Scholar, CINAHL, PsycINFO, JSTOR (Journal Storage), and ProQuest Dissertations and Theses. The researcher conducted a conventional literature search using keywords "secret-keeping" and "nurses." In order to expand the search, the researcher used the following terms in varying combinations and orders until saturation was reached: "psychological problems," health challenges," "self-disclosure," "unhealthy behavior," "chemical dependence," "coping strategies," "social support," "secret keeping and well-being," "nurses' retention," "lateral violence," and "nurse chemical dependence." After reviewing the articles, the researcher was able to narrow the search to articles that were relevant to the scope of this study. Data was integrated from a number of diverse but related quantitative studies to gain a deeper understanding of the scope of this study.

The researcher used online databases such as Google Scholar and EBSCO Host (through the Walden University Library), as well as various academic journals to search for the documents used in this literature review. The first parameter for each search was year; specifically, this research study only used articles published since 2012. In some cases, articles published prior to 2012 were included specifically due to their value to this

study. If there were no pertinent findings, the search was expanded to include the past ten years. Each search was narrowed to include only peer-reviewed journals.

Theoretical Foundation

Seligman's well-being theory was appropriate for use in this study because the goal was to determine the relationship between secret keeping and subjective well-being among nurses, and to show that there was a difference between secret keeping and subjective well-being for early-career nurses and late career nurses impacting retention. This goal also included an examination of unhealthy behaviors or health issues among nurses, and the extent to which they were affected by their secret-keeping (to the point of affecting remaining in their careers).

As noted earlier, the well-being theory, which is based on positive psychology, was based on five elements: positive emotion, engagement, relationships, meaning, and accomplishment, or PERMA (Jayawickreme et al., 2012, p. 330). The "pursuit and attainment of the five elements would lead to one's well-being," and this attainment may have led to the individual "flourishing as a result" (Seligman, 2012, p. 163). The results of this study indicated that there was a significant difference between secret keeping and subjective well-being, the researcher proposed future research that examines interventions that did have the potential for nurses to pursue happier lives and to remain in their careers.

Because Seligman's (2012) well-being theory focused on happiness and subjective well-being, and it had been determined that secret keeping among nurses negatively affects well-being happiness, and impacting nurses' retention (Morrissy et al.,

2013; Noffsinger, 2014), it made sense that the well-being theory was appropriate for to use in this study. Nurses needed to have a feeling of attachment to others or experience a sense of belonging in order to feel as if their well-being (subjective well-being) was cared for and that they were happy, which related directly to research questions 1 and 2 (Seligman, 2012). Learning how to use appropriate social skills and how to manage their emotions would help nurses make social connections so as to feel attached to others or have a sense of belonging, which would help to alleviate their secret-keeping burdens and encourage healthier responses to their stresses (Seligman, 2012). In other words, a nurse who have a confidante would likely not participate in as many destructive behaviors (i.e., unhealthy behaviors, habits, etc.) and would be likely to remain in his or her chosen career path. A portion of Seligman's well-being theory was dedicated to determining the relationship between nurses' satisfaction and well-being and the relationships in their lives (Seligman, 2012).

As noted earlier, the well-being theory, which was based on positive psychology, was based on the five elements of PERMA: positive emotion, engagement, "relationships, meaning, and accomplishment (Jayawickreme et al., 2012, p. 330). The "pursuit and attainment of the five elements was led to one's well-being." This attainment might lead the individual to "flourish… as a result," discontinue unhealthy practices, and remain in his or her career (Seligman, 2012, p. 163).

Conceptual Framework

This section identified the theory that provided the foundation for the research study. It also contained an explanation of how the problem under investigation related to

the theory. Additionally, the researcher identified and described the seminal source for each theory presented in this section.

Seligman's well-being theory, which was based on positive psychology, did serve as the theoretical framework for this study. Developed in 2012, Seligman's well-being theory was based on five elements, which are known by the acronym PERMA: positive emotion, engagement, relationships, meaning, and accomplishment" (Jayawickreme et al., 2012, p. 330). Positive emotion was a "subjective positive view of the present, past, and future" disposition of nurses (Asebedo & Seay, 2015, p. 162). Engagement reflected the "psychological state" of the nurses' complete involvement in "some particular task or activity" (p. 162). Positive relationships focused on the "pursuit of positive, healthy … relationships with others" (p. 163). Meaning referred to nurses' "full utilization of" [their] abilities "to contribute and belong to something believed to be bigger than" themselves (p. 163). Accomplishment related to nurses' "pursuit of success, mastery, realization of goals, and" achievements (p. 163). Seligman's theory indicated "that the pursuit and attainment of the five elements" would lead "to" one's "well-being and" that this attainment would lead to the individual "flourishing as a result" (p. 163). The results of this study indicated that there was a significant difference between secret keeping and subjective well-being; therefore, the researcher proposed future research that examines interventions that have the potential for nurses to pursue happier lives.

The conceptual framework used for this study was a new, extended look at secret keeping among nurses. The purpose of this study was to address the gap that was not currently known in the literature concerning the relationship between secret keeping and

subjective well-being among early-career and late-career nurses that impacts nurses' retention. The variable of secret keeping was measured by the Self-Concealment Scale (Appendix B). The variable of subjective well-being was measured by the Subjective Well-Being Scale (Appendix A) from the WHO-5 Well-Being Index (1982). The researcher used the Nurse Retention Index Scale (Appendix C) to measure the variable of nurses' retention. Since no previous studies called for a need for this research, the conceptual framework was designed by the researcher alone.

To conduct this study, the researcher relied on surveys using the subjective well-being scale and the WHO-5 well-being index. The independent variables were early-career and late-career nurses, and the dependent variables was secret keeping, subjective well-being, and nurses' retention among early-career nurses and late-career nurses. The studies was conducted by surveying participants (n = 130) who had rated their happiness/subjective well-being according to the subjective well-being scale and the WHO-5 well-being index. The "sample size for each group" was 64, with a total sample of 128 participants was determined by using the "G-Power" 3.1 " the" appropriate "sample size for" t-tests for two independent samples (Faul, Erdfelder, Buchner, & Lang, 2009, p. 2). The statistical parameters used in calculating the appropriate sample for t-tests for two independent samples included an effect size of 0.50, "power of .80, alpha level of .05," and a two-tailed test (p. 2). After determining nurses' levels of subjective well-being, the nurses were asked if they harbor secrets or participate in secret-keeping. Nurses who do keep secrets was compared against nurses who did not keep secrets to

determine a correlation, if any, between secret keeping among nurses and subjective well-being.

Since another part of this study was to determine if (that) there was any relationship between secret keeping and subjective well-being between early-career and late-career nurses, results were coded in such a way that early-career nurses and late-career nurses' answers was analyzed separately to determine if the subjective well-being of early-career and late-nurses harbored secrets was affected in different ways.

Further, the researcher explored the extent to which nurses were affected by their secret-keeping to the point of affecting their physical and mental health, job performance and "job engagement for all nurses in various stages of their careers" (Hinson, 2011, p. 104). In this quantitative study, the chosen theory, Seligman's well-being theory, justified the quantitative phenomena being investigated. Seligman's (2012) well-being theory focused on happiness and subjective well-being. It was determined that secret keeping among nurses negatively affects well-being and happiness (Morrissy et al., 2013; Noffsinger, 2014); therefore, it made sense that the well-being theory was the appropriate for use in this study. The research question that guided this study aligned with well-being theory and illustrated how the study fit within the prior research based on the theory. Overall, the research in this section demonstrated the relevance of this theory to this study. The discussion also reflected knowledge and familiarity with the historical development of the well-being theory.

Methods

This was a quantitative study using a survey method to collect the data. The researcher determined that the survey method was the best selection for this study because the purpose of the study was explored both the relationship between secret keeping and subjective well-being among early-career and late-career nurses that impacts retention. The variable of secret keeping was "measured with the Self-Concealment Scale" (Appendix B). Larson & Chastain (1990) "designed" this scale to measure how an individual's concealed secret was perceived as "distressing or negative" (p. 3). The variable of subjective well-being was measured by the Subjective Well-Being Scale (Appendix A) from the WHO-5 Well-Being Index (1982). Bech (1982) designed the Subjective Well-Being Scale to "assess both positive and negative well-being" (p. 1) in participants who concealed secrets that consisted of painful or "personal intimate information" (p. 1). "The WHO-5" method "was validated in a number of studies with regard to both clinical and psychometric validity" (p. 2). The variable nurses' retention was measured with the Nurse Retention Index Scale (Appendix C), which was designed to measure the rate of retention in nursing. The independent variables was early-career and late-career nurses and the dependent variables was secret keeping, subjective well-being, and nurses' retention among early-career nurses and late-career nurses.

Non-probability sampling, which included quota sampling based on the researcher's choice rather than the use of probability, was used to recruit participants. "Quota sampling was a non-probability sampling technique" in which "the assembled sample was the same proportions of individuals as the entire population" in regard "to"

specific “characteristics or” qualities (i.e., secret keeping) (Im & Chee, 2004, p. 295). Im & Chee (2004) suggested the use of “a quota sampling method to recruit a similar number of participants from diverse socioeconomic and ethnic groups” (p. 295). However, although Im & Chee (2004) previously reported that quota sampling had been suggested as appropriate for internet sampling, they also reported in a subsequent study that there was limited data regarding issues with and concerns about using quota sampling in internet research. Available data suggested that issues and concerns include, but will be limited to, the “inability to validate participants’ identification” and that online sampling required “a longer time [to complete the study] …more expense than anticipated, and lack of generalizability” (Im & Chee, 2011, p. 381).

Instrumentation

The instruments used in this study included the Subjective Well-Being Questionnaire (SWB), the Self-Concealment Scale (SCS), the Nurses’ Retention Index Scale (NRI), and a researcher-developed demographics instrument, all of which were administered in survey format.

A short demographic survey was used to obtain information on the personal characteristics of the participants, including age, gender, educational level, and length of time as a nurse. The items were designed to obtain open-ended responses from the nurses.

Literature Review Related to Key Variables and/or Concepts.

Types of Secrets Among Nurses

According to Boulton & O’Connell (2017), nurses were a threat to others when they are trying to cope with their own personal problems; however, coping by abusing

substances and concealing their unhealthy habits. Research showed that a percentage of nurses who abuse substances adopted the habit as a means of coping with personal problems while completing nursing school or even before. Ling et al. (2017) found that nurses' competency was impacted by addiction. Comín et al. (2014) found that doctors and nurses were more than likely had a "dual diagnosis," dealing with mental issues and substance abuse (p. 156). When "doctors and nurses experienced emotional or mental distress, they resorted to self-medicating" when concealing personal struggles and work-related stresses (p. 157). In their own eyes, they are coping; but, in reality, they were making their situations worse, and the end results may be deadly. Carrying this type of secret impacted their subjective well-being and eventually impacted the retention of nurses in the profession. Morrissy et al., (2013) learned that keeping personal secrets among nurses frequently developed into a burden of psychological distress, health problems, and unhealthy behaviors. The existing literature indicated that nurses kept many different types of secrets, from problems at home, such as domestic abuse, to chemical dependence, such as drug abuse (Morrissy et al., 2013; Noffsinger, 2014). Nurses endured the same types of life struggles as other professionals in the American workforce, regardless of industry. When the nurse decided to keep this life struggle a secret at his or her workplace, the secret-keeping becomes overwhelming (Morrissy et al., 2013). Since nurses were tasked with heavy responsibilities and workloads, instances in which they choose to keep secrets about their personal problems from their colleagues had been shown to decrease nurses' job performance effectiveness (Buchan et al., 2015). This was particularly true when nurses concealed symptoms of anxiety that impacted

their work performance, attendance, health, and retention (Kelly & Yip, 2006). According to Sheridan-Leos (2008), nurses suffered in silence with psychological issues "such as depression, acute anxiety, posttraumatic disorder," due to personal problems and then to be impacted with the lateral violence in the workplace upon job dissatisfaction (p. 401).

There were situations or events that might cause nurses to keep their unhealthy behaviors secret in the workplace due to a fear of job loss. Most nurses struggled with confidentiality, even when nurses knew that they were keeping secrets of unhealthy behaviors or practices. Some nurses sought drugs or chemicals to deal with the secrets they kept (Phiri et al., 2014). The types of drugs or chemicals they chose might depend upon the types of secrets that nurses were likely to keep. In a study, Berryman (2002), for example, found that nurses were more likely to keep secrets because "the nursing profession was itself involved in secret keeping (p. 2)," compared to other medical professionals such as doctors. Studies indicated that a percentage of doctors also concealed secrets of unhealthy behaviors and lifestyles due to personal problems and the lack of self-care (Bruguera & Casas, 2014). This was especially true when it came to drug abuse by nurses, where there was a "culture of acceptance of certain drug use," specifically because of the "current difficulty in dealing with problem drug use among nurses" (Berryman, 2002, p. 3). In an exploratory thesis, Berryman (2002) explained:

> Nurses in the three sub-studies viewed the use of alcohol, tranquillizers (especially benzodiazepines), tobacco and, to a lesser degree cannabis, as acceptable substances for their personal use (McHugh et al., 2011). However, the

> nursing profession only viewed these substances as problematic when nurses developed problems and dependencies because of their usage. In fact, the study indicated that a percentage of nurses did use in order to cope with personal problems they were concealing. The profession negatively regarded use of even small amounts of substances such as heroin, amphetamines, and cocaine. … When problematic use of any of these substances were evident severe nurse censure led to termination of employment of the individual nurse (McHugh et al. 2011).

