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Retention Strategies for the Current Nursing Workforce

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Walden University
2022

Abstract

Retention Strategies for the Current Nursing Workforce

by

Jennifer Higgins

MSN, Walden University, 2008

BSN, University South Florida, 1997

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2022

Abstract

Retaining a robust nursing workforce is essential to care delivery. As the generation gap in the nursing field widens, retention strategies that align with the current nursing workforce must be considered. Rapid turnover is a looming concern as baby boomers retire and millennials become the leading generation in the nursing workforce. Nurse leaders must identify and deploy strategies that will provide a meaningful work environment to retain nurses in this majority group. The purpose of this project was to address the gap in practice of rising turnover, low nurse engagement, and reliance on premium labor to deliver care. The sources of evidence from 5 hospitals included RN engagement survey results, RN turnover data, premium labor usage trends, and themes from stay interviews. The context, input, process, and product model was used for program evaluation in the four dimensions. Findings of the retrospective review were RN engagement over the 3-year period decreased but returned to prepandemic levels, RN turnover especially in millennials continued to increase, and the requirement for use of premium labor escalated. The stay interviews generated themes such as team, leadership, learning, work environment, and advancement opportunities. An increased focus on these themes is recommended to reduce turnover and improve engagement. Findings may be used to ensure an adequate, engaged nursing workforce for the future of health care to achieve equitable, quality health outcomes and consumer access to care. The stability of the nursing workforce is essential to promote safe nursing practice.

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Dedication

I humbly dedicate this quality evaluation project to the nursing professionals who are committed to delivering care to the most vulnerable patients throughout the COVID-19 pandemic and beyond. Their dedication to the nursing profession and our patients inspires me to be a better leader. The challenges and hardships of the past 3 years have been met with perseverance and resilience. I am grateful to have had this opportunity to gain knowledge and scholarship to best serve our nursing team.

Acknowledgments

I would like to take the opportunity to thank my colleagues and friends at the host site for their continued participation and collaboration in support of me completing this project so near to my heart and in service to the improvement of the nursing profession. I would like to thank my son, Kalvin, and daughter, Kassie, for their endless encouragement of me throughout this journey. Lastly, I would like to thank Dr. Niedz for the guidance and encouragement to continue this journey of learning and personal achievement.

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Section 1: Nature of the Project

Nursing turnover impacts health care delivery on many fronts as organizations are pressured to provide quality care in a cost-effective manner to a satisfied patient with an engaged service-driven staff (NSI Nursing Solutions, 2021). The financial burden associated with staff turnover is related to the constant need to recruit and orient nurses as well as employ travel nurses at a higher cost to fill core vacancies, leaving the dedicated nursing staff feeling disengaged and devalued (NSI Nursing Solutions, 2021). Turnover affects nurse engagement and disrupts productivity of nursing along with affecting revenue by the inability for organizations to adequately staff all available beds for the surge in volumes (Cao et al., 2020). This cause for concern among nurses further affects staffing and leaves nurses feeling disenfranchised. The increase in workload and stress impacts nurse engagement, causing many nurses to leave the profession because they do not feel they can care appropriately for their patients (Cao et al., 2020).

Given the challenges of nursing turnover, most organizations are considering the retention of current nurses as a plausible solution given that the supply of nurses over the next decade is uncertain. The uncertainty is due primarily to the aging of the nursing population, stressed economy, interest in nursing, and availability of nursing faculty (Cao et al., 2020). Most recently, the shortage of nurses has been strongly affected by the COVID-19 pandemic, particularly in acute care settings, jeopardizing the ability to produce safety and quality outcomes as older nurses are choosing retirement and nurses are leaving the workforce altogether (Fernald et al., 2021). The nursing workforce, the largest profession within health care systems, has been central to the response and

prevention efforts of COVID-19 (Fernald et al., 2021). It is imperative that nursing leaders adapt to function in times of constraint while exhibiting essential principles of resilience to survive under the pressure of the workforce conditions and retain essential staff (Fernald et al., 2021).

To address turnover, the current nursing staff makeup needs to be examined. Currently there are four generations of people in the nursing workforce, challenging the design of retention programs that attract and retain employees. With the increasing turnover of older nurses, millennials (individuals born between 1981 and 1996) are becoming the majority in the nursing workforce in acute care settings (Fernald et al., 2021). Understanding that millennials are making up about half of the workforce, the focus for retention strategies that appeal to this group has escalated in importance since the emergence of the COVID-19 pandemic. It is of vital importance that health care systems recognize the challenge and are actively designing and deploying strategies to engage and retain nurses (Fernald et al., 2021). Many organizations struggle to retain millennial nurses as work–life balance becomes a leading factor in higher rates of turnover among millennials (McCleskey, 2018). The acute care bedside practice environment requires around-the-clock coverage that may be unfavorable to millennials who desire work–life balance and flexibility (McCleskey, 2018).

To achieve positive social change, organizations must develop innovative solutions that appeal to the millennial population. Implementing retention solutions will improve nurse engagement, reduce turnover, and reduce the dependence on premium temporary labor, which are all contributors to positive social change (Fernald et al.,

2021). The purpose of this doctor or nursing practice (DNP) quality improvement project was to retrospectively evaluate the implementation of system-wide retention strategies on four key measures: nurse engagement, nurse turnover, the use of premium labor, and intention to stay over a 3-year period (2019–2021).

Problem Statement

The practice gap that existed in the project site was an escalating rate of turnover in bedside nurses in the acute care setting of a large organization in South Florida. State data reported by the Florida Hospital Association (2021) showed RN turnover rates reaching 20% in some areas, whereas the overall RN turnover rate in the project site was 18.9%. As a result, addressing the retention of qualified RNs was imperative to serve the community and maintain safe delivery of care. With the highest rate of turnover for acute care RNs, the need for nurses outweighed the number of nurses available; therefore, retention was paramount to address the further loss of experienced talent. Because millennials were approaching the majority (almost 50%) of this organization's nursing workforce, the focus on this cohort was important to reduce vacancy rates and turnover and to ensure the stability of future nursing practice.

Born between 1981 and 1996, millennials make up about half of the health care workforce and are twice as likely to become RNs compared to their baby boomer counterparts (Pew Research Center, 2019). The millennial generation is entering the workforce in record numbers, surpassing baby boomers (born between 1946 and 1964) as the largest generation in 2016 (McClain et al., 2021). Newly graduated nurses age 23 through 26 have increased the number of full-time equivalent RNs in this generation by

62% in the United States, yet the percentage of these nurses leaving their role within 2 years is 57% (McClain et al., 2021). This is a sharp contrast to previous generations who had the tendency to stay at the bedside far longer (McCleskey, 2018). New strategies that appeal to the millennial workforce were essential for the future of nursing in the local landscape.

Traditional hierarchy, including recognition and reward strategies, must be examined for their effectiveness as they apply to this group. As the nursing workforce ages, older nurses may see millennials as disloyal to their employer, self-entitled, opinionated, and unable to cope with criticism or the expectation of diligence (McCleskey, 2018). The propensity to move between jobs may also be in response to the increase in nontraditional health care delivery systems that appeal to millennials. Work–life balance and a positive, cohesive work environment through a shared governance platform of clinician-led improvements are important elements to consider when appealing to this newer generation (Choi & Kim, 2019). The involvement of nurses in decision making regarding organizational issues and clinical practice has been limited, thereby negatively affecting nurses' job satisfaction and turnover (Choi & Kim, 2019).

As providers shift to lower cost settings outside of the hospital, the creation of a variety of work environments emerges, many with more flexible work hours (Koppel et al., 2017). These options make it more competitive in acute care settings to retain nurses looking for a less stressful work environment, inclusion of their voice in changes, and opportunities for a balanced work life. The surge in technology makes it easy to access networking and job opportunities available (Koppel et al., 2017). It is more commonly

accepted for people to change jobs early in their career, and this relieves the stigma of millennials seeking and obtaining new opportunities and advancing sooner than they might in their current organization (Koppel et al., 2017). Millennials are the future of nursing and will drive nursing practice. With half of the population of nurses in the millennial age group, reducing turnover by creating retention strategies that appeal to millennials will stabilize the nursing workforce and nursing practice.

Purpose Statement

The nursing workforce is a national and global priority highlighting the importance of identifying reliable ways to encourage nurses to remain in their role and in the profession. The practice gap of a high rate of turnover in bedside nurses in the acute care setting was consistent with the average rate in Florida. Although the RN turnover rate of 18.9% in the project site organization was not as significant as some organizations across the United States, the average rate in Florida has risen to 25.3% with critical care nurses among the highest at 33.4% (Florida Hospital Association, 2021). The continued surges of the coronavirus (COVID-19) pandemic have strained health care infrastructures and demonstrated the agility and resilience of frontline health care professionals.

Further compounding the issue, the proportions of nurses reporting to retire from nursing over the next 5 years is on the rise (Florida Hospital Association, 2021). As more nurses decide to leave the profession, this leaves the next generation of nurses to bear the burden of a stable workforce. With four generations of people in the same workforce, this challenges the design of retention and reward programs that motivate and attract employees. The purpose of this DNP quality improvement project was to retrospectively

evaluate the changes after implementation of system-wide retention strategies on four key measures: nurse engagement, nurse turnover, the use of premium labor, and intention to stay over a 3-year period (2019–2021).

This project targeted nurse engagement, nurse turnover, the use of premium labor, and intent to stay following the deployment of retention strategies created in response to the high rate of turnover and low engagement of nursing primarily during the emergence of the COVID-19 pandemic. The nursing workforce and the patient population are increasingly complex, and this new climate calls for leaders to examine their approach regarding recognition, retention, and reward strategies to ensure the needs of the emerging workforce are addressed. The DNP project addressed this gap in practice by retrospectively evaluating the change of these metrics from before the implementation of retention strategies, during the implementation of retention strategies, and after strategy deployment.

Retention strategies were developed using suggestions from bedside nurses and deployed to enhance the retention of the nursing workforce. These strategies were tailored to bedside nurses with feedback from nursing led councils, town hall and listening sessions, previous employee engagement survey results, and department turnover trends. The practice-focused question for the DNP project was the following: Is there a difference in nurse engagement, nurse turnover, the use of premium labor, and intention to stay following the implementation of system-wide retention strategies over a 3-year period (2019–2021)?

