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Neonatal Nurses' Intention to Stay in the NICU

Carolyn Penn-Griffin
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Walden University

College of Nursing

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Carolyn Penn-Griffin

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Walden University

2024

Abstract

Neonatal Nurses' Intention to Stay in the NICU

by

Carolyn Penn-Griffin

MSN, Walden University, 2011

BSN, Bethune-Cookman University, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing Education

Walden University

August 2024

Abstract

Neonatal nursing leaders and national health care organizations within the United States are concerned about the recent shortage of skilled and experienced neonatal intensive care unit (NICU) nurses that may reduce the quality of care delivered to NICU patients. NICU nurses are passionate about caring for premature and ill full-term infants and providing educational and emotional support for their parents, some NICU nurses remain in the NICU long-term, yet others contemplate leaving the specialty. The purpose of this qualitative interpretative phenomenological research guided by Martin Fishbein and Ajzen's theory of reasoned action was to explore the lived experiences of NICU nurses' intention to stay in the NICU. Nine Registered nurses from various states across the United States were recruited using social media to take part in a semistructured interview conducted over Zoom. Thematic analysis of the manually transcribed interview data revealed four themes: (a) special calling and love for the babies, (b) patient acuity and daily responsibilities, (c) continuing education, (d) career promotion, and recognition. Microaggression and lack of administrative support were unexpected findings. This study may promote a positive social change by offering recommendations for retaining nurses in the NICU. Future qualitative studies might examine why nurses remain in the NICU to gain a broader understanding of some of the factors that predict the NICU nurse intent to stay.

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Dedication

First and foremost, I dedicate my successful dissertation journey to God, who has provided me with unwavering blessings and favors. My second dedication goes to my late sister, Linda Penn, who has always encouraged me and supported my dreams and aspirations; for this, I will always love you. My third and final dedication goes to the Neonatal intensive care unit (NICU) registered nurses who provides dedicated and compassionate nursing care to premature and ill full-term infants as well as educating and emotionally supporting the infant's family.

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Chapter 1: Introduction to the Study

Introduction

Neonatal intensive care unit (NICU) nurses may have a reputation for superhuman feats (Henry, 2016); however, working in the NICU setting can be highly stressful for nurses (Fisk, 2018). Nurses who work in high-risk areas such as the NICU often decide to leave the field due to a loss of job satisfaction and not the stressful environment (Fisk, 2018). NICU nurses leaving the specialty results in the increase of medication errors, missed care, decrease in nursing skills, lack of autonomy, and the delivery of substandard nursing care (Bagwell et al., 2023; Smith et al., 2020). Understanding what keeps the NICU nurse in the field could reduce the growing trend of the nursing shortage. The NICU nurse works in a subspecialty of nursing that is unique, complex, and requires an understanding of the work environment that influences the nurse's decision to stay in the NICU.

NICU nurses care for premature infants who are sometimes born at less than 24 weeks gestation, and care for full-term infants who may be experiencing infections, respiratory illnesses, birth anomalies, cardiac problems, needing surgical procedures, and Extracorporeal membrane oxygenation (ECMO; National Association of Neonatal Nurses, 2021; Pannell et al., 2017). Not only do NICU nurses perform a pivotal role in the care of critically ill infants, but they also provide educational and emotional support to the infant's family. NICU nurses work in various levels of NICU and require various levels of skilled nurses. NICU nurses are also referred to by the term neonatal nurse which will be used throughout this study.

The NICU consists of Levels II to IV acuity of health care. According to Atrium Health Floyd (2021), Level II acuity health care involves infants who are greater than 32 weeks gestation and weighs more than 1500 grams (three pounds and three ounces), and who experiences temporary illnesses that do not require extensive or invasive health care. Level III involves infants who are less than 32 weeks gestation, weighs less than 1500 grams, and require respiratory support (Pannell et al., 2017). Level IV is the highest level of care that involve surgical procedures and ECMO for infants (Atrium Health Floyd, 2021). The various acuity levels of health care require a mixture of skilled and experienced neonatal nurses (i.e., novice, advanced, and expert levels) to deliver quality nursing care. Becoming and maintaining the role of a neonatal nurse requires a formal education, long working hours, continual education, various certifications, a preceptorship program, mentoring, hard work, and dedication which can be stressful at times. All too often, the requirements of being a neonatal nurse can be very stressful and lead to thoughts of leaving or staying in the specialty. It is the goal of the NICU nurse manager and the hospital administrators to understand the intention of neonatal nurses to stay in the NICU (Smith et al., 2020).

In this qualitative study, I explored the lived experience of why neonatal nurses choose to continue to work in the NICU settings. My goal was to bring awareness to the NICU nursing leaders, hospital administrators, and neonatal nurses regarding the lived experiences that contribute to the neonatal nurses' reasons of intention to stay in the NICU. I developed information that could increase retention, longevity, and meet the global health standards.

In Chapter 1, I will discuss the background of the study and along with the gap in the literature that were acknowledged, the problem statement, purpose of the study, research question and theoretical framework. I will also discuss the nature of the study, definitions, assumptions, scope and delimitation, limitations, significance of the study, and finally a summary of the chapter.

Background of the Study

Neonatal nurses are compassionate about caring for critically ill infants and the infant's family which maintains their compassion satisfaction (CS) and increases their desire to stay in the NICU setting. However, neonatal nurses contemplate on leaving the field of NICU due to various reasons that are based on their individual lived experiences, thus increasing the nursing shortage. When neonatal nurses lose their compassion for job enjoyment it will bring on the thought of leaving the NICU (Smith et al., 2020). Hally et al. (2021) reported that neonatal nurses' intention to leave their job position is due to moral distress brought on by compassion fatigue, burnout, and loss of job enjoyment. There are limited research studies that relate to the lived experience of the intention of the neonatal nurse to stay in the specialty.

Researchers have shown the need for additional research to fill the knowledge gap in the evidence related to what causes neonatal nurses to leave and what would increase their intention to stay in the NICU. Despite high attrition rates, the factors that cause neonatal nurses to stay are not well understood. To date, no researchers have explored the lived experience of neonatal nurses related to their intention to stay in the NICU. In this

study, I filled this gap in the literature by providing knowledge of the experience that keep nurses working in the NICU setting.

Understanding the neonatal nurse's reason for staying in the NICU requires an additional understanding of the NICU work environment. The NICU is a unique healthcare subspecialty that requires multiple healthcare professionals in providing holistic care from neonatologists, neonatal nurse practitioners, neonatal nurses, respiratory and physical therapists, social workers, pharmacists, dieticians, physician specialists, and other ancillary personnel (i.e., information technologists and accountants) (University of Florida Health, 2022; Keels & Goldsmith, 2019). Besides the multitude of professional staff, the NICU working environment consists of multiple life-sustaining equipment from cardiorespiratory monitors, mechanical ventilators, intravenous pumps, isolettes, radiant warmers, cooling blankets, and bilirubin lights (Pannell, et al., 2017). In addition, neonatal nurses perform daily duties of physical assessments, daily care, medication administration, respiratory and intravenous support, computer documentation, multidisciplinary rounds, emergency care, surgical procedures, and educational and emotional support of the infant's parents. All these duties are performed in a demanding, high-stress, and forever-changing environment surrounded by various degrees of lighting and noise pollution; however, many neonatal nurses decide to remain in their positions to serve the population of infants who need skilled nursing care.

This study necessary to provide additional information on a limited understanding of the neonatal nurse's intention to stay in the NICU based on their lived experience. The neonatal nurse's voices can enlighten the NICU nursing leaders, hospital administrators,

and national nursing organizations about the lived experience that increase retention and longevity, and resolution to the shortage of nurses.

Problem Statement

The growing trend concerning the global shortage of neonatal nurses and how to increase retention and longevity, reduce turnover, and meet healthcare demands is a phenomenal issue (Bagwell et al., 2023; Smith et al., 2020). Nurses who work in high-risk areas such as the NICU often decide to leave the field. According to Fiske (2018), nurses leave the field due to the loss of compassion satisfaction that stems from a lack of respect, poor teamwork, and inadequate staffing. The waning of compassion satisfaction can create a significant turnover of nurses, a reason for nurses to leave the field at an alarming rate, causing a shortage of nurses, a staggering cost to replace nurses, and thus decreasing the assurance of quality health care (Sano et al., 2018; Sorenson et al, 2017). Along with the loss of compassion satisfaction, Smith et al., (2020) stated that missed care can contribute to the intention of neonatal nurses to leave the NICU. Missed care is defined as delayed or omitted daily nursing care (Kim & Chae, 2022; Smith et al, 2020). Infant comfort, parental educational and emotional support are the most prevalent missed care (Lake et al., 2020). There is little to no information about why neonatal nurses' intention to stay in the NICU setting based on their lived experience. Understanding what causes the neonatal nurse to stay in the field may improve retention and decrease the global shortage of nurses.

According to Shaffer and Curtain (2020), in the 2019 National Healthcare Retention & RN Staffing Report, the turnover of bedside nurses has grown to 17.2% and

resulted in a cost of \$82,000 to replace each nurse. In addition, hospitals are losing between \$4.4 million and 6.9 million dollars per year due to the significant nurse turnover rate (Shaffer & Curtain, 2020). Therefore, it is imperative to understand what would keep neonatal nurses in the NICU setting.

The phenomenon of interest in this qualitative study was the lived experience of the neonatal nurses related to their intention to stay in the specialty. I believed that descriptions of nurse experiences could provide the information needed to improve nurse experiences and retention in this specialty setting. Through this phenomenological study, I developed knowledge of the neonatal nurse' lived experience of what keeps them working in the specialty.

Purpose of the Study

The purpose of this qualitative study was to explore the lived experience of neonatal nurses related to their intention to stay in the NICU to promote retention in the NICU specialty within the United States. Every region within the United States has overages and deficits of critical care nurses (Haddad et al., 2022). Because I live in the United States, I chose this location in which to conduct my study. I filled the knowledge gap in the evidence related to what causes neonatal nurses to stay in the specialty. I used the interpretive phenomenology approach (IPA) in this study and used semistructured interviews with neonatal nurses to gather information. My goal for this study was to enact positive social change through the evidence regarding why neonatal nurses choose to stay in their practice setting.

Research Question

What are the neonatal intensive care unit nurses' lived experiences that maintain their intention to stay in the NICU?