Berryman's (2002) "study was divided into three separate sub-studies." "Sub-study" 1 focused only on "interviews with 39 key informants and stakeholders in nursing in Victoria," Australia (p.3). "Sub-study 2 included" 11 "in-depth interviews with Victorian nurses who" identified themselves as dependent on substances ("drugs and/or alcohol") because of the personal problems that were non-work related and who were also "confirmed" as addicted "using DSM-IV criteria (p. 3)." "The interviews" with this second sub-group were analyzed using a "grounded theory approach" (p. 4). Finally, "the third sub-study" group "was a cross-sectional survey of 535 nurses" who worked in one of "three hospitals in Victoria" (p. 6). The purpose of this third study "was to investigate drug and alcohol use by nurses and to collect demographic data" (p. 6). This study was valuable in that it found that nurses were generally lax in reporting their colleagues' drug abuse, viewing it as acceptable and a mirror of their own struggles that are out of control and could potentially lead to job loss. Drug used were also found to be one of the main reasons for secret keeping "in the nursing population" (Morrissy et al., 2013, p. 165).

Comin et al., (2014) found that because of the “dual diagnosis of mental” health “and substance” abuse, addictions among doctors or nurses would more than likely resulted in “poor health and failed treatments” that would impact their ability to practice (p. 157). In fact, according to Nair et al. (2016), when nurses “misuse alcohol and use drugs, their health would [deteriorate, leading to] liver, heart, pancreatic damage; mood and behavioral changes, and decreased immune system” effectiveness (p. 13). The shortage in nurses would increase due to negative outcomes of these unhealthy behaviors and lifestyles. The literature revealed many other factors, such as personal issues and health challenges, that would cause nurses to keep secrets.

Factors that Influence Chemical Dependence among Nurses

Selek et al. (2012) conducted a study in which they examined nurses who experienced domestic violence at home. The results of the study show how the nurses reacted to the domestic violence in their personal lives. The researchers found that of the 22 nurses who experienced abuse by their spouses at home, none took legal action to stop the abuse or leave the partnership (Selek, 2012). Nurses who were domestic violence victims had to keep the secret of domestic abuse and often suffered the strain of maintaining the secret, thus affecting their well-being and their job performance, in turn developing unhealthy behaviors. Oftentimes because of what the nurse had experienced negatively, he or she used prescription or illicit drugs to cope and to bury unhealthy thoughts and suppress pain and hurt (Cares et al., 2015). Unfortunately, these same nurses who were being abused and had decided to keep the secret also had higher rates of smoking, using potentially deadly substances, and increased miscarriage rates, illustrating

that the psychological issues associated with secret keeping, even in personal situations, had drastic negative effects on nurses and job loss (Selek et al., 2012). The unbearable thought that was kept in secret that mental illness was a factor, the nurse concealed because he or she feared the treatment he or she would receive from colleagues. So rather than disclose painful information about him- or herself, the nurse self-medicates, putting colleagues and patient care at risk (Cares et al., 2015). Many nurses tried to conceal such personal and damaging information because they feared job loss and stigma (Cares et al., 2015).

It was important to note that domestic abuse could take on many forms. According to Selek et al. (2012), those forms of abuse that nurses suffered included physical or sexual violence and economic abuse, in which one spouse (usually the woman) were unable to have any financial control for purchases (Selek et al., 2012). These were just some of the documented types of secrets that nurses forced to keep. Although these secrets might have nothing to do with nurses' professional lives, the fact that nurses as individuals might be dealing with these burdens, deciding (for whatever reason) not to share their secrets with others, nurses were still facing the psychological burdens and stressors associated with secret keeping. Some of the consequences of these stressors and burdens included burnout, lowered capacity for caregiving, and other elements that contributed to decreased patient-care quality and nursing turnover (Morrissy et al., 2013).

Therefore, it made sense that when some nurses felt compelled to keep secrets for the long term, they might use drugs, such as tranquilizers and benzodiazepines, to cope

with the stress. Phiri et al. (2014) found that concealing unhealthy lifestyles caused depression, resulting in health concerns such as “obesity, hypertension, diabetes, coronary heart diseases,” which in turn caused self-medicating (p. 2). Chemical dependency had been a topic of study in research works by Burns (1998), who found that several factors contributed to chemical dependence among nurses. Those included interpersonal influences, situational factors, and behavioral factors.

On another note, nurses who were compassion fatigued were known to use substance to get through the date, plus cope with personal issues (Jarrad et al., 2018). Jarrad et al. (2018) found that the substance abuse that started off casually often led to an addiction. Nurses who concealed personal problems handled stressful situations poorly, responding with self-harm and unhealthy behaviors and lifestyles (p. 1). For example, nurses who concealed personal problems and who worked in high-stress trauma environments, such as the emergency room, critical care, brat team, etc., were known to have poor coping strategies and to indulge in alcohol and substance use (Francois & Fillion, 2007). For one, the emotional stressors in concealing personal problems and working in specialty units, are emotionally draining, which could cause mental anguish, which could lead to poor coping skills that open nurses to unhealthy behaviors. One of the biggest concerns about working in these units, was that nurses do not destress from their workday, but battle anxiety, “multiple bereavement” cases and the “powerless” moments when patients were suffering (p. 2). The nurses’ outcomes were “psychological” distresses, depression, unhealthy behaviors, and lifestyles, “burnout,” and, potentially, diminished nurses’ retention in the profession (p.3).

Interpersonal Influences

Interpersonal influences included the "genetic and environmental influences of family and significant others," the ease of access" to "medications in the workplace, and the influence of the nursing education process" (Burns, 1998; Cares, 2015, p. 61). Additionally, Burns (1998) and Cares (2015) found concealing personal problems such as "stress from familial, marital, and interpersonal" conflicts to be significant factors in influencing nurses to become chemically dependent (p. 61). Personal factors such as nurses concealing that they were dealing with domestic violence in their homes could sometimes influence nurses to make choices that lead to chemical dependence. Other factors that influence nurses to become addicted to substances included heavy workloads and overwhelming responsibilities in their professional lives (Burns, 1998; Cares, 2015, p. 62).

Situational Factors

Burns (1998) and Cares (2015) found that nurses who were concealing personal problems were likely to become dependent upon chemicals and other substances when they faced stress and burdens at work due to the environments in which they live and work. Specifically, Burns (1998) stated:

The health care delivery system provided an environment that supported the attitudes, beliefs, values, and practice of the administration of medications to relieve pain and suffering, both physical and mental. The environment also supported the behaviors of diversion with relative ease of access to medications, and enabling, denials, and concealment by nurse colleagues. (p. 64)

These findings were also reflected in updated studies by Lillibridge et al. (2002), Berryman (2003), and Reknes et al. (2014). In other words, nurses who concealed their personal problems were likely to turn to chemicals and other drugs and were fully vulnerable because the hospital fully supported the use of drugs to aid in the healing of physical or emotional injuries. Nurses whose secrets involved drug abuse often find the symptoms of secret keeping exacerbated when the tools to continue the secret (i.e., drug abuse or chemical dependence) were easily available to them (Burns, 1998).

Behavioral Factors

Behavioral factors included previous experience with chemical dependency, which "increased the" likelihood that the nurse would re-involve him- or herself in dependency upon substances again (Brandford & Reed, 2016, p. 500). The fear of keeping secrets about unhealthy behaviors and of losing control to the point of death (Brandford & Reed, 2016). The loss of their jobs, possessions, families, and friends because of addiction and depression (Brandford & Reed, 2016). According to Burns (1998), nurses involved themselves in chemical dependencies to achieve outcomes in "both cognitive and/or psychomotor skills: Nurses had extensive experience and knowledge relative to efficacy and outcome expectance for the administration of medications to relieve pain and stress" (p. 64).

In the same sense that nurses became dependent on chemical substances due to their environments at home and work, they also became dependent due to behavioral factors. In the workplace, they were constantly around chemical substances. Thus, nurses who were struggling with substance abuse were, because of their secret drug use, likely to

use these chemical substances to dull or ameliorate their pain (Burns, 1998; Cares, 2015). In the same way that many nurses who suffered in silence from domestic abuse had mothers who also suffered domestic abuse (Selek et al., 2012), it made sense that these same nurses used the same learned behaviors, which led them to using drugs to cope with their secret keeping. With that being said, nurses suffered in silence or in secret, which brought on depressive symptoms, leaving the nurse feeling hopeless and vulnerable to substance abuse (Brandford & Reed, 2016). Suffering in silence or keeping unhealthy behaviors secret left the nurse struggling with "feelings of guilt, irritability, restlessness," along with loss of concentration, no interest, anger and becoming difficult to deal with (p. 488).

The Roles of Nurses

In a 2005 study, Kleinpell sought to determine the role of nurses who work in the hospital and were the primary nurses involved in the "direct care of patients with acute and critical" illnesses (Noffsinger, 2014, p. 269). Kleinpell (2005) and Noffsinger (2014) found that in their roles, nurses were responsible for activities such as caring for patients at bedside, administering medications, prepping patients for procedures, performing diagnostic tests, analyzing results, recording patients' symptoms, assisting in patient rehab, follow-ups, harvesting bone marrow, inserting chest tubes, administering chemotherapy, adjusting medications, removing sheaths, preforming and interpreting stress tests, and obtaining skin biopsy specimens.

Building on Kleinpell's (2005) research, Noffsinger (2014) also determined that these nurses spent "80% of their time" involved in activities "for clinical care" based on

trauma “and” acute care surgery service (p. 268). Noffsinger (2014) also found that the majority (approximately 30%) of respondents to his survey had only one to three years of experience as trauma nurses. This finding might be an indicator of how nurses handled stress; they felt overburdened and overwhelmed due to a lack of experience with trauma patients. Phiri et al., (2014) indicated that nurses who concealed personal problems and who did not manage their stress were at high risk of unhealthy behaviors in order to cope with job-related stressors, personal problems, and their home lives. This information, combined with Burns’s (1998) and contributed greatly to the likelihood that they became chemically dependent or developed psychological problems or other health challenges, especially when coping with hiding a secret (Morrissy et al., 2013, p. 162).

These factors also indicated that early-career nurses who concealed personal problems were more likely to become addicted to substances to mitigate their stresses than late-career nurses (Burns, 1998; Lillibridge et al., 2002; Morrisy et al., 2013; Reknes et al., 2014). It was also important to note that secret keeping among nurses could either a cause or an effect (or both) of chemical dependency and drug abuse. In other words, nurses harboring secrets that were unrelated to chemical dependency/drug abuse (such as domestic abuse in the nurse’s personal life, an HIV-positive status, or even personal information a patient had shared with him or her that must be kept confidential), and the burden of harboring that secret encourages them to use drugs or become chemically dependent to cope. Boulton & O’Connell (2017) found that student nurses concealed their stressors and homestead problems for fear of being forced to leave the program; thus, they resorted to substance abuse. On the other hand, a nurse might become

chemically dependent and then kept his or her addiction a secret, causing the same issues associated with secret keeping (psychological stress, etc.). Ironically, this also works a third way: a nurse kept a secret, such as spousal/domestic abuse, the stress of which caused him or her to turn to drugs and became chemically dependent. Dittman (2015) indicated that nursing students were vulnerable and not sure how to disclose their chemical dependence; therefore, they stay isolated with the secret, which then took a toll on their health. Thus, another problem arose: keeping the secret of his or her own chemical dependency. Although chemical dependency or drug abuse was not always the case for secret keeping among nurses, it was one of the main causes for secret keeping in this population.

As noted earlier, research has indicated that keeping personal problems secret among nurses frequently developed for them into a burden of psychological distress, health problems, and increased turnover among nurses (Morrissy et al., 2013). Friedlander et al. (2012) found that self-concealment of painful personal information caused distress to the point of suicidal ideation, especially since nurses were exposed to severe stressors “such as end-of-life care” for patients and chronic illnesses among patients (Noffsinger, 2014, p. 268), it was important to address secret keeping in this population before nurses experience the psychological distress and health problems associated with secret keeping. Especially since, unlike nurses in other specialty areas, nurses are exposed to severe stressors “such as end-of-life care” for patients and”chronic illnesses among patients (Noffsinger, 2014, p. 268), it was important to address secret

keeping of personal hurts and pain in this population before nurses experience the psychological distress and health problems associated with concealing personal problems.