Nature of the Doctoral Project

The setting for the DNP project was a major Southeast U.S. acute care hospital system with over 1,500 beds and 4,000 nurses. Nursing turnover rose at an alarming rate from 11% to 18.9% during the emergence of the COVID-19 pandemic while employee engagement scores were at an all-time low. During this rise in turnover and distress, themes were identified through town halls and listening sessions to create strategies to improve turnover rates, engagement, and appreciation felt by nurses. These strategies targeted the improvement of work–life balance, flexible scheduling options, voice in changes and decision making through shared governance, and envirnonmental changes needed to address the complexity of bedside patient care. Increased moral distress and workload compounded the stress on the workforce brought on by the pandemic. The foci of the strategies were primarily on the millennial nurses who make up 48% of this organization's bedside nursing cohort. Successful engagement and retention of this generation could mean improved productivity, advanced innovation, and successful adaptation of new health care practices and outcomes, thereby closing the gap in practice identified.

The retention strategies that were deployed consisted of a multifactorial approach. The nursing-led system shared governance council requested the deployment of a solution-based platform for bedside nursing challenges that were escalated by the COVID-19 pandemic. This council consists of a diverse population of clinical nurses who give direct patient care and desired the inclusion of the voice of point-of-care nursing through the deployment of this platform.

The solution-based platform created was an electronic publication with written evidence-based solutions and a supporting video vignette. The content for the videos and written content was driven by bedside nurses. The platform was named Clinical Circles and was deployed to all nursing staff weekly focused on escalating challenges during the pandemic. The purpose was to allow for transparent communication and to engage the greater nursing workforce with real-time solutions for addressing these issues. The support of the weekly publication was in response to the request for open, transparent communication between leadership and bedside nursing.

The publication included a survey soliciting feedback during the pandemic to gauge the environment and voice of the bedside nurse in real time. Results from the weekly feedback regarding these publications informed further development of retention strategies. The aim was heightening engagement of the bedside clinicians in real time with solutions to escalating issues. Leadership would also use this real-time feedback to create awareness and signals of improved or declining engagement.

In addition to the Clinical Circles publication, the launch of other strategies included the increase of the implementation of unit shared governance councils (unit-based councils) to deploy best practices. Weekly rounding by leadership allowed for inclusion of the voice of the nurse in collegial relationships with decisions that affect their practice. A resource nurse and flexible scheduling options were implemented to relieve staff for breaks and allow for an improved work environment. The retention strategies were implemented to engage those who give direct patient care as

stakeholders, to identify solutions for support and retention, and to bring about positive social change at the site.

The purpose of the DNP project was to evaluate the implementation of system-wide retention strategies' using four key measures: nurse engagement, nurse turnover, the use of premium labor, and intention to stay over a 3-year period (2019–2021). The sources of evidence that were used to satisfy the purpose of the DNP project included RN turnover data, premium labor trends, RN engagement survey results focused on engagement and intention-to-stay questions, and stay interview results performed in the five-campus hospital system. Turnover and premium labor trends data were measured using a standard rolling 12-month percentage. These metrics were trended and compared monthly and year over year by acute care campus and by generational cohort using a comparison of prepandemic data in 2019 through 2021.

The project site health care system conducts an annual engagement survey to measure employee engagement. Due to the pressure of the pandemic, a full survey was launched in 2019, a pulse survey was launched in 2020, and a full survey was launched in 2021. Survey questions that addressed engagement and intention to stay were used to compare nursing engagement year over year from the 2019, 2020, and 2021 nurse engagement surveys.

The organization consists of five acute care hospitals that are led by a nursing leadership team who conducted stay interviews at each of the sites at the end of the pandemic using a consistent five question form (see Appendix B). The stay interviews were performed toward the end of the pandemic to gauge the behavioral intentions to stay

of the nursing workforce. The interviews including the five questions yielded information that was evaluated for responses consistent with intentions to stay.

Significance

Successful reduction in turnover and reliance on premium labor would stabilize the nursing workforce going forward. To improve retention and morale, a shared governance council structure provides a framework for employee participation in decision making that affects their work environment, thereby enhancing nurse engagement. An understanding of the change in engagement and turnover after program evaluation would guide the design of future retention strategies.

Retention and engagement of the nursing workforce in shared decision making has been shown to have a great influence on turnover outcomes (Cao et al., 2020). Nurse engagement is described as "an enduring, positive, fulfilling and work-related state of mind characterized by vigor, dedication and absorption" (Cao et al., 2020, p. 2628), and employees will adopt a commitment to organizations who care about their environment as a key predictor of intention to stay. Although work environment culture is invisible and difficult to describe, the organizational culture can be palpable when it is healthy and when it is not. Identifying key work environment elements that are desirable could lead to increased engagement and intention to stay (Cao et al., 2020).

Because RNs are the largest body of caregivers, they are the most important stakeholders in this process as those who most greatly influence safe patient care delivery and organizational culture, which in turn affects outcomes (Press Ganey, 2019). Addressing RN needs has implications for productivity, job satisfaction, safety, turnover,

and financial performance (Press Ganey, 2019). The retention strategies deployed may affect not only turnover but also nurse engagement and intention to stay to bring about positive social change.

The DNP project addressed the gap in practice of a changing nursing workforce during a worldwide pandemic, dealing with, and a looming national nursing shortage. These vulnerabilities weaken the ability of nurses' to deliver safe practice through increased stress and workforce pressures as well as span the safety, quality, and financial impacts to the organization (NSI Nursing Solutions, 2021). The successful deployment and implementation of the retention strategies could inform future strategies and solutions for addressing retention and turnover in nursing and the greater health care workforce. The improvement in turnover and engagement of the collective health care workforce could bring about social change through consistent partnerships and the shared common goal of delivering safe, quality patient care to all those in the health care community who experience the pandemic effects.

Summary

As the pandemic effects loom, RN turnover has reached concerning levels. According to the NSI Nursing Solutions (2021), RN turnover stands at 18.7% nationally. Increased anxiety and thoughts of abandoning the nursing profession have been associated with an increased complexity in the the clinical setting and workload challenges (NSI Nursing Solutions, 2021). Section 1 included a description of the urgency and relevance of the DNP project's goal to deploy adaptive retention strategies that appeal to nurses' sense of control and inclusiveness in decision making to promote

positive social change and improve RN turnover. The retention strategies evaluated in the project were focused on the inclusion of RNs in the decision making to influence turnover, reliance on travel nurses, and retention of a robust nursing workforce. Section 2 provides an overview of the supportive literature, an in-depth review of the DNP project, the theory used for project development, the relevance of nurse retention on nursing practice, and local context as applicable to the DNP project. The major headings of the literature review include millennials and turnover, retention strategies in a global pandemic, engagement and resilience, and the context, input, process, and product (CIPP) model used for evaluation.

Section 2: Background and Context

As the coronavirus pandemic emerged, it highlighted the deep-rooted importance of the consequences of a heavy workload, lack of clinicians' well-being, and poor communication from health care administration. The consequences that have been highlighted are decreased RN engagement, high RN turnover, and increased reliance on premium labor. Retention strategies were deployed that focused on improving transparency and mental well-being, engaging nurses in professional shared governance, and deploying support through authentic leadership support. The purpose of this DNP quality improvement project was to retrospectively evaluate the implementation of system-wide retention strategies and change using four key areas: nurse engagement, nurse turnover, the use of premium labor, and intention to stay over a 3-year period (2019–2021).

Concepts, Models, and Theories

The literature search for studies included in this review was carried out via the following databases: Medline, Cinahl, ProQuest, PubMed, Ovid, Blackwell, and ScienceDirect. The search was limited to 2015–2021 and peer-reviewed papers published in English. The keywords used for the search included *nurse retention*, *workforce, millennial workers*, *resilience*, *intergenerational workforce*, *retention*, *turnover*, *burnout, job embeddedness*, and *job satisfaction*. The inclusion criteria included reviews and studies that focused on the retention and/or turnover of millennial (25–40 years old) nurses working in acute care.

Initially, 332 abstracts were identified in the search. Through application of the selection criteria, the abstracts were reduced to 14 articles that were reviewed in Section 2. From these articles, themes were identified as influencing the turnover and retention of millennial nurses and were explored in this review. The themes included resilience, job satisfaction, engagement, practice environment, favorable work characteristics, job embeddedness, burnout, and level of resilience affecting retention and turnover. As a result of the literature search, the key focus of this section included millennials and turnover, retention strategies in a global pandemic, engagement and resilience, and the CIPP model.

Millennials and Turnover

A concern for nurse leaders is rapid turnover of engaged, early tenured millennial nurses; therefore, millennials were targeted in this project due to the growing population of millennials in the workforce. Koppel et al. (2017) performed an analysis of over 50,000 responses of millennial nurses to understand why millennial nurses are leaving at higher rates than other nurses. Koppel et al. also conducted more than 90 interviews with nurse executives and other nurse leaders such as directors, managers, and educators. Koppel et al. concluded that the top three drivers of nurse engagement and retention were belief in the organization's mission, the organization providing excellent care, and interest in promotion opportunities. These top drivers were consistent with the overall RN engagement drivers of all nurses and indicated that those engaged are more likely to stay in their jobs (Koppel et al., 2017). The difference with millennial nurses was that although they may be highly engaged, they have a propensity to be less loyal due to the

large number of nontraditional jobs available with flexible hours and increased technology (Koppel et al., 2017). Cultivating loyalty was the primary solution for nurse leaders to increase the retention of the growing millennial segment of the nursing workforce.

Strumwasser and Virkstis (2015) argued that the most valuable way to ensure RN engagement of millennial nurses was to deploy two strategies that include giving millennials an early sense of accomplishment in their role and identifying and redirecting millennial nurses who are considering leaving. Strumwasser and Virkstis used validated surveys focused on enhancing workforce culture offered by the Advisory Board Survey Solutions, including employee engagement, physician alignment, and patient safety. Strumwasser and Virkstis used a multivariate regression analysis to determine which of the 42 engagement drivers havd the most significant impact on nurse engagement. According to Strumwasser and Virkstis, the data showed that the intentional act of collecting feedback on concrete challenges the organization is facing and acting on that feedback enhances RN engagement and feeling of being valued.

The current nursing workforce is predominately composed of three generations: (a) baby boomers (born 1946–1964), (b) Generation X (born 1965–1979) and (c) Generation Y often referred to as millennials (born 1980–2000; Waltz et al., 2021). A qualitative study was performed with 179 nurses from the millennial generation using convenience sampling. Analysis of data from nine focus groups resulted in themes regarding the influence of work environment on engagement and retention. The themes that millennials found important and valued most were professional relationships,

rewards, professional development, and workload/staffing. These themes align with the feeling of being valued and engaged in the work to improve the likelihood of intention to stay.

