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Evidence-Based Strategies to Improve Retention Among Nurses in a Health Care Setting

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Walden University

College of Nursing

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Lilian Adamu

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Kristina Bohm, Committee Chairperson, Nursing Faculty

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Walden University
2024

Executive Summary: Staff Education Project
Evidence-Based Strategies to Improve Retention Among Nurses in a Health Care Setting
by
Lilian Adamu

MS, Walden University, 2020

BS, Mountain States University, 2009

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

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Summary

Retaining nurses is an ongoing challenge in the field of health care settings, particularly in health care environments. Because of the scarcity of nurses, health care agencies have depended on temporary and part-time nurses under short-term agreements, leading to heightened levels of stress and burnout, higher rates of employee turnover, reduced nursing income, and greater costs for the agency. The project site recognized nursing burnout and its issues, and nurse retention efforts shifted their focus to reducing burnout and stress among nurses. The literature findings emphasized the adverse effects of nurse burnout and stress in health care agencies and advocated for staff education as a dual approach to intervention and prevention. The primary goal of this Doctor of Nursing practice project was to improve retention among nurses in health care settings and increase nurses' awareness and knowledge of burnout and stress through a staff education initiative. A pretest and posttest survey used Level 2 and Level 3 of Kirkpatrick and Kirkpatrick's (2007) evaluation methodology to measure the participants' ($N = 13$) knowledge of nurse burnout and stress before and after the education intervention. The mean pretest score was 53%, while the mean posttest score was 92%. A paired t -test statistic was calculated and showed a statistically significant increase in staff knowledge about nursing burnout and stress ($t = 8.54$, $df = 12$, $p < .001$). Staff nurses responded to an evaluation question by stating they were *likely* or *very likely* to support future burnout prevention activities. This project will improve nursing diversity, inclusion, and fairness by ensuring that all staff nurses at the agency can spot and deal with signs of stress and burnout in themselves and their coworkers.

Background

The significance of health care in contemporary post-acute care is increasing. Staffing volatility and insufficient perceived organizational support contribute to nursing turnover, significantly impacting nurse retention, patient care, agency finances, and interorganizational relationships within health care settings (Pennington & Driscoll, 2019). The gap in practice identified for this project pertains to the necessity for enhanced staff awareness concerning nurse burnout, stress, and retention within home health care companies. This campaign promotes nursing practice by highlighting the need for staff education in reducing nursing burnout and improving nurse retention in home health care.

Practice-Focused Question and the Purpose of the Doctoral Project

The project's practice-oriented inquiry was: Does staff education result in increased knowledge and reduced nursing burnout? This initiative sought to enhance staff understanding of nursing burnout and stress, evaluated by a pretest/education/posttest framework. The primary objective was to increase knowledge. The overarching goal was to improve nursing retention and patient quality of care in the home health care setting.

Evidence Supporting the Project Change

Evidence from the literature review indicates the detrimental effects of nursing burnout and stress within home health care agencies. Three online databases, EMBASE, MEDLINE, and CINAHL, were examined for pertinent contemporary primary studies on nurse retention in home health care, published up to October 31, 2023. I identified evidence sources with the search phrases *nursing retention*, *nursing burnout*, *nursing stress*, *nursing recruiting*, *nursing shortages*, and *home health agencies*. The search

phrases were initially executed independently in each database prior to their amalgamation. The procedure of maintaining nurses is referred to as *nursing retention*. Searching *nursing retention* in PubMed or CINAHL yielded 36,541 article abstracts. Despite the vast volume of published material, only a minuscule percentage satisfied the inclusion criteria, such as *nursing retention in home health care agencies*.

Evidence Supporting the Change

A substantial body of evidence demonstrates that stress and burnout among nurses have detrimental effects on home health care organizations. Previous research has put forth recommendations that underscore the criticality of staff education regarding nursing burnout and stress. In a systematic review, Woodward and Willgerodt (2022) identified the effects of stress and burnout among individual nurses, on the unit, and on the organization's nursing outcomes. The findings reflect a comprehensive analysis of the current research concerning nursing work outcomes and highlight aspects that necessitate more research (Woodward & Willgerodt, 2022).

Marufu et al. (2021) compiled findings from 47 studies delineating nine discrete domains that influence staff turnover in the health care industry. The domains are (a) nursing leadership and management, (b) education, (c) career progression, (d) the organizational work environment, (e) personnel levels, (f) professional concerns like burnout, (g) workplace support, (h) personal factors like stress, and (i) demographic factors like remuneration and financial compensation. The systematic study review's scope was confined to the examination of retention determinants exclusively for hospital nurses, potentially constraining the generalizability of the results to nurses working in alternative health care environments.

McCreary (2020) investigated the extent to which home health nurses are content with their peer relationships and interactions with patients in addition to the autonomy and control they perceive in their positions as nurses. According to the literature and data obtained from a quality improvement initiative carried out at a specific home health agency, home health nurses are least satisfied with their compensation and benefits, organizational relationships, and the stress and burnout they endure. The barrier themes that surfaced with the greatest strength and consistency were (a) uncompensated time, (b) documentation, and (c) computer system issues. The above-mentioned barriers often prevent or reduce change facilitators' effectiveness. The agency's executives have adjusted the documentation system and are incorporating feedback from the satisfaction survey into recommendations for an agency retention strategy (McCreary, 2020).

Strength of the Evidence

According to the literature review, the project's evidence is robust and consistent with the outcomes attained. Home health nurses are very satisfied with their jobs because of the autonomy and control they have in their nursing careers as well as the important connections they form with coworkers and patients. According to current research and statistical data, home health nurses have the lowest levels of satisfaction with their organizational connections, stress levels, burnout, compensation, and perks.