Because of the nature of their jobs, “nurses were more likely than general” care nurses to suffer stressful burdens and consequently had an increased risk of burnout and employment turnover (Gao et al., 2012, p.3). When nurses harbor secrets or engage in some form of concealing personal problems, they were at a greatly “increased risk of psychological” distress, culminating in drug use/abuse, impacting their work performance, attendance, and health (Kelly & Yip, 2006, p. 1355; Gao et al., 2012). Nurses who became dependent on chemicals or other substances were found to be “more likely to experience” symptoms “of depression and anxiety,” which led to feelings of isolation and causes nurses to keep secrets about their substance abuse (Kenna & Wood, 2005; Morrissy et al., 2013, p. 163). Dittman (2008) “research indicated that” depression was a suppressor “among nursing students” because of the vulnerability, stress, and fear of sharing the truth that they were struggling and in need of some assistance (p. 327).

Over the last ten years, the nursing population had experienced a shortage that continues to grow, placing greater workloads and strain on nurses (Buchan et al., 2015). Graduate nurses struggled with depression, pessimism, and anxiety, which led to self-medicating and substance abuse, which correlate with poor work performance, tardiness, and absenteeism (Morrissey et al., 2013). Early-career nurses had found to conceal their fears about being incompetent and about achieving work–life balance during the transition from being students to working as full-time nurses (Cares et al., 2015). An early-career nurse’s inability to cope with secret keeping, whether those secrets were

from their personal or professional lives, could contribute to the negative repercussions associated with secret keeping (chemical dependency, psychological distress, etc.).

Coping Strategies

Nurses turn to chemicals or other substances when concealing personal problems and work related stresses. Caregivers (nurses) must develop a support system to feel confident to share personal problems and self-care strategies to reduce stressors to change job burnout and help nurses with unhealthy behaviors such substance usage (Richards, 2014). Typical preventive strategies included a safe place for nurses to share, substance abuse assistance, exercise, relaxation, getting enough sleep, eating properly, and engaging in support groups when needed (Bush, 2009). Stults-Kolehmainen & Sinha (2014) conducted a study that examined how coping strategies were related to the variables of stress and strain in nurses who "were responsible for the care" and well-being of "critically ill patients," terminally ill cancer patients, and chronically ill patients (p. 4). Sacco et al (2015) found that healthcare came under the most stress when concealing personal problems, physical strain, vocational strain, and responsibility. Likewise, nurse caregivers also felt pressures due to role overload, responsibility, role ambiguity, and physical environment (Stults-Kolehmainen & Sinha, 2014). Based on the study findings, Lee (2016) made the following recommendations:

Stress Management

Have stress management sessions and support groups on site for nurses to attend during breaks, lunchtime, or after each shift. This same concept was shared in research by Kravits et al. (2010). Following a study, the researchers determined that support groups

provided support, and a low sense of personal accomplishment, emotional exhaustion, and depersonalization were the highest-rated factors for nurse burnout and fatigue (Kravits et al., 2010). Consequently, Kravits et al. (2010) suggested nurses use stress management techniques to cope with personal problems and to avoid these problematic elements in the nursing field. Some stress management techniques specifically mentioned included: (1) believe in internal locus of control, (2) create achievable goals, and (3) maintain positive mood (Kravits et al., 2010). The researchers also noted that these goals interact with each other; for example, nurses who subscribe to the concept that they had "an internal locus of control were more likely" to create achievable goals than nurses who were not aware of this inner source of self-empowerment. Likewise, nurses who create achievable goals maintain a positive mood; the nurses who were able to create achievable goals in turn are able to maintain their positive moods (Kravits et al., 2010). Other forms of stress management included relaxation techniques, regular exercise, or self-awareness, among other strategies, to promote self-care. To increase employee retention, current and future nurses could employ these methods when they experience issues associated with concealing personal problems. Relaxation techniques, regular exercise, self-awareness, healthy eating, and finding support groups to help them address personal problems have been found to reduce the psychological distress associated with stress (Desbiens & Fillion, 2007; Mbemba et al., 2013).).

Relaxation Techniques

Some relaxation techniques applied by nurses included meditation during breaks and lunches, and in non-work environments. Lee (2016) suggested that nurses tried

walking and meditating: “Walk slowly (slightly)” to avoid attention and focus on your foot movement to distract the stress at hand. This strategy would not only relax the body but the mind (Lee, 2016). While walking, concentrate on taking small, deep breaths to relax muscles and to exhale the fresh air from the lungs. The technique should last no more than two to five minutes (Lee, 2016).

Regular Exercise

Nurses should do weekly routines that include distancing themselves from personal problems with exercises designed to relieve the body of conscious and unconscious stress. Alexander (2013) suggested yoga, which relieved “high rates of stress” and symptoms of “burnout among nurses” (p. 510). Yoga also promoted self-care. “A growing body of evidence supported the physical and psychosocial benefits of yoga and suggested the potential for yoga to support self-care and reduce stress among health care providers” (Alexander, 2013, p. 4). Additional examples of exercise range from walking to fishing to riding horses.

Self-Awareness

Healthcare organizations should provide literature to warn nurses about the signs of compassion fatigue, burnout, psychological problems, and health problems. The National Wellness Institute (n.d.) stated that nurses must be self-aware and gear themselves toward more successful, healthy lifestyles. Stress management methods based on mindfulness or self-awareness can include elements of meditation and cognitive therapy (Watanabe et al., 2015). When combined, cognitive awareness and “an individual’s” mental “perception of” a situation undoubtedly had a direct and real effect

on the likelihood that a nurse would experience symptoms of burnout (p. 2). At the very least, these methods can be used as attempted stress relievers among nurses.

Healthy Eating and Good Nutrition

McCourt et al. (2013) recommended annual health seminars or retreats with speakers who provide information and resources. Healthcare executives could provide grants or stipends to cover the cost to entice nurses to participate (McCourt et al, 2013). "The clinical impact of burnout might account for increased medical errors, decreased well-being (insomnia, irritability, eating disorders, and depressive problems), and reduced personal accomplishment" (Sacco et al., 2015, p. 34). As stated earlier, Sacco et al (2015); Trousselard et al. (2016) noted that, unlike nurses in other specialty areas, nurses were exposed to severe stressors such as end-of-life care for patients and chronic illnesses among patients. Since nurses were more likely to experience eating disorders due to their stressors, they must be trained to eat properly and choose nutritious foods. Research found that ingesting "omega-3 fatty acids" helps "to maintain a healthy state" among "hospital" and ER "nurses" (Watanabe et al., 2015, p. 2). This effective precautionary intervention were found to help nurses from feeling burned out. The key was to combine "omega-3 fatty acids" paired with "a stress management program;" it was only the combination of these two elements that was found to be helpful to the nurses who was involved in the study (Watanabe et al., 2015, p. 2).

Reach Out

Make information visible in places where nurses can talk and feel safe in sharing personal struggles, unhealthy lifestyles, and habits (i.e., employee assistance programs

(EAPs), chaplains, social workers, and counseling offices). Supervisors and managers within the clinical environment could use reflective learning to enhance nurses' professional development (Stewart & Terry, 2014). Stewart & Terry (2014) noted reflective learning is believed to mirror emotional intelligence and was used to help individuals analyze difficult situations, enhance cognitive or emotional conflict, and help develop methods to prevent issues from occurring in the future. "Reflective learning, according to Boyd and Fales (1983), was the process of internally examining and exploring an issue of concern, triggered by an experience" (p. 99). Nurses who experienced feeling of strong emotional support "were less likely to" suffer from "symptoms of depression and," consequently, less inclined to turn to substances to mitigate their stress (Ayala & Carnero, 2013, p. 3).

Social Support

Ackermann et al. (2007) found that social support was the major coping strategy for nurses experiencing strain due to feeling overwhelmed by concealing personal problems and job responsibilities. The literature suggested that nurses who support one another socially could help prevent potential substance use or encourage nurses to seek help rather than live in secret with addiction due to personal problems and negative work stressors. (Ackermann et al., 2007). Another source from the literature stated that the better an organization's support structure, the more likely ER nurses were to experience decreased stress levels (Watts et al., 2013). Social support "was an important factor" that holds sway in nurse stress levels (p. 26).

Relationship between Secret Keeping and Well-Being

The relationship between secret keeping and well-being was an important companion discussion to an exploration of the different types of secrets that nurses kept and the variety of ways in which they dealt with their stressors related to secret keeping. Research findings on secret keeping "and subjective well-being" had shown that "self-concealment" and secret-keeping have direct and "indirect effects on well-being, and that" secrets were detrimental only when those secrets were serious (Jing et al., 2014, p. 698; Vrij et al., 2002). As noted earlier, especially since, unlike nurses in other specialty areas, nurses were exposed to severe stressors such as end-of-life care for patients and chronic illnesses among patients, Sacco et al (2015) noted that it was important to address secret keeping in this population before nurses experience the psychological distress and health problems associated with secret keeping.

Schwolsky (2011) outlined the burden of concealing personal problems that she felt as a nurse whose husband had AIDS. As a pediatric AIDS nurse herself, Schwolsky felt the burden of the secret bear down on her more with each day of work. She said, "A combination of shame and fear had driven some halfway across the state to avoid being seen in an AIDS clinic in their hometowns (p. 72). The "stigma were intense" (p. 72). Although the stigma of AIDS had since diminished, Schwolsky's reported rings true in sharing what it was like as a nurse who kept a personal secret: she felt limited in what she could do, fearful about her job status because she was the caregiver and felt she could neither do her job as well as she could have liked nor connect with patients as much as she could had in more positive circumstances.

Research indicated that nurses typically had moderate overall happiness levels, rated on different factors including “health concerns, friendly relationships, self-worth, altruism, vitality, positive emotions, personality development, life satisfaction, and negative emotions” (Meng et al., 2015, p. 3). Of these factors, positive emotion, life satisfaction, negative emotions, and friendly relationships was deemed to be most important, as they held the greatest sway (47.8% of the total variance) on the happiness index among nurses (Meng et al., 2015). Therefore, nurses who decided to keep secrets at work for any reason were more likely to score lower on the overall happiness scale.

Nurses who abuse substances due to concealing personal problems, for example, faced an added stressor when the secret they held (i.e., substance abuse or chemical dependency) could threaten their employment status; if the secret got out, they would undoubtedly face unemployment. This was not to say that addiction was to be researched as its own entity for the purpose of this study. Instead, in this study, addiction and substance abuse were only considered as direct consequences of secret keeping due to personal problems among nurses. In other words, nurses who feel the psychological strain of secret keeping turn to drugs and substances to cope. According to Lillibridge et al. (2002), “substance misuse, defined as maladaptive patterns of psychoactive substance use indicated by continued use even when faced with recurrent occupational, social, psychological, or physical problems as well as/or use in dangerous situations” (p. 220), stands at between a 2% and a 20% occurrence rate. Essentially, from 2% to 20% of nurses were chemically dependent on substances, according to Lillibridge et al. 2002;

Cares; 2015). The researchers also noted that nurses were at higher risk for substance misuse due to several factors:

> (1) concealing personal problems, working in a stressful and demanding profession; (2) increased accessibility to mood-altering and narcotic drugs leading to self-medication; (3) variable shift work associated with unpredictable sleep patterns that might predispose nurses to use both sedatives and stimulants; (4) the emphasis placed on drugs as valuable, useful tools of the trade for health professions; and (5) focusing on the needs of others, often to the exclusion of meeting their own personal needs. (Lillibridge et al., 2002, p. 223-226; Cares 2015).

In their study, Lillibridge et al. (2002) and Cares (2015) found that two "major themes were identified" in "nurses using" chemical substances: nurses justified their use of the chemical dependence, and nurses feared that their substance abuse would be discovered and end with job loss. This major added stressor for nurses forced to keep secrets of substance abuse decreases their well-being drastically.

Unlike nurses in other specialty areas, nurses are exposed to severe stressors "such as end-of-life care" for patients "and" chronic illnesses "among" patients (McCourt et al, 2013, p. 512); therefore, it was important to address secret keeping in this population before nurses experience the psychological distress and health problems associated with secret keeping. Nurses differ from community nurses in that nurse's work with chronically ill patients with acute illnesses in acute-care or trauma facilities (Hamrick et al., 2013). Studies were found that nurses were more likely to conceal

personal problems because, according to Berryman (2002) and Stone (2013), the nursing profession was known to keep secrets. “This was especially true when it comes to” drug abuse by nurses, where there was a “culture of acceptance of certain drug use,” specifically because of the “current difficulty in dealing with problem drug use among nurses” (Berryman, 2002; Dittman, 2008, p. 327). Activities that nurses performed regularly included, but were not limited to, harvesting bone marrow, inserting chest tubes, administering chemotherapy, adjusting medications, removing sheaths, performing and interpreting stress tests, and obtaining skin biopsy specimens (Kleinpell, 2005). They spend about “80% of their time” involved in activities “for clinical care” based on trauma and acute care surgery service (Noffsinger, 2014, p. 269). This work made them more susceptible to the negative effects of job stressors. Nurses in this population who concealed serious personal secrets that were not related to their jobs reduced their capacity to perform well at work, which often led to job loss (Jing et al., 2014; Vrij et al., 2002).