Retention Strategies in a Global Pandemic

The COVID-19 pandemic placed unprecedented strains on health care systems around the world. The heavy burden was placed specifically on nurses who have been faced with the challenges of heavy workloads, reduced staffing, morale distress, and social and psychological burdens. Health care leaders have been called on to provide targeted approaches to these challenges. According to Poortaghi et al. (2021), nurse leaders must be prepared to respond to the reduced staffing, morale distress, and quality-of-care concerns through effective leadership tactics. Using the Granheim and Landman method, Poortaghi et al. performed a descriptive qualitative study with 15 nurse managers of varied experience levels to identify personal perspectives of how staffing should be managed during the pandemic. Poortaghi et al. determined that due to the prolonged nature of the pandemic, creative staffing, flexibility, in-the-moment training, and collaboration with staff in other departments were essential to provide safe patient care. Leaders who were flexible and had strong situational management skills and flexibility were the most effective.

Hsiao-Mei Chen et al. (2021) investigated nurses' competence in nursing care, clinical stress, and intention to stay in their current organization by collecting data from 333 novice nurses using a four-point Likert scale. The predictors of turnover indicated that nurses' level of commitment to the workplace and clinical stress were positively

correlated with the experience of working with patients and that offering a course on infectious disease spread in patients significantly reduced stress and intention to leave (Hsiao-Mei Chen et al., 2021). This correlates with the response of leaders to provide resources and education for clinical nurses to reduce stress and intention to leave.

Young-Jae Kim et al. (2020) investigated how social support influences the job engagement and job retention of nurses struggling to continue to provide care in the COVID-19 pandemic. In the study, 382 nurses were the participants, data from 377 of whom were analyzed in total, with the following results. Depending on their age and work experience, nurses' job engagement and job retention intention were high for those with more work experience. In terms of the factors related to COVID-19, the group with a high level of experience in nursing and caring for patients infected with COVID-19 and nurses working in COVID-19 departments had low job satisfaction and low retention intention. There were differences in job engagement and job retention intention depending on the category and type of social support the RNs' received. These results suggest that nurse leaders should provide social support to increase the probability of nurses' job retention.

Engagement and Resilience

Being resilient is an essential element to counteracting adversity. Rivas et al. (2021) performed a cross-sectional descriptive study of burnout syndrome and resilience of 101 nurses using the Maslach Burnout Inventory and the Scale of Resilience of Connor-Davidson. This study showed that the increased exposure to stress situations during the pandemic combined with those who cared for patients with COVID-19

featured a higher level of burnout. Nurses with higher average scores in resilience showed a lower burnout and cynicism score. Rivas et al. observed a strong connection between burnout and resilience where those with a higher level of resilience were able to better adapt to situations with high work-related stress.

Labrague and de los Santos (2021) performed a study aimed at examining the role of resilience, compassion fatigue, job satisfaction, and turnover intention. An online cross-sectional survey containing five-report scales was used to collect data from 270 frontline nurses in the Phillipines. Over a third (38.5%) of frontline nurses experienced medium to high compassion fatigue during the second wave of the pandemic, and the increase was associated with reduced quality of care, lower satisfaction, and higher organizational turnover intention. Labrague and de los Santos concluded that resilience promoting interventions could foster improved job satisfaction and retention of nurses, thereby improving quality of care delivery.

The condition of the RN work environment has been known to influence nurse resiliency, burnout, and retention. As the nursing shortage has worsened, Gensimore et al. (2020) explored the influence of the work environment on resiliency and retention of nurses. Responses from 507 nurses were collected via an online anonymous survey via path analysis and invariance testing. Results indicated that a positive RN practice environment and favorable work characteristics lowered burnout and improved outcomes. The higher the level of burnout, the more likely nurses were to leave their current job. The lower the RN rated their current work environment, the higher they reported their

intent to leave. Gensimore et al. concluded that leadership support was crucial in shaping positive perception of the practice environment, and support directly improved retention.

CIPP Model

Assessment of the quality of evaluation programs promotes quality and ensures learners an accurate evaluation (Nemat-Bilan et al., 2021). The CIPP evaluation model allows for program evaluation during and after implementation in four dimensions. In the dimension of context, goals are established; in the dimension of input, the factors affecting the goal achievement and execution timetable are established (Nemat-Bilan et al., 2021). In the dimension of process, the program is executed; in the output dimension, the effectiveness and efficiency of the program achieving the predetermined goals are evaluated (Nemat-Bilan et al., 2021).

In the study by Nemat-Bilan et al. (2021), 25 members from the department of orthodontics completed questionnaires in a mixed-methods study to examine the quality of a competency-based evaluation program for dentistry using the CIPP model. The two themes for the program's success indicated that the program needed to provide the human and physical infrastructure, spiritual support, and encouragement of educational innovation. Nemat-Bilan et al. concluded that the program needs the support of managers and planners to provide the infrastructure for faculty to implement these elements.

Another study that included the CIPP model for evaluation was a nurse-led Parkinson's service that aimed at improving the care and self-management of people with Parkinson's disease (Jones et al., 2016). The evaluation was performed on the program by conducting stakeholder interviews and surveying patients to assess their knowledge and

perception of value and patient experience. Jones et al. (2016) were able to glean that the nurse-led service had a positive impact on the care of patients as a valued service and identified the gaps that exist in the program with recommendations for improvement.

The CIPP model was also used to conduct an evaluation of the challenges of neonatal intensive care nursing curriculum by Ashghali-Farahani et al. (2018). The study was conducted using a qualitative approach including master's students, graduates, faculty members, neonatologists, and nurses working in the neonatal intensive care unit. The aim was to evaluate the changes needed in the systematic design and actions to meet the needs of the program and educate more nurses in the neonatal nursing curriculum due to a shortage. Ashghali-Farahani et al. concluded that changes were needed in the curriculum to meet the societal needs and to create more success in the nursing program.

In the current project, the CIPP model evaluation helped me discover the fundamental weaknesses in the program needing improvement. The CIPP model was chosen for this program evaluation as a means to demonstrate the context, input, process, and product. Analysis of these four areas of impact allowed me to identify gaps that exist in each area for improvement, and discover direct relationships from the context, input, or process to the product either positively or adversely.

Relevance to Nursing Practice

Nurses are the largest group on the health care team and have the longest contact time with patients. Contrary to traditional retention strategies, job embeddedness is emerging as an influencer toward retention of nurses (Hopson et al., 2018). The pandemic increased the demand and workload on nurses in an already challenging and extreme

work environment, so leaders must adjust the work environment to appeal to those in the workforce (Labrague & de los Santos, 2021). The number of critical cases, the uncertainty about the disease, and the incidence of death from the disease impose a psychological stress on nurses (Poortaghi et al, 2021). Retention strategies that are designed to take these elements into consideration were considered.

Alarming issues of stress, burnout, and turnover among nurses were present before the pandemic. Considering that the pandemic amplified the issue, a supportive response by health care administrators was paramount for RN engagement and reduction in turnover (Poortaghi et al, 2021). The impact of the COVID-19 pandemic on the rates and predictors of nurses' turnover and turnover intention must be considered as an elevated concern for stability of the nursing workforce (Poortaghi et al, 2021).

Nurse leaders are facing the traditional nursing retention challenges with the additional burden of increased patient workload, reliance on temporary staff recruitment at a high financial cost, increase in morale distress, and continuous organizational change as hardships for the nursing workforce (Rivas et al., 2021). The insecurity forces of these factors contribute to the burden on caregivers and increase the challenges to maintain quality and safety while delivering care (Rivas et al., 2021). Given the predicted impending nursing shortage and negative implications for health care related to high nursing turnover (NSI Nursing Solutions, 2021), it was imperative to examine the factors that contribute to nurses staying in their current positions. The DNP project addressed the gap in practice of nurse engagement and turnover by engaging millennial nurses in shared decision making to deploy applicable solutions to the RN practice work environment.

According to the O'Grady and Clavelle (2021), the improvement of the practice environment through shared decision making and structural empowerment improves nurse engagement and reduces turnover.

Traditional retention strategies often focus on why nurses may leave their job. The job embeddedness model suggests that we should explore the reasons why people stay (Hobson et al., 2018). Stay interviews are one way to collect information regarding the reasons or intention to stay and could inform further retention efforts and awareness of the stability of the current workforce (Hobson et al., 2018). Nurses who are younger (1–3 years into nursing practice) are not as embedded in the nursing workforce regarding relationship connections to either the organization or the community, therefore were more likely to seek other options over their more seasoned nursing peers (Hobson et al., 2018). Thus, retention strategies geared toward early embeddedness and engagement could assist organizations develop useful interventions to assist in turnover and behavioral intention to stay.

Local Background and Context

Because of the nursing shortage impact on patient care across the U.S., thoughtful, deliberate attention was needed to ensure there are enough nurses available to provide the expert care patients need. Many experienced nurses have left their current positions due to burnout as a result of the pandemic, pending retirement, or other opportunities such as travel positions (NSI Nursing Solutions, 2021). Locally and across the state of Florida, the nursing shortage has led to significant delays in patients getting hospital beds for elective procedures and chemotherapy, a bottleneck of patients in

emergency departments and urgent care facilities, and beds in the long-term care areas closing due to staffing placing an additional burden on health systems (Florida Hospital Association, 2021).

The Florida Hospital Association surveyed Florida hospitals to gather data on hospital workforce staffing issues such as vacancy and turnover rates. The report presented data from the 137 hospitals and health systems based on the period ending April 30, 2021 (Florida Hospital Association, 2021). This data presented the dire situation Florida hospitals were facing and anecdotal information indicated the situation is worse now as organizations face unprecedented numbers of COVID hospitalizations. Highlights from the survey include that Florida hospitals reported 8,327 vacant RN positions as of April 30, 2021, reflecting an 11.1% vacancy rate (Florida Hospital Association, 2021). More than one-third of the hospitals reported RN vacancy rates above 15% (Florida Hospital Association, 2021). The report also noted that vacancy rates were highest for critical care RNs and statewide one in four RNs left their position during the 12 months ending April 30, 2021 (Florida Hospital Association, 2021). Finally, Florida Hospital Association noted that 42% of hospitals reported taking more than 60 days to hire for an open RN position and more than half of the hospitals reported taking more than 60 days to fill an open critical care position.

The vacancy rates reported on the 2021 survey align with those during the height of the previous nursing shortages, but the turnover rates reported are by far the highest ever seen in Florida. The looming gap that is being created by nurses leaving permanent roles to seek out lucrative travel opportunities is affecting the state of Florida greater than

any other state with more nurses licensed in the state of Florida traveling than in any other state (Florida Hospital Association, 2021).

