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Relationship Between Nurses' Perceptions of Work Environment and Intent to Stay

Ursula Virginia Roberts-Allen
Walden University

Walden University

College of Nursing

This is to certify that the doctoral dissertation by

Ursula Roberts-Allen

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Review Committee
Dr. Mattie Burton, Committee Chairperson, Nursing Faculty
Dr. Maria Ojeda, Committee Member, Nursing Faculty
Dr. Janice Long, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

The Relationship Between Nurses' Perceptions of Work Environment and Intent to Stay

by

Ursula Roberts-Allen

MSN, Howard University, 1991

BSN, University of the Virgin Islands, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Health systems in the United States face a growing shortage of nurses to provide care,

including home health agencies looking for approaches to improve retention and reduce

attrition. The work environment across all health delivery systems plays a critical role in

nurse retention. Studies show increased attrition when nurses perceive their work

environment as hostile. This quantitative correlational study guided Watson's theory of

human caring. It explored the relationship between home health nurses' perceptions of

their work environment and their intent to stay in their current position. Archival data

from a convenience sample obtained from an extensive multistate multiservice health

system's 2021 survey of employees who work in home health care were selected for this

study. The sample included 620 home health nurses; however, the final sample after

removal of those not meeting inclusion criteria was 366 home health nurses. Anonymized

data were analyzed using binomial logistic regression analysis. Results of the study

indicated employee engagement ($p =.011$) and work-life balance ($p = .001$) were

statistically significant predictors of nurses' intent to stay in their current jobs. The

findings of this study may promote positive social change as health systems facilitate

effective strategic retention programs. Work-life balance and employee engagement

should be investigated, as both are significant predictors of intent to stay.

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Dedication

I dedicate this research to my parents, Madeline Roberts, The Late John S. Roberts, and my aunt Brontie Liburd Mills. You have spent your life working, ensuring my education and success at great expense and self-sacrifice. I will never forget you are the winds beneath my wings, and I hope always to make you proud of what you have accomplished through me. I love you all. Daddy, I am so sorry you did not live to see the fulfillment of your wish for me. I know we will talk about it in glory.

Secondly, I dedicate this research to all the nurses who will come after me, hopeful that I have helped make the profession a better place to serve through this work.

Acknowledgments

Firstly, I would like to give all praise and thanks to my Lord and Savior, Jesus Christ, who has given me such favor and grace to experience the achievement of my childhood desire to achieve a terminal degree. I would also like to acknowledge my immediate and extended family for their love and support over the last four years. Special thanks to my husband, Kenneth Allen, and son Kevon who took over many of my roles and responsibilities. I could not have done this without you. Finally, thank my extended church family and Adventurer executive team for your continued prayers and support. Special thanks to Natasha Iheme for your technical support.

Thank you so much to my school principal, Mr. Edward Griffin, who taught me to strive for lofty ideals and the importance of education. To Mrs. Muriel Hodge, Pamela Shumate, and Karen Cole, who laid, designed, and crafted me into being the nurse I became, I can only hope to give back a percentage of what you so generously poured into my life. To every nurse I have worked with over my career, thank you for pushing me and allowing me to master this profession. Finally, to the health care system that allowed me to use their data for this study, I am eternally grateful for this incredible opportunity. No page number appears on any of the pages up to this point.

Thank you for your guidance and direction in my journey into academia and research to my dissertation committee, Dr. Burton, Dr. Ojeda, Dr. Hussey, Dr. Zin, and Dr. Long. I hope to pass on what I have learned to other nurses and make our profession stronger because of what you have given me. Thank you again for sharing your knowledge with me.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

The year 2020 was designated the year of the "Nurse" by the World Health

Organization in celebration of the 200th birthday of Florence Nightingale, years before

the global pandemic of COVID-19 would highlight the extreme shortage of this crucial

element of our health care system around the world (Nurse, 2020). The pandemic has

made a difficult job exponentially harder as we have placed the nurse front and center of

what most nurses describe as a war zone. The American Nursing Association (2020)

reports nationwide survey results - more than 60% of 1,200 nurses said they plan to leave

their profession or their current job.

Although researchers have investigated and analyzed aspects of the work

environment that influence nurses' intent to stay in their current job setting, only a few

studies look at the home health care environment specifically (Cowden &

Cummings,2015). This study proposes investigating the comprehensive elements of the

home health nurses' perception and its relational impact on their intent to stay. The

potential for building a managerial retention strategy for current nursing staff working in

the home health environment with the information obtained from this study would be an

area of significant social change as its practical application will be immediate in

addressing staff retention and financially profitable for every organization.

This chapter includes background information about the current shortage of

nurses here in the United States of America and its impact on the healthcare system,

specifically home health nursing. Additionally, I addressed the problem statement and

purpose of the study. I outlined research questions, hypotheses, and the theoretical framework for this study. Finally, I defined the nature of the research and addressed definitions, assumptions, the scope of the study, limitations, and significance.

Background of the Study

The first documented nursing shortage occurred in 1936 after the Great Depression and lasted from World War II to 1960; this was due to the cancelation of the government funding for the Cadet Nursing Corps program and persistent concerns involving poor working environments and economic compensation for nurses (Goostray, 1941; Lynaugh & Bush, 1996). Since then, although committees and task forces have been commissioned to address this issue, nursing shortages still prevail. The American Association of Colleges of Nursing (AACN) projected the nursing shortage by the year 2032 to be greater than 200,000 nurses (Rosseter, 2017). The nursing shortage is significant because nurses are frontline healthcare providers.

There are multiple reasons for our current nursing shortage and various approaches to resolving the issue. Dr. Buerhaus et al. (2017) name two significant nursing shortage challenges: increased population demand for health care and critical pipeline for new nursing students. Many countries have attempted various strategies to address this known nursing shortage challenge, the primary one being educating more nurses to fill the ever-growing deficit (Hewko et al., 2015). However, the needs continue to outpace the ability of nursing schools to produce new and competent nurses.

Another factor affecting the nursing shortage has been the pending retirement of nurses who fall into the "baby boomers" (Goodare, 2017). Goodare (2017) concluded that

the existing workforce's departure and retirement would significantly lose the nursing profession over the next ten years. Although the profession desperately needs these nurses' wisdom and experience to stabilize the organization by hiring temporary staff and new nurses entering the profession, nothing can stop the aging process. Organizations have added much technology to nursing to address this shortage by affecting some of the tasks inherent in the provision of nursing services; however, the technology, although welcomed by some, has hastened the departure of some of the older nurses adding to the growing nursing shortage (Wang et al., 2018). The nursing shortage is a real problem that affects the quality of health care available to general populations. The continued challenge continues to be identifying strategies to mitigate the need and maintain health care quality.

The nursing schools' failure to produce enough nurses and the unmistakable void created by the retiring baby boomers have left health care organizations looking for alternate strategic approaches to this growing problem. One of the most viable strategic methods for the increasing nursing shortage has been increasing nursing retention. Researchers have done multiple studies to understand the elements involved in the nurses' decision to leave their current work environment. McKusick and Minick (2010) understood that the nursing shortage continued to be problematic in providing care and sought to identify the factors influencing the registered nurse's decision to leave clinical practice. They found the unfriendly workplace, work stress related to management, and work burnout were crucial factors.

In contrast, Hewko et al. (2015) found that active nurse managers influence their nurses' intentions to stay in or leave their current position. Nowrouzia et al. (2016), likewise, in a cross-sectional survey of registered nurses, found that their work environment's issues had a significant impact on the nurse's decision to stay in their current positions. Ross (2017) also studied to understand the nurse's perception of organizational support's work environment. The study found the nurses' knowledge was a critical factor in deciding to stay or leave the current position. These studies all identified aspects of the nurses' work environment that impacted their decision to stay. However, they all note that further research is required as these studies did not comprehensively address possible variables influencing the nurses' decisions. The nursing shortage continues to grow, despite global interventions. One author described the situation as increasing turmoil in the health care system as the nursing shortage continues to grow, despite comprehensive interventions (Al-Hamdan et al., 2018). Sexton et al. (have7) have conducted one of the most comprehensive studies to investigate the nurses' perception of their work environment and its effect on their intent to stay. This identified the critical element that will be defined later in this study that identified key environmental factors that affect the nurses' intent to stay in their current position. However, this comprehensive study did not include the health care population's home health segment, creating a gap in the knowledge needed to develop a comprehensive strategic strategy.

Before the pandemic, the concern was that tired, sick burned-out nurses could not provide high-quality care for the nation, and nurses were more likely to quit their jobs than those in better working conditions (Letourneau, 2020). COVID 19 has made this

situation worse by reducing the number of nurses through the loss as victims of COVID 19 or who have left the profession because of comorbid conditions and advancing age (Nurse, 2020). The projected vacancies in nursing for the next five years are now a reality that each organization must address. Are nurses leaving their current jobs or the profession entirely due to their perception of their work environment? The nurse's work environment perception is the question this study will address to close the gap in the literature needed to build a strategic retention plan in response to the growing nursing shortage.

Problem Statement

Home health care nurses thrive best when their perception of their work environment is favorable (Aluwihare-Samaranayake et al., 2018). Although many factors may influence the nurses' intent to stay in-home health services, the work environment plays a critical role in the nurse's decision to remain in the current position and career (Aluwihare-Samaranayake et al., 2018; Wang et al., 2018). However, when the nurses perceive the work environment as hostile, studies show increased attrition (Tourangeau et al., 2017; Aluwihare-Samaranayake et al., 2018). Cowden & Cummings (2015) found that the focus must be placed on the nurses' perception of their environment when creating an ongoing nursing retention strategy.

Sexton et al. (2017) conducted a cross-sectional study in three countries to validate a survey tool, which assesses healthcare providers' responses in 203 clinical areas of the hospital on what creates a healthcare environment where both patients and staff can thrive safely. In their study, Sexton et al. (2017) operationalized the

multidimensional concept of the health care work environment to include

communication, teamwork, employee burnout, work-life balance, leadership/management

style, benefits, perceived growth opportunities, perceived workload, and emotional

safety. Sexton et al. (2017) found that employee engagement, the strongest predictor of

nurse job dissatisfaction and intent to stay, is best measured by the multidimensional

concept of the work environment.

Studies defining the cause and strategies for nursing retention in home health have

identified the need for further research to determine the work environment's impact

(Cowden & Cummings,2015; Tourangeau et al., 2014, 2017; Vander Elst et al., 2016).

The study by Sexton et al. (2017) identified the work environment elements that impact

the nurses' decision to stay. Still, this study did not include the unique home health

environment creating a continued literature gap.

<p align="center">**Purpose of the Study**</p>

This study also aims to understand better what aspects of the nurse's perception

of the work environment impact their decision to stay as the home health nurse in one

health care system in the United States of America. This information may facilitate the

development of effective strategic retention programs. I utilized a retrospective

quantitative research design to examine the relationship between the independent

variable. The home health care nurses' perception of the work environment and the

dependent variable, the nurse's intent to stay in the current job. This study aims to

identify the home health care nurse's work environment elements associated with

remaining in the current position in the United States of America. Thus, I identified factors associated with remaining in their current positions.

Research Question and Hypotheses

This study explored home health nurses' perceptions of their work environment and how they impact their intent to stay in their current position. The research question and hypotheses are:

RQ: To what extent is home health nurses' perceptions of the work environment (as defined in terms of leadership and managerial style, communication methods, level of teamwork, burnout, and work-life balance) associated with the criterion variable of intent to stay?

H0: Home health nurses' perceptions of the work environment are not significantly associated with intent to stay.

Ha: Home health nurses' perceptions of the work environment are significantly associated with intent to stay.

Theoretical Foundation

This study used Watson's theory of human caring as the underpinning theoretical framework (Watson, 1988). This theoretical approach supports the understanding that nursing art has an internal layer that defines the philosophical beliefs and an external layer observed scientifically as their perception and feeling (Watson, 2006). The term caritas means to cherish nurses' experience and expression of love for patients and others as the benevolent affection of one human person for another feeling (Watson, 2006). Watson (2006) contends that ten Caritas participate in the art of nursing. One of these

Caritas consists of creating a physical environment that supports nursing processes, enabling wholeness and recovery with dignity and peace of mind for the patients and nurses.

Watson (2006) noted that the caring goal of the front-line staff, administrative, and budgetary purposes conflict because of the fiscal limitations the organization must operate under. This focus on the budget can lead to perceived institutional non-caring behaviors towards nurses. Watson's theory recommends promoting the traditional practices of caring for clients and staff with empathy and consistency (Watson, 2006). This caring behavior can only occur as the organization first recognizes this as a source of high stress and dissatisfaction for the team and embrace environmental caring safeguards if they are to be successful at retaining their staff (Watson, 2017)

The theoretical framework for this study was identified by looking for a theory applicable to home health/ community nursing and embracing the importance of the environmental elements to a comprehensive approach to health delivery. Watson's Theory of Human Caring applied to community health nursing and embraced the concept that the healing environment was an essential concept for the patient and the health and wellness of the nurse. The following Watson (2006) theoretical assertions provide the guiding structure for this study:

- Patient and nursing care and economics are not mutually exclusive and can coexist to achieve cost benefits and effectiveness.