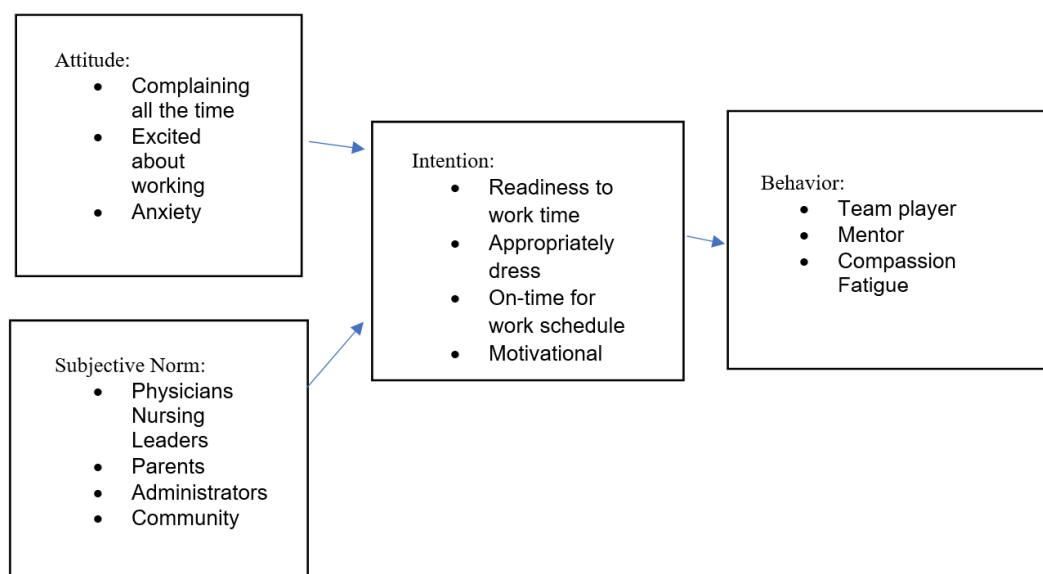
Theoretical Foundation

Martin Fishbein and Icek Ajzen's theory of reasoned action (TRA) was the theoretical framework for that I used for my phenomenal study. The TRA was initially created in 1975 and consists of a person's pre-existing attitudes, behavior, social norm, and motivation to perform their intended responsibility (Ng, 2020). I used the TRA to discover the neonatal nurse's attitudes and behavior based on their lived experiences of the intention to stay in the NICU. The TRA consists of four components: (a) attitudes, (b) subjective norms, (c) intention, and (d) behavior (Xiao, 2020). Figure 1 shows the characteristics of the neonatal nurse based on the four components.

Figure 1

Theory of Reasoned Action

Four concepts for theory of reasoned action model



Notes Adopted from Theory of reasoned action model by Xiao, M., 2020, *Communication & Sport*, 8 (1), 92-122.

Attitudes are one of the main components of TRA that involve how a person feels about their behavior which can be positive or negative (Chen, 2021). For example, in Figure 1, the neonatal nurse's attitude can be positive through the excitement of working (i.e., happy, or elated). Having a positive attitude about working will motivate neonatal nurses to complete their intended tasks. Having a negative attitude can lower the probability of completing their required work.

Subjective norms are how society views a person's behavior and the influences of their decisions (Xiao, 2020). The subjective norms show the influences on the neonatal

nurse's intention to stay in the NICU. I conducted this qualitative study to identify the nature of the neonatal nurses' intentions and actual behaviors of staying in the NICU.

Nature of the Study

I used interpretive phenomenology approach (IPA) as the methodology that guided this qualitative study. The work of philosopher Husserl supported the use of the IPA in qualitative research to obtain an understanding of individuals' lived experiences (Smith et al., 2022). Phenomenological researchers have asserted that IPA is the best approach to obtaining the research participant's stories about their lived experiences (Smith et al., 2022; Alase, 2017). IPA involves two aspects of research: (a) the research participant's understanding of their lived experience, and (b) the researcher's ability to interpret the research participant's lived experience (Smith et al., 2022). As the researcher, I explored the neonatal nurse's understanding of their lived experiences and interpreted their lived experience of the intention to stay in the NICU. The IPA was initially used in the field of psychology but later became commonly used in health and social science to explain emotional and complex issues (Peat et al., 2019). The purpose of the IPA is to gain rich and in-depth knowledge relating to the lived experience that provides individual meanings (Matua & Van Der Wal, 2015; Peat et al., 2019).

In this study, I explored the lived experience of neonatal nurses who intend to stay in the NICU. I used manual and electronic coding to examine similarities and differences in neonatal nurses' responses to produce various categories and common themes. I interpreted the data to produce rich and in-depth knowledge of the neonatal nurse's intention to stay in the NICU.

Definitions

Keywords frequently used throughout this study were *neonatal intensive care unit* (NICU), *neonatal nurse*, *intention to stay*, and *compassion satisfaction*. Each keyword is listed and defined to clarify understanding within this study.

Neonatal intensive care unit: A nursing subspecialty area that provides critical care to sick full-term and premature infants, and infants who suffer from birth defects. (Stanford Children's Health, 2022).

Neonatal nurses: Nurses that provide care to sick full-term and premature infants, infants who suffers from birth defects (Nurse, org., 2022).

Intention to stay: A term referred to as a "calling" and the employees' awareness and commitment to staying employed at their current organization (Presbitero & Teng-Calleja, 2020).

Compassion satisfaction: An exciting and pleasant feeling that derives from excellent work performance and helping co-workers to succeed (Dehlin & Lundh, 2018).

Assumptions

Assumptions are an essential component of a dissertation, for it assist the researcher in presuming the facts are true without being verified (Gray et al., 2017). I made multiple assumptions in this study. My primary assumption was that multiple neonatal nurses within the region of the United States would be interested and willing to participate in this study. Neonatal nurses were recruited through various social media platforms (Facebook, LinkedIn). Neonatal nurses were readily available to provide honest and in-depth information relating to their lived experience of the intentions to stay in the

NICU. Participants were assured of confidentiality, privacy, and anonymity of results within the study. I also assumed that data from the semistructured interviews would yield unbiased, truth-telling, valid, reliable, rich, and in-depth data and fill the knowledge gap.

Scope and Delimitations

The scope of this study included neonatal nurses who work in a Level II to Level IV NICU in the United States. The inclusion criteria required that all study participants be full-time and currently working neonatal bedside nurses in the United States. I explored various years and levels of work experience (novice, advanced, and expert) of neonatal nurses to gain variations of knowledge. The exclusion criteria eliminated neonatal nurses with fewer than 6 months of experience, NICU nurse managers and directors, NICU clinical educators, and neonatal nurse practitioners (NNPs). Neonatal nurses with fewer than 6 months at the bedside do not have enough work experience and are at the beginning of learning the practice. The NICU nurse managers and directors, clinical educators, and NNPs are working in different capacities. Lastly, the newborn nursery which is considered as Level I was excluded from the study, because it provides health care to 35 to 37 weeks gestational healthy full-term newborns (Atrium Health Floyd, 2021).

I chose the TRA model as the theoretical framework for this study, because it includes four components (i.e., attitudes, subjective norms, intention, and behavior) that influence the nurse's intended responsibilities. I used the TRA assisted to explore neonatal nurse's lived experience that increases the nurses' intention to stay in the NICU. Katherine Kolcaba's theory of comfort was considered an alternative theoretical

framework, but it did not address the research question. The comfort theory is composed of three concepts (i.e., relief, ease, and transcendence) and four domains (i.e., physical, psychospiritual, sociocultural, and environment)(Vo, 2020). This theory did not address the attitudes, social norms, behaviors, and motivations for staying in the NICU.

This study can be replicated in any region within the United States and yield comparable results. The study must involve similar practice settings and populations to be deemed as transferability. The study must involve a Level II to Level IV NICU setting and a population of active full-time neonatal nurses with greater than 6 months of experience. The result of this study will affect a positive social change regarding the shortage of nurses.

Limitations

Bias and transferability are recognized as potential limitations of this study. Because I am a NICU nurse manager and have been an advanced neonatal nurse for over 25 years, I may have been biased when creating this research. I have frequently contemplated leaving the NICU field after 10 years of service, but my passion for providing nursing care to premature and full-term sick infants kept me working and enduring the stressful environment. My lived experience in NICU could have easily affected the data and change the results of the study. Houser (2018) stated that bias occurs in every research but must be controlled throughout the various research processes (i.e., interview questions, coding, analysis, participant selections, and result). To mitigate the bias within this qualitative study, I created objective interview questions, manual and

electronic coding, and results that eliminate my thoughts, experience, and expected outcomes. I conducted the study with objective views rather than subjective views.

Transferability is the second limitation that could have affected my study.

Transferability is being able to replicate the same study in a different practice setting that yields similar results (Novell, 2017). To assure the transferability of the result to other future replicated studies, I provided in-depth and detailed descriptions of the study participants and the practice settings. The description of the participants included only current bedside, full-time neonatal nurses, and with various years and different levels of experience. The practice settings will only include acuity Levels of II through IV and culture. Culture included hours of shift, routine practice, family involvement, and nursing autonomy.

Significance of the Study

There are a significant number of studies that have shown the shortage of nurses and the reasons why nurses are leaving the field, but there is little to no research that identifies factors that influence the decision of neonatal nurses to stay in the NICU specialty. In this study, I explored the lived experience of neonatal nurses who intended to stay in the NICU. My goal was to raise awareness for neonatal nursing leaders, hospital administrators, and neonatal nurses regarding the reasons for intent to stay in the NICU by examining the nurses' lived experiences. Factors such as loss of compassion satisfaction and missed care could be identifying factors of neonatal nurses' lived experience of leaving or intention of staying (Smith et al., 2020; Fisk, 2018). The results of this study will produce a positive social change through the knowledge of the neonatal

nurse's lived experiences. The objective findings may create strategies and evidence-based practices for increasing compassion satisfaction that leads to the increase of neonatal nurse retention, the lessening of a nurse shortage, and the assurance of quality nursing care that meets the demands of society.

Summary and Transition

In Chapter 1, I introduced the topics of the exploration of the neonatal nurses' lived experience that contributes to the intention of staying in the NICU. This chapter also included the problem, purpose, research question, and limitations. Chapter 2 includes literature review strategies, the theoretical framework, and the literature review.

Chapter 2: Literature Review

Introduction

Neonatal nurses are dedicated and compassionate about caring for premature and ill full-term infants while working in a high-stress environment, yet many NICU nurses do not remain in the NICU work setting. Researchers have shown that neonatal nurses are leaving the field at an alarming rate, causing a significant shortage as the high turnover; and decreasing retention and longevity, creating a staggering cost on the health care system, and resulting in the delivery of substandard nursing care for the vulnerable population served in the NICU setting (Sano et al., 2018; Sorenson et al., 2017).

Exploring neonatal nurses' lived experiences of deciding whether to stay in the NICU may determine their perceptions of what influences their choice to remain working in the setting.

The purpose of this qualitative IPA study was to explore neonatal nurses' lived experiences and intentions of staying in the NICU, which may decrease their shortage and increase their retention and longevity in the NICU. Through this study, I filled the gap in the existing literature on this topic. The findings in this study may be used to enact positive social change through the development of a new understanding of neonatal nurses' reasons for staying in the NICU. This knowledge may improve the retention of neonatal nurses, thereby meeting the national standards of employing neonatal nurses who are skilled and qualified to work in the NICU setting.

In Chapter 2, I describe the literature search strategies that I used for this study and the theoretical framework that I used to guide this research. I also provide a review of the current literature on the topic under study.

Literature Search Strategy

I conducted a comprehensive review of the literature to explore the lived experiences of neonatal nurses whose intention was to stay in the NICU nursing field. I searched the following databases for literature to include in this study: CINAHL & MEDLINE, CINAHL Plus, ProQuest Nursing and Allied Sciences, MEDLINE, Ovid Nursing Journals, ProQuest Health and Medical Collection, PubMed, ProQuest Dissertations and Theses Global, ProQuest Nursing and Allied Source. The following keyword search terms were used: *neonatal nurses, intention to stay, attrition, neonatal intensive care unit, NICU Level II to IV, and compassion satisfaction.*

To ensure current and relevant literature in this qualitative study, I initially limited my search of literature published in the last 5 years (i.e., 2018 to 2023). However, due to limited current studies, I expand the publication date to include studies published in 2017. One study regarding the conceptual framework was published in 1975. I found three current peer-reviewed articles based on neonatal nurses' intention to leave the NICU as opposed to neonatal nurses' intention to stay which is the purpose of my study. However, there were no qualitative studies about the lived experience of neonatal nurses' intentions to stay in the NICU. I did not find any qualitative research articles detailing the neonatal nurses' lived experiences of their intentions to stay in the NICU. I explored the lived experience of neonatal nurses whose intentions were to stay in the NICU.