Nurses were more likely than nurses in other specialties to keep secrets on the job due to patient confidentiality issues. Such were the case with Schwolsky’s (2011) anecdote about the little girl who had AIDS and Griffith’s (2013) account of the case with nurse Lucy Russell. In Lucy Russell’s case, she was torn between keeping patient confidentiality and telling the police the truth—her patient were high on marijuana when he crashed his car. As Russell was, nurses were more exposed to stressors that could impact the quality of their work. In such cases, secret-keeping among nurses had been found to be detrimental to the nurses’ quality of work. Nurses who kept personal secrets

that were not work related while at work consequently experience some form of anxiety, depression, and isolation (Kelly & Yip, 2006; Kenna & Wood, 2005; Cares et al., 2015). This was particularly true when nurses concealed personal problems and anxiety, which impact their work performance, attendance, and health (Kelly & Yip, 2006). Lachman's (2014) research indicated that 85% of nurses who experienced lateral violence (being bullied, emotionally and verbally abused, etc.) in the workplace concealed their experience because they felt like victims (p. 39). This concealment led them to exhibit "disruptive behaviors" towards others, though they "kept quiet or remained passive during patient care rather than question a known intimidator" (Lachman, 2014, p. 39)).

According to Morrissy et al. (2013), secret keeping frequently developed into a burden of psychological distress and health problems among nurses, a concept that was particularly true when nurses conceal symptoms of job anxiety that impact their work performance, attendance, and health (Kelly & Yip, 2006). In fact, many studies suggested that concealing non-job-related secrets was a problem in the nursing population, especially when it develops into a burden of psychological distress and health problems among nurses, which was a frequent occurrence (Morrissy et al., 2013; Noffsinger, 2014).

Summary and Conclusion

Research has indicated that secret keeping frequently develops into a burden of psychological distress and health problems among nurses (Morrissy et al., 2013). This research study focused on the impact of secret keeping among nurses. Chapter 2 outlined relevant themes in the current literature. Common topics included factors that influence

chemical dependence among nurses (such as interpersonal influences, situational factors, and behavioral factors), coping strategies employed by nurses (such as stress management, relaxation techniques, regular exercise, self-awareness, healthy eating, and good nutrition, reaching out to others or using counseling resources, and social support), as well as the relationship between secret keeping and the well-being of nurses. This chapter also included a detailed discussion of the roles and common activities of a nurse. The focus of Chapter 3 was the research design and methodology used to complete this study.

Chapter 3: Research Method

In this chapter, I address the study design, sample size, data collection instruments, data analysis, variables, research questions, and hypotheses. I provide an overview of the research methodology for this research. A description of the instrumentation, data process, and analysis are discussed in detail.

Purpose of the Study

In this study, I sought to address the gap in literature to determine the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impact nurses' retention.

Research Design

A quantitative descriptive research design using a survey as the primary data collection method was used in this study to examine differences between secret keeping and subjective well-being in the nursing profession. This type of research design was appropriate when the independent variable is not manipulated, and no treatment or intervention was provided for the participants (Creswell, 2003). I used four surveys to collect the data needed to address the research questions and test the associated hypotheses: (a) the Self-Concealment Scale (SCS; Larson, 1990), (b) WHO-Five Well-Being Scale (WHO-5; Bech et al., 1996), (c) Nurse Retention Index Scale (NRI; Cowin & Hart, 2005), and (d) a researcher-developed demographic instrument. This survey method would work best for this study because it would be quick, anonymous, and convenient for participants. Using surveys to collect data allowed participants to be anonymous with little concern about being identified in the study. The use of an online

survey provided participants with opportunities to complete the survey at their convenience and eliminated interactions between the participants and myself.

Methodology

Population

The target population was registered nurses who are employed or retired from healthcare units. The participants were divided into early career and late career nurses. The early-career nurses must have met the criteria as nurse for 1 year or less to participate. The late-care nurse must have met the criteria of having at least 5 years of work experience to be included in the study

My goal was to invite 300 candidates to participate in this study, and recruit more than 130 nurses who met the criteria for inclusion in the sample. I decided on this number because it allowed for diversity among the nurses, including early-career and late-career nurses. I recruited nurses from diverse ethnic and socioeconomic groups to obtain a more rounded understanding of this problem. Nurses were selected for involvement in this study using a nonprobability sampling method.

Sampling and Sampling Procedures

Nonprobability quota sampling were used to recruit nurses from the healthcare systems located in a midwestern state. In nonprobability sampling, the researcher collects data using a process that did not give all the individuals in the population equal chances of being selected. This methodology included “quota sampling” based on my choice rather than the use of probability sampling, which relies on randomization. The chosen methodology also provided a basis for me “to generalize the results of the study to” a

larger population (Laerd, 2012, p. 1). “Quota sampling was a non-probability sampling technique” in which “the assembled sample has the same proportion of individuals as the entire population” in regard to specific “characteristics or” qualities (in this study, secret keeping; p.1). Im and Chee (2004) suggested the use of a “quota sampling method to recruit a similar number of participants from diverse socioeconomic and ethnic groups” (p. 295).

Although Im and Chee (2004) previously reported that quota sampling has been suggested as appropriate for internet sampling, they also reported in a subsequent study that limited data are available regarding issues with and concerns about using quota sampling in internet research. Available research on internet surveys suggested that issues and concerns include, but may not be limited to, the “inability to validate participants’ identification [and the fact that online sampling requires] “a longer time [to complete the study] …more expense than anticipated, and lack of generalizability” (Im & Chee, 2011, p. 381).

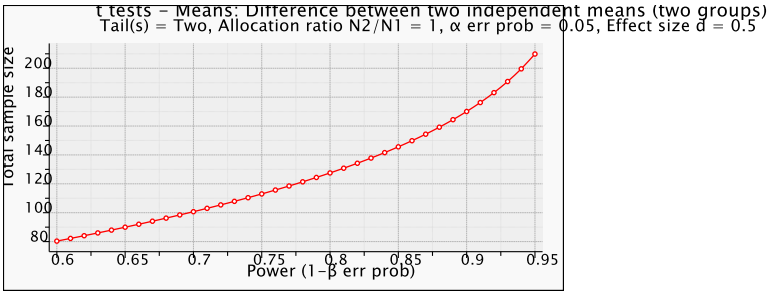
Sample Size

“G-Power” 3.1 “was used to determine the” appropriate “sample size for” *t* tests for two independent samples (Faul et al., 2009, p. 2). The statistical parameters used in calculating the appropriate sample for *t* tests for two independent samples included an effect size of 0.50, “power of .80, alpha level of .05,” and a two-tailed test (p. 2). The appropriate “sample size for each group” was 64, with a total sample of 128 participants (p. 2). Recruiting additional participants would “increase the power of the analysis” and

reduce the probability of a type 2 error. Figure 1 presents a graph of the power analysis (p. 3).

Figure 1.

Sample Size for t *Tests*



Procedures for Recruitment, Participation, and Data Collection

Through this study, the researcher developed recommendations for future research on interventions to address secret keeping among nurses. Recruitment begun with an initial invitation issued via electronic media and Walden participant pool in the Northern USA. The target population was for nurses who are employed or retired from healthcare. The participants were for early-career and late-career nurses. The participating early-career nurses would have no more than one year of nursing experience. The late-care nurse needed to have no less than five years of experience to participate.

The researcher's goal was to invite 300 potential participants for this study, and recruit between 184 and 200 nurses for the survey. The sample size was calculated by using the G*Power method. The statistical parameter computed an effect size of 0.5,

power of 0.80, and alpha 0.05 for a t-tests, and two-tailed test. The minimum sample size was 128 participants: 64 participants per group (early-career nurses and late-career nurses). Links to the surveys were issued randomly via electronic media and Walden participant pool to healthcare nurses "so that each participant had equal probability of being selected, and the sample could be generalized to the large population" of nurses in the healthcare industry (Creswell, 2009, p. 217) Nonprobability sampling and quota sampling was used to recruit participants. Both groups were recruited from all nursing units. Surveys can be completed at any time of day. Data was collected once surveys are completed. The timeframe to complete the surveys were 30 days.

After the study was approved by Walden's Institutional Review Board (IRB), the researcher posted the survey link on electronic media and Walden's participant pool for nurses who met the inclusion criteria for the study (see Appendix C). The researcher monitored the surveys and notified the participants that if they had any feedback or concerns, they were to contact the Walden University Research Participant Advocate at 612-312-1210.

Data Collection Methods

Data was collected using an online questionnaire generator called Survey Monkey, which was determined to be most appropriate data collection method, as the purpose of the study was to address the gap concerning the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impacts nurses' retention.

Subjective well-being (Appendix A), secret keeping (Appendix B), and nurse retention (Appendix C) were the dependent variables in this study. The primary independent variable in this study was the length of time (early-career and late-career nurses). The variable of subjective well-being was measured by the Subjective Well-Being Scale (Appendix A) from the WHO-5 Well-Being Index (1982). The variable of secret keeping was measured by the Self-Concealment Scale (Appendix B). The variable of nurses' retention was measured with the Nurse Retention Index Scale (Appendix C).

The study used a quantitative method with a survey-based design to measure the relationship between secret keeping and subjective well-being in the nursing industry. The first survey was Larson's (1990) Self-Concealment Scale (SCS). The SCS was a 10-item survey that best described how much an individual "personally agree[s] or disagree[s] with the questions that are perceived as distressing or negative personal information that is concealed" (Larson, 1990, p. 11). The second survey was the Well-Being Index (WHO) by Per Bech. The WHO was a five-item questionnaire that was used to measure the subjective well-being per nurse. The third survey was the Nurse Retention Index Scale (NRI) by Hart & Cowin (2005). The NRI was a six-item scale that used an 8-point Likert scale that was used to measure the likelihood of nurse retention in the profession. The demographic characteristics of the nurses in the sample was analyzed to provide a profile of the nurses. Analyzing the demographics of the participants was important to determine differences in early career and late career nurses.

This study sought to determine the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impact retention.

The survey method was the best data collection method for this study because it allowed participants to be anonymous, takes little time, and maximizes convenience for nurses to participate. An online questionnaire also was ideal for use in this study, as the researcher had no interaction with the participants, reducing the likelihood of bias, and increasing the internal validity of the study.

Survey Instruments

The researcher used four survey instruments to measure the data that was collected: the Self-Concealment Scale (SCS; Larson, 1990), WHO-Five Well-Being Scale (WHO-5; Bech et al., 1996), Nurse Retention Index Scale (NRI; Cowin & Hart, 2005), and a researcher-developed demographic survey. With the exception of the demographic survey, the instruments were tested for reliability and validity. This questionnaire was also ideal because it was electronically administered via electronic media; therefore, it was freed of the researcher's bias as the researcher had no contact with the participants. The reliability of the results increased, therefore, and keep the administration of the survey simple. The researcher administered an online survey (via SurveyMonkey) using four questionnaires.

Subjective Well-being Questionnaire

The Subjective Well-Being Questionnaire (SWB; Topp et al., 2015; Appendix A) was used to evaluate the impact of subjective well-being in the nursing population. This instrument was developed for the World Health Organization (5) Well-Being Index (WHO-5; Bech, 1998). Subjective well-being was defined in the questionnaire as the effect of human happiness and satisfaction upon nurses. The survey includes the

following five statements: "(a) I have felt cheerful and in good spirits; (b) I have felt calm and relaxed; (c) I have felt active and vigorous; (d) I woke up feeling fresh and rested;" and "(e) My daily life has been filled with things that interest me" (Topp et al., 2015, p. 169). The findings of the questionnaire revealed whether concealing secrets affects an individual's subjective well-being. For example, the questionnaire asks, "Does concealing a secret from someone impact your subjective well-being?"

The Subjective Well-Being Questionnaire was a reliable and widely used questionnaire for assessing an individual's subjective psychological well-being (Topp et al., 2015). In 2015, researchers conducted a study on the 17-year-old survey instrument to test for reliability, validity, and accuracy. "Validity and reliability were considered when selecting appropriate instruments for the proposed study" (p. 170). According to Topp et al., (2015), "validity was defined as whether the research truly measures that which it was intended to measure or how truthful the research results are" (p. 3). The research included "quantitative (survey) data collection methods, using many different sources to collect data on a specific topic, which" helped "increase the validity of the study" (p. 5).

Scoring

Participants rated each of the five items on the scale "using a 6-point scale" measuring the frequency with which each of the statements occur (Topp et al., 2015, p. 171). The ratings included 0 for at no time to 5 for "all of the time" (p. 171). "The numeric" values associated with the ratings were "summed to obtain a total score that could range from" 0 to 30 (p. 171). The raw score was multiplied by four to obtain a final

score from zero (the worst level of subjective well-being) to 100 (the best imaginable well-being; Topp et al., 2015, p. 172)).

Reliability

Reliability was a tool used to evaluate the research data and determine the quality and usefulness of the particular test. Topp et al (2015) defined reliability as: "The extent to which results are consistent over time and an accurate representation of the total population under study was referred to as reliability, and if the results of a study can be reproduced under a similar methodology, then the research instrument was considered to be reliable" (p. 1).