Role of the DNP Student

My role as the DNP student was to retrospectively review the program instituted to impact retention in nursing at the project site. As a Chief Nursing Officer for the system, going through these challenges compounded by the pandemic were grueling and onerous. As a nursing leader, my relationship to the topic is extremely valid as I am responsible for the improvement of nursing practice, the stability of the nursing workforce, the safety and quality care delivery, and the financial stewardship of the organization. While I have influence over the deployment of strategies and improvement processes, I needed the engagement of the nursing workforce (both leaders and staff) to carry these out.

My motivation for the DNP project was to enhance the practice of nursing through improved engagement and shared decision making, and to better understand the specific elements of retention that appeal to the millenial population of nurses. The focus on retention, turnover, resilience and intention to stay were priorities of maintaining a stable nursing workforce. The goal was also to have bedside nurses truly drive the process through shared decision making to positively differentiate the nursing environment for this organization.

My personal bias included my leadership belief that these strategies were the best way to approach and improve the gap in practice. The steps taken to address retention in the project site, was to allow for the frontline leaders and bedside nurses to create and

deploy the strategies, based on the feedback from the leadership listening sessions and town halls with the support from me as the senior leader and the individual nursing leaders at each facility.

Traditional retention methods were obtained through peer-reviewed literature and connected to the impact on nurse retention, turnover, and nurse engagement in an unprecedented time in nursing. A retrospective program review allowed for an evaluation of quality initiatives and their impact on improvement. Performing this evaluation as the DNP student allowed for an increased learning opportunity to analyze the outcomes as compared to the strategies effectiveness and application in future settings.

Summary

Section 2 provided an in-depth review of the DNP project, theory used for project development, the relevance of nurse retention on nursing practice, local context as applicable to the DNP project, and my role as a DNP student completing the DNP project. The literature reviewed in Section 2 identified themes of impacts on nurse retention and previously used interventions to improve nurse retention in the evidenced based literature. Section 3 will focus further on the project development and the collection and analysis of the identified evidence as it relates to the retention efforts put in place.

Section 3: Collection and Analysis of Evidence

This section includes a description of the data collection and analysis methods that were used in the evaluation of this quality improvement project. Data were collected and analyzed to demonstrate differences the strategies had on the following metrics: nurse engagement, nurse turnover, the use of premium labor, and intention to stay. Section 3 provides a description of the application of the CIPP model, the procedures used to collect the data, and the analysis methods that were used to analyze and synthesize the data.

Practice-Focused Question

The purpose of this DNP quality improvement project was to evaluate the implementation of system-wide retention strategies and the change using four key areas: nurse engagement, nurse turnover, the use of premium labor, and intention to stay over a 3-year period (2019–2021). It is paramount that there be an adequate nursing workforce for health care to achieve equitable, quality health outcomes and consumer access to care. A large Southeast U.S. health system deployed retention strategies to engage the RN workforce to increase the likelihood that RNs would stay in the workforce and ensure the ability to serve the growing community. The impact of the pandemic magnified the urgency and need to maintain a robust workforce and engage clinicians in solutions.

Sources of Evidence

The sources of evidence included published outcomes and evidence as they related to retention strategies in health care during a global pandemic. The literature review in Section 2 demonstrated the relevance to nursing practice and importance that

nursing engagement, turnover, and retention strategies deployed during a global pandemic could have on the stability of the nursing workforce. Sources of evidence from the project site were collected, including retrospective data of nursing turnover by generational group and contract labor trends. Another source of evidence was retrospective survey data on nurse engagement conducted at the project site to trend the level of nurse engagement and intention to stay before, during, and after the implementation of the retention strategies. The last source of evidence that was used included responses from intention-to-stay interviews. The goal of these responses was to provide insight into the reasons nurses intend to stay in the organization. The overall retrospective review provided insight into whether the key metrics had changed over the identified 3-year period in which the retention strategies were implemented.

Published Outcomes and Research

As presented in Section 2, a literature search was conducted for articles on evidence-based retention and engagement strategies in bedside nursing care delivery settings. The literature search was carried out via a search of the following databases: Medline, Cinahl, ProQuest, PubMed, Ovid, Blackwell, and ScienceDirect. The search resulted in 332 abstracts that were identified through the database search. The 332 abstracts were reviewed for supporting evidence regarding the gap in practice and were reduced to 82 full-text articles that were assessed for eligibility. At the conclusion of the search and review, 68 articles were excluded for not providing useful data or relatable data, resulting in 14 articles identified and used as relevant sources. Other peer-reviewed sources were used throughout the project to support the gap in practice through cited

literature to contribute to building on previous published research and literature in further development of scholarly work.

The parameters included peer-reviewed journal and nursing articles from the years 2015–2021 and published in English. The keywords used for the search included *nurse retention*, *workforce*, *millennial workers*, *resilience*, *intergenerational workforce*, *retention*, *turnover*, *burnout*, *job embeddedness*, and *job satisfaction*. The inclusion criteria included reviews and research studies that focused on the retention and/or turnover of nurses working in an acute care environment with the emphasis on the millennial age group. Evidence of retention strategies and the relationship with nurse turnover, nurse resilience, and engagement are found in the literature review in Section 2. Due to the pandemic effects on the U.S. nursing crisis, the articles were selected based on most recent evidence on the impact on retention of millennials and workplace resilience to capture some of the evidence of the pandemic effects on the current workforce.

Archival and Operational Evidence

The CIPP model was used to analyze and synthesize the data. The four aspects of the quality evaluation process using the CIPP model included context, input, process, and product. All data for the project in the four aspects of the CIPP model had been collected at the site as part of an ongoing quality improvement endeavor and were provided to me as the DNP project manager in a de-identified way for retrospective program evaluation.

The context phase described the current state of the organizational environment for RN engagement questions and a specific question on intention to stay (see Appendix A). These questions provided a baseline or current state prior to the implementation of

retention strategies. The collection of RN turnover data and reliance on premium labor offered a preretention strategy deployment state of the organization. Describing the context prior to the implementation of the retention strategies demonstrated the state of the organization's environment and validated the need for retention strategies tailored to the millennial cohort. The onslaught of the worldwide pandemic increased the urgency for the need for social change and strategies that would result in a reliable, engaged, robust workforce.

The input phase provided information on the retention strategy design and inputs used to shape the strategies. The results and actions performed by the organization in response to the real-time feedback from the Clinical Circles publication focus areas were examples of use of real-time data to shape the design of the retention strategies as part of the input phase. Leadership rounding and suggestions from nursing town hall discussions were also used to shape the interventions to meet the objective of improved retention and turnover for the millennial cohort. The input phase also included the shared governance council implementation and the use of these councils to inform the development of the deployed retention strategies and communicate the efforts at each facility. Milestones on the implementation of the shared governance council framework were collected to demonstrate the embeddedness of the shared governance councils at each facility as part of the strategies designed to engage bedside nurses.

The process phase included the summary and evaluation of the implemented strategies and progress of RN turnover, RN engagement survey results, and use of premium labor over the defined period before, during, and after the deployment of the

retention strategies. The product evaluation of the outcome of the program would inform the decision to accept, amend, or terminate the program for future retention strategy deployment. The evaluation would also support or demonstrate the need to correct the objectives for the retention strategy deployment. The trends in RN turnover, use of premium labor, RN engagement survey, and intention-to-stay results over the 3-year period would demonstrate insights into the retention strategies.

The outcome data for the project formed the product, the last phase of the CIPP model. The primary sources of evidence that were used in the retrospective review included the 2019–2021 organizational RN engagement survey by generational cohort, 2019–2021 organizational RN turnover by generational cohort, and premium labor usage data by campus over the 3-year period.

To measure intention to stay, the engagement survey (see Appendix A) included one specific item: "During the past six months, I have not seriously considered leaving for another job." In addition to summary data on the engagement survey questions, data from this individual engagement question were analyzed and trended over the retrospective program evaluation period to determine behavioral intention to stay at the site.

Intention-to-stay interviews were held across the system during the period following the height of the COVID-19 pandemic. The purpose of the interviews was to determine what retention strategies would be relevant to the incumbent nursing staff. These data, in de-identified form, were summarized in the retrospective program summary. The analysis was performed using data over a 3-year period before, during, and

after the deployment of retention strategies to assess the progression of the RN

engagement using consistent survey questions related to engagement and intention to

stay. The CIPP framework provided a guide to organize the data.

Evidence Generated for the Doctoral Project

Participants

There were no participants in this DNP project because all data had been collected

at the site as part of an ongoing administrative, quality improvement endeavor and were

compiled retrospectively. There was not a specific project team who worked on

deploying the strategies because they were led by the bedside nurse councils that were

established at each of the project site campuses. The organizational leadership collected

turnover data, deployed the engagement survey, and conducted the stay interviews as part

of their ongoing engagement analysis outside of the retrospective program review.

Procedures

The Walden University DNP quality improvement evaluation manual guided the

procedures for this project. The procedures to obtain the data for secondary analysis

followed the dictates of the quality improvement manual. To obtain RN engagement

information, the project site used an outside vendor to deploy the survey and aggregate

the data using their validated tool for employee engagement. Permissions were gained to

use the vendor data. Due to the pandemic, a full engagement survey was not conducted in

2020. However, a pulse survey was conducted through the same vendor that contained

consistent questions related to engagement and intention to stay. There were consistent

questions on all three surveys conducted by the organizational leadership throughout the 3-year process (see Appendix A).

The RN turnover data were collected by the project site through their human resources database that tracked new hires and departure trends for the 3 years and captured turnover by generational cohort before, during, and after retention strategy deployment. Premium labor usage was also tracked by the human resources department at the project site to demonstrate trends in these areas. Premium labor usage data were displayed for the same period from 2019 to 2021. The analytics department at the project site provided the de-identified, aggregated data for trending and secondary analysis.

The focus areas collected for the retention strategy deployment were obtained through town hall and leadership listening activities. The focus areas were used to deploy a weekly publication named Clinical Circles that included a video vignette, information sharing on the subject, and a short survey. The feedback themes from the surveys were used to shape further actions toward improvement of the strategies that were in progress as well as real-time data to inform leadership on the state of the nursing workforce during the pandemic.

The shared governance framework was created to embed councils throughout the organization so that each department would have a forum for shared decision making and work environment input. A fundamental framework structure was set up at each campus. As part of the retrospective program evaluation, the implementation of these unit-based councils was analyzed using milestones (e.g., attendance, leadership, meeting frequency, and minutes). Collection of these elements from each campus demonstrated the

deployment of the shared governance framework by campus and allowed for

comparisons between the hospitals in the system regarding those that had a strong shared

governance focus on the outcomes and those that did not.