Theoretical Foundation

The theoretical framework is an essential component of all research studies because the researcher uses it to develop a clear understanding of their phenomenal interest (University of Southern California, 2022). I chose Fishbein and Ajzen's (1975) TRA as the theoretical framework for this qualitative study.

Initially developed in 1975 by Martin Fishbein and Icek Ajzen, the TRA is an explanation of how a person's attitudes and subjective norms can be used to predict their behavior and intention to perform their intended responsibility (Ng, 2020). The primary purpose of the TRA is to predict human behavior based on their planning and deliberations (Molloy et al, 2019). The TRA consists of four components: (a) attitudes, (b) subjective norms, (c) intention, and (d) behavior (Xiao, 2020).

Attitudes are one of the main factors that determine a person's feelings about their behavior, which can be positive or negative. For example, a neonatal nurse's attitude can consist of either excitement or agitation about working or being full of energy or having complaints about their work. Attitudes are affected by the strength of behavioral beliefs regarding the outcomes of the performed behavior (Ng, 2020).

The subjective norms are how society views a person's behavior, which influences their decisions. An example of this would be neonatologists, nursing leaders, the infant's parents, hospital administrators, and the local community affecting a neonatal nurse's subjective norms regarding the decision to stay in the NICU. The intention are the acts of volitional behavior like nurses arriving to work on time, appropriately dressed and in clean uniforms, with a clean appearance, and being energetic. Behavior involves an

individual's real actions toward their work responsibilities like being an excellent team player, a good resource, and a supportive person.

In this study, I used the four factors of the TRA to examine the neonatal nurse's intention to stay in the NICU by incorporating interview questions that are informed by the four factors which include (a) attitude, (b) subjective norms, (c) intention, and (d) behavior (See Table 1).

Table 1

Theory of Reasoned Action and Interview Questions

<i>Theory of Reasoned Action Model and Interview Questions</i>	
Attitudes	• Can you describe your everyday responsibilities?
Subjective Norm	• What strategies or opportunities would keep you working in the NICU?
Intention	• Please, could you tell me why you choose to continue working in the NICU?
Behavior	• Can you describe any situations that made you consider leaving the NICU?
	• Can you describe your everyday responsibilities?

Many other researchers have successfully used this theoretical framework.

Previous researchers have used the TRA to determine their participants' attitudes and behaviors about mask-wearing during the COVID-19 pandemic (Ackermann et al., 2021), pedagogical beliefs and learning assessment in science (Namoco & Zaharudin, 2021), and self-care among primary care patients with Type II diabetes (Brazeal et al., 2021).

Literature Review Related to Key Concepts

In this section, I will focus on six key concepts of this study: (a) neonatal nurses' intention to stay, (b) compassion satisfaction, (c) neonatal nurses' intention to leave, (d) moral distress, (e) missed care, and (f) workplace justice, performance appraisal system, and autonomy. I will examine and synthesize previous research related to each concept to align with my phenomenon of interest and research questions.

Neonatal Nurse Intention to Stay

Becoming a nurse is said to be a calling, but becoming a neonatal nurse involves a special calling in providing nursing care to this critically sick, sensitive, and vulnerable population of premature and ill full-term infants as well as providing educational and emotional support to the infant's parents. Neonatal nurses work hard and are committed to maintaining longevity in the NICU. While conducting my literature review, I found no recent studies on neonatal nurses' intentions to stay or job satisfaction among neonatal nurses. I found only two past studies that specifically addressed job satisfaction among neonatal nurses. Researchers from both studies suggested further analysis to understand longevity (Lowe et al., 2022).

Most neonatal nurses intend to stay in the NICU due to job satisfaction despite the stressful environment (Fisk, 2018). Neonatal nurses experience high job satisfaction when they can meet the needs of their patients as well as those of the infant's parents (Sacco et al., 2018). In addition, neonatal nurses tend to stay in NICU when the infant experiences maximal health recovery and maintain the scheduled discharge date home. According to Hayes (2006), neonatal nurses find many reasons why they choose to stay

in the NICU such as compensation, team support, neonatologist support, and advocacy of fellow nurses. McDonald (2012) reported that autonomy, communication with the neonatal nurse practitioner, level of education, and the amount of floating to different units have effects on neonatal nurses' job satisfaction. Hayes (2006) suggested that a qualitative study of neonatal nurses' lived experiences would add credence to job satisfaction and help determine why the nurses choose to stay in the NICU. By knowing why neonatal nurses tend to stay in the NICU, NICU nurse managers and hospital administrators could develop strategies and implement evidence-based practices (EBP) to increase nurse retention and longevity.

Compassion Satisfaction

CS is having a good feeling of a positive outcome of caring for ill patients and the triumphant assistance from their colleagues (Centrano et al., 2017). Zang et al., (2019) defined CS as "a positive altruistic quality that describes the feeling of self-appreciation while caring for and helping others" (p. 810). The concept of CS became of concern to nursing in the 1990s after social work concerns in the 1980s (Sacco & Copel, 2018). Nurses provide compassion and empathy when providing nursing care and heighten CS when patients' outcomes are positive; however, when CS becomes lower, several occupational health hazards (OHHs) occur, like compassion fatigue, burnout, and secondary stress trauma. These OHH can contribute to nurses leaving the field and requires a defense mechanism to ensure CS, self-awareness, and self-care (Sacco & Copel, 2018).

According to Sacco and Copel (2018), six assumptions that can ensure CS among nurses are: (a) the nurse wants to establish a caring relationship with both patients and families, (b) the nurse meets the needs of both patients and families, (c) the nurse establishes a caring environment in amid constant stress, (d) the nurse provides compassion and empathetic bonding with patient and family, and (e) sometimes the nurse does not recognize the positive outcome. In addition to the six assumptions, assisting and meeting the needs of a colleague in a way that produces positive outcomes can also contribute to a nurse's CS. In other words, when nurses feel a sense of heightened CS, their retention increases along with the joy of the patient. The nurse and patient both benefit from the increase in CS through bonding and quality nursing care.

Neonatal Nurse Intention to Leave

Neonatal nurses find it rewarding to provide holistic and quality nursing care, yet the job can be stressful, which leads to the intention of leaving the NICU (Fiske, 2018). It is crucial to discover and explore why neonatal nurses are leaving the field to address the nursing shortage trend. Multiple stressors have been identified as reasons for neonatal nurses' intention to leave NICU, such as inadequate staffing, lack of respect and support from physicians and hospital administrators, lack of recognition and rewards for accomplishments, unpleasant work environment (i.e., harassment and bullying), heavy patient workload, and lack of educational opportunities (Fisk, 2018).

Neonatal nurses' intention to leave the NICU has also been attributed to several other factors, including moral distress, missed care, effects of workplace justice,

performance appraisal system, autonomy, the neonatal nurse's level of experience, and extra responsibilities (Chaboyer et al., 2021; Chin et al., 2019).

Moral Distress

According to Hally et al., 2021, neonatal nurses with high levels of moral distress have either left or contemplated leaving the NICU. The concept of moral distress was defined by Jameton (2017), a philosopher in 1984, as a psychological problem of knowing what is suitable for the patient yet lacking autonomy in doing the right thing due to strict constraints. Jameton (2017) stated that moral distress is a clinical and organizational bioethical problem, like providing proper care to a dying patient. Jameton (2017) used the example of a neonatal nurse providing care to a premature infant with a poor prognosis as moral distress. In addition, Halley et al., 2021, stated that the moral distress of neonatal nurses derives from end-of-life care, aggressive and painful treatments that are ineffective in saving the infant's life, inadequate staffing, and organizational restrictions. Hally et al. (2021) suggested the need for further study of the moral distress of neonatal nurses to discover its causes, as well as strategies, and interventions to lessen the effects of nurses leaving the specialty and the creation of moral resilience. Along with moral distress, missed care has been cited as a concept related to neonatal nurses' reasons for leaving NICU.

Missed Care

Missed care is a common occurrence that most nurses experience on a daily shift (Chaboyer et al., 2021). Missed care is a postponement or omission of daily nursing care (Kim & Chae, 2022; Smith et al., 2019). Missed care can lessen job enjoyment,

dedication, and compassion satisfaction (Smith et al., 2020). Infant comfort, parental educational, and emotional support are the most prevalent missed care that are partially or completely omitted, or significantly delayed (Chaboyer et al., 2021; Lake et al., 2020). Other researchers have reported missed care as nurse's absenteeism from multidisciplinary rounds and the omission of infant hygiene care (Ogboenyi et al., 2020; Rozensztrauch, et al., 2021). Several researchers have shown that missed care contributes to dissatisfaction with job performance and the inability of nurses to complete daily tasks due to limited time (Smith et al., 2020). In addition, nurses experience a decrease in job enjoyment and commitment, knowing that missed care can contribute to adverse patient health outcomes and lengthening of planned hospitalization (Chaboyer et al., 2021). Unfortunately, there is limited information about the causes and effects of neonatal nurses regarding missed care and job enjoyment.

The causes of missed care stem from poor prioritization of nursing care, insufficient time, poor teamwork, inadequate staff mix, limited resources, stressful work environment, and high nurse-patient acuity (Chaboyer et al., 2021; Smith et al., 2020). Other notable antecedents are the nurses' beliefs, attitudes, values, and decision-making skills that are uncontrollable by the nurse managers. Therefore, knowing the causes of missed care can assist nurse managers in creating strategies and interventions to decrease the occurrence of missed care.

Workplace Justice, Performance Appraisal System, and Autonomy

Chin et al., 2019, conducted a quantitative study on the effects of workplace justice, performance appraisal system, and autonomy on the risk of nurses leaving the

profession. Workplace justice is the fair treatment among all employees. The performance appraisal system is an award and recognition for outstanding performance. Autonomy in nursing is referred to as clinical autonomy that provide nurses with the ability to make individual nursing care decisions based on the needs of each individual patient (Oshodi et al., 2019).

Yu et al., 2021, noted that the level of experience and extra responsibilities of the neonatal nurse affect their decision of intention to leave the specialty. Neonate nurses with less than 1 year of experience have a lower stress level than neonatal nurses with more than 5 years of experience. Neonatal nurses with more than 5 years of experience tend to care for patients with higher acuity and take on more responsibilities like charge nurse duties, troubleshooting dysfunctional equipment, solving staff issues, and performing shift duties requirements (i.e., staff assignments, narcotic count).

Summary and Conclusions

Current and past research studies have provided insight into neonatal nurses' intentions to stay and leave the NICU and, the influences that affect their intentions to leave in the NICU and stay. My review of the literature has revealed a plethora of information based on several concepts; however, these previous studies lack the nurses' voices and stories of their lived experiences regarding their intention to stay in the NICU. The current study will fill the gap in knowledge relating to neonatal nurses' lived experiences of intent to stay in the NICU. With the results of this study, NICU nursing leaders, hospital administrators, national nursing organizations, and neonatal nurses, themselves will be made aware of the reasons and influences of what keeps neonatal

nurses in NICU, and this information can be used to increase neonatal nurses' retention and longevity as well as decrease their turnover. In addition, this study will affect positive social change in neonatal nurses through self-awareness and self-care.

In Chapter 3, I describe the qualitative IPA design to be used to explore the lived experience of neonatal nurses' intentions to stay in the NICU. The chapter will also include a discussion of the research design, the role of the researcher, methodology, data analysis plan, and issue of trustworthiness.