Bech (n. d.) completed his first draft of research regarding the test – retest reliability in which the Spearman correlation coefficient was 0.72. His research unit had 60 depressed patients with epilepsy who had been evaluated in a relatively stable phase over six weeks. The first draft of Bech's research was available in 2018.

Many factors were considered when conducting these tests. Reliability was defined as how dependably or consistently a test measures a certain characteristic. The questions that were associated with reliability include: How reliable were the results obtained from the target population? Would the target population respond the same way if they were interviewed a second time? Testing reliability was not always accurate, with many possible reasons contributing to inconsistent responses. Some inconsistencies were including the physical or psychological state of the participant, environmental factors, testing forms, and multiple administrators who evaluated the participants. These circumstances had the potential to interfere with the reliability of the research. The

researcher-maintained consistency when conducting this type of study so that the reliability would be acceptable (U.S. Department of Labor Employment and Training Administration, 1999). Thus, this quantitative study did employ survey methodology to collect responses.

Validity

Validity was argued the most important technique when determining an appropriate test for this research study. Validity referred to the characteristic measured by the test and how well that test assessed the characteristic. How accurate were the results? Evidence of validity results indicate a link between the test performed and the job performed.

Topp et al (2015) defined validity as "whether the research truly measures that which it was intended to measure or how truthful the research results are" (p. 1). The researcher used quantitative (survey) data collection methods, using many different sources to collect data on a specific topic, which helped increase the validity of the study (Glanz, 2014).

According to Topp et al. (2015), who conducted a study on the validity and reliability of the WHO-5 method, "The review demonstrated that the WHO-5 was high clinometric validity, … was a sensitive and specific screening tool for depression, and its applicability across study fields was very high" (p. 167). Despite being a short questionnaire with five simple and noninvasive statements, the WHO-5 manages to "tap into the subjective well-being of the respondents," and offered adequate validity as a screening and outcome measure (Topp et al., 2015, p. 167). Similarly, a study by Lucas-

Carrasco (2012) found that the Subjective Well-Being Questionnaire was “a useful tool to assess emotional well-being and to detect depressive symptoms” (p. 508).

Topp et al. (2015) conducted a “systematic search for literature on the WHO-5 iPubMed and PsycINFO in accordance with the PRISMA guidelines” (p. 167). In the review of the identified articles, the focus was on the following aspects: “(1) the clinimetric validity of the WHO-5; (2) the responsiveness/sensitivity of the WHO-5 in controlled clinical trials; (3) the potential of the WHO-5 as a screening tool for depression, and (4) the applicability of the WHO-5 across study fields” (p. 173).

The researchers found 213 articles that met the standard of the research (p. 167). The results indicated that the “WHO-5 had high clinimetric validity,” and field studies had shown that WHO-5 was a testing instrument that screens depression with very high results that are applicable for the screening and measuring of the data, which was shown in many field studies and outcomes (p. 167). The scale had “adequate validity for both as a screening tool for depression and as an outcome measured in clinical trials” effectively throughout field studies. (p. 174). The results indicated that the WHO-5 was highly applicable for clinical practice, screening depression, and assessing the well-being in a group study (p. 174). Because of its high validity and reliability across a number of fields, the WHO-5 and the Subjective Well-Being Questionnaire was applicable for use in this study.

Self-Concealment Scale

The researcher used the Self-Concealment Scale to evaluate the variable of secret keeping. The researcher used the scale to examine secrecy or deception and its effect on

the nurse study participants. The 10-item SCS was designed to measure concealed information that one perceives to be "personal information that was negative or distressing" (Larson & Chastain, 1990, p. 439). The focus of the scale in relation to the subjective well-being of nurses was to "determine empirically whether self-concealment and self-disclosure were two separate and distinct constructs; and…to examine the predictive validity of self-concealment." (p. 2). Overall, of the outcomes from the surveys find significant differences, the results of this study will be available for future researchers interested in the well-being of nurses. This study also will enable researchers to examine interventions that could aid nurses in pursuing happier, healthier lives.

SCS was best used to determine the rate at which individuals are willing to discuss problems or secrets that they perceive as negative or distressing (Larson & Chastain, 2014). The Self-Concealment Scale consisted of 10 statements such as (a) A self-reported tendency to keep things to oneself; (b) Possession of a personally distressing secret or negative thoughts about oneself; and (c) Apprehension about the disclosure of concealed personal information (Larson & Chastain, 2014).

The SCS was defined as a "reliable and essentially unidimensional instrument" that "differs empirically and conceptually from self-disclosure" (Larson et al., 2015). This scale contributed to predicting important health outcomes related to one's secret-keeping in a unique way, in that it accounts for "significant incremental variance in depression, anxiety, and physical symptoms even after controlling for trauma, trauma distress, trauma disclosure, social support, social network, and self-disclosure" (Larson et al., 2015, p. 707).

Scoring

The participants were asked to rate their agreement for each of the 10 items on the scale using a 5-point Likert scale ranging from 1 for strongly disagree to 5 for strongly agree. The numeric ratings were evaluated to obtain a total score that ranged from 10 to 50. Higher scores on this scale indicated greater agreement on the scale measuring secret keeping.

Reliability

The "internal consistency of the SCS (a = .83) also supported unidimensionality" (p. 445). The results showed that the "moderate corrected item" provided no redundancy with using the SCS items, with total correlations (p. 445). In addition, "the mean for the interitem correlations provided a relatively pure index of scale homogeneity, was .34" (Larson et al., 2015, p. 446). Therefore, the SCS indicated that the "unidimensional instrument" was reliable to use in this study (Larson et al., 2015, p. 446). The researchers also found that the "internal consistency estimate of Cronbach's alpha showed a = .83 (N = 306) . . . test–retest reliability" showed (n=43) for "female graduate counseling psychology student" as an" tested between, plus "revealed r = .81" in a 4-week process (Larson et al., 2015, p. 445).

Validity

Construct validity was obtained by using an exploratory principal component factor analysis. According to Larson et al. (2015), two factors emerged from the analysis with eigenvalues greater than 1 (6.57 and 1.38, respectively). Larson et al. (2015) concluded that the "SCS was essentially unidimensional because (a) the first factor

accounted for over 65% of the common variance, (b) the second factor was uninterpretable even after orthogonal and oblique rotations, and (c) item loadings on the first factor ranged from .46 to .71." (p. 445-446).

According to Larson & Chastain (1990), predictive validity results in the following: "trauma incidence, trauma distress incidence, trauma distress, trauma disclosure, social support and social network, and self-disclosure levels, self-concealment accounted for significant increments." The variance was explained in the outcomes (p. 451). The total variance was included in the total amount for the dependent variables that appeared to be low; therefore, "the predictive validity coefficients (total multiple Rs) ranged from .429 to .515" (p. 451). The researchers found that, due to the unreliability, the coefficients were accepted because of "dependent measures that was not corrected for the attenuation" (p. 451). Therefore, this data indicated that self-concealment affects mental well-being and physical health uniquely.

Larson & Chastain (1990) addressed the predictive validity with explanatory variables; however mainly the self-disclosure variable in the presence of SCS (p. 448). **"**The current research design permitted an assessment of the contribution of self-concealment to health outcomes, physical symptoms (as measured by the 39-item physical symptom checklist), and psychological distress (as measured by the anxiety and depression scales from the PSYDIS measure)" (p. 448). Furthermore, studies found the SCS had good discriminant validity "with regard to self-monitoring and social desirability motivation," and offers a "positive association between SC and secret keeping" (Larson et al., 2015, p. 712). The SCS scores related to distinct construct

predictably, which made the instrument reliable. The SCS was, therefore, a good match for use in this study.

The researchers examined the data by accessing three statistical models: “analyses of these relations included correlations, analysis of variance (ANOVA), and hierarchical multiple regression” (p. 449). Therefore, SCS indicated a significant difference among the three health outcomes; however, there were not a “correlation between SDI and the health outcomes” (p. 449). The results were “the cross-validation sample of 110 undergraduates… therefore, self-concealment” and there was a major significant difference for the “three health outcomes” more than the self-disclosure (p. 449).

Nurse Retention Index Scale

The researcher evaluated the nurses’ retention variables by using the Nurse Retention Index Scale (NRI) to “measure nurses’ intention to stay or leave their jobs to find other employment” (Hart & Cowin, 2008, p. 288). The six-item scale was developed to measure nurses’ perceptions regarding their intention to remain in the nursing profession or find work in other fields (Hart & Cowin, 2008). Four of the six declarative type items on the scale were positively worded, and the remaining two items were negatively worded.

Scoring

The participants indicated how closely the item matches their experiences using an 8-point scale ranging from 1 for definitely false to 8 for definitely true. After recoding the negatively worded items on the scale, the numeric values were summed to obtain a

total score for the unidimensional scale. The possible scores ranged from 6 to 48, with higher scores indicating greater probability of retention in nursing.

Validity

According to Cowin (2002), the NRI was developed specifically for this study: "Fourteen items was originally developed and trialed on 23 experienced nurses to assess their face and content validity" (p. 287). According to comments from the reviews, 10 questionnaire items were selected to be reviewed by experts for content validity. (p. 287). Because of their expert reviews, the researchers selected eight of the questionnaire items to measure the following groups: "T2 (Time 2) for G1 (Group 1) and G2 (Group 2)" (Cowin, 2002, p. 287). The intended purpose for the NRI was to measure the questionnaire data to develop a unidimensional measure about the career intentions of nurses. (Cowin, 2002, p. 287). Therefore, the researchers examined individual items within the index to determine inter-item correlation rather than scale -level correlation. The results were essential because the items were "statistically significant correlated with each other." The internal consistency index influenced "a high percentage across groups" (Cowin, 2002, p. 287).

Reliability

According to Cowin (2002), "a measure of internal consistency (reliability scores utilizing Cronbach's Alpha) was generated for each item and for the index as a whole" (p. 287). Cowin's research results also indicated that both groups showed "a high level of internal consistency for the eight items and an overall index alpha of .97 for G1 and .95 for G2" (p. 287). Hart & Cowin (2008) "reported an overall index reliability score

utilizing Cronbach's Alpha, at .95" (p. 176). Cronbach's Alpha was used as an assessment tool to test both "internal consistency and reliability of an instrument, by simultaneously comparing each item within the instrument with the others" (p. 176).

Validity

The researchers used "exploratory and confirmatory" factor analyses to examine the "construct validity statistically" (p. 287). According to Cowin, "a priori one factor was produced with an eigenvalue that exceeded 1.0…. The first item accounted for 83% of the total variance for G1 and 72% for G2" (p. 287). Based on these findings, Hart & Cowin (2008) provided evidence indicating the NRI was a valid and reliable instrument to measure nurse retention in the profession.

Demographic Survey

The researcher used a short demographic survey to obtain information on the personal characteristics of the participants, including age, gender, educational level, and length of time as a nurse. The wording of the items were open-ended responses from the nurses.

Variables in the Study

Subjective well-being, a dependent variable, was dependent on the nurse's perception of his or her health due to his or her secret keeping. Early-career nurses (one year or less as a nurse) and late-career nurses (five or more years) were included in this research, allowing the researcher an opportunity to understand how nurses at different stages of their careers handle keeping secrets, and how secret keeping influences unhealthy behaviors (i.e, substance abuse, alcoholism) and the impact on nurses'

retention. Cares et al. (2015) had found that early-career nurses tend to conceal their fears about incompetence and achieving work-life balance. This finding indicated that early-career nurses would have lower subjective well-being than late-career nurses, thus impacting the shortage of qualified nurses.

A second dependent variable, nurses' retention, was influenced by the nurse's perception of his or her unhealthy behavior due to his or her secret keeping. For this study, nurses' retention was "nurses' intention to stay or leave their jobs to find other employment" (Hart & Cowin, 2008, p. 288). Hart & Cowin (2008) addressed a question that "nurses asked worldwide: Who will replace this work force?" (p. 283). The nursing profession "continues to decline," according to Cowin, which decreases nurses' retention (p. 283).

Secret keeping was the third dependent variable. The focus of this variable in relation to the subjective well-being of nurses was to measure the effects of self-concealment and self-disclosure on the subjective well-being of nurses and if secret keeping can affect nurse retention.

For the purpose of this study, demographic variables included each participant's title, gender, educational level, and length of time working at the hospital. Participants' demographic variables were noted and considered when analyzing the results in order to formulate profiles. For example, due to cultural differences, a specific demographic may experience better subjective well-being than others due to the customs and traditions they learned during their upbringing.

Data Analysis Plan

The data collected by SurveyMonkey was downloaded to an SPSS file for analysis using IBM SPSS ver. 27. The data were reviewed to determine the eligibility of the participants (early-career and late-career nurses). Cases with excessive missing values were eliminated from the file, as were cases that do not meet the inclusion criteria. The responses for each of the three surveys were tested for internal consistency using Cronbach Alpha. The results of this analysis were reported in the final dissertation.