The organizational leadership performed stay interviews (see Appendix B) as part

of an ongoing retention strategy intervention. The responses from the interviews were

reviewed and the most common responses by count were identified. This additional

information was analyzed and used to make recommendations for the sustainability of the

strategies.

Protections

The DNP project had quality parameters in place to ensure ethical protection of

data. The data provided by the project site analytics department for the evaluation of the

program included secured, de-identified, aggregated data. The project site deferred to the

Walden University Institutional Review Board as the review board of record. The

approval number was 07-06-22-0056061. The quality improvement manual at Walden

University was used to guide the process for an existing quality improvement initiative,

and ethical considerations were followed to ensure that privacy was maintained during

the summary of the quality evaluation.

Analysis and Synthesis

Data from each of the key areas (RN engagement, RN turnover, use of premium

labor, and intent to stay) were reviewed and displayed in run charts. Descriptive and

inferential statistics were used to describe the trends and to determine whether there was

a difference across the three years (2019–2021). Additionally, responses from Clinical

Circles survey feedback, the shared governance unit-based councils (example.g., minutes and attendance), and the stay interviews were reviewed and common responses were identified by count. Following the analysis, recommendations for the sustainability of these recruitment strategies are identified and discussed.

Summary

The retrospective program review provided an assessment of the difference in the key metrics over the 3-year period when the retention strategies were deployed to address a fragile workforce during a worldwide pandemic. Section 3 included a description of the approach to the analysis and synthesis of the data to identify changes during the strategy deployment in the metrics described. Section 4 addresess the findings that resulted from the analysis and synthesis of the data. Recommendations for solutions to address the gap in practice as informed by the findings are proposed along with strengths and limitations of the project.

Section 4: Findings and Recommendations

The current nursing shortage has become a crisis for health care as the number of nurses needed does not match the number of nurses available. Retaining the current majority workforce is essential to have a sustainable workforce. This gap in practice primarily exists due to the rising RN turnover rate, the aging population of those leaving the profession, and many younger nurses viewing the acute care bedside as a less desirable environment to practice nursing (Forde-Johnston & Stoermer, 2022). As millenials become the majority of nurses in the workforce, traditional retention strategies that are not inclusive of the millenial RN's voice may not be as effective (Forde-Johnston & Stoermer, 2022). Current nurses are working in a pressurized environment that is struggling to meet health and social care demands; this has been made worse by high vacancy and staff turnover rates (Forde-Johnston & Stoermer, 2022).

The purpose of this DNP quality improvement project was to retrospectively evaluate the changes after implementation of system-wide retention strategies using four key measures: nurse engagement, nurse turnover, the use of premium labor, and intention to stay over a 3-year period (2019–2021). The sources of evidence included data from the nurse engagement survey (see Appendix A), including one intention-to-stay question, that were collected throughout the defined period; data from the rolling 3 years of RN turnover, by campus, by generational cohort; data from the use of premium labor by campus; and stay interview results that were collected at the end of the intervention period.

Findings and Implications

A quality improvement initiative was conducted on a retention strategy program that was implemented in 2020 in a large five-hospital health system. The data related to nurse engagement, nurse turnover, use of premium labor, and retention were analyzed and compared 1 year prior to the implementation, during the implementation, and 1 year after implementation, totaling 3 years of comparison data. The CIPP evaluation model was used for organizing the findings for this project.

Context

Prior to the implementation of the retention strategies, the organization relied on the traditional methods of engaging bedside RN staff. The organization experienced a stable workforce with turnover around 11% and a low usage of premium labor to maintain a robust nursing workforce. The traditional RN engagement questions (see Appendix A) were deployed yearly to gain an understanding of RN engagement and intention to stay. However, given the external challenges of the worldwide pandemic and the changing generational workforce, the leadership began to tailor strategies toward the growing millennial cohort of bedside RNs to reduce escalating turnover and retain nurses.

The retention strategies' main purpose was to engage nurses in the workforce as a indicator of intention to stay and address emerging issues important to RNs at the bedside. Understanding that different generational cohorts are motivated by different strategies, a multifaceted approach was used. First, soliciting verbal feedback was done through Clinical Circles publication feedback, nurse leader rounding, staff meetings, and town hall question-and-answer sessions. This allowed the leadership to understand how

bedside nurses were feeling as the pandemic evolved. The key themes that emerged included the following:

- dealing with disruptive patients and families/feeling valued and understood for their work

- returning to work after being on quarantine: anxiety and fear

- scrub stigma in the community (fear of the "spread of the virus" in the community when seeing health care workers in scrubs)

- starting a nursing job during the pandemic/novice nurses training new nurses

- losing coworkers to other nursing opportunities/financial worries/competitive pay/incentives for nurses/lucrative opportunities

- finding work–life balance/increased exposure to death and mortality

- mental effects of social distancing and the loss of rituals/social isolation

- incivility and bullying/workforce burnout

- staffing challenges/being short staffed

- authentic recognition: being called a "health care hero"

The themes were generated and disseminated through shared governance councils for improvement ideas. According to Camilli (2019), the context phase of the CIPP model is designed to evaluate the objectives, mission, and goals of the organization. As the themes evolved, the objective and goals were used to reshape retention strategies in support of these themes to achieve improved RN engagement, reduced turnover, and reduced need for use of premium labor to have a stable workforce.

Input

The input phase provided information on the retention strategy design that was used to shape the solutions. The input of real-time feedback of the identified themes listed in the context phase allowed the leadership to react to the unique and evolving needs of the bedside nurses and was disseminated through shared governance councils. For example, shared governance milestones in the organization were one way to measure the embeddedness of shared governance in each of the facility processes. These councils were used to disseminate crucial and timely information. According to Ong (2017), the shared governance model of nursing practice encourages RNs and administrative leaders to collaborate to determine internal policies controlling nursing clinical practice and quality-of-care delivery. The concepts and milestones of shared governance models were introduced to improve RNs' work environment, address RNs' concerns regarding nursing practice, address RNs' satisfaction with work, and address RNs' retention.

The milestones of the implementation of the shared governance council (or unit-practice council) framework are displayed in Table 1. These data were collected to demonstrate the embeddedness of the shared governance at each facility to effect positive social change at the bedside and to engage nurses in matters that affect their work environment and decisions that affect their job. The ability to engage the bedside nurse and disseminate information throughout the organization regarding changes in the work environment and retention initiatives was dependent on this framework being in place. Only two of the five hospital campuses had met all milestones of the embedded shared governance framework. This created barriers to engagement of the bedside nurses in

those hospitals that did not have the framework in place, and prevented key information

regarding retention strategies from being disseminated.

Table 1

Milestones of Unit Practice Council/Shared Governance Council

	UPC established by unit	UPC chairs idenified	Hospital UPC council active	UPC chairs on system council
Hospital A	Yes	Yes	Yes	Yes
Hospital B	Yes	No	No	No
Hospital C	Yes	Yes	Yes	Yes
Hospital D	Yes	No	No	Yes
Hospital E	Yes	Yes	No	Yes

Note. UPC = unit practice council.

According to Camilli (2019), the input phase provides information for the

development of the program using stakeholders' interests to meet the objectives. The

RNs as stakeholders were engaged in opportunities for feedback to shape the retention

strategies. Shared governance milestone embeddedness was a key element to move the

strategies forward.

Process

The process phase of the CIPP model was used in the DNP project to develop

ongoing evaluation of the implementation of major strategies through various tactical

programs. The process phase assists in the decision to accept, refine, or correct the

program design (i.e., evaluation of engagement, turnover, use of premium labor; see

Camilli, 2019). The retention tactics included the implementation of the Clinical Circles,

nurse leader rounding, shared governance councils, listening sessions, and evaluation-of-

pay strategies to address staffing shortages and turnover. A turnover dashboard was used to track turnover over the 3-year period before the pandemic, during the implementation period of the retentions strategies, and after the implementation period. Figure 1 demonstrates the turnover trends the organization experienced at these landmark periods.

**Figure** 1

Bedside RN Voluntary Turnover Trend
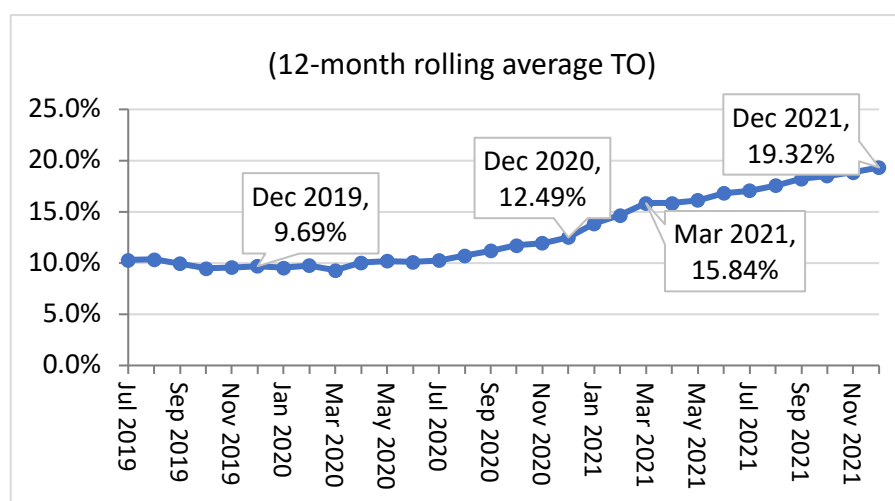
Prior to the pandemic and at the beginning of the retention strategy creation, the organization had a steady RN turnover rate of around 11%. In May of 2020, the first surge of the COVID-19 pandemic occurred with a rise of turnover to 12.49% by the end of that year. The Delta surge of the pandemic escalated in the summer of 2021, with further escalation in turnover to 19.32%, the highest ever seen in this organization. This suggested that the retention strategies did not mitigate RN turnover overall.

One of the main purposes of the revision of the retention strategies was to tailor them toward the voice of the bedside nurse and to engage the millennial workforce who made up nearly half of all RNs in the project site. Figure 2 displays RN turnover by

generational cohort to demonstrate the makeup of turnover trends by generation. The three generations measured were Generation Y (millennials, born 1981–1996), Generation X (born 1965–1980), and baby boomers (born 1946–1964).