- Nurses and patients need caring relationships and healing environments if caring and healing practices and professional satisfaction are sustained within any healthcare setting.

- True transformation of healthcare is possible only with a shift in consciousness and intentional actions of practitioners changing healthcare, starting with workers (Watson, 2006).

These assertions provided the foundation for this study's research approach and questions.

Nature of the Study

This study will investigate the home health care nurses' perception of the work environment and how it influences the nurses' intent to stay using a quantitative research design. Devault (2020) stated that quantitative analysis is the process that will allow the researcher to collect data that are observable to answer research questions using a mathematical approach. The quantitative method is the most appropriate method for this study to obtain answers to the research question. This quantitative study will use a correlation design and a binomial logistic regression research analysis to examine the relationship between the independent variable of nurses' perceptions of the work environment and the dependent variable of intent to stay. Warner (2013) stated that binomial logistic regression is appropriate for predicting the strength of relational probability of a dependent variable occurrence in response to multiple independent variables. Warner (2013) recommended using ordinal linear regression when several explanatory variables are part of the problem. The Binomial logistic regression design is

very efficient, highly interpretable, and allows a well-calibrated prediction of possibilities that supports this study (Trutschel et al., 2017).

This retrospective study proposes to use data collected by a consultant group on behalf of an extensive health care system that consists of a population of 465 nurses who work at twenty-three home health care agencies, which are in the United States. These home health care nurses work in the post-acute care environment, in private homes, and may include assisted living facilities. A power analysis preceded data collection to determine the sample size required for the study.

Definitions

The World Health Organization (2012) defines a healthy work environment for nurses as a place where they have physical, mental, and social well-being to support the health and safety of the patients for which they provided services. Seung Eun Lee and Linda Scott (2016) define the work environment as the organizational characteristic of the work setting that facilitates or constrains the professional work activity of the nurse. For this study, the perception of the work environment, which is the independent variable, is defined as the interaction between the employee and the leadership and managerial style, communication methods, teamwork, burnout and the work-life balance (Sexton et al., 2017). The intent to stay is the dependent variable and is defined as the nurses' plan to remain in their current work environment or place of employment (Sexton et al., 2017).

Assumptions

In accepting the general quantitative research philosophy, a paradigm is chosen. Yamashita & Espinosa (2015) explain that quantitative research enables the researcher to predict, present, and understand some phenomena. Assumptions about the theoretical framework, the population being studied, the data collection, and the data analysis process infer a specific focus in a study to allow the researcher to make a particular conclusion (Helmich et al., 2015).

This underlying philosophy allowed the creation of the following research assumptions for this study:

- Watson's Theory of Human Caring applies to nursing in the home health environment.

- The size and diversity of the chosen health care organization are representative of the general community of home health care nurses in the United States of America and other similar countries.

- The data collected represent the honest opinions of the subjects in the population.

- The data collection process was free from error and researcher bias. The initial researcher exhibited competency with the research process, instrumentation, and technology.

These assumptions were necessary to provide contextual direction for the study and understand the researcher's fundamental beliefs based on what they experienced in the current work environment (Yamashita & Espinosa, (2015).

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Scope and Delimitations

This study's scope is limited to the home health nurses of one health system population in the United States of America because it represents an understudied area and significant potential for a substantial impact on the nursing shortage. The ever-increasing cost of health care also demands that organizations reduce the high cost of continually rehiring new staff and realize that each nurse who leaves the institution takes its knowledge and cultural wealth with them (Wang et al., 2018). Therefore, this study has chosen to focus on an area that can be low-cost to the organization, with an immediate positive impact on each organization's nursing shortage. As a retrospective study, the researcher assumes the internal validity established for the tool and the initial research for the study data. Additional internal validity will need to be verified by the type of analysis planned for this study.

This study focuses on how the nurses' perception of the work environment impacts their intent to stay in their current job position; the chosen theoretical framework had to comprehensively support the assertion that the environment affects the nurses' ability to provide and receive care. Watson's theory of human caring provides the framework for evaluating this sample's findings. The researcher chose this organization and sample population because of the cross-cultural diversity inherent in the different parts of the country where these twenty-two home health agencies are located. This diversity in the general population under study will help support the findings' generalizability (Devault 2020).

Limitations

This study may have several potential limitations, challenges, and barriers. The first inherent limitation of this study is its use of retrospective data, which may limit the generalization of home health care nurses' findings to the United States (Tourangeau et al., 2017). Another potential challenge for this study is to use a self-reporting survey to collect the data in the initial research, leaving the participants' interpretation without any assistance or clarification (Lockhart, 2017). The initial data collection process had the risk of social bias. The questionnaires were distributed to the nurses through the company's intranet with information assuring the home health nurses of confidentiality and unanimity. However, some home health nurses may have felt vulnerable in providing their responses and limited the free expression of their perceptions honestly.

The final potential limitation in using retrospective data is that the data collection occurred without controls for the data integrity and accuracy of their handling by the current researcher, so we must trust the initial researcher for data integrity and accuracy (Sun & Lipsitz, 2018). To further mitigate this risk, this study will extract the data in its rawest format for analysis. Despite these potential limitations, the study should provide essential findings and contribute significantly to the body of research knowledge regarding the work environment needed to facilitate home health nurses' intent to stay in the current work environment.

Significance of the Study

This study aims to make a significant and original contribution to the literature by identifying the specific elements of the work environment essential for positively

affecting the home health nurse staying in their current jobs. This study will contribute to professional practice and society because most reviews about nurses' attrition related to job satisfaction and their impact on the growing nursing shortage focus on nurses in the hospital setting (Goodare, 2017).

Significance to Theory

Carol Hall Ellenbecker's (2004) theoretical work in the home health environment developed a theoretical model of job retention for home health care nurses. Ellenbecker et al. (2008, 2012) validated this theoretical model as a strategy for predictors of home health nurses. Still, they acknowledged that there might be an additional variable that would impact the retention of nurses. This study will be making an original contribution to the literature by providing data and information that would add to the limited existing research and clarify how these variables correlate and impact each other to define further the impact on the nurses' perception (Sexton et al., 2017).

Significance to Practice

This study's results will strengthen the existing theoretical model's assertions for developing more effective home health care strategies for retention and creating a more attractive environment that would encourage nurses to stay in their current positions.

Significance to Social Change

A decisive effort is needed to change new and existing home health nurses' management styles if the profession maintains the current nursing staff and their years of expertise (Aebersold & Schoville, 2020). The potential impact of this research study's positive social change is reducing the nursing shortage in home health by retaining more

of the current staff. Assisting a management team in implementing social change by building a retention strategy based on the study's definition and ranking of work environment elements will ensure a winning retention strategy for home health nursing staff.

Summary and Transition

This chapter presented a background on the current nursing shortage and its impact on the health care system here in the United States of America, specifically home health nursing: the problem statement and the purpose of the study. The chapter also outlined this study's research questions, hypotheses, and theoretical framework. The historical background presentation covered the cause, the approaches used in the past, and the outcomes of those approaches. The following section presented the problem statement with supporting documentation from other published works that addressed this issue. The study's purpose is to outline the scientific and social goals. This section identified the critical gap in the literature that the study hopes to address.

This chapter presents the research questions with the hypothesis and null hypothesis for analyzing the data under study. This chapter also presents the theoretical underpinning for the task as Watson's theory of human caring. This introductory presentation of the theoretical framework demonstrated this theory's appropriateness to support this study. The following three sections are the study's nature, the definition of the variables under investigation, and the foundational assumptions of the intended review. Finally, the chapter defined the study's scope and delimitations, limitations, and significance. Each section will illustrate the intended research's depth and breadth.

Finally, each of the segments of chapter one presents a collective argument for the research approach to answer the questions under study. The literature review in chapter 2 will provide foundational support as we look at the existing literature to support this study. The literature review will cover the historical works that have addressed these research questions partly or totally and validate the literature's identified gap.

Chapter 2: Literature Review

Home health care nurses thrive when their perceptions of their work environment are favorable (Aluwihare-Samaranayake et al., 2018). Although many factors may influence nurses' intent to stay in home health services, the work environment plays a critical role in nurses' decisions to remain in their current positions and careers (Aluwihare-Samaranayake et al., 2018; Wang et al., 20187). When nurses perceive the work environment are hostile, attrition increases (Aluwihare-Samaranayake et al., 2018; Tourangeau et al., 2017). Cowden and Cummings (2015) said the health care systems administration must focus on nurses' perceptions of their environment when creating ongoing nursing retention strategies. Chapin (1999) said health care administrators' emphasis must be on maintenance of the current nursing staff instead of recruitment because of the rising cost of replacing nurses. Navaie-Waliser et al. (2004) investigated job satisfaction and intent to leave. They found that new employees value positive relationships with their supervisors, but more senior staff value recognition for their completed work. Navaie-Waliser et al. (2004) also found an association between job satisfaction and reduced workload, leading to improved work environments. Frequently, this association is also closely related to improved quality of care and patient satisfaction.

Cowden and Cummings (2011) support this finding and built on it as they created a theoretical model for defining staff nurses' intentions to stay in their current positions. These researchers found that the theoretical testing mode must confirm previous research outcomes and identify behavioral purposes. Cowden & Cummings (2011) found an

increased understanding of the factors influencing the nurse's intent to stay to build retention strategies. Tourangeau et al. (2017) also investigated the work environment's influence on home care nurses' intention to remain employed. However, Tourangeau et al. (2017) acknowledged the need to define the work environment's effects further. Factors affecting their decision to stay needed to be expanded to give the model more credibility. Tourangeau et al. (2017) identified that further investigation of these variables would provide additional support for this model and promote the use of this model for future management and educational theory and practice development. Each of these studies recognized that a successful strategic approach to retaining the current nursing staff required a deeper understanding of the nurse's perception of their work environment if they were going to impact the nurses' intent to stay in their current work environment. This literature review includes literature search strategies. It also includes a historical review of the theoretical foundation used in the study. In addition, I aimed to present critical variables and concepts. Finally, I provide a summary and conclusions based on the findings of this review.

Literature Search Strategy

This initial literature search included the following databases: *CINAHL Medline, Thoreau Multi-Database, ERIC, and Google Scholar.* Keywords were home health care, work environment, nursing engagement, nursing, attrition, shortage, intent to stay, and *retention*. This search was narrowed to peer-reviewed articles and books published between 2015 and 2020, except for seminal studies involving the theoretical framework. I

also reviewed reference lists to identify other scholarly sources. The 396 sources for this study were stored and managed using Mendeley's research tool.

Theoretical Foundation

The theory of human caring was the theoretical framework for this study. Watson (2006) described the theory of human caring as bringing renewed dignity to the arena of nursing and patient caring. The theory's central proposition is that caring is the essence of nursing (Heffernan, 2017). Watson (1998) identified ten carative factors as essential to the nursing profession:

- Altruism, or the approach of caring for others like oneself with love and kindness.

- Recognizing and supporting each patient's spiritual being and supporting their faith and hope in their belief system.

- Developing spiritual awareness as a means of recognizing one's limitations and being a provider.

- Patient development of authentic relationships to trust caring relationships.

- Authentic patient acceptance as demonstrated by encouraging display of emotions, regardless of positivity or negativity.

- Using scientific knowledge to support the caring process and service of self to facilitate caring.

- Teaching and learning as tools to restore and maintain patients' affected healthcare as whole persons.

- Promoting patients' spiritual, mental, and physical wellbeing through environments that include physical space, care providers, and environmental energies allows patients to be cared for with total comfort and dignity.

- Meeting necessary physical, spiritual, and emotional needs to promote health restoration and facilitate healing to honor patients' well-being.

- Opening oneself to understand a spiritual component in each patient's ability to move between life and death. Therefore, the healthcare process must address patients' and caregivers' spiritual needs to create a supportive structure.

According to Watson (1988), healing experiences can only happen in an environment that allows and supports the development of these carative processes. Watson (2004) expanded the notion of a healing environment to focus on internal and external environments where caring can occur. Watson said nurses need to be aware of their consciousness and authentic presence when caring for their patients and the effect of surrounding environments on this process. I acknowledged the need to create a healing environment at all levels of care in order to evaluate data in the home health environment.

Herbst (2007) said creating a more healing work environment was a solution for addressing nurses' turnover, burnout, and dissatisfaction. Herbst asked nurses to implement Watson's theory of caritas by centering before each patient encounter, enjoying 5 minutes of meaningful meetings with each patient, and washing hands after encounters to acknowledge gratitude and closure intentionally. The management team

asked nurses to participate in weekly gatherings called caritas circles, which facilitated sharing emotions and feelings experienced during the previous week. Herbst said nurses' implementation of mindful attention in terms of building caring relationships with their patients increased their sense of competence. Herbst found that caring competence did not predict whether nurses intended to leave and recommended further study.