IBM SPSS version 27 was used to report the missing values command to determine the extent to which missing values are present in the data. The output from this analysis provided the number and percent of missing values for each scaled variable. Data that were missing at random are responses to a variable that are unrelated to any other responses in the data. If this was the case, the mean score of the variable was used to eliminate the missing value (Dray & Josse, 2015; Josse & Husson, 2012).

Frequency distributions were used to summarize the demographic characteristics and provide a profile of the nurses in the study. Descriptive statistics; including mean, standard deviation, median, and minimum and maximum scores; were obtained for all scaled variables. The data were tested to determine if the assumption of normality was met. The Explore command in IBM-SPSS, the Kolmogorov-Smirnov and Shapiro-Wilk tests were used to confirm normality. Based on the outcomes, the data were not normally distributed.

Each of the research questions was answered using inferential statistical analysis. Because the data did not meet the assumptions for multiple linear regression analysis, the

first question was addressed using Spearman rho correlations to determine the direction and magnitude of the relationships among nurse retention, subjective well-being, and secret keeping. The second research question was answered using separate Kruskal-Wallis one-way analysis of variance (ANOVA). The independent variable in each of these analyses between early-career (1 to 5 years) and late-care (more than 5 years) nurses. Kruskal-Wallis ANOVA does not require a normal distribution, all decisions on the statistical significance of the findings were made using a criterion alpha level of .05. Table 1 presents the statistical analysis that was used to address each research question and test the associated hypothesis.

Table 1

Statistical Analysis

Research Questions and Hypotheses	Variables	Statistical Analysis
RQ1. What is the relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention? H_{01}: There is no relationship between secret keeping and subjective well-being among nurses that impacts the nurses' retention. H_1: There is a relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention.	Nurses' retention Secret keeping Subjective well-being	Spearman rho correlations will be used to determine the strength and direction of the relationships among the three variables.
RQ2. Is there a difference between secret keeping and subjective well-being for early-career and late-career nurses? H_{02}: There is no significant difference between secret keeping and subjective well-being among early-career and late-career nurses. H_2: There is a significant difference between secret keeping and subjective well-being among early-career and late-career nurses.	<u>Dependent Variables</u> Secret keeping Subjective well-being Nurses' retention <u>Independent Variable</u> Early-career nurses Late-career nurses	A one-way Kruskal-Wallis one-way analysis of variance was used to determine if subjective well-being, and nurses' retention differs between early and late career nurses.

Threats to Validity

Threats to validity include the possibility that results may not be generalizable. The researcher focuses on early-career and late-career nurses in this study and seeks to determine the impact of secret keeping among this population. The researcher used non-probability sampling in the study, which may threaten generalizability because a random selection of nurses was not chosen; instead, participants were handpicked to meet a quota.

Another threat to validity was participants' level of willingness to be honest. Self-concealment was a difficult and sensitive topic, one that may encourage nurses not to be completely honest during the survey process. Although the surveys were conducted anonymously, some participants may give dishonest answers, which threatened the validity of the study's findings.

Ethical Procedures

The data collection was ethical and not deceptive. Collecting data will stay in the guidelines of the dissertation process. Both participant groups, early-career and late-career nurses was reminded that their participation in this research is voluntary and that all information obtained on the surveys will be anonymous. A potential risk was that the participants could feel overwhelmed or even stressed during the survey or even after completing it. Therefore, the researcher requested 300 surveys to be completed to meet the sample size of 128. The participants were allowed to withdraw at any time prior to submitting their responses to the surveys. After submission, it was not possible to determine the participants' data and withdrawal would not be possible. The data that was

collected was be stored on a secure laptop that is password protected. All published reports from the study used aggregated data, with no individual identifiable in the results.

Summary

In Chapter 3, the researcher provided an overview of the methodology that was used in this study, including the research design, sampling and sampling procedures, participant population, survey instruments (Self-Concealment Scale, WHO (Five) Subjective Well-Being Index and Nurse Retention Index Scale), data collection and participation, types of methods used, data analysis plan, threats to validity, and ethical procedures. The researcher addressed the methodology that was used in this study and analyzed the data quantitatively in this study. The findings that were obtained from the data analysis was presented in Chapter 4.

Chapter 4: Results

This chapter presents the results of the statistical analyses used to describe the sample, address the research questions, and test the associated hypotheses. The chapter is divided into three sections. The purpose of the study was to address the gap of currently unknown information in the literature concerning the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impact nurses' retention. The research questions and associated hypotheses that were tested include:

RQ1. What is the relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention?

H_{01}: There is no relationship between secret keeping and subjective well-being among nurses that impacts the nurses' retention.

H_1: There is a relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention.

RQ2. Is there a difference between secret keeping and subjective well-being for early-career and late-career nurses?

H_{02}: There is no significant difference between secret keeping and subjective well-being among early-career and late-career nurses.148

H_2: There is a significant difference between secret keeping and subjective well-being among early-career and late-career nurses.

An online survey, using SurveyMonkey, was completed by 148 registered nurses who were working in hospitals. The participants were drawn from the Walden Participant Pool Webpage and Facebook Platform for Registered Nurses. The data were downloaded

from SurveyMonkey into an IBM-SPSS file for statistical analysis. The data were examined to eliminate any cases that did not meet the inclusion criteria or any with incomplete data. All cases were found to be appropriate for inclusion in the study.

Description of the Sample

The participants provided responses on a short demographic survey that provided information on their personal and professional characteristics. The responses were summarized using frequency distributions. Table 2 presents results of these analyses.

Table 2

*Frequency Distributions: Demographic Characteristics (*N = *148)*

Demographic Characteristic	Frequency	Percent
Gender		
Male	16	10.8
Female	132	89.2
Educational level		
Associate Degree	7	4.7
Bachelor	110	74.3
Master	27	18.2
PhD	4	2.7
Nursing position		
Nurse practitioner	8	5.7
Director	6	4.3
Manager	12	8.5
Supervisor	5	3.5
Staff nurse	110	78.0
Missing 7		
Time working as a nurse		
Less than 1 year	1	0.7
1 to 5 years	71	48.0
Over 5 years	76	51.4

The majority of nurses in the sample were female (n = 132, 89.2%). Sixteen (10.8%) nurses reported their gender as male. The largest group of participants indicated they had completed a bachelor's degree (n = 110, 74.3%), with 27 (18.2%) reporting they

had obtained a master's degree. Seven (4.7%) nurses had an associate's degree, and 4 (2.7%) indicating a PhD as their highest level of completed education. The greatest number of nurses (n = 110, 78.0%) were working as staff nurses, with 5 (3.5%) reporting they were supervisors. Twelve (8.5%) nurses were managers and 6 (4.3%) were directors. Eight (5.7%) participants were nurse practitioners. Seven nurses did not report their positions on the survey. One (0.7%) nurse had less than 1 year experience and 71 (48.0%) had 1 to 5 years. Seventy-six (51.4%) of the participants had been in the profession for more than 5 years.

Testing Assumptions for Parametric Statistics.

An explore command in IBM-SPSS ver. 26 was used to determine if the data met the assumptions for parametric statistics. The assumptions that the data were continuous and were normally distributed were tested. The first test was obtaining descriptive statistics for each of the included variables, self-concealment, well-being, and nurse retention. Table 3 presents results of these analyses.

Table 3

Descriptive Statistics – Variables in the Study

					Range	
Variable	Number	Mean	*SD*	Median	Minimum	Maximum
Self-concealment	148	3.02	.55	3.00	1.00	5.00
Well-being	148	4.65	.82	5.00	2.20	6.00
Nurse retention	148	5.02	.32	5.20	3.80	6.20

The mean for self-concealment was 3.02 (*SD* = .55), with a range from 1.00 to 5.00. Possible scores could range from 1.00 to 5.00, with higher scores indicating more

positive perceptions regarding self-concealment. The scale, well-being, had a mean score of 4.65 (*SD* = .82), with a range from 2.20 to 6.00. Possible scores ranged from 1 for *at no time* to 6 for *all of the time*. Higher scores on this scale indicated greater feelings of well-being among the nurse participants. The mean for the nurse retention scale was 5.02 (*SD* = .32), with actual scores ranging from 3.80 to 6.20. The range of possible scores was from 1 to 8, with higher scores indicating greater intent to remain in the nursing profession.

The three scales, secret keeping, well-being, and nurse retention were tested for internal consistency as a measure of reliability. Cronbach alpha coefficients were obtained for each of these scales. The results are presented in Table 3.

Table 4

Reliability – Secret Keeping, Well-Being, and Nurse Retention

Scale	Number	Alpha Coefficient
Secret Keeping	148	.84
Well-Being	148	.91
Nurse Retention	148	.91

The alpha coefficients for each of the scales were greater than .70, indicating that the scales had good internal consistency. Based on these findings, the results indicated that the scales had good reliability for use with this group of nurses.

The tests of normality were used to determine if the three scales met the assumption of normal distribution. These tests, Kolmogorov-Smirnov and Shapiro-Wilk test the hypotheses that the samples have been drawn from populations with normal distribution. Table 4 provides the results of these analyses.

Table 5

Tests of Normality

	Kolmogorov-Smirnov			Shapiro-Wilk		
Scale	Statistic	*DF*	Sig	Statistic	*DF*	Sig
Self-concealment	.12	148	<.001	.938	148	<.001
Well-being	.23	148	<.001	.828	148	<.001
Nurse retention	.31	148	<.001	.709	148	<.001

The results of the two tests of normality for the three scales were statistically significant, indicating that the samples were not drawn from populations that were normally distributed. Because of these findings, the use of parametric statistical tests is not appropriate.

RQ1. What is the relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention?

H_{01}: There is no relationship between secret keeping and subjective well-being among nurses that impacts the nurses' retention.

H_1: There is a relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention.

Because parametric statistics could not be used to address the research questions, Spearman rank order correlations were used to determine the relationship between secret keeping and subjective well-being. The results of these analyses are presented in Table 5.

Table 6

Spearman Rank-Order Correlations: Secret Keeping and Subjective Well-Being

	Secret-Keeping		Well-Being		Nurse Retention	
	r_s	*p*	r_s	*p*	r_s	*p*
Secret Keeping	--	--				
Well-Being	-.25	.003	--	--		
Nurse Retention	.07	.391	-.02	.851	--	--

The correlation between well-being and secret-keeping was statistically significant in negative direction (r_x = -.25, p = .003). The negative direction of the relationship indicated that nurses who reported high levels of well-being were less likely to be secret keeping. The other two correlations were not statistically significant, indicating that nurse retention was not related to either secret keeping or well-being. Based on these findings the null hypothesis of no relationship among the variable was rejected.

RQ2. Is there a difference between secret keeping and subjective well-being for early-career and late-career nurses?

H_{02}: There is no significant difference between secret keeping and subjective well-being among early-career and late-career nurses.148

H_2: There is a significant difference between secret keeping and subjective well-being among early-career and late-career nurses.

As the variables violated the assumption of normality, the multivariate analysis of variance (MANOVA) analysis that had been planned to address this research question could not be used. Mann-Whitney test for independent samples was used to test

differences in secret-keeping, well-being, and nurse retention between nurses who had been in their positions for 5 years or less and those in their positions for more than five years. Table 6 presents results of this analysis.

Table 7

Mann-Whitney Test for Independent Samples: Secret Keeping, Well-being, and Nurse Retention by Time in Position

Group	*N*	*M*	*SD*	Mean Rank	*Z*	*p*
Secret Keeping						
1 to 5 years	72	3.01	.43	77.99	-.97	.333
More than 5 years	76	3.02	.64	71.20		
Well-being						
1 to 5 years	72	4.82	.46	78.38	-1.13	.260
More than 5 years	76	4.49	1.04	70.82		
Nurse Retention						
1 to 5 years	72	5.10	.21	88.27	-4.12	<.001
More than 5 years	76	4.93	.39	61.45		

One scale, nurse retention, differed significantly between nurses who had been in their positions for one to five years and those who had been in their positions for more than five years, ($Z = -4.12$, $p < .001$). As higher scores were indicative of retention, nurses who had been in their positions for 1 to 5 years ($M = 5.10$, $SD = .21$) were more positive about staying in their jobs than those who had more than 5 years in their positions ($M = 4.93$, $SD = .39$). The differences in secret keeping and well-being did not differ significantly between the two groups of nurses. As a result of the mixed findings, the null hypothesis of no difference in secret keeping, well-being, and nurse retention could not be rejected.