Chapter 3: Research Method

Introduction

Nurses who work in high-risk areas such as the NICU often decide to leave the field due to a loss of job satisfaction and not because of the stressful environment (Fisk, 2018). Numerous researchers have examined the reasons for nurses leaving their high-stress work environments, yet little is known about why neonatal nurses who do not leave the NICU choose to stay. The purpose of this qualitative study was to explore the lived experience of neonatal nurses' intention to stay in the NICU. In this chapter, I expound on the research design and rationale, the role of the researcher, methodology, issues of trustworthiness, and a summary.

Research Design and Rationale

I answered the following question in this qualitative study: What are the neonatal intensive care unit nurses' lived experiences that maintain their intention to stay in the NICU? As the primary researcher, I choose to use the IPA as my research design because it was the best methodology for discovering the lived experiences of a sample of NICU nurses. IPA is a methodology that researchers use to understand the participants' lived experiences in the participants' own words (Smith, et al, 2020). According to Smith et al. (2020), IPA is the best approach in qualitative research and is commonly used in health and social science, such as neonatal nurse practice areas. IPA can be used to explain emotional and complex issues (see Peat et al., 2019) that in the NICU setting may include the loss of compassion satisfaction and influence the intention to stay in the NICU (see Fisk, 2018). My goal for this research was to explore the lived experiences of neonatal

nurses' intent to stay in the NICU using semi structured interviews with open ended questions. According to Bearman (2019), a semistructured interview is the best tool to use in a qualitative study and will assist in gaining rich and in-depth knowledge of the human experience. I used semistructured interviews to understand each neonatal nurse's personal experience that influences their decision to continue working in the NICU.

Role of the Researcher

As the primary researcher and data collector for this qualitative research, I was involved with the research participant's interviews. In my role as the researcher, I recruited and interviewed nurses who work in the NICU. I was a NICU nurse manager and an advanced neonatal nurse for over 25 years, an acquaintance may volunteer to participate in my study. I may find a participant who knows or has worked with me in the past. However, I have not worked in the capacity of NICU nurse or manager for over eight years, so I am not likely to have participants who have worked with me. I am aware that my lived experience of being a neonatal nurse could have caused bias in how I interpret the results of interviews. To prevent any bias due to my past experiences, I kept a reflexive journal (see Peddles, 2022) to assure that I was aware of my possible biases and used bracketing to reduce the risk (Dorfler & Stierand, 2020). I offered \$20.00 PayPal incentives to all participants who meets the research criteria.

Methodology

I choose to use the IPA approach to discover unknown information relating to the human experience. IPA is the best approach to obtaining the research participant's stories through their lived experiences (see Alase, 2017; Smith et al., 2022).

IPA in qualitative research is used to address the lived experiences of people. Lived experiences are obtained when the same interview questions are asked among similar populations of people who share the same experience. My research involved a specific set of four interview questions for the neonatal nurses who work in a Level II to Level IV NICU, who provided their statements about their lived experiences as a group.

IPA is used by researchers to explore, discover, explain, and interpret the research participant's lived experience in a unique and creative way (Smith, 2022). In IPA, the research participant can gain better understanding their lived experiences. Grounded theory and ethnography were considered as alternative methodologies for my qualitative study but did not align with my study and required experience as a researcher. For instance, grounded theory addresses both qualitative and quantitative social science studies as inductive and themes are developed upon collection of data (Tie et al., 2019). Tie et al. (2019) also stated that grounded theory is flexible although complex for novice researchers.

Ethnography could have been an alternative methodology for my study, but it involves three components that did not fit into my research: cultures, fieldwork, and written representations, and not individual experiences (see Beaton, 2022). IPA delivers rich and in-depth knowledge of a population that shares similar experiences and individual meanings (Peat et al., 2019).

Participant Selection

I used purposive and snowball sampling in this qualitative study. Purposive sampling involves a specific population or individuals who can provide rich and in-depth

knowledge of the human experience of a phenomenal interest (Campbell et al., 2020). In snowball sampling, current research participants refer additional participants who share the same experience phenomenal interest (Kirchherr, 2018). I planned to recruit 10 neonatal nurses as participants from the United States and/or until data saturation was reached.

The inclusion criteria for this study were being full-time bedside neonatal nurses and working in the Southeastern region of the United States. A recruitment flyer was posted on several social media platforms to gain the interest of potential research participants. Demographic forms were collected for inclusive criteria that included, (a) nursing title, (b) employment work status (full-time or part-time), (c) educational level (ASN, BSN, MSN, and PhD) (d) years of NICU experience, (e) state of employment, (f) level of unit (2-4), and (g) gender of participant (female, male, and non-binary) and were listed in Appendix B. Inclusion criteria are essential components of a studied population that the researcher uses to answer the research question (Patino and Ferreira, 2018) and to qualify for the study. Each research candidate must meet the standards of the inclusion criteria to be deemed as an ideal candidate for this research.

Patino and Ferreira (2018) defined exclusion criteria as “features of the potential study participants who meet the inclusion criteria but present with additional characteristics that could interfere with the success of the study or increase their risk for an unfavorable outcome” (p. 84). Exclusion criteria involve characteristics of eligible research candidates that risk the study of being classified as biased, or untruthful, and resulting in a false study (Patino and Ferreira, 2018). Failure and missed contact for

meetings to collect data, providing incorrect information, and other negative characteristics are common aspects of exclusion (Patino and Ferreira, 2018). It is essential to have exclusion criteria to maintain a valid and truth-telling study. I used the exclusion criteria to eliminate neonatal nurses with fewer than 6 months of experience due to limited experience and at the beginning of their learning practice. In addition, Level I nurseries were excluded, because these nurses provide care to healthy full-term newborns. NICU nurse managers, NICU clinical educators, and neonatal nurse practitioners (NNP) were excluded from the study because they work in a different compacity.

Instrumentation

I chose semistructured interviews as the instrument to answer the following research question: What are the neonatal intensive care unit nurses' lived experiences that maintain their intention to stay in the NICU? As the researcher, it was essential to recruit neonatal nurses who shared similar lived experiences of the intention to stay in the NICU. I collected data through a recorded Zoom meeting with five open-ended questions (see Appendix B) and follow-up questions based on their answers to the primary questions. I designed the interview questions to gain the neonatal nurse's human experience based on their attitudes, behavior, beliefs, and subjective norm of intrinsic influencers of their intention to stay in the NICU.

I used five interview questions in the semistructured interview to set a foundation for receiving rich and in-depth data. I based the interview questions on Smith et al.'s (2022, p.56) qualitative interpretative phenomenology approach for lived experience. Ten

interviews were conducted until the discovery of unique information, or data saturation was reached. The data from my interviews was based on the truth-telling of each research participant. Finally, I ensured the credibility, transferability, and dependability of the results in this study.

Procedures for Recruitment, Participation, and Data Collection

I developed a recruitment flyer to obtain potential research participants for my research study (See Appendix A). The recruitment flyer was posted on LinkedIn, Walden University's Participants Pool, and Facebook for responses in the Southeastern region of United States neonatal nurses. The recruitment flyer provided a list of inclusion criteria along with my contact information for interested research participants. Upon receiving e-mails from interested research participants, I sent them a Demographics Questionnaire (See Appendix B) and an informed consent. to be completed and returned. Interested research participants who returned the completed demographic information and informed consent were selected by me as the researcher and a Zoom meeting was scheduled to conduct the semistructured interview. The scheduled Zoom meetings lasted 30 minutes to one hour that was based on their answers and the professional connection between the researcher and the participant. The selected interview questions are listed in Appendix B interview guide and possible follow-up, or probing questions were incorporated based on initial answers. Research participants were encouraged to share their reasons for staying in the NICU and what practices would increase their retention and longevity.

Each research participant was informed that the interview or research participation can end at any time without retaliation or repercussion based on their decisions. I would immediately stop the interview if participants state that they were uncomfortable. This research interview would have the benefits of self-awareness and self-care and poses a very low risk of emotional harm to the research participants. Participants were assured of the confidentiality of their information and their responses. When the data were compiled for reporting, all responses were coded so that no one person could be identified. The participants were reminded of their valuable participation that may affect positive social change in the practice of NICU nursing especially in understanding what promotes retention of NICU nurses at the bedside. A genuine thanks were given to each participant, and information containing access to the final published study.

The research data was solely collected by me as the researcher through a Zoom meeting from my private designated home office and the research participant was call in on the Zoom line via their preferred location. The research participants were reassured of privacy through visualization during the Zoom meeting. Research data were collected from nine participants and data saturation was reached. One to two zoom meetings were conducted each week with different research participants for the semistructured interview. The Zoom meetings were recorded for verbal responses only and not visual presentation. The research participant's responses were recorded and transcribed on an Excel spreadsheet after completion of each semistructured interview. Each participant was asked the same questions and in the same order for the transformation of data

recording. Data collection and analysis lasted no more than 2-3 months and for possible extension of needed participants. Each interview ended with a question and answering period. Each participant was asked for permission for a possible follow-up interview, if needed.

Data Analysis Plan

To understand the lived experience of neonatal nurses' intention to stay in the NICU involves analysis of the collected data. According to Smith et al (2022), IPA data analysis requires several steps. Step one involved immersing myself in the data by listening to the transcript recording and reading and re-reading the transcripts multiple times. As I listen and read, I identified and documented noteworthy statements and observe relationships and connections with the statements. Step two involved taking notes of participant's language, understanding and explanation of their lived experiences that would further aid in the construction of patterns and themes (Smith et al, 2022). Step three was the construction of an experiential statement. I created several small statements involving each participant's personal lived experience of their intention to stay in the NICU. Step four and five involved the connection of data through mapping and organization and naming the themes. I used a handwritten and computerized connection of data by arranging colorful experiential statements on a physical board and on an Excel spreadsheet. The final steps involved the development of experiential statements for similarities, differences, and uniqueness or one-of-a-kind information.

Discrepant Cases

Removing contradictory responses from the transcript/dataset may be seen as a researcher presenting only favorable data (Daytner, 2006); however, I examined any discrepant data and compared it with what other participants have stated. The examination is important as the discrepant data may need to be included in the study to assure a depth of understanding of the neonatal nurse's experiences in remaining in the NICU.

Issues of Trustworthiness

Trustworthiness in qualitative research involved the degree of trust and certainty that researchers have in their research method, data, and data collection to produce valuable findings (Novell et al., 2017). Therefore, the qualitative researcher established rigorous research to establish the trustworthiness of the study (Novell et al., 2017). Trustworthiness allowed colleagues to create strategies and interventions to improve practice, thus effecting a positive social change. Establishing trustworthiness in qualitative research is composed of four components: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability.

Credibility

Qualitative researchers are becoming more popular and are held to a higher standard to verify the credibility of their studies. Houser (2018) defined credibility as “the results of the study represent the realities of the participants as much as possible” (p. 393). Curtis (2022) stated there are multiple ways for qualitative researchers to prove the credibility of research through prolonged observation, engagement with the study sample, and triangulation of data sources to test the researcher's findings and interpretation with

the study participants. As a novice qualitative researcher, I used triangulation of data resources as described by Houser (2018). Triangulation of my data resources involved cross-checking data and conclusions with data resources, through my close and extended examinations of participant responses in the transcripts, and my field notes. My data resources from triangulation were derived from multiple neonatal nurses with different skills, experiences, and located in different states within the United States.