In another study, Raines et al. (2007) conducted a descriptive four-country survey covering England, Israel, New Zealand, and the United States. Raines et al. attempted to measure caring for refusing all ten caritas concepts of Watson's human theory. Raines et al. (2007) stated that nurses did not understand that self-caring cared for the patient. Raines et al. recognized that further study is needed to identify the other elements impacting the nurse and the patient's care level. Persky et al. (2011) applied Watson's (2006) theory of human caring to the study of nursing retention and defined the work environment elements in which retention occurs. Persky et al.(20l1) also used the Walker and Avant (2011) methodology in conducting their assessment of Watson's (2006) theory of human caring, as demonstrated in Figure 1. Persky et al. (20l1) first looked at caring using the theory and found that the theoretical definition was comprehensive enough to support its application. Next, Persky et al. focused on caring environment attribute to determine whether the identified attributes were exhaustive of the elements that define the nurses' work environment. The results supported the theory as Persky et al. analyzed its consistency when applied to different cases and environmental settings and found that it demonstrated all the defining attributes of caring regardless of the ecological location (Persky et al.,20l1). However, Persky et al. did not include the home health care

environment in their study. Therefore, Persky et al. concluded that Watson's (2006) theory of human caring defines the needed elements of the care environment and analyzes what factors affect the nurse's decision to provide care and stay in the profession.

Despite the different focus of these researchers, each concluded that multiple elements come together to define the work environment and impact the nurses' decision to stay in the nursing profession. These findings validated Watson's theory as a positive underpinning for the current study because I aim to address the nurse's perceptions of their work environment and its impact on their decision to stay in their current employment. Therefore, Watson's theory of human caring underpins this study. However, these studies also supported the need for further research in defining the effects of these environmental work attributes on the nurse's perceptions and intent to stay.

Figure 1

Components of a Relationship-Based Delivery System

The central focus of Relationship-Based Care is the Patient & Family.
All care practices and priorities are organized around
the needs and priorities of patients and families.
Care is experienced when one human being connects with another.

Leaders know the vision, act with purpose, remove, barriers, and consistently hold patients, families, and staff as their highest priority.

Teamwork requires a group of diverse members from all idisciplines and departments to define and embrace a shared purpose and to work together to fulfill that purpose.

Achieving quality outcomes requires planning, precision and perseverance. It begins with defining specific, attainable and measurable outcomes and uses outcome data to continuously enhance performance.

Professional practice integrates compassionate care with clinical knowledge and expertise. Professional nurses work collaboratively with all caregivers, disciplines and departments in the interest of patient care.

A resource driven practice is one which maximizes all available resources, staff, time, equipment, systems and budget.

The patient care delivery system is the infrastructure for organizing and providing care to patients and families. The system determines the way in which the activities of care are accomplished and is built upon the concepts and values of professional nursing practice.

In a caring and healing environment patients, families and colleagues experience care that is attentive to body, mind and spirit. Caring theory and science informs intentional actions that support self-care, therapeutic relationships with patients, families and healthy peer relationships. Operational practices and physical settings reinforce this commitment to a caring culture.

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In evaluating which theory should underpin this study, my search focused on an approach that addressed understanding the importance of the nurse's perceptions. Nery's

(2018) analysis of Watson's (2006) theory presents human caring as a unique platform for allowing nurses to be creative and original while emphasizing the vital role of the nurse's environment. Nery's (2018) analysis provided the needed answer to this study's theoretical exploration. Nery (2018) also concluded that Watson's (2006) theory of Human Caring impacts nurses' clinical practice by facilitating the nurse and administration's understanding of counseling methods and spiritual intervention as essential tools for training nurses. Nery (2018) noted that Watson's (2006) theory also enhances the resources to integrate spirituality and personal health. This study will use the healthcare work environment elements to test its hypothesis and answer the research questions. Watson's (1998) theory of human caring's ten caritas is perfectly aligned to address each operational definition. As the researcher, I hoped to contribute to the literature by further validating each of Watson's theory processes.

The World Health Organization, The International Council of Nurses, and Nursing Now have documented a shortage of over five million nurses across 191 countries (Kuehin, 2020). Buerhaus et al. (2017), in support of this assertion, identified four challenges of our health care system, the aging of the baby boom generation, the shortage and uneven distribution of physicians, and the accelerating rate of registered nurses retirements, and the uncertainty of health care reform. Buerhaus et al. (2017) found that each of these four challenges is significantly affected by the nurses' availability and acknowledge that the nursing workforce's challenges are daunting. Buerhaus et al. (2017) predict that over one million registered nurses will retire by 2030. This massive departure of nurses will result in a large bank of knowledge and experience,

depleting the workforce. This assertion is supported by the Bureau of Labor Statistics (2020) Employment Projections 2016 – 2026, based on a retrospective analysis of reported employment data. Snavely (2016) also found that nurses play a critical role in the country's ability to deliver health care. Snavely (2016) noted that the shortage of 2015 continues to grow as seventy-seven million baby boomers reach that age of retirement, while their replacement, forty-four million Generation Xers, provide the most minor and more diverse job applicants. Snavely (2016) found that Generation Xers also deal with the increased demand for services created by the Affordable Care Act. Snavely found the most significant implication of this nursing shortage is its correlation to hospital readmission and increased healthcare costs. Snavely (2016) further asserted that because of the educational system's inability to meet the nursing shortage growing need, it is crucial to understand why the demand is rising so that long-term strategies can mitigate its effect.

Whitney-Dumais and Hyrkas (2017) also support these findings by predicting that there would be a severe nursing shortage related to the large group of nurses' retirements as organizations. Whitney-Dumais and Hyrkas began to seek a solution to this crisis; several studies have produced significant findings. Whitney-Dumais and Hyrkas found that to address this issue, healthcare organizations first must understand the extent of the shortage and take a closer look at the causes of the current nurses' attrition leaving. Castro-Lopes et al. (2017) also conducted a descriptive quantitative study to standardize the nursing attrition rate worldwide to understand the health workforce's actual attrition rate. Castro-Lopes et al. understood that to project the world health care workforce's

future needs, they needed to have a standardized method of measuring the current

capacity. Castro-Lopes et al. recommend that organizations look to other solutions to

address this shortage with our educational system's failure to solve nurses' lack. Castro-

Lopes et al. noted that one approach to addressing the nursing shortage is creating

retention strategies to maintain the current workforce. Researchers say that any successful

strategy must consider the nurses' perceptions and factors influencing their decisions to

stay in health care (Castro-Lopes et al., 2006).

Variables

The two variables under investigation for this study are the nurses' perceptions of

their work environment as an independent variable and intent to stay as the dependent

variable. Several definitions of the work environment are presented in the literature to

define the nurse's work environment. The AACN (2005) described a healthy work

environment with six elements: skilled communication, true collaboration, effective

decision making, appropriate staffing, meaningful recognition, and authentic leadership.

Several other studies support this definition of the work environment by listing these

elements in their description of the healthy work environment or as criteria for a healthy

work environment for a nurse (Cao et al., 2015; Huddleston et al., 2017, Zaid-Al-

Hamdan, et al., 2018). Numminen et al. (2016) noted that the working definition of the

work environment for nursing needed to include a continuum from bureaucratic to

professional due to an organization's decision-making style as one of the focal criteria.

Ross (2017) defined the work environment as the organizational characteristics of the

work setting that either facilitate or constrain the nurse's professional practice. This study

used the definition of the construct of the nurses' perceptions of their work environment as defined by Sexton et al. (2017).

In their research in a quantitative cross-sectional study, Sexton et al. described the healthcare work environment's multidimensional concept. Sexton et al. include communication, teamwork, employee burnout, work-life balance, leadership/management style, benefits, growth opportunities, workload, and emotional safety. Sexton et al. found that employee engagement, the strongest predictor of nurse job dissatisfaction and intent to stay, is best measured by the work environment's multidimensional concept. However, Sexton et al. failed to include the home health environment. This study investigated the elements of both the nurses' perceptions of their work environment and intended to stay in the home health care sector to add to this body of knowledge.

Communication

One of the most prominent characteristics of a successful organization is strong communication channels and practices that support teamwork and facilitate organizational processes (Aluwihare- Samaranayake et al., 2018). Al-Hamdan et al. (2018) used a cross-sectional, quantitative survey design to study how poor communication between team members in healthcare workers hurts patient care. Al-Hamdan et al. found that good communication is integral to nurses' intent to stay.   Van Osch et al. (2018) also used a qualitative study with an interpretive descriptive design. They found that positive responses to intention to stay were closely related to teams that expressed feeling valued, respected, and acknowledged by their coworkers. Van Osch et al. also reported that the spirit of comrade supports working in what may be considered

incredibly stressful circumstances. Van Osch et al. found that nursing staff described a valued work environment in which mentorship, teamwork, and effective communication coexist.

Giambra et al. (2018) also conducted a descriptive qualitative study on effective communication in shared governance. Giambra et al. found that the staff preferred in-person contact, but emails are also helpful. Most importantly, the team should designate communication time (Giambra et al., 2018). Ylitormanen et al.'s (2019) goal were to investigate the Finnish and Norwegian nurses' perceptions of how well nurses collaborate and what perceptions affect collaboration. Ylitormanen et al. found that communication and shared processes were critical factors in determining the nurse's levels of cooperation. Ylitormanen et al. concluded that administrators must pay attention to conflict management and care coordination to facilitate collaboration and affect care quality. Ylitormanen et al. also concluded that effective communication is essential to teamwork, critical health care, and critical for nursing practice. Poor communication on the opposite end of the spectrum increases the potential for adverse events in patient care quality and increases nurses' stress.

Teamwork

The nurses' perceptions of their work environment are the core of any successful nursing retention strategy (Lewis et al., 2018). In their cross-sectional qualitative study on predicting job satisfaction, Lewis et al. also identified that the nurses' perceptions were critical in determining their intent to stay in the hospital setting. The theoretical model of Cowden and Cummings found that nurses who perceived themselves as highly

civil are likelier to stay with their current employer. Kelly (2015) also conducted a qualitative study to investigate bullying and incivility among nurses in the workplace and intent to stay among novice nurses. Kelly found a significant negative correlation between workload, length of orientation, and administrative power made the difference in staff levels and incivility. Han et al. (2015), in a cross-sectional quantitative study using secondary data analysis, investigated work-related factors such as autonomy, work schedule, supervisory, and peer support to nurses' perceptions and intent to leave. Han et al. found that lack of independence, peer support, and inadequate supervision correlated with planning to leave their current job. Han et al. (2015) concluded that the work-related factors would significantly impact the nurses' perceptions and the staff's intention to stay. Alomani (2016), also in a qualitative study, investigated the primary source of occupational stress in the nursing environment and found that both male and female nurses reported high levels of work-related stress, with the workload and lack of teamwork as the main factor. Alomani's recommendations focused on strategies to help management teams decrease the nurses' workloads, increase teamwork, and reduce stress levels. When the management team fails to address continued incivility, bullying, and teamwork, nurses experience burnout and diminish their work environment perceptions.

Burnout

Researchers have found that family, work environment, level of coworkers, and leadership support defined the nurses' perceptions of burnout and their intent to stay (Lwin et al., 2016). Lwin et al. found that it is imperative to demonstrate recognition and provide nonmonetary incentives to support the retention of the current nursing staff.

Bontrager et al. (2016), in a descriptive, perspective, and cross-sectional design study, investigated how preceptor roles affected and facilitated group cohesion among nurses. Bontrager et al. found that these factors did not impact the nurse's intent to stay in the job position despite the effectiveness of the preceptorship programs. Bontrager et al. also found that the nurses' perceptions of their work environment drive their perceptions closely with the intent to stay. Guo et al. (2017) also investigated the prevalence and impact of burnout on nurses and their intention to stay. Guo et al. also found that nurses experienced a high burnout rate and developed resilience because of the hostile work environment.

Cam (2017) defined the importance of nurses' resilience and management understanding of the factors that impact the nurse's resilience. Cam found that various traumatic events in a nurse's work environment cause resilience and develop job satisfaction vs. burnout and dissatisfaction. Cam recommended that healthcare administrators pay close attention to nurses' support through their work lives' traumatic events. Mudallal et al. (2017) investigated the influences of nurses' burnout, characteristics, and work-related conditions on nursing care quality. While assessing the level of burnout among Jordanian nurses, they found emotional exhaustion, depersonalization, and personal accomplishment as the factors attributing to burnout (Mudallal et al., 2017). Mudallal et al. also found that although burnout and nurse characteristics have some correlation, there is no correlation to care quality. Mudallal et al. recommend improving the work environment, which would inherently improve the condition in which the nurses have to work and facilitate their ability to provide quality

care. Brown et al. (2018) studied the relationship between change fatigue, resilience, and job satisfaction among novice and seasoned hospital staff nurses. Brown et al. found that the nurses' resilience and higher educational levels enhanced job satisfaction. Brown et al. concluded that retention strategies should focus on the prevention of change fatigue in the work environment of nurses to promote job satisfaction resilience and reduce burnout. Takemura et al. (2020) also investigated the relationship between burnout status, hospital size, and workplace environment. They found that the work environment significantly impacted the number of nurses experiencing burnout because of less managerial support in the smaller facilities. Takemura et al. recommended that burnout mitigation provides administrative support that is consistent, impartial, and sustainable. The nurses' perceptions of the work environment are significantly impacted by the level of burnout experienced. These nurses must develop resilience if they wish to stay in this organization.