Summary

A total of 148 nurses, 72 (48.7%) with five years or less time in their positions and 76 (51.4%) with more than five years in their positions. The majority of nurses were female, with bachelor's degrees. Most of the participants were staff nurses, with nurse practitioners, directors, manages, and supervisors also included in the study. To determine if the scores were reliable with the nurses in the study, Cronbach alpha coefficients were obtained for each scale. The results of these analyses were each greater than .70, indicating the scales had good internal consistency as a measure of reliability. The scales were tested to determine if they met the assumptions for parametric tests. While the scores for the three scales were continuous, they did not meet the assumption of normality based on the results of the Kolmogorov-Smirnov and Shapiro-Wilk tests. The first research question examined the relationship between secret keeping, well-being, and nurse retention using Spearman's rank order correlations. One significant relationship was found between nurse retention and well-being. The direction of the correlation was negative, indicating that nurses with higher scores on well-being were less likely to be retained in their positions. The remaining correlations were not statistically significant, providing support that the null hypothesis could not be rejected. The second research question used Mann-Whitney test for independent samples to compare scores on secret keeping, well-being, and nurse retention between nurses who had 1 to 5 years in their positions and those who had more than 5 years. One statistically significant result was obtained for nurse retention, with nurses with 1 to 5 years in their positions more likely to stay in nursing than those with more than 5 years. The null

hypotheses of no difference could not be rejected because of the mixed findings. A discussion of the findings and implications for practice regarding these results can be found in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to address the gap in the literature concerning the relationship between secret keeping and subjective well-being for early- and late-career nurses that may impact nurses' retention. The findings of the study indicated that "there is a need to examine factors that contribute to" retention in this nursing group (see Spence et al., 2009, p. 305). Numerous studies have been done on nurse burnout, psychological distress, and substance misuse (Spence et al., 2009), but research is lacking on the relationship between secret keeping and subjective well-being between early- and late-career nurses that impact nurses' retention.

The results of this study demonstrated a need for "better understanding of the factors that contribute to" nurse retention (see Grace et al., 2014, p. 643) and confirmed that no studies were conducted that examined the three variables (secret keeping, subjective well-being, and nurses' retention). The paucity of research on these variables on nurse retention indicated a substantial gap in the existing literature. Morrissy et al. (2013) found that nurses kept secrets among themselves regarding the strain of their workloads and the burnout that could influence their well-being, causing depression that could increase unhealthy behaviors and job turnover among nurses. The shortage of registered nurses in healthcare is occurring, with several factors contributing to this deficit, from nurse retirement to burnout (Auerbach et al., 2014). However, the paucity of research concerning the three variables has provided evidence of a growing need to determine how to be effective in retaining nurses. In this chapter, the findings of the

study, interpretation of findings, limitations of the study, recommendations for future research, and implications for social change are presented. The chapter ends with a conclusion for this study.

Interpretation of the Findings

Hypothesis 1

The first research question examined the relationship between secret keeping, well-being, and nurse retention using Spearman's rank order correlations. One significant relationship was found between nurse retention and well-being. The direction of the correlation was negative, and this research indicated that nurses with higher well-being scores were less likely to be retained in their positions. The remaining correlations were not statistically significant, providing support that the null hypothesis could not be rejected.

I found that retention of nurses was related to subjective well-being but not to secret keeping. Therefore, keeping secrets did not have an effect on retention. The perceptions of nurse retention held by nurses who have not experienced some of the challenges that nurses with longer tenure have (Sheridan-Leos, 2008). At the time the data were being collected, the coronavirus pandemic was filling hospitals with extremely ill patients who required constant care. The nurses were having difficulty providing care because of concern about patients not having visitors and facing the unknown alone; the nurses' concerns about taking the coronavirus home to their families and friends; and their anxiety about working long hours because of patient loads. Working in the pandemic also left nurses short of personal protective equipment (i.e., masks, gowns,

gloves, disinfectant) and respirators that were needed to keep some patients alive. Given these circumstances, nurses were anxious, some reaching the point of becoming burned out, and many were questioning their choice of career (Reknes et al., 2014).

Research showed that nurses experienced compassionate fatigue, the effects of being overworked due to lack of staff, and debilitating anger and irritability that left them with a sense of employment despair (Jarrad et al., 2018). Nurses often remain in their career as patient caregivers but with the same mindset that they could go elsewhere and do not have to endure the poor working conditions. This was the result of nurses who had 5 years or more of experience. Research also showed that nurses who were overworked in environments that were experiencing staff shortages felt unappreciated and generally had unhealthy behaviors due to job-related stressors and stressful decision-making (Morrissy et al., 2013). According to Jarrad et al. (2018), research showed that nurses never revealed that they were burned out, nor did they share that they had considered moving into other areas of the nursing profession.

Hypothesis 2

The second research question examined the differences between secret keeping and subjective well-being using the Mann-Whitney test for independent samples to compare scores on secret keeping, well-being, and nurse retention between nurses who had one to five years in their positions and those who had more than five years. One statistically significant result was obtained for nurse retention, with nurses with one to five years in their positions more likely to stay in nursing than those with more than five

years' experience. The null hypotheses of no difference could not be rejected because of the mixed findings.

According to Nair et al. (2016), student nurses are the future healthcare professionals. With the growing worldwide shortage of nurses according to Nair et al. (2016), student nurses with one to five years of experience will, most importantly, remain in their profession. Because of this, healthcare would need resources and support to maintain retention.

In this study, I found that Seligman's Well-Being was appropriate for use in this study because the goal was to determine the relationship between secret keeping and subjective well-being among nurses, and to show that there was a difference between secret keeping and subjective well-being for early-career nurses and late-career nurses impacting retention. Seligman's well-being theory was developed in 2012, and it was based on five elements, which are known by the acronym PERMA: positive emotion, engagement, relationships, meaning, and accomplishment (Jayawickreme et al., 2012, p. 330). *Positive emotion* is a "subjective positive view of the present, past, and future" disposition of nurses (Asebedo & Seay, 2015, p. 162). *Engagement* reflects the "psychological state" of the nurses' complete involvement in "some particular task or activity" (p. 162). *Positive relationships* focuses on the "pursuit of positive, healthy … relationships with others" (p. 163). *Meaning* refers to nurses' "full utilization of" [their] abilities "to contribute and belong to something believed to be bigger than" themselves (p. 163). *Accomplishment* relates to nurses' "pursuit of success, mastery, realization of goals, and" achievements (p. 163). Seligman's theory indicates "that the pursuit and

attainment of the five elements" would lead to one's well-being and that this attainment would lead to the individual "flourishing as a result" (p. 163).

Limitations of the Study

The findings of this case study were not for a broader population in the medical industry. Purposively selected samples of participants in small sizes, such as the non-probability sampling used in this research method, limited the generalizability of any findings. Furthermore, a limitation of this study was, specifically, the topic of choice. Because the topic "secret keeping among nurses" was one that had very limited research for all three variables (secret keeping, subjective well-being, and nurses' retention), there was little known about the subject, thus presenting a limitation on the understanding of the study. There had been limited research on this topic, and this study supported future research on the selected population to provide research to decrease the nursing shortage.

Several limitations have emerged while completing this study. The small sample of nurses only may have limited the generalizability of the findings. The data were limited because of publishing the survey during the COVID-19 pandemic, which was a time of high stress for medical workers, especially nurses. The research was limited to nurses only and did not reflect other positions in the medical field. Self-reporting may be biased, with nurses answering in a socially desirable way and not revealing how they actually believed.

Recommendations

The study aimed to address the gap in the literature concerning the relationship between secret keeping and subjective well-being among early- and late-career nurses.

These research findings addressed the relationship between secret keeping and subjective well-being among nurses that impacts nurses' retention. According to McCourt et al. (2013), there is a growing shortage worldwide of nurses to serve in this industry. The results of this research indicated "…a need to examine these factors that contribute to" retainment in this nursing industry (Spence et al., 2009, p. 305).

Secret keeping is the act of concealing personal information that develops over time into psychological, emotional, and health problems, which in turn develops into unhealthy behavior (Cares et al., 2015). This secret keeping could lead to unhealthy behavior and would lead to affected nurses leaving the profession (Cares et al. 2015; Boulton & O'Connell, 2017). Although research had indicated a need for "better understanding of the factors that contribute to" nurse retainment (Grace et al., 2014, p. 643), there had not been any data about all three variables (secret keeping, subjective well-being, and nurses' retention), which indicated a significant gap in the existing literature (p. 645).

In this study, I worked to bridge the gap between secret keeping and subjective well-being among early-career and late-career nurses that impact nurses' retention. Based on these issues, there was a gap in the literature concerning the variables secret keeping, subjective well-being, and nurses' retention impacting nurses' retainment. There was a shortage of data concerning the three variables, which showed the growing need to investigate how to be more effective in retaining nurses. This study aimed to contribute to social change and a safe place for nurses to disclose their unhealthy behaviors and

personal problems. In this safe place, nurses would be able to find resources to alleviate the issues that impact nurses' retention.

Of the 148 participants in this study, 48% had been in their positions for five years or less and 51.4% had been in their positions for more than five years. The first research question examined the relationship between secret keeping, well-being, and nurse retention using Spearman's rank order correlations. Among the results of this study, one significant relationship was found between nurse retention and well-being. This research indicates that the direction of the correlation was negative, indicating that nurses with higher scores on well-being were less likely to be retained in their positions. The remaining correlations from the results of this study were not statistically significant, providing support that the null hypothesis could not be rejected. The second research question used the Mann-Whitney test for independent samples to compare scores on secret keeping, well-being, and nurse retention between nurses who had 1 to 5 years in their positions and those who had more than 5 years. This research indicated that one statistically significant result was obtained for nurse retention, with nurses with 1 to 5 years in their positions more likely to stay in nursing than those with more than 5 years. The null hypotheses of no difference could not be rejected because of the mixed findings.

Based on the findings of the research in this study, this researcher recommends the following changes to the current nursing situation. Choose a larger sample for further research. Include other medical disciplines. Do a longitudinal study of new graduates and survey them every three years for 15 years to see if there are any changes to their answers over the course of those years regarding the three variables of secret keeping, subjective

well-being, and nurse retention. The longitudinal study would be an important step for further research. The results of such a 15-year study will show the points in their careers at which nurses begin to be affected by the three variables. Also, another step would be to conduct such to surveys to see if secret keeping, subjective well-being, and nurse retention have a bell-shaped curve for future research. Such future findings of the study will also offer insight into the point at which the change in nurses' attitudes begins. This will offer hospitals guidance about when they should start offering programs to maintain retention. Future research will confirm and expand this study by offering nurses safe places to which they can go if they feel too stressed.

Since the current data was collected during the Covid 19 pandemic, it will be important to replicate the study after the pandemic ends to compare nurses' responses for future research. Further research will indicate if Covid 19 stressors affected their responses. Furthering the study will indicate if there is a difference between the data collected over the years of the pandemic and later.

Implications

The findings from this research provided positive implications for secret keeping and subjective well-being for early-career and late-career nurses impacting retention. The results of this study could contribute to positive social change: nurses could be happier in their profession upon seeing that the importance of their well-being has impacted healthcare industry. Seligman's well-being theory was based on positive psychology and focused on five elements: positive emotion, engagement, relationships, meaning, and accomplishment (PERMA; Jayawickreme et al., 2012, p. 330). The findings of this

research indicate that Seligman's well-being theory was appropriate for use in this study because the goal was to determine the relationship between secret keeping and subjective well-being among nurses. The well-being theory supported this research study, which indicates the differences between secret keeping and subjective well-being for early-career nurses and late-career nurses impacting retention.

The researcher used an online survey, SurveyMonkey, completed by 148 registered nurses who were working in hospitals. In additional, the researcher posted the same online survey on the Walden Participant Pool Webpage and Facebook Platform for registered nurses who worked in the hospital. The majority of nurses that completed the survey were female (n = 132, 89.2%) and a small percentage were male (n = 17, 10.8%). The findings of this study indicated one (0.7%) nurse had less than 1 year of experience and 71 (48.0%) had 1 to 5 years of experience and seventy-six (51.4%) of the participants had more than five years in the industry.

The Spearman rank order correlations were used to determine the relationship between secret keeping and subjective well-being. The findings of this study were statistically significant in the negative direction (r_x = -.25, p = .003) for the correlation between well-being and secret-keeping. The Mann-Whitney test was used to test the independent the differences in secret-keeping, well-being, and nurse retention between nurses with 5 years or less and for more than five years.

The findings of the study indicate nurse retention differed significantly between nurses who had been in their positions for one to five years and those who had been in their positions for more than five years, (Z = -4.12, p < .001). The findings of this study

also indicate that as higher scores were indicative of retention, nurses who had been in their positions for 1 to 5 years (M = 5.10, SD = .21) were more positive about staying in their jobs than those who had more than 5 years in their positions (M = 4.93, SD = .39). The findings of the study were the greatest number of nurses (n = 110, 78.0%) who did work in the industry as staff nurses. Only one (0.7%) nurse had less than 1 year experience and 71 (48.0%) had between 1 to 5 years. Seventy-six (51.4%) of the participants had been in the profession for five plus years.

The results of this study, the differences in secret keeping and well-being did not differ significantly between the two groups of nurses. This research indicates the mixed findings, the null hypothesis of no difference in secret keeping, well-being, and nurse retention could not be rejected. The "pursuit and attainment of the five elements that the Seligman's well-being theory would lead to one's positive well-being," (Seligman, 2012, 163) and this attainment would lead to the individual "flourishing as a result" of enhanced wellness in the nursing work environment and to remain in this industry (Seligman, 2012, p. 163).