Transferability

Transferability utilizes the same study in a different setting that produces similar findings (Novell, 2017). To increase and assure the transferability of my study, I provided an in-depth and detailed description of the study's research participant's demographics, educational levels, behavior, and work experience. For transferability, the practice settings included acuity levels of I through IV, location, and unit culture which aids in transferability of the findings of my study. This transferability level may provide colleagues confidence in the study and the ability to replicate the study in a different practice setting and create strategies and interventions to affect changes in nursing practice.

Dependability

Novell (2017) defined dependability as "repetition of the study with similar subjects in similar circumstances results in consistent findings" (p. 393). My research helped to assure dependability if other researchers replicate this study to produce similar results. Dependability of my study involved data, descriptions of settings, environment,

descriptions, and demographics of each research participant. My expert content person assured dependability through inquiry audit and steps of each research process.

Confirmability

colleagues deem the study reliable and valid (Houser, 2018). To assure confirmability, I performed multiple checks for data accuracies and interpretations, along with enlisting the help of an expert content researcher. Along with data accuracy, biased data was eliminated from the study. Korstjens & Moser (2018) states that there are several ways to assure confirmability in qualitative research, (a) audit trail, (b) triangulation, and (c) reflexivity. I used audit trail and reflexivity during my research. Audit trail involved raw data and notes from my observation that was derived from my semistructured interview by Zoom meeting. Reflexivity included a diary of note from my Zoom meetings and along with my personal reflections.

Ethical Procedures

My study adhered to every ethical procedure according to Walden University's Internal Review Board (IRB) mandates. I obtained written approval from Walden University's IRB before starting my research process. My first ethical concern was Human Research Participants' Rights protection. I obtained a certification as a "Doctoral Student Researcher" for protecting human research participants through Collaborative Institutional Training Initiative (CITI). Protecting the human research participations' emotions and potential harm is essential in all research. To lessen the effects of harm to the research participants, I disclosed the full details of my research topic and allowed them opportunities for questions and answers, and the decision to withdraw from the

study at any time. My final ethical concerns involve a conflict of interest and professionalism. I not knowingly include past and present familiar colleagues in my study, for it may damage the validity of my study. I maintained a strict professional relationship with the research participants to ensure integrity. My research aimed to provide the research participants with more benefits than harm.

Along with benefits and harm, confidentiality and privacy were essential when conducting this social research. The security of confidentiality and privacy of the research participants and data collection were maintained through my one-person home office. Electronic research information was kept on a personal desktop computer that has a personal password. Handwritten documents are kept in a locked file cabinet to which the researcher only has access. Upon completion of the research, the data were secured and kept secured for 5 years, then permanently destroyed through computer deletion, and shredded of written documents. I obtained written informed consent from each research participant before the start of the Zoom meeting.

Summary

Chapter 3 included multiple topics of my research method, from research design and rationale, my role as researcher, methodology, and issues of trustworthiness. Chapter 4 will provide the results of my study, settings, sample demographics, data collection, data analysis, evidence of trustworthiness, and results.

Chapter 4: Results

The purpose of this qualitative interpretive phenomenological study was to explore the lived experiences of neonatal nurses and their intentions to stay in the NICU. Currently, no researchers have explored the lived experiences of neonatal nurses related to their intention to stay in the NICU; therefore, I filled the gap in the literature by providing knowledge of the experience that keep nurses working in the NICU setting. My goal for this study was to assist the NICU nursing leaders and hospital administrators in meeting the goals of the national standards by understanding the intention of neonatal nurses to stay in the NICU to deliver holistic and quality nursing care. Awareness of neonatal nurses' lived experiences may increase their compassion satisfaction and affect their decision to stay in the position.

To explore the lived experience of neonatal nurses' intention to stay in the NICU, I created the following research question: What are the neonatal intensive care unit nurses' lived experiences that maintain their intention to stay in the NICU?

In this chapter, I discuss the research settings, the participant's demographics, data collection and analysis, and along with the evidence of trustworthiness that encompasses credibility, transferability, dependability, and confirmability. Lastly, the study results and summary included.

Research Setting

The research setting for this study took place in a private office in my home residence using a Zoom online call. All nine participants were interviewed via the Zoom online program with participants located in their own physical residence or office for the

duration of the Zoom interview. All interviews were conducted via Zoom meetings due to convenience, differences in time zones, and inability to travel to wide geographic locations of the responding participants; therefore, face-to-face meetings were possible. Participants were all neonatal nurses that currently worked in a Level II to IV neonatal intensive care unit with the United States and all were identified by their responses to a flyer posted online through various neonatal nurse's professional groups of LinkedIn and Facebook platforms. Each Zoom meeting was scheduled for 30 minutes and conducted in private area of the participant's home and my private home office. The Zoom meetings were conducted in private and secure locations to prevent interruptions and to maintain privacy and confidentiality of participants.

Demographics

This IPA study included nine neonatal registered nurses who worked full-time in a Level II to IV Neonatal intensive care unit within the United States. Along with being a neonatal nurse, there were other inclusive criteria that were required. Before acceptance in the research study, each potential participant was required to fill out a participant demographic questionnaire. The summary of each participant's responses were listed on a participant demographic table (See Figure 2). Each participant was a full-time registered nurse and had a bachelor science degree in nursing (BSN). The participants years of experience varied from 3 to 35 years. The research participants were from different states covering four of the five regions of the United States. Each participant worked in different NICU levels. Two participants worked in a Level II NICU, five participants worked in Level III, and two participants worked in a Level IV NICU. With NICU being

a predominately female environment. I wanted to reach any male nurses, if possible, who work in the specialty, and through snowball sampling was fortunate to have two male participants respond.

Figure 2

Participant Demographics

Participant	Nursing Title	Educational Level	Years of Experience	State of Employment	Unit Level	Gender
1	Staff Nurse	BSN	17 1/2	Texas	4	F
2	Staff Nurse	BSN	18	Florida	2	F
3	Traveling Nurse	BSN	30	California	4	F
4	Charge / Staff Nurse	BSN	35	Florida	2	F
5	Staff Nurse	BSN	33	Florida	3	F
6	Staff Nurse	BSN	20	Ohio	3	F
7	Staff Nurse	BSN	3	Florida	3	F
8	Staff Nurse	BSN	13	Florida	3	M
9	Staff Nurse	BSN	3	Florida	3	M

Data Collection

I conducted nine semistructured interviews on the Zoom Platform for this study. The potential research participants contacted me through my Walden University's email based the invitation flyer that I posted on LinkedIn and Facebook. I sent each interested participant a demographic questionnaire and an informed consent. Upon receiving of both documents, I screened the participant for the inclusion criteria and eliminated some who did not meet the criteria. For example, I had several possible participants that worked part-time and lived outside of the United States.

Nine research participants were selected, and I arranged a date and time for the semistructured interviews by Zoom. Before starting the interviews, each participant was given an introduction regarding the research topic. I first identified myself as a Walden University research student. I informed each participant that the interview would be audio-recorded only and would not be shared with anyone except for the research chairperson. Each interview lasted between 30 to 45 minutes. Each participant was interviewed once and was not contacted for any additional information. Each interview was audio-recorded and saved to my computer for written transcription. Each participant's transcript was numerically titled by their participant number (for example, P1) and responses in the transcripts were color coded for participant identification and responses to facilitate the data analysis.

Data Analysis

The IPA process was the method that I used to analyze the raw data of research participants' responses and better understand the lived experience of the neonatal nurse

intention to stay in the NICU. Smith et al. (2020) stated the IPA is the best methodology or process to use when obtaining the human lived experience in qualitative research. Data were collected from the audio-recording of each Zoom meeting. Written data were captured in a Word document for each research participant. The transcripts were then transferred to a table for each interview question for categories and themes.

Smith et al.'s (2020) six steps in IPA were followed to analyze the participants' responses. Step 1 involved me intensively listening to the audio-recording multiple times, manually writing the interview transcript on a Word document. This step was a long process due to reading and re-reading of the transcript for understanding of the participants' responses to each question. I also used this step identify similarities, differences, extreme outliers, discrepancies cases, and noteworthy information of concerns among each participant.

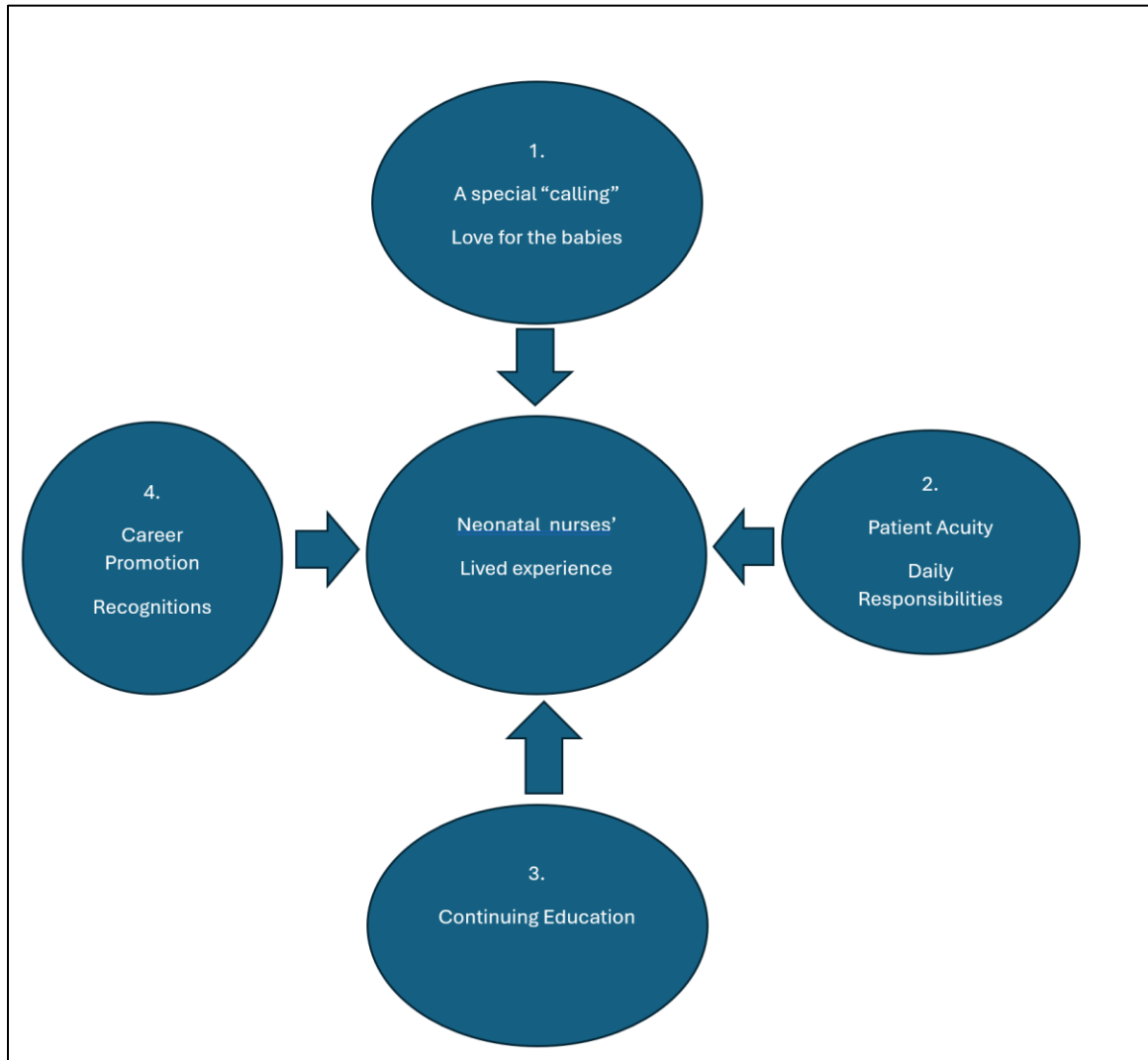
Step 2 involved the creation of exploratory notes that detailed the participants understanding of their lived experiences and my ability to interpret their lived experiences. Smith et al. (2020) stated that there are two aspects of IPA research: (a) the participant's understanding of their lived experience, and (b) the researcher's ability to interpret the participant's lived experience. My exploratory notes involved their understanding of questions and being able to express themselves. For example, some research participants were quick and precise, and some were hesitant and struggled with their responses to the interview questions. Their way of responding to the interview questions demonstrated their understanding of their lived experience. At times, I found myself asking them for clarification of unknown terms to better interpret their lived

experience. Other exploratory notes involved the difference in ethnicity, region, culture, enthusiasm, and quickness of responding to the interview process.