Perceived Growth Opportunities

The nurses' perceived growth opportunities are another factor that affects their perceptions of the work environment and impacts their intent to state in the current work environment (Goodare, 2016). Goodare conducted a mixed-method study to examine why we continue to lose nurses. Most nurses go into nursing because of their deep and professional desire to care for patients and help them in times of need and crisis. Goodare discovered that the perceived growth opportunities, financial and job ranking in other job sectors significantly draw nurses to leave the profession because of their low payment structure. Meng et al. (2015) found that nurses' perceptions of growth opportunities for

personal development and job advancement positively correlate to their intent to stay. Meng et al. also found that these nurses reported feeling valued and could easily align themselves with the organizational goals and objectives as their own. Meng et al. conversely noted that the opposite feeling of lack of potential for growth opportunities led to burnout. Professional growth and educational opportunities improve the nurses' perceptions of the work environment's quality and the perceptions of being valued (Nelson, 2017). Therefore, there is a need to understand what kind of growth and educational opportunities are required to facilitate nurses' retention and improve their job satisfaction.

Job Satisfaction

The fifth element of the work environment that impacts the nurses' perceptions of their work environment is their job satisfaction level (Sexton, 2017). Baik and Zierler (2019) explored registered nurse job satisfaction and retention in a comparative cross-sectional study. Baik and Zierler also found that participation in these professional activities significantly increased the nurses' professional achievement levels, job satisfaction, and intention to stay in their current jobs. Brewer et al. (2016) also investigated the effect of transformational leadership on early career nurses' intent to stay, job satisfaction, and organizational commitment. Brewer et al. found that transformational leadership did not significantly impact the plan to remain and job satisfaction but impacted the staff's organizational commitment. Brewer et al. also concluded that organizational commitment, job satisfaction, mentor support, promotional opportunities, and age affected the staff's intent to stay in current positions.

Khosravani et al. (2017), in a cross-sectional, descriptive, and quantitative study, further investigated the personal and organizational factors that impact the nursing staff's intent to stay in their current position. Khosravani et al. found that job stress, social support, and job satisfaction are the driving factors that affect how nurse perceives their current employment. Khosravani et al. concluded that improving the current working condition is key to staff retention and that job satisfaction should be a key focus in designing nursing retention strategies. Haddad and Dagamseh (2018), in a quantitative descriptive and cross-sectional research study, also investigated how satisfied the nurses were in a specific work environment. Haddad and Dagamseh found that job satisfaction is linked to the nurses' intent to stay or leave. Haddad and Dagamseh recommended that administrators begin to use job satisfaction to predict the intention to leave. Finally, in a systematic review, Wei et al. (2018) attempted to identify, evaluate, and summarize the significant nurses' work environment studies. Wei et al. found that nurses are fundamental to our health care structure and that a healthier work environment improves nurses' satisfaction. In addition, Wei et al. found a positive relationship between the nurses' job satisfaction and the quality-of-care patients received. These studies all support the importance of job satisfaction as an element of the nurse's work environment.

Leadership

This study defines leadership as the sixth element of the work environment. The leadership style creates and impacts the work environment (Curtis,2015; Liang et al., 2016; Wang et al., 2018). In a descriptive quantitative study, Curtis (2015) investigated the managerial methods needed between traditionalists, baby boomers, generational X,

and millennials. Curtis concluded that each generational cohort created a unique challenge to an organizational and executive style and retaining talented staff. Curtis also concluded that the front-line supervisor's role in defining how the millennials wanted to revise the corporate retention strategy.

Cowden and Cummings (2015) conducted a literature review to verify the complex theoretical model of nurses' intent to stay, including practical and cognitive determinants. Cowden & Cummings conducted this study to empirically verify a complex theoretical model of nurses' intent to stay, including practical and cognitive variables looking at relational leadership's effect on this outcome. Cowden and Cummings also found that leadership practices influenced more than 60 % of the nurses' intent to stay. Cowden and Cummings also found that nurses respond to their work environment emotionally and rationally due to a firm belief in their calling. Cowden and Cummings concluded that focus must be placed on the nurses' perceptions of their work environment when creating an ongoing nursing retention strategy. McCall (2016) also examined the impact of direct care workers' perceptions of their CEO's leadership style on the job satisfaction and retention of the front-line workers. The high turnover rate diminishes the quality of care the patient receives. McCall found that the transformational leadership style was most successful in impacting staff retention and the quality of work the patient receives. Al-Hamdan et al. (2016) differed in their views on leadership styles. In a descriptive quantitative and cross-sectional study, Al-Hamdan et al. investigated Jordanian nurse managers' conflict management style and the nurses' intent to stay. Al-Hamdan et al. discovered that nurse managers who used a conflict management

leadership style correlated with staff intent to leave. However, Al-Hamdan et al. found that the nurse manager's leadership style impacted the nurses' intention to stay by implementing leadership styles. Olender (2017) also investigated the relationship between the factors influencing the nurses' perceptions of leadership and perceived exposure to bullying in the workplace. Olender supported the earlier findings on the importance of caring leadership to reduce the vulnerability of negative behaviors. Olender also found that nursing leadership education was critical in facilitating this process. The leadership style and models can significantly impact the nurse's intent to stay.

Harrison and Zavotsky (2018) also addressed balancing clinical outcomes and remaining financially viable in today's environment. Harrison and Zavotsky investigated the nurse's reaction to working in hospital systems mergers' ever-changing environment for more significant market share and operational efficiencies. Harrison and Zavotsky found that even in magnet model facilities, the general sense of distrust and lack of perceived importance of being valued by the organization led to an increased turnover of experienced staff, costing the health system thousands of dollars. However, authentic leadership was the differentiator when multiple changes occurred to stabilize the team and promote open communication (Harrison and Zavotsky, 2018). Wang et al. (2018) also examined the role of the staff nurse's emotional intelligence between transformational leadership and nurses' intent to stay in a quantitative study. Wang et al. found that transformational leadership and the staff's emotional intelligence were significant predictors of intent to stay. Wang et al. concluded that having transformational

leaders supported personal intelligence development in nurses and, therefore, their intentions to remain. Wang et al. concluded that health care administrators must develop training programs to improve nursing management transformational leadership skills in the work environment. McCay et al. (2018) attempted to summarize the established evidence on nursing leadership styles, nurse satisfaction, and patient satisfaction. McCay et al. found that nursing leadership influenced nursing satisfaction but had little effect on patient satisfaction. These studies concluded that the relational leader significantly impacts the nurse's job satisfaction and intent to stay. The type of leadership's effect on the nurses' work environment experience is a strategic point for analysis.

Another critical aspect of leadership is how the staff is oriented and supported by continuous educational programming. Mudallal et al. (2017), in a quantitative study, found the importance of leadership in improving the work conditions and providing an opportunity for growth and development to motivate the staff to decrease turnover and increase the quality of care received by the patient. Kurnat-Thoma et al. (2017), in a descriptive study, analyzed the turnover, onboarding program, and performance improvement initiatives used by a hospital in Washington, D.C. Kurnat-Thoma et al. found severe turnover of their entire staff with an average of less than one year. When a multi-disciplined approach was committed to the onboarding orientation of staff, retention immediately increased (Kurnat-Thoma et al.,2017). Peterson (2017) likewise sought to explore the strategies used by healthcare facilities in central Minnesota to recruit and retain qualified nurses. Peterson (2017) found that residencies, clinical preceptorship, and mentoring programs were the best recruitment tools as staff wanted to

be oriented correctly. Ross (2017) also conducted a descriptive study to understand the paranesthesia nurse's perceptions of their work environment regarding organizational support, workload, intent to stay, and overall nurse satisfaction. Ross found that having a preceptor resulted in over 52% of the nurses perceiving their work environment as more satisfactory than those who did not have a preceptor. Pennington and Driscoll (2019) conducted a descriptive study to evaluate a new orientation and mentorship process for home health nurses in a midwestern integrated health system. Pennington and Driscoll found that agency nursing turnover decreased by 5%, demonstrating the impact of proper orientation and mentorship. Pennington and Driscoll also found that leadership support and workplace stability were necessary for programming success. Pennington and Driscoll concluded that transparency and allowing front-line staff to have a voice before the change is critical. The proper time for orientation was vital to the nurse's intent to stay. Leadership must create an environment where nurses can receive robust exposure and continuous growth through education to balance their lives.

Work-Life Balance

Work-life balance is the seventh element of this study's work environment under investigation. The work environment contributes to the nurse's ability to achieve work-life balance successfully and facilitates the nurses' intent to stay in their current work environment (Santos, 2015). In a quantitative study, Santos evaluated the influence of mentoring, mediating job satisfaction, dissatisfaction, and organizational commitment on nursing retention. Santos found that the nurses' salaries and the type of administrative leadership had the most significant impact on a nursing commitment to the organization

and their intentions to stay with it. Morsy and Sabra (2015), in a descriptive quantitative study, also investigated the relationship between the quality of work-life and nurses' job satisfaction in a university hospital. Morsy and Sabra's study showed a high correlation between the quality of work-life balance and job satisfaction. As a result, Morsy and Sabra recommended that policy administrators consider the nurse's responsibilities at home and balance those responsibilities with work-life to improve overall job satisfaction.

Through cross-sectional data analysis, Han et al. (2015) also investigated the relationship of work-related factors such as autonomy, work schedule, supervisory, and peer support to nurses' job satisfaction and intent to leave. Han et al. found that lack of independence, peer support, and poor supervision correlated with a plan to go. Han et al. concluded that modifying the work-life balance-related factors would significantly impact job satisfaction and the staff's intention to stay. Cherian (2016), in a mixed-method design study, explored the perceptions of meaningful recognition among staff nurses and nurse leaders, compared these perceptions, and identified innovative methods for recognizing nurses' contributions in ways valued by the individual staff. Cherian also found that compensation based on performance, scheduling flexibility, advancement opportunities, and private and written recognition were the most meaningful. Cherian concluded that meaningful recognition was essential for any strategic retention plan. Likewise, Kilpatrick et al. (2016) investigated the relationship between role satisfaction and intent to remain in one's professional role using secondary data analysis from a cross-sectional survey. Kilpatrick et al. discovered that role satisfaction positively

influenced the intention to stay among professionally developed nurses. Kilpatrick et al.
concluded that workload was the most significant factor in this determination and
impacted the patient quality of care. Vander et al. (2016) addressed the need better to
understand the home health nurse's work-life balance, indicating burnout versus work
engagement. Vander et al. found that workload and emotional demands are negative for
home health nurses.

Tourangeau et al. (2017) conducted a cross-sectional logistic regression study to
test and refine Cowden and Cummings' (2015) work. Tourangeau et al. (2017) found
that the higher nurse evaluated the quality of care expertly with increasing age due to
various experiences and required acknowledgment that their work quality mattered.
Tourangeau et al. also found that adequate training and resources affected nurses' ability
to provide quality care. Tourangeau et al. also found nurses, associated with better
benefits and payments, were closely balanced with manageable workloads that allowed
for work-life balance. Finally, Tourangeau et al. concluded that organizational leadership
that was competent and available emotionally was the greatest need.

Goodare (2017) reviewed the last five years to review why we lost our nurses.
Goodare found unrealistic workloads, a lack of support from leadership, and focusing on
the financials instead of the stated mission and values to be the nursing staff's significant
dissatisfiers. Goodare recommended restructuring care models to reduce workloads and
increase leadership support as the most crucial step. Goodare also found the need for
organizations to value and support the older staff. Goodare also noted that more senior
nurses were needed to mentor and transfer the organization's mission and values to new

and younger nurses. Nelson (2017) also evaluated the evolving roles of nurses within the hospital. Nelson found that nurse managers' additional functions, such as financial management, patient experience, and staff experience, resulted in many stressful situations that impacted the environment. Nelson concluded that the most critical aspect of maintaining these nurses is their ability to administer self-care to balance work-life while preserving mental health. Evaluation of care models expectation and the staff's ability to achieve work-life balance is also an area that needs to be investigated.

Maryniak (2018) conducted a descriptive study to explore the relationship between peer support and participating in nurses' quality of life. Maryniak found a strong positive correlation between perceived peer support and compassion satisfaction. Maryniak concluded that peer support is a valuable strategy for improving work-life quality and staff retention. Hu et al. (2019) investigated influencing factors and possible improvement strategies for the quality of nursing work-life balance. Hu et al. found that the low quality of nursing work life is a global problem. Hu et al. also discovered that much more focus is needed to improve nurses' work-life if we maintain them. Cox (2019) also found that nursing managers are critical to any healthcare organization. However, their work is increasingly difficult, with more complex and demanding tasks added each day. Cox found that this resulted in less time for nurse managers to support the staff and damaged the organization's relationship. Cox concluded that this harmed the patient's experience and quality of service. The nurses must work in an environment that supports the patient's care and their own families if the nurses stay in their current work environment.