My recommendation for further study is that this current study be made available for people in other positions in the hospital industry. This current research study should be expanded to include the outcomes for both males and females who work in the hospital industry. Further, this research study should be broadened and made more in-depth to examine how secret keeping and subjective well-being impact other populations in the hospital industry. Furthering this research will indicate whether there is an impact on retention in other populations in the hospital industry.

The findings of the study indicates illustrate the need for more practical programs in the hospital industry to help nurses cope with stress. Such programs would allow nurses more opportunities to work with patient care and lessen classroom work. These programs will increase an awareness of the importance of nurses' subjective well-being.

Sheridan-Leos (2008), research findings indicates that the nursing shortage is a threat to the "health and well-being of all citizens in the United States" due to increasing retention issues (p. 400). Hinson and Spatz (2011) research findings indicates that nurses were being "influenced by turnover and retention," [which] "was a global issue" impacting patient care and satisfaction and nurses remaining "in the nursing profession" (p. 103). Therefore because of the global shortage with nurses' retention, further research is needed for early-career nurses to prevent future retention and late-career nurses to target retention strategies on how to keep them in the industry. I recommend further research in nursing to uncover other resources for nurses' subjective well-being. This further research should include other medical professions to examine the outcomes for the three variables (secret keeping, subjective well-being, and retention). The outcomes from further research will provide more insight to leadership in the nursing profession.

Conclusion

This research was conducted to fill the gap in literature concerning the relationship between secret keeping and subjective well-being between early-career and late-career nurses that impacts nurses' retention. In this study, I found that nurses with between one and five years of experience were more likely to stay in their profession than those who have five or more years of experience. It is important that the nurses' well-

being is considered due to nurses experiencing burnout, compassionate fatigue, and other side effects of the three variables (secret keeping, subjective well-being, and retention). Seligman's well-being theory was appropriate for this study due to the effects of the Covid 19 pandemic and the toll it has taken on the nursing industry, including staffing shortages. Seligman's theory focused on one's happiness based on positive psychology, and included five elements: positive emotion, engagement, relationships, meaning, and accomplishment (PERMA; Jayawickreme et al., 2012, p. 330). This theory can explore one's emotional well-being with the intention of maintaining nurses' retention and motivating nurses with at least five years of experience to remain in their profession. I recommend further research in other populations to examine the outcomes and to look at the overall population to maintain or increase retention in those other populations.

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Appendix A: WHO (Five) Well-Being Index (1998 version)

Please indicate for each of the five statements which are closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

Table A1

WHO (Five) Well-Being Index (1998 Version)

	Over the last two weeks	**All of the time**	**Most of the time**	**More than half of the time**	**Less than half of the time**	**Some of the time**	**At no time**
1	**I have felt cheerful and in good spirits**	□5	□4	□3	□2	□1	□0
2	**I have felt calm and relaxed**	□5	□4	□3	□2	□1	□0
3	**I have felt active and vigorous**	□5	□4	□3	□2	□1	□0
4	**I woke up feeling fresh and rested**	□5	□4	□3	□2	□1	□0
5	**My daily life has been filled with things that interest me**	□5	□4	3	□2	□1	□0

Note: This table comes from Psychiatric Research Unit, WHO Collaborating Center for Mental Health, Frederiksborg General Hospital, DK-3400 Hillerød.

Scoring: The raw score is calculated by totaling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life.
To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage score of 0 represents worst possible, whereas a score of 100 represents best possible quality of life.

Psychiatric Research Unit, WHO Collaborating Center for Mental Health, Frederiksborg General Hospital, DK-3400 Hillerød

Appendix B: Self-Concealment Scale (SCS)

Table B1

Self-Concealment Scale (SCS)

This scale measures self-concealment, defined here as a tendency to conceal from others personal information that one perceives as distressing or negative. Please tick the box, to the right of each of the following 10 statements that best describes how much you personally agree or disagree with the statement.		*1= strongly disagree*	*2= moderately disagree*	*3= don't disagree or agree*	*4= moderately agree*	*5= strongly agree*
1.	I have an important secret that I haven't shared with anyone					
2.	If I shared all my secrets with my friends, they'd like me less					
3.	There are lots of things about me that I keep to myself					
4.	Some of my secrets have really tormented me					
5.	When something bad happens to me, I tend to keep it to myself					
6.	I'm often afraid I'll reveal something I don't want to					
7.	Telling a secret often backfires and I wish I hadn't told it					
8.	I have a secret that is so private I would lie if anybody asked me about it					
9.	My secrets are too embarrassing to share with others					
10.	I have negative thoughts about myself that I never share with anyone					

Note: this table is from Larson, D. G. and R. L. Chastain (1990). Self-Concealment: Conceptualization, measurement and health implications. *Journal of Social and Clinical Psychology 9*(4): 439-455.

Total score =

In the initial development research for the Self-Concealment Scale, the average score for a group of 306 adults (average age 42, 82% with US college education) was 26, with about 70% scoring between 19 and 33 (Larson & Chastain 1990). A high tendency to conceal was associated with increased physical and psychological illness, even after allowing for the presence or absence of past trauma.

Larson, D. G. and R. L. Chastain (1990). "Self-Concealment: Conceptualization. Measurement and Health Implications." Journal of Social and Clinical Psychology 9(4): 439-455.

This article introduces the construct of self-concealment, the active concealment from others and personal information that one perceives as negative or distressing. A Self-Concealment Scale (SCS) was developed and was included in a questionnaire battery completed by 306 subjects. The SCS had excellent psychometric properties. Self-concealment was conceptually and empirically distinguished from self-disclosure. Self-concealment significantly correlated with self-report measures of anxiety, depression, and bodily symptoms and accounted for a significant incremental percentage of the variance in physical and psychological symptoms even after controlling for occurrence of trauma, trauma distress, and disclosure of the trauma, social support, social network, and self-disclosure. The implications of these findings are discussed and directions for further research are briefly outlined.

Appendix C: Nurse Retention Index Scale

Instructions: After consulting the scale directly below please write the number that you feel is the most appropriate answer in your current experience next to the statement. Please give your own responses without conferring with anyone else. Answer all of the questions.

1	2	3	4	5	6	7	8
Definitely False	False	Mostly False	More False than True	More True than False	Mostly True	True	Definitely True

1. It is my intention to continue with my nursing career in the foreseeable future. ___
2. I would like to stay in nursing as long as possible. ___
3. As soon as it is convenient for me I plan to leave the nursing profession. ___
4. I expect I will keep working as a nurse. ___
5. My plan is to remain with my nursing career as long as I am able. ___
6. I would like to find other employment by leaving nursing. ___

NRI

Nurse researchers and workforce planners have raised the problem of accurately determining the
movement of nurses at the clinical and profession level. The specific aim of the Nurses' Retention Index (NRI) is to measure nurses' intention of staying in their nursing job or leaving to find other work thereby providing a simple measure of intention. The NRI contains six declarative type items. There are four positively worded items and two negatively worded items. Final data provided will be used only for psychometric evaluation and for addition to norms etc.

Leanne Cowin can be contacted with the following details:
School of Nursing & Midwifery
University of Western Sydney
Locked Bag 1797
Penrith, NSW 2751 Australia
Phone: 61 2 45701656
email: l.cowin@uws.edu.au

Appendix D: Request To Use Self-Concealment Scale

Walden University
Attn: School of Psychology
Minneapolis, Minnesota

January 6, 2017

Santa Clara University, Department of Counseling Psychology
Attn: Dr. Dale Larson
124 Guadalupe Hall
500 El Camino Real Santa Clara, CA. 95053-0201

Dear Dr. Dale Larson:

I am a doctoral student at Walden University. I am in the process of preparing a dissertation for publication and am seeking permission to include the following material in my publication. The authors/publishers are Doctors Dale Larson and R. L. Chastain. The publication is the 10-item Self-Concealment Scale that was published in 1990.

The work will be used in the following manner: To collect data to determine if there is a difference between secret keeping and subjective well-being in nurses for my dissertation studies. The publication information is as follows: Secret Keeping and Subjective Well-being in Nurses, dissertation studies, and currently completing my dissertation proposal.

Please let me know if there is a fee for using this work in this manner.

Please indicate your approval of this request by signing the letter where indicated below and returning it to me as soon as possible using the self-addressed envelope. Your signing of this letter will also confirm that you own the copyright to the above-described material.

Very truly yours,

Augustina Frazier, Doctoral Student
Augustina.frazier@waldenu.edu

For copyright owner use:
PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:
By: Dr. Dale Larson

Title: Professor
Date: February 12, 2017

Appendix E: Request To Use The Who (Five) Well-Being Index

Walden University
Attn: School of Psychology
Minneapolis, Minnesota

January 6, 2017

Attn: Dr. Per Bech
Psykiatric Center North Zealand,
Psychiatric Research Unit,
Dyrehavevej 48
DK-3400 Hillerød
Denmark

Dear Dr. Bech:

I am a doctoral student at Walden University. I am in the process of preparing a [manuscript, book, book chapter, dissertation, anthology, etc.] for publication and am seeking permission to include the following material in my publication. A copy of the work is enclosed. [Unless all of this is clear from the enclosure, identify: The author/publisher is Dr. Per Bech. The publication is the WHO (Five) Well-Being Index (1998 version, English).

The work will be used in the following manner: To collect data to determine if there is a difference between secret keeping and subjective well-being in nurses for my dissertation studies. The publication information is as follows: Secret Keeping and Subjective Well-being in Nurses, dissertation studies, and currently completing my dissertation proposal.

Please let me know if there is a fee for using this work in this manner.

Please indicate your approval of this request by signing the letter where indicated below and returning it to me as soon as possible using the self-addressed envelope. Your signing of this letter will also confirm that you own the copyright to the above-described material.

Very truly yours,

Augustina Frazier, Doctoral Student
Augustina.frazier@waldenu.edu

For copyright owner use:

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:
By: Dr. Per Bech
Title: Professor
Date: February 13, 2017

Appendix F: Request to Use Nurse Retention Index Scale

Walden University
Attn: School of Psychology
Minneapolis, Minnesota

August 30, 2017

Attn: Dr. Leanne Cowin
Western Sydney University
Locked Bag 1797 Penrith NSW 2751 Australia

Dear Dr. Cowin:

I am a doctoral student at Walden University. I am in the process of preparing a [manuscript, book, book chapter, dissertation, anthology, etc.] for publication and am seeking permission to include the following material in my publication. A copy of the work is enclosed. [Unless all of this is clear from the enclosure, identify: The author/publisher is Dr. Leanne Cowin. The publication is the Nurse Retention Index Scale.

The work will be used in the following manner: To collect data to determine if there is a difference between secret keeping and subjective well-being in nurses for my dissertation studies. The publication information is as follows: Secret Keeping and Subjective Well-being in Nurses, dissertation studies, and currently completing my dissertation proposal.

Please let me know if there is a fee for using this work in this manner.

Please indicate your approval of this request by signing the letter where indicated below and returning it to me as soon as possible using the self-addressed envelope. Your signing of this letter will also confirm that you own the copyright to the above-described material.

Very truly yours,

Augustina Frazier, Doctoral Student
Augustina.frazier@waldenu.edu

For copyright owner use:

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

By: Dr. Leanne Cowin
Title: Hawkesbury Campus Advisor
Date: August 31, 2017

Appendix G: Permission to Use Who-5 Well-Being Index

February 12, 2017

Augustina--
The scale has been used in more than 150 studies. I give you complete permission to use the scale. I am attaching our recent review of studies using the scale. I think you will find the review helpful to you, especially the working model. Not one researcher using the scale, including dozens of dissertations and publications in major journals, has needed a signed permission.

Best wishes, Dale Larson

February 13, 2017

Dear Augustina Frazier:

Thank you for your e-mail concerning use of the WHO-5.
This questionnaire is in the public domain and may freely be used without any charge for research purposes with referencing to:

Bech P. Clinical psychometrics. Oxford, Wiley-Blackwell 2012.
Topp CW, Østergaard SD, Søndergaard S, Bech P. The WHO-5 Well-being Index: A systematic review of the Literature. Psychotherapy & Psychosomatics 2015;84(3):167-76.
With kind regards

Lone Lindberg
Mental Health Centre North Zealand, University of Copenhagen
Dyrehavevej 48, DK 3400-Hillerød
Tel.: +45 38 64 30 95 Fax: +45 38 64 30 99

Appendix H: Permission to Use Nurse Retention Index

August 31, 2017

Hi Augustina,

Please find attached a copy of the NRI. I maintain copyright on the measures I develop (even the really little ones like the NRI) so you will not find them available unless you make a request. You can use this with the usual copyright observances. Hope this is helpful to you and good luck with your study.

Leanne Cowin RN MSc(ApplStat) PhD| Hawkesbury Campus Advisor
School of Nursing and Midwifery
Building G.10 Room 19, Hawkesbury Campus
P: 61 2 45701292 | F: 45701630 | E: l.cowin@westernsydney.edu.au
Western Sydney University
Locked Bag 1797 Penrith NSW 2751 Australia
www.westernsydney.edu.au/nursingandmidwifery