Steps 3 and 4 involved the search for the individual and combined experiential response to each of the four interview questions. Each individual participant's responses were recorded separately and then combined together to reveal common categories and themes. Most of the codes derived from repeated words or phrases, opposite statements, and exceptional or surprising statements that yielded multiple categories and themes.

Step 5 involved the merging of multiple themes from the four interview questions that answered the research question: What are the neonatal intensive care unit nurses' lived experiences that maintain their intention to stay in the NICU? The following themes emerged from the four open-ended interview questions (See Figure 3).

- Theme 1: A special calling and a love for the babies
- Theme 2: Patient acuity and daily responsibilities
- Theme 3: Continuing education
- Theme 4: Career promotion, and recognition

Figure 3*Emergent Themes***Evidence of Trustworthiness****Credibility**

Credibility in qualitative research is the interpretation and reality of the research participant's lived experience (Houser, 2018). To prove credibility of my research, I used multiple in-depth interviews, triangulation, a qualified and sufficient number of

participants, and data saturation. Nine interviews were conducted via Zoom of qualifying neonatal nurses who met the inclusion criteria. The interview consisted of four interview questions that I asked each participant in the same order. Some participants were asked additional questions due to clarification and in-depth information from initial responses. The triangulation of the data involved the written transcript of each participant from the audio-recorded interview responses. The nine participants' responses were mapped out on one Word software table for accuracy, comparison of similarities and differences to yield multiple themes. Before the participants were interviewed, they were required to meet multiple inclusion criteria and a qualifying number was established for IPA process. My initial plan was to interview 10 participants, but data saturation was met upon nine interviews. I also wanted to acquire different years of work experience (novice, advanced, and expert), genders (female and male), and various level of NICU (Level II to IV) within the United States to yield well-rounded responses.

Transferability

Transferability in qualitative research is defined as the ability to produce similar findings in different settings (Novell, 2017). My study covered the different regions within the United States and may be used in different countries (such as Canada, or European nations) to yield similar results, but not undeveloped countries (such as those in Africa). My study involved full-time bedside neonatal nurses. Nurse managers, nurse practitioners, and clinicians were excluded from this study due to different career position and responsibilities. The practice setting involved Level II to IV NICU from the four out of five regions within the United States. To assure confidence level of transferability of

the study each potential research participants were required to complete the demographic questionnaire (see Appendix B). The demographic questionnaire reflected the inclusion criteria of the study from similar nursing position, various work experience, different states, educational levels, and genders. The participant's behavior and unit culture were documented within the individual Zoom written transcript, and my experimental and exploratory notes. The transferability of this study may create strategies and interventions that would affect a globally positive social change in the nursing practice.

Dependability

Dependability in qualitative research involves the ability to repeat the study under similar situation resulting in the same finding (Novell, 2017). To assure dependability of this study, I followed the exact steps through each interview. I explained the study to each participant. I reassured them privacy and confidentiality. I asked the same questions of each participant and in the exact order. I briefly repeat my understanding and clarified others. I allowed them time to answer and express themselves through their response. I allowed them time to ask me questions and welcomed additional information. To increase dependability, I kept a reflective journal of each participant's demographics, gender, ethnicity, working state, years of experience, and personal expression and attitudes when answering questions.

Confirmability

Houser (2018) stated that confirmability is confirmed when colleagues and other readers can deem the study as valid and reliable. Confirmability involves the achievement of certain steps and check marks for accuracies and interpretations of data. Audit trail,

triangulation, and reflexivity are multiple steps used to gain confirmability (Korstjens & Moser, 2018). I immersed myself in the data through listening to the recorded interviews several times. I carefully recorded the participant's responses accurately. I read and re-read their responses for accurate interpretation and understanding. I kept a reflective journal, an exploratory note, and experimental responses of each participant. I avoided sharing my neonatal nurse experience with the participant to avoid bias and changes in their response to satisfy me. My goal was to seek pure, uninfluential, truth-telling, a rich filled data from each candidate.

Study Results

Past and current studies have shown the reasons why neonatal nurses are leaving the field of NICU but lack the nurses' voices and stories of their lived experience regarding their intention to stay in NICU. The waning of compassion satisfaction, the existence of OHHs (compassion fatigue, burnout, secondary distress syndrome), lack of respect, and poor teamwork, and missed care were noted reasons why neonatal nurses are leaving the NICU (Fiske, 2018). Researchers have shown the need for additional research to fill the knowledge gap of what increases and maintains their intention to stay in the NICU. Smith (et al., 2020) stated that it is the goal of the NICU nurse managers and the hospital administrators to understand the intention of neonatal nurse to stay in the NICU. Understanding the neonatal nurses' lived experience may decrease the global shortage of nurses, increase knowledge generation, retention, longevity, compassion satisfaction, and quality nursing care.

The purpose of this qualitative research was to explore the lived experience of neonatal nurses' intention to stay in the NICU. Upon completion of my semistructured interviews there were several themes that emerged from the four interview questions: (a) special "calling" and love for the babies, (b) patient acuity and daily responsibilities, (c) continuing education, and (d) career promotion and recognition. The theme of microaggression and lack of administrative support was an unexpected finding. Each theme will be discussed in its entirety based on the participants responses and my understanding and interpretation.

Theme 1: A Special Calling and Love For The Babies

A *calling* is defined as an employees' awareness and commitment to staying employed in their current position and organization (Presbitero & Teng-Calleja, 2020). A "special calling" is a commitment to a more subspecialty area within your field. NICU is a subspecialty area of nursing that provides care to critical care to vulnerable populations of premature and ill full-term infants as well as providing educational and emotional support to the infant's family. Some of the participants began nursing in different areas like pediatrics and adult medical surgical then transferred to NICU. The majority of the research participants stated that NICU was a "special calling". Participant 2 stated, "I discovered I like working with children". Participant 3, stated, "I enjoy working in the NICU this point in my career because that's where I am most confident and that what I like". Participant 6 stated, "I found NICU to be my calling for the duration of my career". Most of the participants have spent their entire career in NICU and plan to retire in NICU.

Love for the babies are shared among all the participants. According to the participants, the love for the babies involves commitment, providing holistic nursing care and advocating for the babies. Several of the participants stated that they love working with the babies. Participant 1 stated, “Personally, I love the babies”. Participant 3 stated, “I love watching them grow and develop and the positive outcome we generate here”. Participant 6 stated, “I have a love for the sick babies”. Participant 7 stated, “I love, and I have a compassion for the sick infants”. The NICU nurses in my study described their commitment and dedication to providing high standard of care and having the ability to understand and represent the non-verbal babies through their unconditional love for the babies.

Theme 2: Patient Acuity and Daily Responsibilities

This study involved lived experience of neonatal nurses who work in a level II to IV NICU. There were several nurses who spoke about the concerns of patient acuity (ratio of nurse to patient) for safe practice. Most of the participants from the Southeastern regions stated that they can have from two to four infants on a typical day. For example, a typical assignment can be two infants on ventilator and one feeder grower. The participant from the western region (P3) stated, “a typical assignment in California is normally two patients and only one patient if on a ventilator. Participant 9 states, “You can have up to four patients in my clinical setting”. The participants who work in a level IV NICU have a lighter patient load and less stress versus the participants who work in a level II to III carries a heavier patient load. Participants five stated, “I would leave NICU, if the patient ratio becomes unsafe for me to practice”.

Every participant spoke about the daily assignment that is expected of them. Responsibilities includes, but not limited to physical assessments, vital signs, medication administration, ventilators support maintenance, daily hygiene care, cardio/respiratory monitoring, computerized charting, feedings, educational and emotional support of parents. Participant nine stated, “there are too many responsibilities”. Participant eight stated, “working night shift brings on more responsibilities like charge nurse and resource person. Participant two stated, ‘the responsibilities of nurses can change at any given time due to emergency situations and shortage of nursing staff’. NICU is a high demanding and ever-changing working environment for the neonatal nurse. Most of the nurses stated, “that they look forward to the challenges of providing excellent care to their patients and families”.

Theme 3: Continuing Education

Part of maintaining the role of a neonatal nurses requires continual education. Seven of the participants who were females spoke regarding the importance of continuing education and knowledge generation for the improvement in the neonatal care and the continual growth of the novice nurses working in the NICU setting.. Participant 1 find that continual education of self and to share her knowledge among the staff of nurses very essential. Participants 1 currently have four certifications in NICU and constantly holds classes to share knowledge from different classes that she attends. Participants 3 and 5 have more than 30 years’ experience and looking forward to retiring, but before they leave, they want to assure that the novice nurses are confidence and equipped with adequate knowledge to maintain quality nursing care in NICU. All of the participants

hold a bachelor's degree in nursing and are currently looking to achieve a higher degree in Nursing and more certifications to provide their patients will quality of nursing care.

Theme 4: Career Promotions and Recognition

Career promotions and recognitions were important to the male nurses in NICU. Participant 8 stated, "One strategy that have kept me working in the NICU is the Pe-Nap, then it becomes the C-Cap which is basically is escalation through the clinical ladder.

Working for opportunities of an advancement and leadership, eventually. You start as a novice nurse then you do certain things in the unit, then you go to advanced nurse."

Participant 9 stated, "I was in trained in level II, but trained in level III. I like level III setting, the high acuity. My hospital actually talked about the implementation of level IV. So, that kind of opportunity to grow and expand, and learn more things can add to my repertoire of nursing that would keep me there". Along with the male nurses, there was one female nurse (P7) who stated, "more recognitions of nurses who support the unit during crisis, not just based on popularity, physical looks, and ethnicity. Nurses like to be recognized through their good work and it creates more reasons of staying in the NICU.

Discrepant Cases-Unexpected Findings

As I reviewed the transcripts of the interviews from the nine neonatal nurses in my study, I found comments and concerns that were raised by the participants regarding their work in the NICU. Microaggression and lack of administrative support were discussed by several nurses during the interviews.

While "Rewarding" was the word that most of the participants used when describing working the NICU, they also stated that at times it can become stressful and

unrewarding when various situations arise like, bullying among staff and lack of administrative support. Two particular participants (P1 & P7) spoke about bullying among the staff and microaggressive behavior toward the novice nurses. Participant 1 who is an expert neonatal nurses spoke about the bullying amongst the day and night shift nurses that temporarily forced her to leave her position until the behavior between the nurses improved. Participant 7 who is a novice neonatal nurse with 3 years' experience felt a low confidence level of her skills and knowledge due the bullying from experienced nurses. She stated, "I desire to have mentor assign to me for support".