Emotional Safety: Engagement and Intent to Stay

The work environment that promotes emotional safety allows the nurse to engage with the organizational goals and objectives and stay with their current organization (Sexton, 2017)., Maurits et al. (2015) investigated the relationship between the nurses in a Western European country's perceptions of self-autonomy and their decision to leave the health care sector. Maurits et al. found that the nurses who demonstrate a high level of perceived autonomy are less inclined to leave the profession. Therefore, Maurits et al. recommend that self-autonomy is critical to any retention strategy as the organization works towards increasing engagement and retention. Fibriansari et al. (2017) also conducted a cross-sectional study investigating the relationship between nurse empowerment and nurses' work-life quality. Fibriansari et al. found that mandate increased the quality of the nurse's work-life by over 30%. Therefore, Fibriansari et al. concluded that it is essential for institutions to increase nurses' engagement and improve patient care quality nurses' and intent to stay.

Persson and Carlson (2019) also focused their qualitative investigation on distinguishing the registered nurse's voluntary and involuntary attrition. Despite the area of clinical focus, Persson and Carlson found that each registered nurse perceived themselves as the expert in providing and coordinating patient care. Therefore, Persson and Carlson recommend hiring only registered nurses as the organization plans and intentionally designed to impact their work environment. After conducting a qualitative study, Cole et al. (2018) also asserted that building an engaged workforce starts with hiring the right committed and compassionate individuals. Cole et al. found that open

leadership and connecting with the front-line staff fosters trust, respect, and unconditional support for the organization's mission of providing quality patient care and their nurses intent to stay. Finally, Cole et al. noted that continuous employee recognition is one of the most vital tools in keeping the employee engaged, enhancing the nurses' intent to stay. Employees who feel emotionally safe in their environment are willing to participate in their governance and growth. A clear understanding of what is needed to develop an engaged employee is vital to any successful retention plan. This inclusion of nurses into corporate plans and designs can be the most significant reason to stay.

Relationship Between Work Environment and Intent to Stay

The literature review has highlighted how work environment elements affect the nurses' perceptions of their work environment and their intent to stay. Ke and Hung (2017) found that the nurses' intent to stay varied with the age of the nurse, family needs, number of years working within the institution, the opportunity for carrier advancement, and the organizational climate. Van Osch et al. (2018) remarkably found that nurses did not indicate stress and burnout as the cause of their intent to leave. Instead, Van Osch et al. use leadership, interpersonal relationships, personal lifestyle, and practice environment as critical factors in their decision to stay in their current positions.

Al-Hamndan et al. (2018) also found that Jordanian nurses responded positively in their intent to stay when working in an environment where the physician mediated the communication, ensuring greater job satisfaction. Al-Hamndan et al. (2020) explored the role of the emotional intelligence of the nurse and its effect on their intent to stay. Al-Hamdan et al. found that emotional intelligence helps nurses effectively respond to their

environment. It is an element manager look for during the hiring process and promote their leadership styles. Three studies also look at authentic leadership and found this element of the health work environment to be most critical to the perceptions of the frontline nurses and their intent to stay, also calling for further investigation of what is needed to develop these behaviors in frontline leadership (Collard et al., 2020; Raso et al., 2020; Shirey, 2006). The overwhelming evidence points to the need to evaluate the organizational leadership styles, impacting the other healthy work environment.

Summary and Conclusion

The literature review's significant themes are summarized in terms of the search strategies used, the study's theoretical foundation, and the literature review. The themes emergent in the search strategy surround the growing need for an alternate method to address the nursing shortage. Most researchers used a quantitative or qualitative approach to investigate factors affecting the nurses' perception of their work environment and its impact on their intent to stay in their current work environments. This literature review indicates a failure to address the nursing shortage by adding nurses through education. Health care organizations have determined that maintaining the current staff was the best strategic initiative.

This literature review indicates that the nurses' perceptions are varied based on their individual experiences. Common factors influencing nurses' perception of their work environment include leadership, organizational communication, teamwork, burnout, job satisfaction, growth opportunities, emotional safety, and staff engagement. These factors have been studied in various health care sets and found to impact the nurses'

perception of their work environment and their intent to stay in their current work

environment. What is unknown is how all these factors collectively affect the nurse's

perception of the home health service environment and their intent to stay in the current

work setting. This study will address the literature gap using Watson's theory of human

caring within a quantitative methodology and correlational design. The approach is

discussed in detail in chapter 3, which follows.

Chapter 3: Research Method

Home healthcare nurses thrive best when their perceptions of their work environment are favorable (Aluwihare-Samaranayake et al., 2018). In this study, I examined the relationship between the independent variable, which was home healthcare nurses' perceptions of their work environment (as defined by leadership and managerial style, communication methods, level of teamwork, burnout, and work-life balance), and the dependent variable, which was nurses' intent to stay in their current job. I designed this study to identify work environment elements that lead to decisions to remain in their position. I hope that understanding nurses' perceptions of their work environment and their impact on their decision to stay will facilitate recommendations for practical nursing retention programs.

This chapter includes an outline of the research design and rationale for selecting this design to investigate the research questions, the research study's methodology, population under investigation, sampling procedures, and instrumentation I used to gather data. Next, I defined the study variables and the data analysis plan. Finally, I identified potential threats to the study's validity and ethical procedures to ensure that the research met the required standards.

Research Design and Rationale

For this study, the work environment was defined as the interaction between leadership and managerial style, communication methods, level of teamwork, burnout, and work-life balance. Sexton et al. (2017) said elements of work environments were as follows:

- Interaction between leadership and managerial style: Managers focus on maintaining organizational structures and programs. Leaders facilitate other human and procedure resources to enable quality improvement and growth opportunities for overall development.

- Communication methods: This term refers to the exchange of knowledge in an environment where information is shared, with clarification and validation of information that is encouraged and allowed.

- Level of teamwork: In a situation with an elevated level of teamwork, the norm is to facilitate local team interactions with processes that enable employees to speak up, ask questions, and support conflict resolution.

- Employee burnout: This results from sustained and increasing demands of the healthcare work environment on workers in terms of continuing to produce and provide more in situations where there continues to be a decrease in resources provided to do that work. Burnout is a negative emotional and physical exhaustion response to such conditions experienced by workers.

- Work-life balance: Work-life balance is measured by several hours worked against skipping meals, difficulty sleeping, or arriving home late from work. The goal of a healthy work-life balance is for employees to have set work hours that allow for family time and relaxation, which produces happier employees.

Intent to stay was the dependent variable. The term intent to stay for this study involves the following:

- Perceptions of growth opportunities

- Perceptions of workload

- Perceptions of job-related uncertainty about the future

- Perceptions of advancement

- Perceptions of participation in decision-making

- Perceptions of emotional thriving and emotional recovery

I used a correlational research design to answer the research question regarding the relationship between nurses' perceptions of their work environment and their intent to stay. This research design used archival survey data collected unanimously from home health nurses in one health care system. I chose this approach because of the availability of data involving home health nurses from 23 of the 50 states in the United States, increasing generalizability. In addition, there were no defined time or resource constraints as data belonging to a large healthcare organization. Data were held by this organization indefinitely. This design choice was necessary to address a gap in the literature involving issues concerning the effects of nurses' perceptions of their work environment and intent to stay in their current jobs.

Methodology

Population

The targeted population for this study was the 620 home health nurses in one healthcare system. This healthcare system operates home health agencies in Alabama,

California, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa,

Maine, Maryland, Massachusetts, Michigan, Nebraska, New Jersey, New York, North

Carolina, Ohio, Oregon, Pennsylvania, and South Dakota. I aimed to extract a group from

the larger healthcare body of 120,000 employees.

Sampling and Sampling Procedures

I used the nonprobability sampling method of convenience sampling because

participants' secondary data were conveniently available from the identified health

system. The initial study looked at the employees of that health system's level of

employee engagement and intent to stay. This study determined that the sample data

inclusion and exclusion were based on participants' known affiliation with one of the

home health agencies within the health system's larger population. I selected participants

if they currently worked within the home health department and had at least one year of

experience working in the home health industry. I chose this approach to facilitate the

generalizability of these findings to general home health nursing populations while

maximizing the ease of retrieving and minimizing the time needed for data collection.

The foundational principles of nonprobability sampling are data collection speed, cost-

effectiveness, and availability of traits or characteristics in a population (DeCarlo, 2018).

Convenience sampling, however, may lead to biased estimates, overestimations, or

underestimations of the studied population's outcomes and may not be sufficiently

rigorous to make conclusions about larger populations (Mauldin, 2018). Although

statisticians prefer probability sampling because it yields data in the form of numbers,

convenience sampling can produce similar, if not the same, quality results if done

correctly. I used G*power analysis. The researcher planned to run a post hoc analysis for the current study because the sample size is already a matter of fact in that the sample was already collected.

Archival Data

The healthcare system collected data from its staff to meet its regulatory requirement of assessing engagement levels. Data were collected using the survey administered to a convenience sample of ninety-two hospitals, 100 continuing care locations, PACE programs, senior living facilities, and home care and hospice agencies. In addition, 126,000 surveys were distributed in a web-based format by email to employees over two months through the health system's listservs. All employees and volunteers were encouraged to complete the survey regardless of their status. Participants were assured that their responses were confidential; however, the survey did include open-ended questions, in which respondents could choose to identify themselves through their answers. There was no direct incentive to participate in the survey.

The corporate human resources team was responsible for selecting the research consultant group and their general oversight. The human resource department was also responsible for communicating and promoting the entire organization's survey process. Because the employee's voluntary participation determined participation in this survey, the human resources department embarked on a 4-week advertising campaign for participation. This campaign included general broadcasting of messages about the coming survey, individualized emails sent to each staff member, and meetings held with all frontline managers to encourage them to participate in the survey. The human

resources department was also responsible for daily communication with each team

manager concerning what percentage of their staff had completed the study and providing

additional encouragement. Finally, the human resource department was responsible for

communicating the survey results to each team, working with the frontline management

team to communicate these results to the staff, and creating an action plan to address both

strengths and weaknesses. In addition, the human resource department was responsible

for communicating the initial study's results and collaborating with each manager to

identify correction plans.

      I used the safety, communication, operational reliability, and engagement survey

(SCORE) to collect this research project's data. This survey is the product of the Safety

Attitudes Questionnaire (SAQ), refined and combined with new work setting norms like

health care worker engagement. One must look at its origin to get a more comprehensive

understanding of the tool. The SAQ, a refinement of the Intensive Care Unit Management

Attitude Questionnaire, is widely known. However, the original questionnaire was the

Flight Management Attitudes (FMAQ), designed to measure critical aspects of a flight

crew's interpersonal relationships. The researchers found that most flight accidents are

traced to personnel error and team breakdown (Sexton et al., 2006). The SAQ was

developed by Bryan Sexton, Eric Thomas, and Bob Helmreich in 2006 with funding from

the Robert Wood Johnson Foundation and Agency for Healthcare Research and Quality

(Center for Healthcare Quality and Safety, 2008). This tool has received worldwide

recognition for providing good psychometric properties for healthcare organizations to

measure caregiver attitudes (Center for Healthcare Quality and Safety, 2008).

The process for obtaining access to the proposed data for this study required education and documentation. As a current employee of this healthcare system, knowledge of the annual data collection allowed the determination that this data would address the question under research. The first step was obtaining an audience with and educating the regional director of clinical services regarding the planned study and how the expected results could help frontline managers address the need to develop effective retention strategies. Following my discussion with the regional director of clinical services, she asked for a formal request letter to use the company's proprietary data (see Appendix B). Following receipt of the letter, the regional director of clinical services sent my submission to the director of human resources, the data manager, with her approval for granting me access to the raw data (see Appendix C & E). The regional director of clinical services set up an interview with the director of human resources to clarify the requirements of the study

The knowledge drove the choice of using the available data from this health care system because the organization is reputable. This healthcare system also offered data that was a representative sample of the United States. In addition, the home health agency operates in twenty-three different states, so the researcher has access to a diverse cultural sample pool of home health nurses. The final reason for using this secondary data was that the tool (SCORE) used for the data collection is the gold standard for evaluating nurses' intent to stay in their current job. Because Sexton et al. (2006) validated the tool (SCORE) had been in a cross-sectional study in many areas of the health care community

but not in-home healthcare environment, it exposed the gap in the literature that this study could address and contribute to the literature.