Figure 2 shows that until April 2020, it appeared that there was no significant difference in turnover between Generation X and Generation Y. However, the gap started after May 2020, during the COVID-19 alpha surge. The rate of increase for Generation Y (millennials) was higher than that of Generation X, and the rate of increase for baby boomer was the lowest. There is a significant difference in the turnover trend between Gen Y and Gen X ($t(48) = -2.13$, $p < 0.05$)

Figure 2

Bedside RN Voluntary Turnover Trend by Generational Cohort
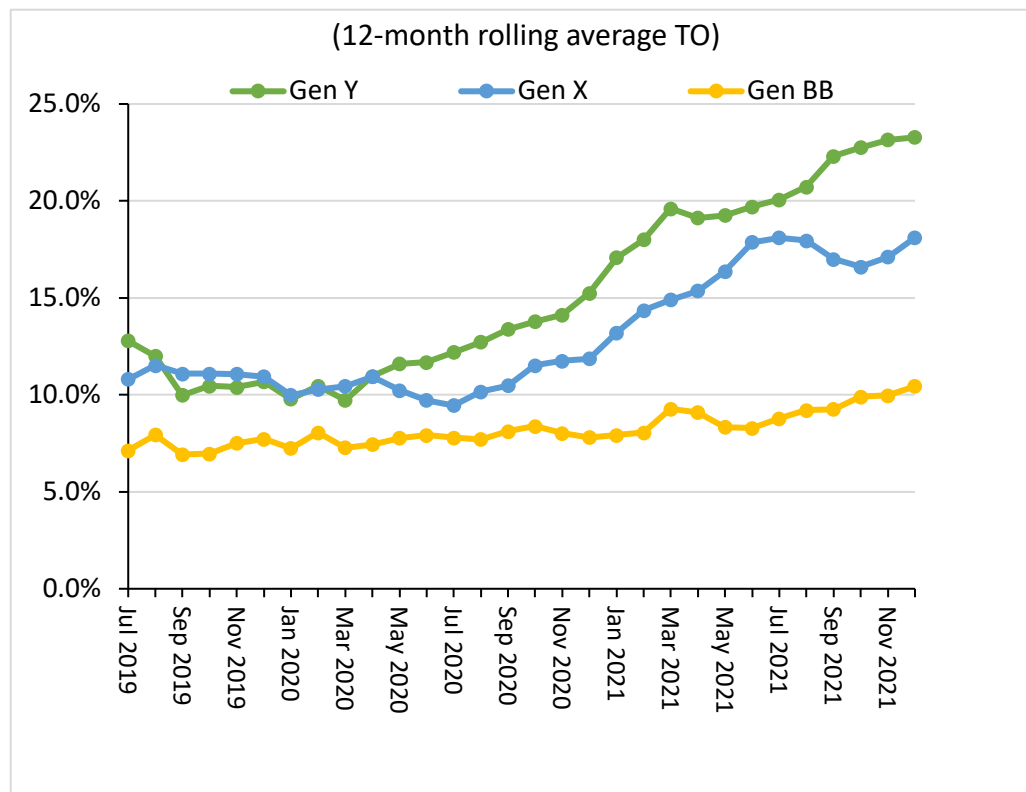
Tracking the escalation of premium labor usage was another indicator of a stable workforce. The goal was to engage the bedside RN workforce to the extent that turnover would be stabilized and the organization would not have to resort to the use of premium labor to fill vacancies. Figure 3 shows the premium labor usage years 2019, 2020, and 2021 by the millions. The trends show that in the year prior to the pandemic, there was little to no use; during 2020, this escalated at all facilities, and 2021 was as high as 23 million at Facility B.

Figure 3

Premium Labor Usage by Facility
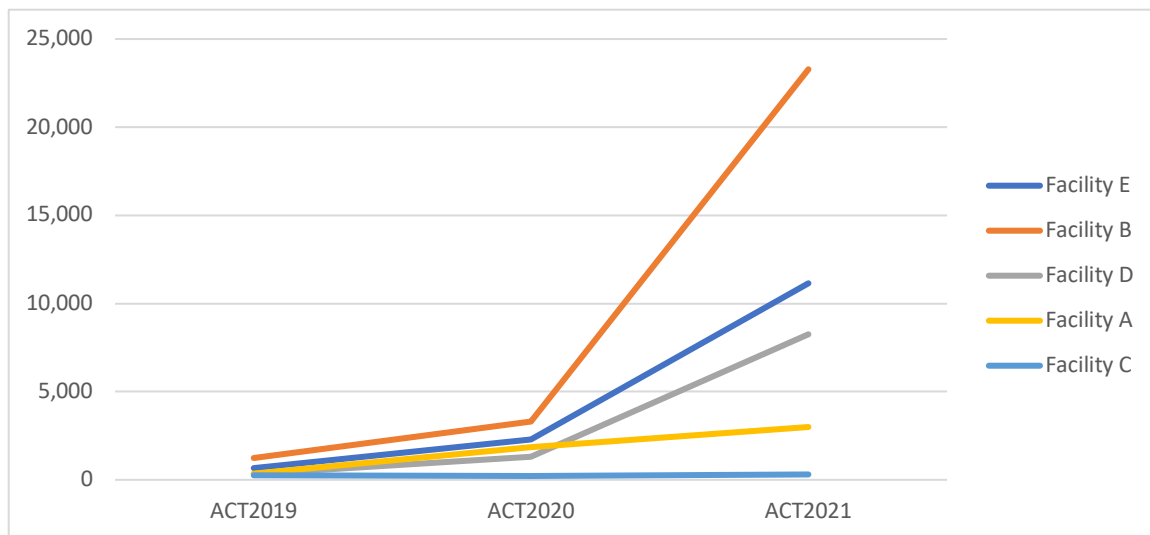
The organization chose to deploy a pulse survey for the RN engagement survey in 2020 due to the time-intensive nature of a full survey and the escalation of the COVID-19 pandemic. This limited the feedback that would be received outside of a traditional RN survey. The four engagement questions that were consistent from 2019, 2020 and 2021 were (a) "I would recommend employment at ABC Health to my friends," (b) "I am proud to work for ABC Health," (c) "If my work became overwhelming I feel confident I would be able to get the work support I need," and (d) "When stressful situations occur at work, I feel supported by my colleagues." The RNs answered the questions using a Likert scale of 1 to 6: 1 = *strongly disagree*, 2 = *disagree*, 3 = *somewhat disagree*, 4 = *somewhat agree*, 5 = *agree*, and 6 = *strongly agree*. Figure 4 shows the progression of these four questions from before, during, and after as the pandemic was subsiding in 2021 on each of the RN engagement survey consistent questions for all 3 years. For all four questions, more RNs answered more favorably after the 2020 decline.

Figure 4

RN Engagement Survey Questions
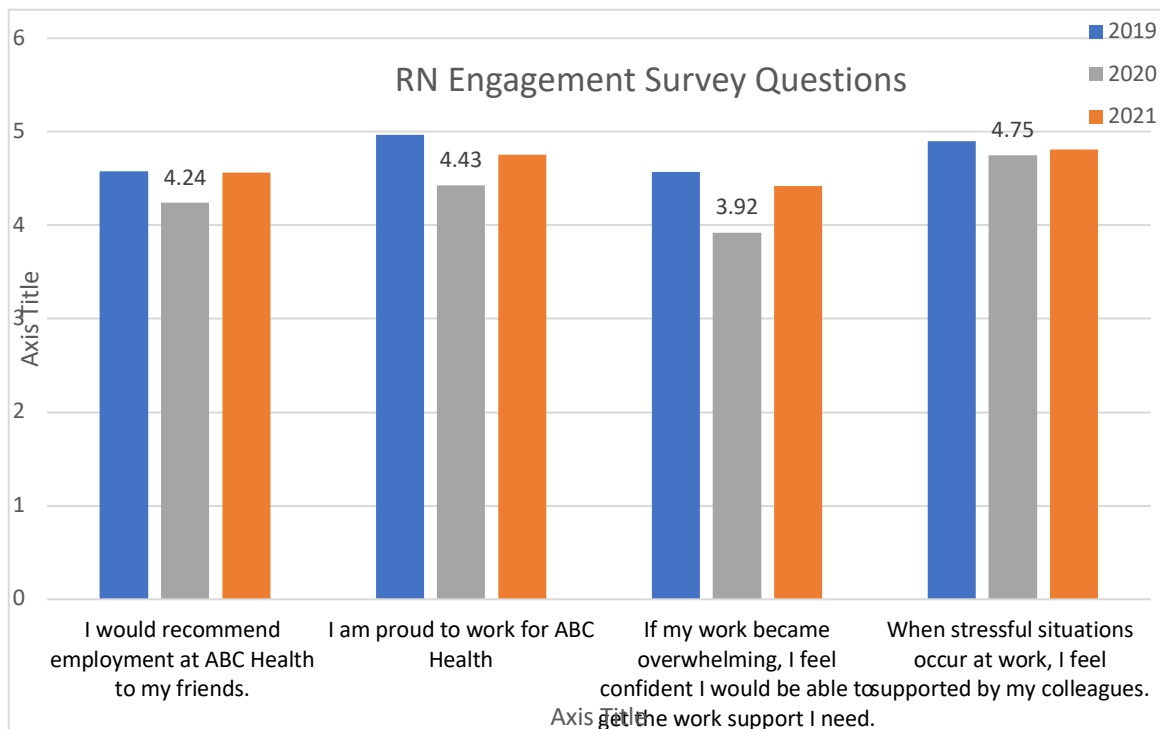
The purpose of the process phase is to provide decision makers with information needed to determine whether the program should be accepted, amended, or terminated. Based on the deterioration of the RN turnover and the increase in use of premium labor, the retention strategies did not appear to be making the desired impact. However, Figure 4 shows a rebound in engagement from the responses in 2020 that had decreased and then returned to baseline. This would indicate a stabilization of RN engagement to prepandemic levels.

The generational differences in Generation Y (millennials) as well as Generation X, and Baby Boomers was reviewed from a turnover perspective, and was demonstrated above in Figure 2 a significant increase in turnover of the millennial cohort over

Generation X and Baby Boomers. Figure 5 demonstrates the one consistent intention to stay question asked on the RN survey by generational cohort, *During the past six months, I have not seriously considered leaving for another job*.