The majority of the neonatal nurses spoke about the lack of NICU nursing leaders and administrative support that causes psychological effects of moral distress. Six of the participants spoke about the lack of administrative support of the neonatal nurses. Participant 2 was vocal regarding the lack and absentee of nursing administrative, their concern of the hospital's business aspects instead of nursing care, the constant concern about the hospital's surveys results and how nurses' performance can improve the results to generate more dollars in return, and inexperienced clinical nursing directors. Participant 2 suggested that having good leaders that are approachable, supportive, and having an empathic ear can retain neonates' nurses. Participant 6 stated, "Nursing leaders to be more respectful and supportive of the nurse's decisions".

The participants felt that they have to rely on resilience and the support of each other. Participants 8 and 9 which were the male nurses spoke about nursing administrator's denials of career changes request and the lack of autonomy of nurses, and more supportive of the parent's choices instead of the nurses. Coping was a defense

mechanism that the neonatal nurses relied on every day. Most of the participant stated that it's a minor part of being a neonatal nurse but love for the babies keeps them working in the NICU.

Summary

Nursing leaders and National nursing organizations in the United States were concerned about the phenomenal issue and resolutions of the shortage of neonatal nurses in NICU. This qualitative study was conducted to explore the lived experience of neonatal nurses' intention to stay in the NICU through their voices. Four themes emerged from this study, (a) special "calling" and love for the babies, (b) patient acuity and daily responsibilities, (c) continuing education, and (d) career promotion and recognition. The unexpected theme of microaggression and lack of administrative support.

This study may fill and expand the knowledge gaps of the lived experience of neonatal nurse's intention to stay in the NICU. The results of this study may effect a positive social change through the implementation of new policies and procedures and evidence-based practice within nursing.

Chapter 5, will examine the results of the research question: What are the neonatal intensive care unit nurses' lived experiences that maintain their intention to stay in the NICU? Further examination will reveal the interpretation of findings, limitations, recommendations, and implications of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to explore the lived experiences of neonatal nurses and their intention to stay in the NICU to promote retention in the NICU specialty within the United States. IPA was used in this study to acquire rich and in-depth knowledge of the nurses' lived experience that provide individual meaning and perceptions, and the researcher's understanding and interpretation of the nurses' story. Martin Fishbein and Icek Ajzen's TRA was the theoretical framework that I used to discover the neonatal nurse's pre-existing attitudes, behavior, social norm, and motivation of the intention to stay in the NICU (Xiao, 2020). NICU nursing leaders, hospital administrators, and the national nursing organizations in the United States want to understand and implement resolutions of the shortage of nurses in NICU. There were no studies about the lived experience of neonatal nurses and their intentions to stay in the NICU; therefore, this study may fill the gaps in the current literature.

Interpretation of Findings

The findings of this study include the lived experience of neonatal nurses' intention to stay in the NICU. This study fills the gaps in literature of the neonatal nurses' intentions to stay in the NICU as opposed to the three existing published studies describing the neonatal nurses' intention to leave the NICU. The finding of my study revealed the neonatal nurses' lived experiences that keep them working in the NICU.

A special calling, rewarding, commitment, dedication, compassion, and love for the babies were the words used to describe their intentions to stay in the NICU. Patient acuity, daily responsibilities, continuing education, career promotion, and recognition involved the neonatal nurse's everyday lived experience of working in the NICU.

Special Calling and Love for the Babies

Before working in the NICU, most of the neonatal nurses worked in other areas such as adult med/surg and pediatric to establish a foundation of their nursing practice. Some of the neonatal nurses were unfamiliar of the existence of NICU and desired for NICU to be introduced in nursing school as a clinical rotation. The early introduction of NICU would increase the likelihood of more nurses with special calling to work in the NICU. Nurses that entered the NICU environment, whether through self-choice or job offer, developed an unconditional love for the babies. According to the neonatal nurses, it requires a strong heart and empathy to care for premature and ill full-term babies. Most of the neonatal nurses reported that they found working in NICU rewarding due to positive outcome of their care. The positive outcome of their care increase the neonatal nurses' job enjoyment and compassion satisfaction of working in the NICU.

Patient Acuity and Daily Responsibilities

Working in the NICU brings on a variety of responsibilities and sometimes challenges for neonatal nurses' commitment. Organizing and prioritizing are challenges that involve completion of daily nursing care. The neonatal nurses' described assignments that can consist of one to four babies which depends on the baby's acuity level and the number of nurses on duty. Lake et al. (2020) stated that high patient acuity

increases the risk of missed care that decrease job enjoyment. The typical nursing assignment is based on infant-to-nurse staffing ratio or patient acuity scores (Hagan et al, 2022). Missed care is one of the challenges that neonatal nurses endure on every shift and prevent through coordinated teamwork, dedication, hard work, and commitment. Missed care is a postponement or omittance of daily nursing care (Kim & Chae, 2022; Smith et al., 2019) described in the literature and results of my study indicated nurses feel stress when they missed a component of care in NICU. Missed care involves poor prioritizing, insufficient time, poor teamwork, inadequate staff mix, limited resources, and high nurse-patient acuity (Chaboyer et al., 2021; Smith et al., 2020). Having a universal standard of care ratio for patient acuity and nurses' assignment can lessen missed care and increase job enjoyment and intention to stay in NICU.

Neonatal nurse have an enormous number of daily responsibilities including: physical assessment, hygiene care, taking vital signs, cardio/respiratory monitoring, medication administration, maintenance of intravenous therapy and ventilation care, computerized charting, bedside procedures, multidisciplinary round, feedings, blood work, completing physician orders, admission and discharges procedures, surgical procedures, and along with educating and providing emotional support to the parents. Each of these responsibilities are performed on each of their babies through their working shift. Completion of these daily and intend responsibilities requires organization, prioritizing, good teamwork, sufficient resources. Neonatal nurses are dedicated and committed to completing their daily task to assure quality and holistic nursing to this vulnerable population of patients.

Continuing Education

In addition to the daily responsibilities that participants described, and that the literature confirmed, the requirement and availability of continuing education was also noted as a strength that kept neonatal nurses in the NICU by participants in my study. The neonatal nurses described taking educational classes for licensure renewal, and nursing care updates to enhance their skills and nursing practice. Being a lifelong learner through educational classes and obtaining certifications in NICU are essential for providing current and optimal care of the babies as well as sharing knowledge with each other (Mlambo et al., 2021). In my study, the advanced and expert neonatal nurses felt obligated in educating the novice nurses to reassure knowledge generation continues in order to maintain quality nursing care within the NICU nursing practice. In addition, the educational classes assist the nurses with providing emotional and educational support for the infant's family.

Career Promotion and Recognition

The opportunities for career promotion and recognition are essential in any work positions. Career promotion is the advancement of a higher career position or moving into a different department (Coursera, 2024). Zhu and Li (2023) stated that advancement in career position increases compassion satisfaction, commitment, and lessen the shortage and high turnover rate of employees. Several of the participants (mostly the male nurses) in my study stated how career promotion would increase their knowledge and skills, as well as elevate their dedication, commitment, and intention of staying in the NICU.

Recognition is the acknowledgement of achievement by colleagues or administration. Most importantly, recognition is essential for career promotion. Recognition can take place as a formal dinner, awards, monetary gains, and awards. Career promotion and recognition provides opportunity for professional growth as well as personal growth of employees. Findings in my study indicate that having access to opportunities for career promotion, advancement and recognition were important reasons for staying in the NICU.

Limitations of the Study

There are limitations in every research study which involve the shortcomings of the research design that influences the results and conclusions (Ross & Zaidi, 2019). As the researcher, I am obligated to disclose all limits and weaknesses of this study to ensure credibility and transferability and lessen the biases of this study. The limitations also inspire additional studies to fill the research gap. This limitation of my research design was defined within the inclusion and exclusion criteria. My study included full-time neonatal nurses who worked in a level II to IV NICU within the United States who intentions are to stay in the NICU. Transferability is possible within the NICU of United States. The United States have a multiple health care systems, policies, and procedures for nursing care.

One of my limitations of this study was that I was a neonatal nurse for over 30 years. I worked in a Level IV NICU as an advanced nurse as well as a NICU nurse manager. My neonatal experience could have tainted the data through the interview process, the analysis, and the interpretation of the data. A reflexive journal and bracketing

(Dorfler & Stierand, 2020; Peddles, 2022) were used to identify possible biases and all possible risks. Upon the interview, I did not disclose my past work experience to the researcher participants for fear of receiving influenced data. I identified myself as a research student from Walden University to receive unbiased, truthful, and rich-fill data. I did not influence their responses or lead them in follow-up questions to obtain certain data.

An equal amount of diversity among the participants was a limitation of my research. My desired goal was to obtain various amount of work experience (novice, advanced, and expert) and equal level of unit (Levels II, III, IV) to acquire every level of lived experience. The study included two novice nurses, six advanced nurses, and one expert nurse (see Figure 2). Two participants worked in Level II, five participants worked in Level III, and two participants worked in Level IV. Equal gender (male and female) was another limitation of this study. The NICU is predominantly a female work environment, but to gain an overall view of the nurses, I obtained two males who worked in the NICU.

My last limitation of this study was to obtain equal participants from all five regions of the United States. My study included four out of the five regions, one participant from the West region, one participant from the Southwestern region, one from Midwest region, and six were from Southeastern region. I did not receive any participants from the Northeastern regions. Acquiring participants' responses from all five regions would have provided global data of the entire United States. The limited regional responses may have been due to the difference in the time zone to conduct the

Zoom interviews. Additional, limitations included qualitative study as opposed to a quantitative study that analysis statistical data. Only neonatal nurses were used in this study as opposed to other high risk nursing specialties (ICU, trauma unit, and emergency room) making the transferability limited.

Recommendations

The purpose of this qualitative study was to explore the lived experience of neonatal nurses and their intentions to stay in the NICU in order to promote retention in the NICU specialty within the United States. The result of this study showed that the professional and personal life, the shared mundane experiences, and the challenges and strategies of the neonatal nurses and their intention to stay in the NICU. The neonatal nurses in this study were aware of their lived experiences, which resulted in understanding, self-care, appreciation, and compassion. The discovery of unconditional love for the babies, completion of daily assignments, continual education, career promotion, and recognition are what keeps neonatal nurses at the bedside. As the goal of NICU nursing leaders, administrators, and nursing health organizations of what keeps the neonatal nurses at the bedside, I recommend additional research to focus more on each theme in details to help create policies, procedures, and evidence-based practices to improve and maintain nursing practice. For example, the theme of recognition may create ideals and ways of recognizing nurses' accomplishments. To continue to fill the gaps in the literature, I recommend additional research to include equal research participants from all five regions within the United States, a larger number of participants, more male neonatal nurses to gain additional themes that keeps the nurses at the bedside.

Implications

Positive Social Change

The neonatal nurse plays a vital role in caring for premature and ill full-time babies as well providing educational and emotional support to the infant's family. The neonatal nurse has two patients to care for: the infant and the family. The neonatal nurse works in a very complex, high risk, and stress environment that can affect their compassion satisfaction of working in a vulnerable population. Through this study, I gained insight and understanding of the lived experiences and positive aspects that influence nurses' decisions to stay in the NICU. Various nursing committees can use the results of this study to bring about changes within their practice and improve the work environment. In addition, findings from this study include information that can create multiple strategies, policies, procedures, and evidence-based practices that would keep the neonatal nurse at the bedside of NICU. Retention, longevity, decrease in nursing shortage, decrease in hospital loss of revenue to replace nurses, and increase in compassion satisfaction, and increase in quality healthcare is the global positive social change within the nursing practice.