Instrumentation and Operationalization of Constructs

The tool used to collect this research project's data is the SCORE (see Appendix F). This survey is the product of SAQ, refined and combined with new work setting norms like health care worker engagement. One must look at its origin to get a more comprehensive understanding of the tool. However, the original questionnaire was the FMAQ, designed to measure critical aspects of the flight crew's interpersonal relationship. The researchers found that most flight accidents could be traced back to personnel error and team breakdown (Sexton et al., 2006). The SAQ was developed by Bryan Sexton, Eric Thomas, and Bob Helmreich in 2006 with funding from the Robert Wood Johnson Foundation and Agency for Healthcare Research and Quality (Center for Healthcare Quality and Safety, 2008). This tool has received worldwide recognition for providing good psychometric properties for healthcare organizations to measure caregiver attitudes (Center for Healthcare Quality and Safety, 2008).

This tool was evaluated worldwide in various hospital settings to ensure that all nationalities and cultural possibilities were incorporated into the assessment. The initial study was conducted in six cross-sectional surveys of health care providers (n = 10,843) in 203 clinical areas (including critical care units, operating rooms, inpatient settings, and ambulatory clinics) in three countries (USA, UK, and New Zealand). Multilevel factor analyses yielded results at the clinical area level, and the respondent nested within the clinical area level (Sexton et al. 2006). The tool was a single-page (double-sided)

questionnaire with 60 items and demographic information (age, sex, experience, and nationality) and took approximately 10 to 15 minutes to complete (Sexton et al. 2006). Sexton et al. (2006) created each of the 60 items on the SCORE and used a five-point Likert scale (disagree strongly, disagree slightly, neutral, agree somewhat, agree strongly) to elicit a response. Some of these items are negatively worded. There is also an open-ended section for comments: "What are your top three recommendations for improving patient safety in this clinical area?"(Sexton et al., 2006). Since then, the research has been peer-reviewed literature, and findings have been replicated in numerous independent studies in dozens of languages, which has also been used to validate further this survey's reliability and validity (Sexton et al., 2018).

The instrument "Score" is under copy-write restrictions, but the authors have posted instructions for obtaining permission to use the tool on their website. The health system's consultation firm was responsible for obtaining permission to utilize the survey to collect the initial data set. This study also petitioned the tool's administrator and received permission to use the data from this tool for secondary research.

The Cronbach's alpha was used to measure the SCORE survey's internal reliability, and it received a score of 0.98, considered exceptionally reliable (Adair et al., 2018). In addition, the SCORE survey also received a score of 0.99 from both the CFI (comparative fit index) and TLI (Tucker-Lewis's index) (Adair et al., 2018). Finally, the confirmatory factor analysis was used to evaluate the validity of SCORE. The confirmatory factor analysis (CFA) showed that each of the six dimensions fitted the data

well and indicated a good model fit for the overall safety construct with a high validity

index of 0.94 (Sexton et al., 2019).

Operationalized Definition

The operational definition of the dependent variable intent to stay is the likelihood

that an individual will continue employment with their current organization (Sexton et al.,

2006). This study operationalized the dependent and independent variables by measuring

the dependent variable against the composite elements of the independent variable using

a five-point Likert measurement scale. For this study, the researcher defined the

independent variable's work environment as the interaction between the leadership and

managerial style, communication methods, teamwork, burnout, and work-life balance

(Sexton et al., 2017). The independent variable, perceptions of the work environment,

was represented by seven subscales based on factors identified by Sexton (2006) to

impact the nurses' perceptions of the work environment:

- Learning Environment

- Local Leadership

- Burnout Climate and Burnout

- Teamwork Climate

- Safety Climate

- Employee Engagement

- Work-Life Balance

The study operationalized these concepts by examining the following research

questions and their hypotheses. First, the combined results of the dependent variables

with a score less than or equal to three indicate the intent to stay. Therefore, the resulting score of greater than three indicates plans to leave the nursing position.

Data Analysis Plan

This study attempted to determine the correlation between the nurses' perceptions of their work environment's comprehensive elements and the nurses' intent to stay in their job setting. The binomial logistic regression analysis conducted in the SPSS (version 27) statistical tool will predict the dependent variable, given the multiple independent variable work environment (Trutschel et al., 2017). This study will use the instructions from the data set coding book to direct its download from the host website to SPSS on my desktop and the data file review to determine the need for correcting any errors in the download. Under the guidance of the SPSS (version 27) and statistics tutors, the determination will be made if re-coding or calculation of dummy variables are needed, along with management of any outliers.

The data analysis plan for this study was designed in consultation with the Center for Research Quality, statistical textbooks, YouTube, and my research committee. After defining the dependent and independent variables, this quantitative study will use a correlational/predictive design and a research analysis to examine the relationship between the work environment's perceptions and the dependent variable, intent to stay. Devault (2020) stated that quantitative analysis is the process that allows the researcher to collect data that are observable to answer research questions using a mathematical approach, therefore making it an appropriate strategy for this study to obtain answers to the research question. Warner (2013) stated that binomial logistic regression is suitable

for predicting the relationship probability's strength to a dependent irregular occurrence in response to numerous independent variables. This binomial logistic regression design is very efficient, highly interpretable, and allows a well-calibrated prediction of possibilities that supports the study (Trutschel et al., 2017). The health system will use consultants to distribute and collect the survey via email from the general staffing population. The proposed sample for data collection will be the entire sub-population of 630 nurses who work at the healthcare system's 23 home healthcare agencies. This data collection approach will eliminate any time and resource constraints consistent with this design choice.

The data analysis plan included using the SPSS (version 28) software to analyze the data. After receiving proposal approval, I sent a letter of request to access the data portal to extract the SPSS (version 28) data on my computer. Upon entering the data portal, I selected the year and subdepartment data for 2021 home health data extraction. The next step in the analysis process was to scrub the data to ensure appropriate binomial logistic regression analysis. This process entailed a seven-step analysis of the data's suitability against the binomial logistic regression analysis before running the analysis (Laerd Statistics (2017).

The seven-step analysis of the data will include reviewing the following assumption as required by SPSS (version 28):

- Assumption #1: Your dependent variable should be measured on a dichotomous scale.

- Assumption #2: You have one or more independent variables, either continuous or categorical.

- Assumption #3: You should have independent observations, and the dependent variable should have mutually exclusive and exhaustive categories.

- Assumption #4: A minimum of 5-15 cases per independent variable is needed, although some recommend as high as 50 cases per independent variable.

- Assumption# 5: There needs to be a linear relationship between the continuous independent variables and the logit transformation of the dependent variable.

- Assumption # 6: Your data must not show Multicollinearity.

- Assumption #7: No significant outliers, high leverage points, or highly significant points should exist.

This procedure was performed using the SPSS software to look for a full likelihood ratio test to evaluate the fitted location model to a model of varying location parameters. This procedure I conducted by running a separate binomial logistic regression on cumulative dichotomous independent variables. Performing these five statistical analyses of the raw data will ensure that the results are valid and allow for interpretive analysis of the study's outcomes. Before moving on to Assumptions #1, #2, and #3, I checked Assumptions #4. I evaluated these assumptions to delineate if a violation of an assumption is not correctable. I would have been unable to use binomial logistics regression and would have had to run another statistical test on the data instead if more than one violation occurred. Next, I tested Assumption# 5 and assumption # 6 by running a Linear Regression to

determine Tolerance/VIF values and correlate Bivariate analysis. Assumption #7 validated the absence of significant outliers after I ran the Binomial Logistic Regression by reviewing the Casewise Listing table.

I reviewed the output for the Cox & Snell R Square and Nagelkerke R Square values, both methods of calculating the explained variation. Because Cox & Snell R2 cannot achieve a value of 1.0, Nagelkerke R Square will be applied. Binomial logistic regression estimates the probability of an event (in this case, intent to stay) occurring. In reviewing the output results of the data analysis, I reviewed the classification table to review the percentage accuracy, sensitivity, specificity, positive predictive value, and negative predictive value. The final output for review was the variables in the equation table. The central review of this table was the Wald test, which first determines the statistical significance for each independent variable. The next step in this review was to look at the Sig column to assess the statistical effectiveness of each variable. If the estimated probability of the event occurring was more significant than or equal to 0.5 (better than even chance), SPSS statistics classifies the event as occurring. If the possibility were less than 0.5, SPSS statistics would classify the event as not occurring and use binomial logistic regression to predict whether cases can be correctly classified from the independent variables.

This study explored nurses' perceptions of their work environment and how it impacts their intent to stay in their current position. The research question and hypotheses are:

RQ: To what extent is home health nurses' perceptions of the work environment (as defined in terms of leadership and managerial style, communication methods, level of teamwork, burnout, and work-life balance) associated with the criterion variable of intent to stay?

H_0: Home health nurses' perceptions of the work environment are not significantly associated with intent to stay.

H_a: Home health nurses' perceptions of the work environment are significantly associated with intent to stay.

Threats to Validity

Internal validity ensures that the study's results can be trusted, and external validity ensures that the study's findings can be generalized to the broader population (Devault 2020).

External Validity

Bhandari (2020) said there are eight threats to external validity and five threats to internal validity that a researcher must manage. They are sample bias, history, experimenter effect, the testing effect, the Hawthorne effect, aptitude treatment, and situation effects. In addition, the following two external validity threats were identified as applicable to this study:

- Sample bias: The sample is not representative of the general population.

- The Hawthorne effect: The individuals change their behavior because they are in your survey.

This study countered these threats by using the home health nurses' entire population as the sample for this study (Bhandari 2020, Devault 2020). However, the task could not control for a Hawthorne effect. There was also the external validity threat of a potential confounding variable. A confounding variable was a factor other than the one under study associated with the dependent and independent variables (Trutschel et al., 2017). The threat of a confounding variable was addressed in the statistical analysis performed.

Internal Validity

Bhandari (2020) stated the threat to internal validity when performing a binomial logistic regression analysis can be varied. However, the following three this study:

- Superficiality: The operational definition may not capture the more complex concepts that may impact the study's findings.

- Narrow focus: The limited focus of the study may exclude variables that affect the outcome of the phenomena.

- Structural bias: Missing data, imprecise measurements, or sampling method errors can cause biases, leading to the wrong conclusions.

Construct Validity

Construct validity was defined as validating the study's tool to determine its ability to answer or measure what it was intended to measure (Middleton, 2019). Trochim (2020) defined construct reliability as measuring a survey's internal consistency in scale items. The study variables operationalization allowed the researcher to legally make inferences based on the findings. Although construct validity threats exist in the literature

for binomial research, the potential hazards were addressed and minimized for this study

by selecting a tool or survey with high validity and reliability. The survey SCORE used

for collecting the data for this study was tested by conducting six cross-sectional studies

of health care providers in 203 clinical areas in three countries (Sexton et al., 2006). The

composite scale reliability for the SAQ was assessed via Raykov's p coefficient

reliability of 0.90, which is particularly good (Sexton et al. 2006). Sexton et al. (2017)

found the SCORE has a high-reliability index of 0.98 and a high validity index of 0.94.

Ethical Procedures

The initial data voluntarily collected from the survey participants avoided any

ethical issues. However, the data for this second study was de-identified before

downloading it from the consultant's managed web portal. Due to the data de-

identification, it will be the property of this research. The plan was to hold the data set for

three years to facilitate study validation. As an employee of this health care system and a

member of the subcommittees for process improvement, I had the opportunity to select

the current consultant group and the survey tool for the engagement survey for 2020. I

spoke to the vice president of home care services, the chairperson of the process

improvement committee I was serving, seeking access to the institutional IRB process. I

discovered that the human resource department managed that function for this division's

health system. Therefore, I sent a written letter requesting to use the organization's data.

In my request letter, I explained who I was to the organization and why I requested

access to the pending survey's raw data as a doctoral degree candidate. I was granted

permission to utilize the data for my study and asked that the administration share the results.

Because this permission was given before the survey was conducted, I notified my immediate supervisor, home health services, a vice president that I would abstain from participating in the data collection year. Both managers accepted my decision to abstain. (See Appendix C and D). However, the organization has merged with another home health agency since then. That organization has an IRB, which I was then required to re-apply for approval to utilize the data. The initial step was obtaining organizational sponsorship needed to be a vice president or high manager. After clearance with the four-level of management between my organizational position and the CEO, I was granted permission to request his sponsorship. Next, I was required to follow the following four steps linearly to receive full organizational IRB approval:

- Step 1: Obtain approval from the organizational health's Scientific and Operations Review Committee (SORC).

- Step 2: Submit Financial Conflict of interest (FCOI) documentation. Instructions for completing these requirements will be included in the SORC approval letter.

- Step 3 Obtain approval from organizational Health's IRB of Record. This step involves the completion of a separate IRB application package.

- Step 4: Sign off on The Organizational Research Conduct Agreement.

After obtaining the organizational research conduct agreement from the organization, I can apply for Walden University's IRB for final research approval.

Upon receiving Walden University's IRB approval, I presented the authorization to retrieve the data to the human resources department vice president and received access to the portal where the data set is stored. The raw and anonymous data was retrieved from the consultant's web portal and entered in SPSS for the final analysis and interpretation. There are no other known ethical issues for this study.