Figure 5

Intention to Stay by Generational Cohort
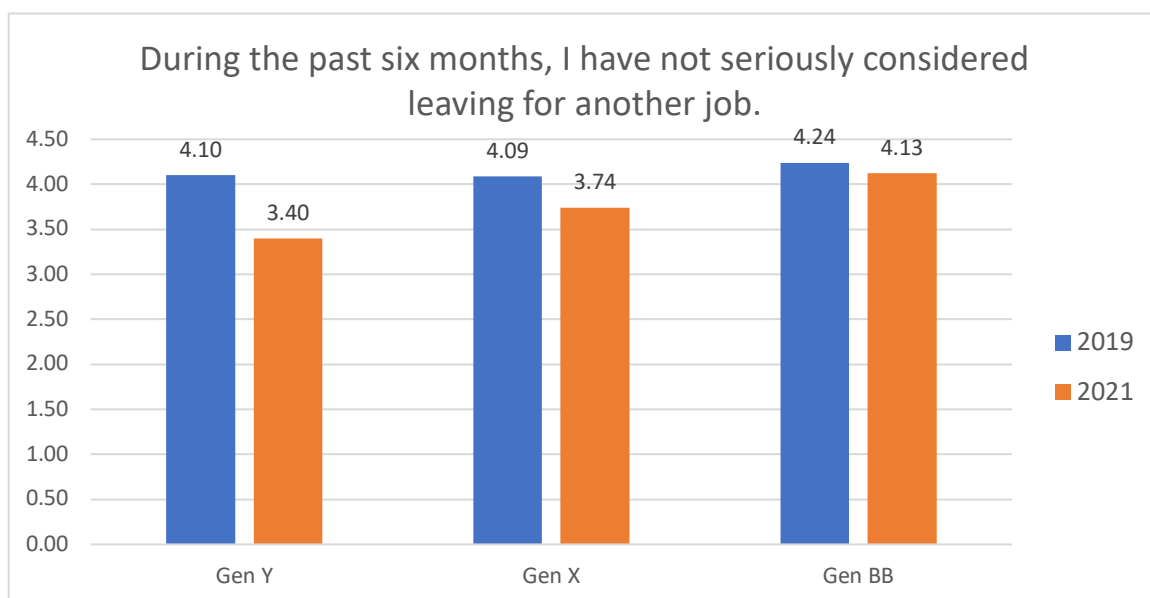
Although the intention to stay question deteriorated in all three groups, the millennial cohort dropped the most indicating that this generation has more seriously considered leaving for another job over the other two cohorts. The millennial reduction in intention to stay is consistent with the millential rise in turnover. The intention to stay question was only surveyed in 2019 and 2021, but as demonstrated in Figure 5; in 2021 all cohorts declined indicating an increased intention to leave for another job. There is an 8.2% difference in the Baby Boomer response of 4.13 to that of the Generation Y (millennials) of 3.40, again indicating that more millennial RNs would consider leaving for another job.

Product

The product phase is the evaluation of the outcome of the program to decide to accept, amend, or terminate the program, using criteria directly related to the goals and objectives (Camilli, 2019). The project site objectives were to improve RN engagement, RN turnover, and prevent the use of premium labor. These outcomes changed throughout the 3-year period of 2019–2021. Figure 6 shows the blue line of the average of the four consistent RN engagement questions 1, 2, 9, and 10, (see Appendix A) and bedside RN voluntary turnover for the 3-year period.

Figure 6

RN Engagement and Bedside Voluntary Turnover
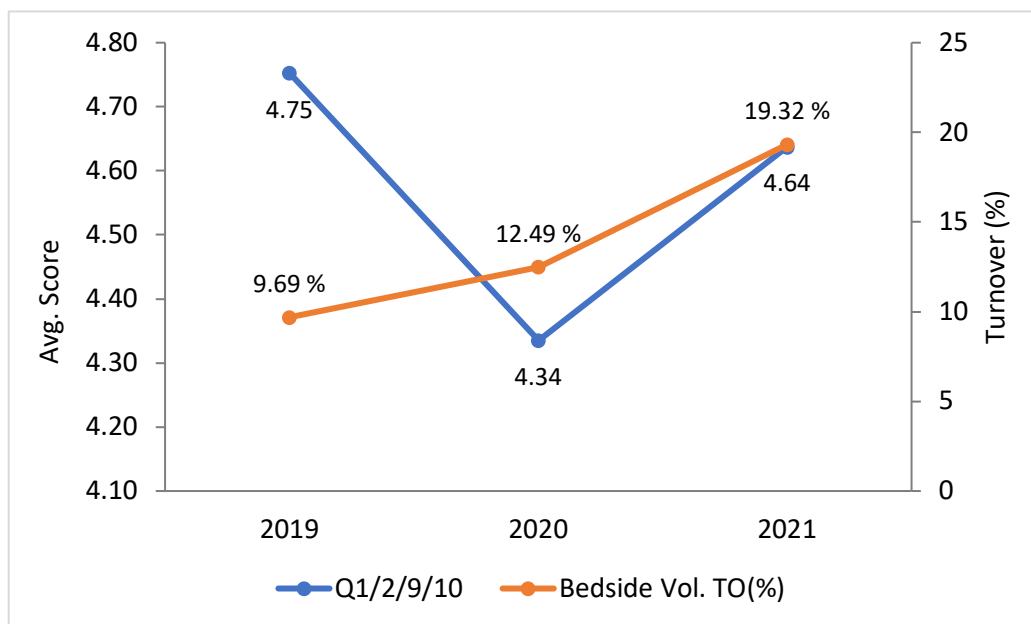
Although RN engagement deteriorated over the 3-year period, the rebound to pre-pandemic engagement shows the stabilization and re-engagement of the workforce. RN turnover continued to rise over the 3-year period. This indicates that although RNs are

engaged, they may still consider leaving for another job. It also indicates that the

millennial cohort are more apt to consider leaving over Baby Boomers or Generation X.

These results align with the job embeddedness model. According to Hobson et al (2018)

organizations should explore the reasons why nurses stay because millennials are not as

embedded in the nursing workforce relationship connections to either the organization or

the community, and therefore, may be more likely to seek other options over their more

seasoned nursing peers.

RN turnover for the system overall increased and deteriorated at all facilities.

However, there were varying degrees of RN turnover increases in the different facilities.

One of the retention strategies was to engage bedside nurses through in the inclusion of

shared governance. As stated previously in Table 1, each facility had varying degrees of

reaching the milestones for the implementation of shared governance. Table 2 illustrates

each facility average turnover over the 3 year period. There is consistency with the rate of

turnover being favorable in those facilities who had embedded shared governance in their

nursing practice. In Figure 3 (Use of Premium Labor) there is also a correlation to a

reduced turnover in specific facilities and use of premium labor. Table 2 below shows

Hospital A and C both had the lowest increases in turnover. Hosptial A and C also had

the lowest use of premium labor and were the only two facilities that had met all of the

shared governance milestones.

Table 2

Turnover by Facility 2019–2021

% Turnover by facility	2019	2020	2021
Hospital A	8.9%	9.3%	17.7%
Hospital B	11.4%	14.4%	21.6%
Hospital C	8.0%	6.5%	10.7%
Hospital D	8.6%	11.4%	20.2%
Hospital E	9.1%	16.3%	21.3%

Stay Interviews were performed with about 30% of the total bedside RN workforce. Categories and themes emerged from the bedside RN responses to further understand the reasons bedside RNs would stay in their jobs. The stay interviews were performed at the end of 2021 as the pandemic began to subside to collect a real-time snapshot of themes around intention to stay. The same stay question interviews were performed by leaders with staff using the following questions: *a) What do you look forward to each shift when you come to work, b) What are you learning here and what do you want to learn, c) Why do you stay here, d) When was the last time you thought about leaving and what prompted it, and e) What can I do to make your job better?* Figure 7 represents the most common key words leading to categories and two overarching themes. When staff were asked why they stay here and what they want to learn, one nurse replied "I love my team, we have good teamwork, we provide good patient care, and I have learning opportunities here".

There were many references to adequate staffing being an important component in safety, workload challenges, feeling valued for the complexity of bedside care delivery, and how teamwork also affects this. One RN stated, "working with competent

nurses who are team players, and a leader who cares about us and our work environment, makes for a safe shift and helps to keep us here". Figure 7 shows the connections between these categories and themes and ultimately to the overarching work environment in the clinical bedside setting. Adversely, dissatisfaction with the frequency of inadequate staffing, lack of leadership and teamwork along with the complexity of patients caused some RN's to focus on opportunites such as lucrative travel assignments with more compensation.

Leadership's influence and sense of feeling valued emerged frequently, as well as work environmental factors and the opportunity to learn and advance. Another RN stated, "Every day I learn something new that helps me be better prepared for caring for patients. I would like to learn more critical thinking so that I can help my patients, families and teammates more".

Figure 7

Stay Interview Categories and Themes
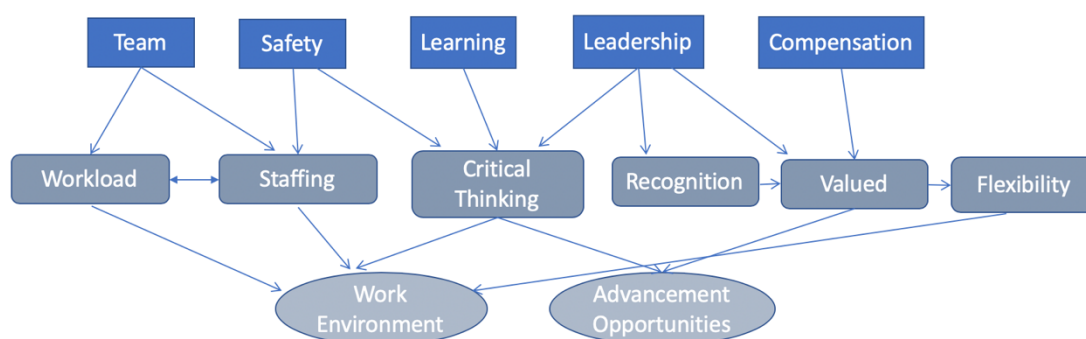
Recommendations

The project site was highly engaged in the outcomes of the project and continues to show a commitment to implement recommendations for improvement. The results

demonstrate an increase in RN turnover, an increase in use of premium labor, and a decrease in the engagement of the nursing workforce. RN turnover has far reaching implications and causes productivity losses and organizational inefficiencies due to instability within the nursing staff (Ong, 2017). The senior leadership at the project site were concerned regarding productivity diminishing as more experienced RNs were exiting the organization requiring more frequent onboarding of new hires and travelers with the risk to a gap in competency level. Figure 7 indicates that the key themes regarding learning, patient care path processes, and improved critical thinking leading to advancement opportunities may improve the intention to stay for RNs.

A recommendation based on these themes is to leverage our residency program for new nurses to enhance the support for learning opportunities around the care of complex patients, and early opportunities for advancement. According to Forde-Johnston and Stoermer (2022), new nurses are eager to advance learning and may need constant evaluation for opportunities for involvement in decisions that affect their work. Engaging new nurses in shared governance would provide an opportunity to engage in decisions and have opportunities to advance their practice.