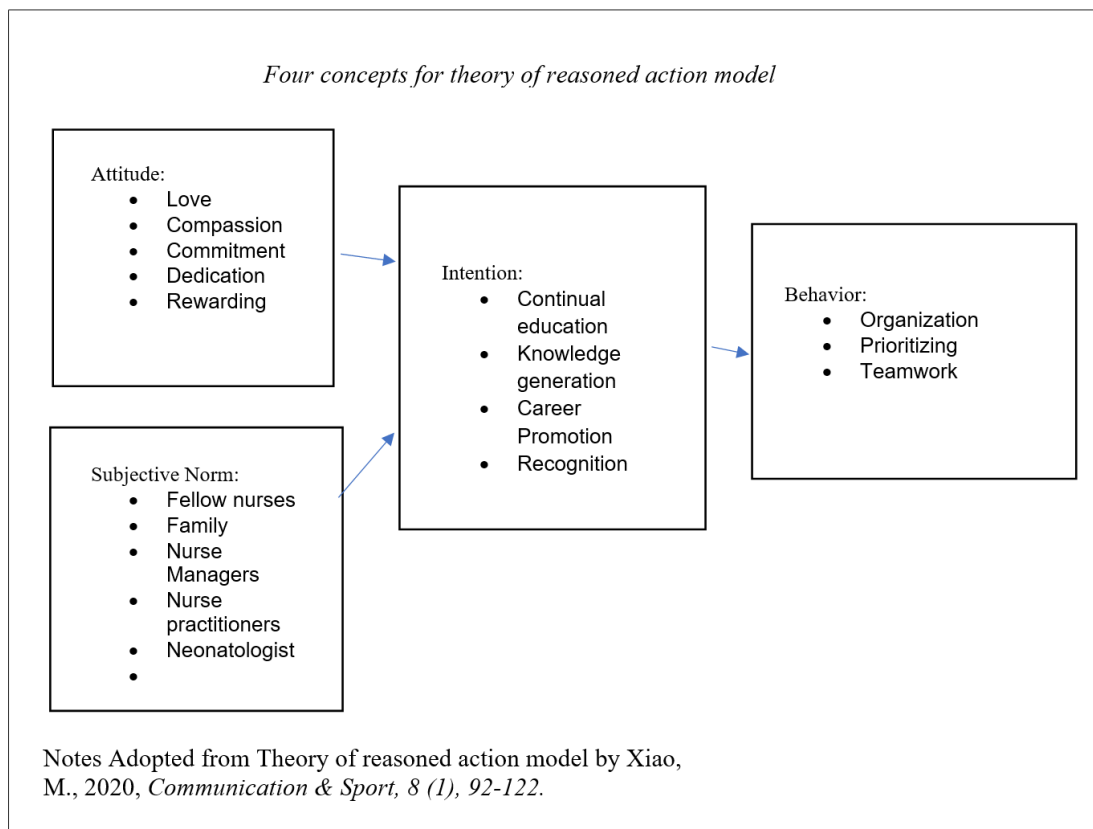
Methodological, Theoretical, and Empirical Implications

To explore, discover, and interpret the lived experience of the neonatal nurses' intention to stay in the NICU, the IPA of the works of philosopher Edmund Husserl's methodology was used in this study (Smith et al., 2022). Smith et al. (2022) stated that the IPA is the best methodology used in qualitative research to gain rich and in-depth data of the human lived experience. I used the IPA and the six established steps to assure

transferability and lessen the bias in the study data. IPA can be used by the participants to understand their lived experience, and by the researcher to interpret that lived experience (Smith et al., 2022).

The study revealed the neonatal nurse's intention to stay in the NICU and what would keep them working there. The goal of the NICU nurse manager, administrator, and the national nursing organization goal may be met through the discovery of what keeps the neonatal nurse working in the NICU.

I used the TRA in this qualitative study to discover the neonatal nurses' attitudes and behaviors based on their lived experience of the intention to stay in the NICU. Attitudes, subjective norms, intention, and behavior are the four components of the TRA theoretical framework (Xiao, 2020). Figure 4 shows the data analysis of participants' responses using the TRA theoretical framework.

Figure 4*Theory of Reasoned Action with Responses from Participants*

The main component of the TRA examines a person's pre-existing attitudes toward their intended responsibilities (Ng, 2020). The words of love, compassion, commitment, dedication, and rewarding were used to describe their attitudes toward working in the NICU and completing their assignment. All of the participants spoke with a positive response of the intention to stay in the NICU.

Subjective norm is how society views a person's behavior and the influences of their decisions (Xiao, 2020). The neonatal nurses reported that fellow nurses, parents, nurse practitioners, and neonatologists showed support and encouragement of their

nursing practice. Recognition of achievement by their fellow nurses and NICU nurse managers were influences that maintain their intention to stay in the NICU. The intention is to behave in a certain manner, and the behavior is sincere and genuine (Xiao, 2020). The intention of stay in the NICU were reveal through their desire and commitment of continual education, knowledge acquisition and generation, career promotions, and recognition. The behavior of the intention to stay in the NICU involved organization, prioritizing, and teamwork.

Recommendations for Practice

Neonatal nurses should be the gatekeepers and monitors of their nursing practice in NICU. There are only certain nurses who have the “special calling” of being a neonatal nurse and who should be applaud for caring for these vulnerable of babies. This study has revealed the reasons and intentions of the neonatal nurse to stay in NICU from rewarding, dedicated, love for the babies and families, compassion, compassion satisfaction, professional growth, recognition, and autonomy. The aim of this study was to assist the neonatal nurses, NICU nurse managers, administrative, and national nursing association to achieve their goal of understanding what keeps the neonatal nurse at the bedside (Smith et al., 2020). This study may promote a positive social change by offering strategies and evidence-based practices for retaining nurses in the NICU. Based on the participants’ responses regarding their intentions of staying in the NICU the following clinical and educational practices were recommended:

- Neonatal intensive care unit should be introduced to nursing students in their clinical rotation during nursing school to increase the likelihood of more future neonatal nurses.
- Advanced and expert neonatal nurses should be involved in the interviews process of hiring new nurses. This strategy would reassure potential and qualifying neonatal nurses.
- The creation and implementation of a standardized nurse-to-patient ratio should be globally established based on the patient's acuity level that will assure completion of daily intend responsibilities and quality nursing care.
- The creation of mentorship program for novice nurses to increase their confidence, clinical, and educational level. This may also decrease the likelihood of bullying among nurses.
- Each nurse should be actively involved in a NICU committee at their health care institution to effect changes within their practice
- Each NICU should recommend or encourage a neonatal nurse to become members of each NICU nursing associations (National Association of Neonatal Nurses [NANNA], Association of Women's Health, Obstetric and Neonatal Nurses [AWHONN], American Nurses Association [ANA], Academy of Neonatal Nurses [ANA], and Council of International Neonatal Nurses, Inc [COINN]). Becoming members of these local and national NICU nursing association will increase knowledge acquisition and dissemination. The neonatal nurses' voice and participates may effect a positive social change in the nursing

practice through changes in policy and procedures, strategies and interventions, and evidence-based practices (EBPs). Thus, the neonatal nurses may reduce nursing turnover and shortage, increase longevity and retention, reduce health care cost while providing quality nursing care.

- NICU managers and directors should have clinical knowledge and experience of working in the NICU. This strategy would reassure the neonatal nurse of more clinical resources in case of emergencies (sentinel event), and shortage of nurses on duty. This will reduce the stress of high patient acuity, missed care, and moral distress.
- NICU should encourage, recommended, and sponsor educational courses that will increase the neonatal nurses' educational level and career advancement through higher education of advanced degrees (BSN, MSN, and Ph.D.) and NICU certifications (RNC-NIC, CCRN, CCRN-K, and ACCNS-N).
- NICU should promote various recognition programs like the Daisy award, formal recognition dinners away from the unit, and yearly nurse recognitions. This strategy would increase the nurse's commitment and dedication of staying in the NICU.

Conclusions

Being and maintaining the role of neonatal nurse takes commitment, dedication, hard work, and most importantly, and an unconditional love for the babies and families. Recent shortage and a substantial turnover of neonatal nurses have been a significant concern and phenomenal issues for NICU managers, administrators, and national nursing

associations of what would keep the nurses at the bedside. To assist in finding out what keeps the neonatal nurse at bedside prompted this research study. This study focus on the exploration of the neonatal nurses' lived experience that keeps them at the beside. This study have discovered multiple reasons why neonatal nurses stay and what would keep them at the beside. The love for babies, patient acuity and daily responsibilities, continual education, career promotion, and recognition are discovered factors that keeps the neonatal nurses at the bedside. The acknowledgment of these discovered factors may established changes in policies and procedures, strategies, interventions, and evidence-based practices that would keep neonatal nurses at the bedside.

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Appendix A: Recruitment Flyer

This study seeks to find currently working full-time neonatal nurses in a level 2 to 4 neonatal intensive care unit (NICU) who are interested in sharing their stories regarding their intention and influencers of staying in the NICU.

Would you like to share your lived experience of staying in the NICU to effect a positive social change in the practice?

You are eligible if you:

- are a registered nurse with more than 6 months of experience in the NICU
- work full-time in a level II to IV NICU
- do not have a personal or professional relationship with the researcher,
- work in the Southeastern region of the United States

Then:

- You are invited to share your personal experience of the intention to stay in the NICU.
- The participants will be asked to fill out the demographic questions and agree with the informed consent
- A 30-minutes to 1-hour Zoom meeting will be conducted to obtain each participant's response to the interview question.

I am a Ph.D. student at Walden University and conducting research as a part of my dissertation journey. You can reach me at the e-mail that I provided to you. Your participation would be greatly appreciated. A \$20.00 PayPal will be rewarded to all participants who meets the research criteria and completes the semistructured interview.

Appendix B: Demographics Questionnaire

Directions: Please complete the following questions by applying the appropriate responses.

1. Nursing Title: _____
2. Employment Work Status: _____
1 Full-time
2 Part-time
3. Educational Level _____
1 ASN
2 BSN
3 MSN
4 Ph.D.
4. Years of NICU experience _____
5. State of Employment _____
6. Level of Unit _____
7. Gender _____

Appendix C: Interview Guide

Introduction

Thank you for participating in my doctoral dissertation journey through this Zoom meeting. Your responses will add valuable information to my research.

Prior to the Interview

Before beginning the interview, I would like to go over some information with you, (a) the interview will be recorded, (b) the interview will not pose a risk or harm to you, (c) if any question seems to be offensive to you, we can skip that question, (d) you can withdraw from the interview at any time without questions, (e) the interview transcript can be provided to you upon your request, (f) your identity will be protected when sharing the transcript with my university committee members, and (g) all transcripts will be kept secured and destroyed after completing my dissertation.

Introductory Statement

The purpose of this research is to explore the lived experience of neonatal nurses' intention to stay in the NICU setting. Your responses will bring awareness to NICU nursing leaders and professional health organizations regarding longevity and commitment of working in the NICU.

Interview Questions

The following four interview questions were based on the qualitative interpretative phenomenology approach that was designed using Smith et al. (2022, p. 56).

1. Please, could you tell me why you choose to continue working in the NICU?
2. Can you describe your everyday responsibilities?

3. Can you describe any situations that made you consider leaving the NICU?
4. What kind of strategies or opportunities would keep you working in NICU?

Closing Statement

Thank you for participating in this interview and your responses was valuable and unique. At any time, may I conduct a follow-up interview, if needed? Before closing, do you have any questions for me regarding the interview?