Summary

Correlations between nurses' perceptions of their work environment and their intent to stay in their current working positions in home health care are unknown. Therefore, this quantitative correlational study was used to explore this subject of inquiry. Through statistical data analysis, I used a quantitative methodology to define the work environment and comprehensively analyze variables impacting nurses' intent to stay. Furthermore, the binomial regression application allowed me to predict positive or negative relationships.

Chapter 4: Results

Introduction

This chapter describes the quantitative correlational research design I used to examine the relationship between home healthcare nurses' perceptions of their work environments and their intent to stay in their current jobs. This examination enabled me to identify which elements in home health care nurses' work environments are associated with and influence nurses' continuation in their current positions.

Research Question and Hypotheses

I focused on exploring the home health nurses' perceptions of their work environment and how these perceptions influence their intentions to continue in their current positions. The research question and hypotheses are as follows:

RQ: To what extent is home health nurses' perceptions of the work environment (as defined in terms of leadership and managerial style, communication methods, level of teamwork, burnout, and work-life balance) associated with the criterion variable of intent to stay?

H_0: Home health nurses' perceptions of the work environment are not significantly associated with intent to stay.

H_a: Home health nurses' perceptions of the work environment are significantly associated with intent to stay.

This chapter includes a review of the data set, assumptions involving the sample's fitness for this design, and data analysis. I outline the results of the data analysis and

present tables and figures with the study results. Finally, I answer the research question based on data analysis and hypotheses.

Data Collection

There were two discrepancies in the data collection plan. The first discrepancy involved the estimated time it took to obtain data. The health system's leadership implemented new organizational processes because of an organizational merger, which led to a 6-week delay in acquiring the data set. The targeted population for this study included 620 home health nurses from one healthcare system. I collected 476 surveys, resulting in a 76% participation rate for this targeted population. Response rates of 40% or more are sufficient for accurately assessing nurses' work environments (Kramer et al., 2009).

The second discrepancy was that the organization had customized the survey by altering response choices on the question that addressed the staff's intent to stay without my knowledge. Initially, response choices were dichotomous (yes/no), but the organization converted this question so that respondents answered the question "I intend to leave my position" on a five-point Likert scale, ranging from strongly disagree (1) to agree strongly (5). This change in how data for the dependent variable were collected required that I take an extra step when preparing data for analysis using logistic regression. Likert scores were then converted into two categories. Those who strongly agreed or neither agreed nor disagreed were assigned the value yes, whereas those who disagreed and strongly disagreed were assigned the value no. Therefore, scores of 3 or

less indicated plans to stay. Scores of 4 or greater indicated plans to leave the nursing position.

Descriptive Statistics

The data I received were deidentified, and no demographic information was provided. The dataset included nurses employed at an organization with home health agencies located in 26 states in the United States of America.

Evaluation of Statistical Assumptions

The dataset that I received from the health system included 476 responses. However, 110 responses were removed because they did not meet one or more of the inclusion criteria. The final sample size was 366 participants.

The independent variable of work environment was determined via subscales involving learning environment, local leadership, burnout and burnout, employee engagement, safety climate, work-life balance, and team climate. First, I calculated the mean values on each subscale for each respondent. Then, mean scores on each subscale were used to represent the independent variable when performing logistic regression.

Next, I evaluated the data set against the following seven underlying assumptions of the binomial logistic regression.

Assumption #1 - The dependent variable should be measured on a dichotomous scale.

Participants' intent to stay was measured on a dichotomous (yes or no) scale.

There are one or more independent variables, either continuous or categorical. Assumption #2 was confirmed. The work environment was defined in this study based on means of seven subscales.

Observations are independent of each other, and the dependent variable should

have mutually exclusive and exhaustive categories. The assumption was met;

observed data were collected at one point, and the dependent variable had only

two categories.

Assumption #4 was a sufficiently large sample size. Each question should have at least

five to -10 observations representing the independent variable (Laerd Statistics, 2017).

- This assumption was achieved by 366 respondents to this 98-question survey, each

    answering questions involving independent variables.

Assumption #5 - There needs to be a linear relationship between continuous independent

variables and the logit transformation of the dependent variable.

- This assumption was assessed by running the Box-Tidwell procedure. This linearity

    test involved a three-step process. The first step was to create natural log

    transformations for all continuous independent variables. The second step was to

    create interaction terms for each continuous independent variable and their respective

    natural log-transformed variables. The third step was to run the Box-Tidwell

    procedure (see Table 1). Interpreting linearity assumptions required examining the

    statistical significance of each transformed variable. Results indicated that three

    transformed variables were statistically significant: teamwork climate, work-life

    balance, burnout climate, and burnout. Laerd Statistics (2017) recommended a

    Bonferroni correction to the alpha level based on all terms in the model when

    assessing this linearity assumption. This model had a $p < 0.05$ for 15 items, leading to

a new alpha level of *p* of 0.003. Results (except the constant) found no p-value less

than 0.003, indicating that the model meets the assumption of a linear relationship.

Assumption #6 - Data must not show multicollinearity.

- Multicollinearity in a regression analysis would indicate the probability that the

  independent variables are measuring redundant information (Osborne, 2015). It is

  essential to test whether the independent variables are highly correlated because, if

  there were, that would limit our ability to determine which variables impact the

  dependent variable. I ran a linear regression to examine the Tolerance and VIF values

  (Table 2). A value of less than 0.1 – for tolerance and a VIF of 10 or greater – are

  problematic, indicating the possibility of collinearity (Hair et al., 1995; Pituch &

  Stevens, 2016). Results demonstrate that all subscales representing the independent

  variable had a tolerance more significant than 0.1 and a VIF value of less than ten,

  indicating that multicollinearity was not present.

Table 1
Box-Tidwell Procedure Results

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a] Learning Environment	1.413	2.112	.447	1	.504	4.106
Local Leadership	-1.725	1.491	1.338	1	.247	.178
Burnout Climate and Burnout	5.546	2.290	5.865	1	.015	256.300
Teamwork Climate	10.633	5.202	4.178	1	.041	41488.210
Safety Climate	-2.027	3.703	.300	1	.584	.132
Employee Engagement	3.441	4.380	.617	1	.432	31.227
Work-Life Balance	17.540	8.724	4.042	1	.044	41461000.405
Logit Employee Engagement	-1.193	1.952	.373	1	.541	.303
Logit local leadership	.877	.713	1.513	1	.219	2.404
Logit Learning Environment	-.697	.973	.512	1	.474	.498
Logit Teamwork Climate	-4.682	2.293	4.167	1	.041[*]	.009
Logit Safety Climate	1.061	1.713	.384	1	.536	2.891
Logit Work-Life Balance	-8.444	3.949	4.572	1	.033*	.000
Logit Burnout Climate and Burnout	-2.855	1.055	7.322	1	.007*	.058
Constant	-50.139	15.495	10.470	1	.001	.000

[a] Variable(s) entered in Step 1: Learning Environment, Local Leadership, Burnout Climate and Burnout, Teamwork Climate, Safety Climate, Employee Engagement, Work-Life Balance, Log Employee Engagement, Logit local leadership, Logit Learning Environment, Log Teamwork Climate, Log Safety Climate, Log Work-Life Balance, Log Burnout Climate and Burnout.

Table 2

Tolerance/VIF Values and Correlated Bivariate Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients			Collinearity Statistics	
		B	Std. Error	Beta	t	Sig.	Tolerance	VIF
1	(Constant)	3.741	.690		5.426	.000		
	LearningEnvironment .	042	.102	.033	.415	.678	.271	3.683
	LocalLeadership	.038	.083	.033	.458	.647	.345	2.898
	BurnoutClimateandBurnout	-.256	.086	-.175	-2.976	.003	.512	1.954
	TeamworkClimate .	039	.128	.014	.303	.762	.811	1.233
	SafetyClimate	.362	.136	.190	2.654	.008	.343	2.911
	WorkLifeBalance	-1.110	.183	-.321	-6.071	.000	.630	1.587
	EmployeeEngagement	.674	.141	.341	4.797	.000	.349	2.866

[a] Dependent Variable: Intent to Stay

Assumption #7: No significant outliers, high leverage points, or highly significant points should exist.

- Assumption #7 - I checked for significant outliers by examining the Casewise list output derived from the binomial logistic regression (Table 3). I identified a total of 13 cases as potential outliers. The outliers are cases with greater than 2.5 standard deviations above or below the mean based on the ZResid. Since only 13 of 366 cases were outliers, the outliers were included in the model for analysis (Laerd Statistics, 2017).

Table 3

Casewise List

Case	Selected Status[a]	Observed Intent to Stay	Predicted	Predicted Group	Temporary Variable Resid	ZResid	SResid
66	S	N**	.890	Y	-.890	-2.845	-2.140
67	S	N**	.874	Y	-.874	-2.639	-2.071
79	S	N**	.963	Y	-.963	-5.126	-2.579
89	S	N**	.886	Y	-.886	-2.788	-2.136
119	S	N**	.925	Y	-.925	-3.511	-2.313
202	S	N**	.963	Y	-.963	-5.090	-2.589
205	S	N**	.859	Y	-.859	-2.470	-2.060
213	S	N**	.871	Y	-.871	-2.594	-2.066
313	S	N**	.908	Y	-.908	-3.148	-2.205
315	S	N**	.928	Y	-.928	-3.602	-2.319
342	S	N**	.887	Y	-.887	-2.800	-2.100
346	S	N**	.873	Y	-.873	-2.624	-2.046
352	S	N**	.930	Y	-.930	-3.647	-2.361

a S = Selected, U = Unselected cases, and ** = Misclassified cases

b Cases with studentized residuals greater than 2.000 are listed.

Analysis Results

I used the binomial logistic regression analysis to examine whether the nurses'

intent to stay can be predicted by the seven subscales representing the nurses' work

environments. The model had statistical significance, $x2(7, N=366) = 60.488, p < .001$,

suggesting that the model can predict which nurses intended to leave or not. In addition,

the Hosmer and Lemeshow Goodness-of-fit Test results were not significant (p = .916),

indicating that the model is not a poor fit. Finally, I reviewed the Nagelkerke $R2$ to

understand how the model can explain variation in the dependent variable. The

Nagelkerke $R2$ indicated that the model could explain 24.5% of the variation in intent to stay.

The model has an 81% accuracy in classifying the cases, as seen in Table 4. This table also reflects the 95.6% sensitivity of the model, which is an indicator of how frequently the model correctly predicted those who would like to stay. The table also provides the specificity, which indicates how frequently the model could predict who intended to leave, which was in 20% of cases. Thus, this model was instrumental in identifying those who would stay but not very useful in identifying those who would leave.

Table 4

Classification Table

	Observed		Intent to Stay No	Yes	Predicted Percentage Correct
Step 1	Intent to Stay	No	14	56	20.0
		Yes	13	281	95.6
	Overall Percentage				81.0

[a] cut value is .500

The decisive point of analysis was the evaluation of the variables in the equation (see Table 5). This analysis assessed each independent variable's contribution to the model and its statistical significance. Two subscales achieved statistical significance for this model: Employee Engagement ($p = .011$) and Work-Life Balance ($p = .001$). Therefore, the second step in evaluating this table is to look at the corresponding values

of the two statistically significant variables under the column labeled Exp(B) or the odds ratio. For each unit of increased Employee Engagement, the odds of staying increased by 2.29 times. Conversely, values less than 1.000 indicate decreased odds of staying; thus, for every unit of increase in the desire for Work-Life Balance, the odds of staying decreased by 4.6 times (1/.216). Work-life balance significantly impacts the nurses' decision to stay or leave.

Table 5

Logistic Regression Predicting Nurses' Intent to Stay

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C. I. for EXP(B) Lower	Upper
Step 1[a] Learning Environment	.170	.236	.521	1	.470	1.186	.747	1.883
Local Leadership	.118	.187	.400	1	.527	1.126	.780	1.625
Burnout Climate and Burnout	-.405	.229	3.135	1	.077	.667	.426	1.044
Teamwork Climate	.080	.313	.065	1	.799	1.083	.587	1.999
Safety Climate	.244	.334	.534	1	.465	1.277	.663	2.459
Employee Engagement	.829	.326	6.459	1	.011	2.292	1.209	4.344
Work-Life Balance	-1.534	.441	12.097	1	.001	.216	.091	.512
Constant 2.	717	1.693	2.574	1	.109	15.133		

[a] Variable(s) entered in Step 1: Learning Environment, Local Leadership, Burnout Climate and Burnout, Teamwork Climate, Safety Climate, Employee Engagement, Work-Life Balance.

This study focused on exploring nurses' perceptions of their work environment and how these perceptions influence their intentions to continue in their current positions. Specific aspects of the work environment were associated with intent to stay (i.e., employee engagement and work-life balance); therefore, I rejected the null hypothesis, and the alternate hypothesis was accepted.