Other costly ramifications included overtime, premium labor costs, and recruitment expenses. The most alarming however, was the risk to care quality with inadequate RN staffing and high turnover. With value-based purchasing, Ong (2017) describes the decrease in these quality metrics consequently resulting in a reduction of reimbursement and the ability of a health system to sustain services for many patient populations. These ramifications could affect an at risk workforce and create a negative

impact on social justice for all populations to be served. In order to mitigate these effects, my recommendation is to provide resources for the support of engaging new hires early in the process and embed best practice quality bundles with opportunities to track improvement in real time.

Genismore et al. (2020) described that leader support is critical in shaping positive perception of the practice environment through their visibility and actions to impact intent to stay. As learned through this DNP project, RNs were dissatisfied with staffing, complexity of the workload and ultimately the work environment. The recommendation to address dissatisfaction with staffing and the work environment is for leadership to partner with the bedside nurses through the shared governance framework and consider different models of care delivery that ease the burden on the RN. The use of premium labor to fill the staffing gaps is not sustainable financially and further separates the bedside care consistency in the work environment due to turnover.

The retrospective program review revealed that RN engagement has returned to pre-Covid levels, as well as RN turnover is leveling off. The cost of premium labor continues to escalate and is required to deliver safe care. Although RNs are engaged, turnover and the use of premium labor remains. The data suggest that the retention strategies made an impact on engaging RNs, but turnover, especially with millennials, remains high. This indicates that traditional retention strategies may not appeal to those in the workforce today. A key recommendation emerging from the DNP project is to continue to focus on job embeddedness concentrating on reasons nurses stay in their jobs considering both organization and community factors. For example, a key theme that

emerged from the stay interviews that keeps nurses in their jobs, is the sense of team that greets them at every shift. Thus, strategies that build and enhance teamwork in day-to-day worklife can drive retention moving forward. This perspective is contrary to traditional turnover models, which tend to focus on reasons employees might leave their jobs (Hopson, et al., 2018). The practical implications of focusing on enhancing the reasons nurses stay, could impact RN turnover.

Shared goverance embeddedness is another recommendation to further explore. The data showed that those facilities where shared governance was embedded with fully implemented milestones had positives impacts on engagement, turnover and use of premium labor. There may be further ways to leverage the shared governance model when engaging team members to stabilize these metrics. In the stay interviews, another theme that emerged from the question on *"what do you look forward to at work"*, included an emphasis on patients, families, and patient care processes. A strong shared governance model links together a bedside nurse's desire for strong patient care with strategies to build such care through clinical, bedside leadership (O'Grady & Clavelle, 2021).

Focusing on the nursing practice environment was another key theme that emerged from the DNP project. According to Gensimore et al (2020) a positive practice environment and favorable work conditions lowered turnover and improved outcomes. Leveraging the shared governance councils around designing desirable practice environments that appeal to the bedside nurse is another recommendation for improvement.

Contribution of the Doctoral Project Team

There was not a specific doctoral project team, as this was a retrospective program review of data post implementation of retention strategies at the project site. The nursing leadership at each of the five campus facilites however, greatly participated in the retention strategies and willingly shared their shared governance, rounding, and outcome data. The project site leadership identified the importance of maintaining a robust workforce and the need for social change. The executive nursing leadership team was engaged in solutions for further improvement opportunities based on the outcomes shared. They have a vested interest to improve these metrics for success of the collective nursing teams and continue to share best practices across the system.

The final analysis of the quality evaluation data will be shared with the senior leadership team to validate if the retention strategies deployed met the intended outcomes, and to plan next steps over the next 3 years. A more enhanced focus on why nurses stay, and the use of shared decision making in this plan could demonstrate strengthened employee committment and embeddedness. Using this data and strategies for improvement will inform further change strategies as the workforce landscape continues to shift. This experience with the leadership team has improved our agility for change and flexibility when entertaining new solutions based on the changing workforce.

Strengths and Limitations of the Project

There were identified strengths and limitations of the project. Strengths included the support from the project site leaders, stakeholders, deidentified data sources, bedside nursing involvement, and the promotion of positive social change. The data that was

made available by the project site to allow for a retrospective data analysis was another strength. The positive project impacts were the promotion of the analysis of turnover and engagement data by generational cohort. As a nurse leader, most of the focus is on the day-to-day operations, especially in times of crises, and it is challenging to be able to see the greater perspective. However, a project like this takes the broader perspective and puts the day-to-day into sharp focus, and allowed comparison of before and after the pandemic.

The project brought awareness to the leadership teams that with this paradigm shift, the workforce needs are changing, and there is an increase impetus to address the unique needs of the up and coming generations who will be the majority of the clinical caregivers. Although wellbeing and the adverse affects of the pandemic were not part of the analysis, the awareness of the bedside staffing needs became more evident throughout this process. The pandemic affects are long lasting, and continued focus in this area will be important to meet the needs of the workforce and community served.

A few limitations in the study were that the full data complement of the RN engagement survey questions were not collected all 3 years for comparison due to the organizational decision to only deploy a limited pulse survey during the pandemic. A second limitiation was that the pandemic changed the architecture and stressors on the workforce that made it more difficult to link the retention strategies to the outcomes. The distractions of the changing clinical environment, new discoveries and learning to care for a new population of patients compounded by the escalation of the nursing shortage may have affected the data analysis. Regardless of the limitations, the administration

identified that further analysis of generational differences should be considered when retaining RNs.

Last, the escalating availability of opportunities nationally to take lucrative travel assignments was a limitation. Effects from the pandemic losses on employment in the family unit were not explored, but certainly affected the rapid increase in turnover. The national and local economic concerns as well as mental health and moral distress brought on by the pandemic cannot be excluded as factors on these metrics. The project does however lay the foundation for furture research or exploration into the impacts of job embeddedness and post pandemic affects on engagement, turnover, and use of premium labor.

Section 5: Dissemination Plan

The retrospective review of the data was finalized and the findings were complete. A dissemination plan for the findings was planned to share with the chief leadership council, nursing executive council, and nursing grand rounds. The program review will also be shared with the system-wide shared governance council to reflect on the opportunites for their input on further improvement and implementation of adjusted retention strategies. This project highlights the impacts and relationship of bedside nursing teams working with administration to share in the solutions to build and maintain a robust nursing workforce.

The pandemic introduced a change in the traditional paradigm of nursing engagement, retention, and expections of the generational cohorts entering the workforce. A system chief nursing executive work team had been formed during the DNP project and would continue to focus on best practice sharing to advance nursing practice based on the retrospective review of the data. The linkages of the stay interviews with the shared governance councils, engagement, and turnover will continue to inform the work going forward. More recently, a hurricane devasted the local community and all facilities at the project site. The findings from this project will be further disseminated to the greater system and beyond to the nursing leadership professional organizations through conference and publications to create innovative strategies for improvement in all areas of the organization.

Analysis of Self

As a nursing leader with over 15 years of leadership background, I experienced the most challenging time of my nursing leadership career. As a practitioner, I realized that it is imperitive to evaluate old paradigms and that inclusion of the voice of nurses at the bedside will shape the environment and outcomes. I also realized that embedded processes around quality improvement and robust unit-based councils allows for easier dissemination and a more reliable process when changes need to be made regarding quality or information dissemination. The effects of the pandemic have impacted me and the nursing profession deeply. The pandemic has strengthened my resolve and tested my resilience beyond what I could have imagined.

As a scholar, I have been grateful for this journey. The focus of this project throughout the past several months has increased my appreciation for looking at the evidence and the data for a better understanding. The DNP project has increased my confidence and passion for nursing leadership. I am committed to lifelong learning and further exploration of the opportunities to connect evidence to practice. Having been through this experience allows me to mentor others and encourage those who may be starting this journey. The DNP project has enhanced my role as a nursing leader. The project allowed me to enrich my relationships with bedside nurses who want to be involved in finding solutions to this changing nursing environment. The DNP journey has given me the opportunity to address a gap in practice that I am currently experiencing and has given me the framework by which to address it.

As a project manager, I found the most challenging piece of the project was the abundance of data and the approaches that I wanted to take. The scope of the project was larger than I had hoped. If I had to do it all over again, I would have limited the data collection and kept the focus on one piece. As a nursing leader living through the experience, I wanted to demonstrate the impact retention has on the ability to deliver safe, quality, compassionate care to the community I serve. In my passion for this, I may have used too much data to connect the improvement opportunity. The insight I gained from this was that a smaller, more focused project could show greater improvement or impact without the distraction of bringing in other data points. This may allow for quicker insight into what is taking place and allow for course correction.

Summary

Nurses, who make up 59% of the world's health workforce, play a central role in maintaining patient care during this ongoing crisis post pandemic (Tolksdorf et al., 2022). At the same time, there is a nursing shortage that continues to loom. Besides a heavy clinical workload, there are additional emotional and physical challenges on this professional group. The changes in technology and opportunities for nurses outside of the direct patient care bedside could add an additional challenge to maintain this set of caregivers. It is essential to continue to explore opportunities to enhance the bedside nurses' environment and appeal to those entering and currently in the workforce. This project may inform the impetus for social change and unique approaches to the generational differences in nursing to secure the bedside environment.

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Appendix A: Nurse Engagement Survey

Survey Question	Category	2019 Survey	2020 Pulse	2021 Survey
Q1 :I would recommend employment at ABC Health to my friends.	Engagement	X	X	X
Q2: I am proud to work for ABC Health.	Engagement	X	X	X
Q3: I often leave work with a feeling of satisfaction about my job.	Engagement	X		X
Q4: I feel I am a part of the mission of ABC Health.	Engagement	X		X
Q5: My effort directly affects the success of ABC Health.	Engagement	X		X
Q6: I am willing to put in effort beyond what is expected to help ABC Health be successful.	Engagement	X		X
Q7: During the past six months, I have not seriously considered leaving for another job.	Intention to Stay	X		X
Q8: I have established effective ways of managing stressful situations.	Engagement	X		X
Q9: If my work became overwhelming, I feel confident I would be able to get the work support I need.	Engagement	X	X	X
Q10: When stressful situations occur at work, I feel supported by my colleagues.	Engagement	X	X	X

Appendix B: Stay Interview Questions

What do you look forward to each shift when you come to work?

_____

What are you learning here and what do you want to learn?

_____

Why do you stay here?

_____

When was the last time you thought about leaving us and what prompted it?

_____

What can I do to make your job better?