Summary of Findings

I performed a binomial logistic regression to ascertain the effects of work environments (including the learning environment, local leadership, burnout climate and burnout, work-life balance, teamwork climate, safety climate, and employee engagement) on the likelihood that participants would continue in their current jobs. I evaluated variables against the recommended seven assumptions to determine the model's fitness. Although some variables needed to be transformed, each of the seven variables met the required assumptions. The logistic regression model was statistically significant: with x2(7, N=366) = 60.488, and p = .001. The model explained 24.5% of the variance in intent to stay and correctly classified 81.0% of cases. Sensitivity was 95.6%, and specificity was 20%. The logistic regression model was statistically significant, with two subscales, employee engagement and work-life balance, predicting the odds of nurses' intent to stay. The work-life balance had a stronger statistical impact on nurses' perceptions of intent to stay. In Chapter 5, I discuss this analysis, provide conclusions, and make recommendations supporting this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

I aimed to understand which aspects of nurses' perceptions of their work environments impacted their decision to continue in their current jobs. This study will facilitate the development of effective strategic retention programs. Using archival data, I used a quantitative correlational research design to examine the relationship between home healthcare nurses' perceptions of their work environment and intent to stay in their current jobs. Thus, I identified work environment elements associated with continuing in their current positions.

I performed a binomial logistic regression to ascertain the effects of identified elements of work environments (learning environment, local leadership, burnout climate and burnout, work-life balance, teamwork climate, safety climate, and employee engagement) based on the likelihood that participants continued in their current jobs. As a result, only employee engagement and work-life balance were statistically significant among the seven predictor variables (see Table 5). In addition, results indicated that when employee engagement increased, odds of staying also increased, but when work-life balance decreased, odds of staying also decreased.

Interpretation of the Findings

Employee Engagement

Sexton et al. (2017) said employee engagement is an essential aspect of work environments, which allows nurses to engage with organizational goals and objectives and continue with their current organizations. Sexton et al. found that employees who

feel emotionally safe in this environment are willing to participate in governance and growth. Understanding factors essential to creating engaged employees is vital to any successful retention plan. Work environments that promote emotional safety allow nurses to engage with organizational goals and objectives and stay with their current organizations (Sexton et al., 2017). Study results show that home health nurses' work-life balance was another significant element. For example, hospital-based nurses engage in shift work, whereas 50% or more of home health nurses' work is completed after the end of their day (Tourangeau et al., 2014). This day continues after seeing five to six patients between traveling time; most complete documentation related to each visit at home. Home health nurses must meet documentation deadlines by midnight while calling to confirm scheduled patients for the next day.

Maurits et al. (2015) found that a high level of self-autonomy was critical for home health nurses. Self-autonomy was not measured by the SCORE survey and therefore not included in this study but should be included in future studies. Fibriansari et al. (2017) said that institutions must increase nurses' engagement to improve patient care quality and their intent to stay.

Organizational leadership was not found to be statistically significant. Cole et al. (2018) said continuous employee recognition is one of the most vital tools in keeping employees engaged, enhancing nurses' intent to stay. Additionally, organizations need a clear understanding of what is needed to develop engaged employees, which is vital to any successful retention plan. The inclusion of nurses into corporate plans and designs can be the most significant reason to stay.

Work-Life Balance

While reviewing the results of this study, I identified one statistically significant variable as having adverse effects on nurses' intent to stay. Nurses were less likely to stay if they desired a more excellent work-life balance. Modifying work-life balance-related factors significantly impacts job satisfaction and staff's intention to stay. Morsy and Sabra (2015) showed a high correlation between the quality of work-life balance and job satisfaction. Morsy and Sabra recommended policy administrators consider nurses' responsibilities at home and balance those responsibilities with work and life to improve overall job satisfaction and intent to stay.

Han et al. (2015) said lack of independence, peer support, and poor supervision correlated with a plan to go. Han et al. said modifying work-life balance-related factors significantly impacted job satisfaction and staff's intention to stay. Nurses must work in environments that support patient care and their own families if they stay in their current work environment.

Theoretical Applications

The theory of human caring was the theoretical framework for this study. According to Watson (1988), healing experiences can only happen in environments that allow for and support the development of these curative processes. Watson expanded the notion of a healing environment to focus on internal and external environments in which caring can occur. Employee engagement is the most comprehensive of all variable elements and aligns closely with the ten carative factors of the theory of human caring.

The theory of human caring was used to support this study's findings involving the significance of work-life balance in terms of the third and fifth carative factors. Nurses must balance internal and external environments by using self-care to reduce stress levels and provide patients with positive and caring moments needed to improve their health. Watson's theory involves caring for individuals; therefore, caritas processes may be applied to nursing administration. Findings of this study support this theory. In addition, the findings of this study allow recommendations for developing strategic initiatives to support the organization in retaining its current staff nurses.

Limitations of the Study

Three limitations were identified in this study. The first limitation was I did not employ random sampling. Therefore, the generalizability of the results was not confirmed. Secondly, although nurses surveyed in this study had a wide range of experiences in a single healthcare setting, I did not account for or explore the experiences of all nurses who have expressed intentions to continue in their current work environments. Therefore, the potential impact of those individual experiences is unknown. The sample size was also another limitation. Although the study had a 77% response rate, the sample is a small representation of the general population of home health nurses in the United States and worldwide. Finally, social desirability bias among responses may have been a factor due to data collection conducted in work environments. As a result, participants could have felt reluctant, to be honest about their answers.

Recommendations

I conducted this study to draw attention to the need for stabilizing the nursing staff in the home health care segment of our health care system, even as the industry continues to move more acute care outside of the hospital environment. The number of patients needing home health services continues to rise despite the continued attrition from the agencies. The two statistically significant variables in this study demand further study because of their importance in the stability of our home health nursing staff. In addition, organizational leaders need to conduct further studies to define the effectiveness of employee engagement programs, the barriers to employee engagement, and strategies for eliminating those barriers. Senior leadership must create a work environment that will facilitate engaged nursing workforces. Managers must believe that establishing a meaningful connection with staff is the key to success (Dempsey & Assi, 2018).

The results of this study confirm that employee engagement is a determinant of nurses' intent to continue in their current jobs. However, this study also demonstrated that work-life balance has an even more substantial determinant impact on nurses' decisions to stay in their current positions. The relationship of work-life balance to employee engagement should be investigated, as both are significant predictors of intent to stay. Organizational leadership can improve work-life balance by addressing the patient caseload and travel time and minimizing the number of non-nursing activities assigned to the frontline staff (Tourangeau & Patterson, 2017). Further study is needed to define work-life balance for nurses and how organizations can respond to its impact.

Maurits et al. (YEAR?)_said that a high level of self-autonomy was critical for the home health nurse. This component, which was not measured by the SCORE survey and therefore was not included in this study, is specific for home health nurses and should be included in future studies.

Implications

The implication for positive social change is significant at the organizational level because the focus has been on employee engagement based on previous studies which looked at hospital-based nursing staff. The focus must now shift to role function, procedures, processes, and technology that impact the individual nurse's work-life balance, which is the critical determinant affecting the home health nurse's intent to stay. The implication for positive social change is that front-line and middle managers need more flexibility in hiring and scheduling when considering not only the need of the organization but the possible needs of the employee. The organization's ability to make employee engagement and work-life balance a core focus can be challenging in this season of crisis and financial impact, in which we have found ourselves since the beginning of the COVID-19 pandemic. Organizations must first recognize the need for initial and ongoing frontline and middle management training to operationalize their employee engagement strategy. Front line managers must be able to assess and intervene with an individualized plan for each nurse coping skills to balance work and home activities. The training must also include generational expectations and differences to equip the managerial team with the skill set to develop the needed working relationships to function in this new environment to impact positive social change,

Finally, this study supports Watson's theory of caring human assertions, which states that anything which negatively impacts the work environment, including each of the elements identified by this study, impacts the quality of care for patients (Watson, 2007). The impact of the work environment stressors, especially employee engagement and work-life balance, on the nurses' internal and external environment, will continue to be an area of study for organizational leadership. Individualization and an ever-evolving retention strategy are needed as they continue to struggle with the nursing shortage.

Conclusion

This study sought to answer the following question: To what extent the home health nurse's perception of their work environment associated with the criterion variable of intent to stay is? The study looked at seven effects of the work environment (the leadership and managerial style, communication methods, level of teamwork, burnout, and work-life balance) on the intention to stay. However, two of these elements, employee engagement and work-life balance, were statistically significant in their impact on the nurses' intention to continue their jobs, with the work-life balance having a more significant impact on the staff's decision to stay with their current organization. The fact that work-life balance is an individualized concept that can be different based on the employee's age, culture, and personality creates a knowledge gap. This gap in knowledge presents a challenge for creating institutional approaches to address this issue and presents the area of greatest need for continued study. Each health care organization providing home health care should consider the potential impact of these factors on not only their financial bottom line but also the safety and quality of the care delivered by

their nursing staff. In addition, leadership must support and encourage managers as they

develop critical relationships with staff and individual retention plans.

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Appendix A: Request to Use Theoretical Model

Chris Bjork <cbjork@chcm.com

Fri 1/22/2021 9:12 PM

To: Ursula Roberts-Allen

Hello Ursula,

I am sorry that I missed the system notification of your request. If you have already

submitted your dissertation, then this is moot. If you can still make use of the

trademarked Relationship-Based Care Model graphic, you may do so with the following

stipulations:

You must include: "Relationship-Based Care® and the Relationship-Based Care Model®

are registered trademarks of Creative Health Care Management. Used with permission.

CHCM.com." Will you be publishing your dissertation at some point? Thanks again, and

I am sorry to be responding so late in the process.

Chris Bjork, PMP

Creative Health Care Management

cbjork@chcm.com

952.252.1133 Direct

Appendix B: Request to Use Data Set

Ursula Roberts-Allen
Office-Based Case Manager
Holy Cross Home Health and Hospice
10720 Columbia Pike,
Silver Springs, Maryland 20904
January 12, 2020

Erin Denholm
President and CEO Trinity Health

Dear Ms. Denholm,

My name is Ursula Roberts-Allen, and I am currently one of two office-based case managers working in the Holy Cross Home Health and Hospice office. I am also a doctoral degree candidate at Walden University's school of nursing, completing the Ph.D. in Interdisciplinary degree requirements, which would allow me to contribute scholastically and clinically to my health care community. I have chosen the topic "The Process of The Home Health Nurse Decision to Leave clinical practice" as the focus of my dissertation. My goal is to affect social change first in the immediate home health community and then nationally. By equipping frontline managers with a better understanding of this process, they can first recognize when the process has begun and develop strategies to interrupt it and drive employee engagement.

I am requesting a collaborative relationship with your organization. This relationship would initially require access to the raw data from your recent companywide employee engagement survey to ascertain whether the survey contained the data set

needed for my study. If the previous research does not contain the necessary variables,

we must present the staff with an additional survey to capture the necessary information.

In collaboration with this project, the identity of the team and the organization would be

protected. Still, your organization would have property rights to the information and

results of the study.

Thank you in advance for your attention to this issue. I await your response with

eager anticipation. I can be reached for further questions or clarification via telephone –

at 703-898-6704.

I look forward to giving back to this organization in a way that can support its

vision and mission.

Sincerely,

Ursula Roberts-Allen

Appendix C: Initial Response to Request for the Use of Data Set

From: Erin M. Denholm <Erin.Denholm@trinity-health.org>
Sent: Sunday, December 1, 2019, 10:25 PM
To: Ursula Roberts-Allen <Ursula.Roberts-Allen@holycrosshealth.org>
Cc: Nicole Shelton <Nicole.Shelton@trinity-health.org>
Subject: RE: Research Study

Dear Ursula,

I am delighted to receive this and seek to support you in pursuing your necessary research. By this email, I am connecting you to Nicole Shelton, our CHRO, who I believe can procure an agreement w/ the requisite legal documents to allow access to our raw data. I will be your number 1 supporter and fan in this process and am respectful of your academic pursuit!!!
I hope you and yours enjoyed the holiday weekend!!!

Erin Denholm, RN, MSN, RWJENF
President & CEO
Trinity Health At Home
erin.denholm@trinity-health.org
W:734-343-6518

Appendix D: Second Response to Request for the Use of Data Set

From: Nicole Shelton <Nicole.Shelton@trinity-health.org>
Sent: Wednesday, June 3, 2020, 3:06 PM
To: Ursula Roberts-Allen Ursula.Roberts-Allen@holycrosshealth.org
Subject: RE: Stand Out Engagement Survey Questions
Hi Ursula,

I validated that our new leadership supports continue assisting you with your

research. We are just apprised of the engagement survey results for the 2020 assessment

year. I should share with you in the next couple of weeks when this data will be available

to be shared.

I will await your request to download the data to you at that time. Again, we wish

you the best of luck in your educational pursuit.

Nicole Shelton
Chief HR Officer
Trinity Health At Home
nicole.shelton@trinity-health.org
W - 734-343-3589
17410 College Parkway, Suite 150
Livonia, MI 48152
TrinityHealthAtHome.org | Facebook | Twitter | LinkedIn