Staff Education Project Development

Participants

Participants in the project were recruited willingly, and demographic data were collected through an anonymous survey. The demographic survey encompassed the characteristics of gender, age, ethnicity, and highest level of education achieved. Thirteen

staff nurses participated in this project. The nurses' participation in the educational presentation was optional, and the submission of the completed pretest and posttest surveys signified consent for data utilization in the project evaluation. Program evaluation is essential in the development of an educational program. This program evaluation substantiates diverse information regarding the project's success.

Procedures for Developing and Implementing the Project

I created an educational curriculum addressing nurse burnout derived from a comprehensive literature review conducted during my research. This educational program underwent meticulous evaluation and validation by a team of experts to ensure precision and pertinence. Furthermore, the pretest and posttest questions, along with the educational PowerPoint, were presented to the project team to evaluate the usability and suitability of the education. I conducted a 1-hour instructive session with a PowerPoint presentation. The pretest and posttest surveys were used to assess the participants' comprehension of nursing burnout and stress prior to and following the educational intervention. The participants additionally undertook a single-question assessment of the course to ascertain their preparedness to endorse a burnout prevention program at the location.

The data were converted from a physical format to an electronic Excel spreadsheet and later evaluated by the committee and practice coordinator to verify accuracy. A paired *t*-test was utilized to assess statistically significant differences in the mean scores of the pretest and posttest. The knowledge attained through education corresponds to Level 2 of the Kirkpatrick evaluation model, which addresses the degree of knowledge acquisition resulting from training (Kirkpatrick & Kirkpatrick, 2007). The

willingness to endorse a burnout prevention program exemplified Kirkpatrick's Level 3, which pertains to behavioral outcomes stemming from educational intervention. The willingness to engage in a burnout prevention program signifies affirmative support for further actions following the education and intention to participate in the new initiative.

Data Collection and Analysis of Evidence

A pretest and posttest consisting of 10 questions were utilized to gather data. The pretest and posttest questions were created based on the literature study findings regarding nurse burnout. Additionally, a cooperative initiative was conducted with the practice administrator and the project committee chair to formulate a series of questions that effectively corresponded with the project's objectives. The multiple-choice questions allowed participants to choose the correct answer from the available possibilities. The pre- and post-education assessments were conducted with participants utilizing paper-based tools. Subsequently, the test data were electronically input into an Excel spreadsheet. Every participant was allocated a number to ensure confidentiality. This approach was employed to align the pretest and posttest surveys for the paired *t*-test analysis. The paired *t*-test was conducted using Microsoft Excel to assess statistically significant differences between the mean knowledge scores of the pretest and posttest. The statistically significant difference in the mean scores was determined using a priori significance criterion of $p < 0.05$. The paired *t*-test results indicated an enhancement in the understanding of nursing burnout and stress among the home health care agency nurses participating in the study.

Program Evaluation and Process

The evaluation of the project included a paired t test to analyze the scores obtained from the staff participants using a survey before and after the education program. Analysis of the evidence supported the strategy for addressing the practice-focused question through a validated pretest and posttest questionnaire based on the PowerPoint education presented to the staff. The evidence from the analysis provided a means to address the practice-focused question: Can staff education improve knowledge on nursing burnout and how to address it? The project assessment incorporated a paired t -test to assess the scores of staff participants from a survey conducted prior to and during the educational session. The evidence analysis corroborated the technique for tackling the practice-focused question via a validated pretest and posttest questionnaire derived from the PowerPoint education delivered to the staff. The study yielded evidence to address the practice-focused question.

Results

Thirteen staff members voluntarily participated in a 1-hour nursing education class. The program included both data collecting and instructive presentation. Demographic data were gathered from participants using anonymous paper-based surveys. The majority of participants were women who possessed at least a bachelor's degree. Table 1 presents comprehensive demographic information.

Table 1

Demographics of Project Participants

Characteristics	<i>n</i>
Direct patient care provider	
Yes	10

No	1
Years of experience in your role	
Less than 1 year	1
1 to 2 years	3
3 to 4 years	5
5 to 10 years	3
10+ years	1
Gender	
Male	1
Female	12
Gender variant/nonconforming	0

Note. $N = 13$

Thirteen participants completed both the pretest and posttest questionnaires. Both assessments consisted of 10 identical questions. Alongside the posttest, the single-question evaluation of Kirkpatrick's Level 3 was conducted. A paired sample *t*-test was performed in Microsoft Excel to analyze the data and ascertain if a significant difference existed between the scores from the pre-education and post-education surveys. Subsequent analysis of the inquiries indicated that participant responses to all 10 questions had markedly enhanced. The percentages indicating the participants' results showed a consistent increase from the pretest to the posttest (see Table 2). A mean pretest score of 53% was recorded in this group of 13 subjects. The staff demonstrated a deficient comprehension of nursing burnout and stress, as evidenced by the pretest outcomes. The posttest mean score of 92% indicates a significant enhancement in staff members' understanding of nursing burnout and stress. No unforeseen results were noted.

Table 2*Pretest and Posttest Scores*

Participant	Pretest score	Posttest score
1	60%	100%
2	40%	90%
3	40%	80%
4	60%	100%
5	80%	90%
6	50%	100%
7	70%	90%
8	70%	90%
9	40%	80%
10	50%	90%
11	40%	100%
12	40%	90%
13	50%	90%
Mean score	53.07%	92.3%

A paired sample *t* test was utilized to compare the means of the pretest and posttest scores of the same staff participants. The statistical analysis shown in Table 3 indicates a substantial enhancement in staff knowledge test results following the educational intervention ($t = 8.54$, $df = 12$, $p < 0.001$). Given that the *p*-value was below 0.05, it facilitated the rejection of the null hypothesis, indicating the data were not attributable to chance. The results offered ample evidence to determine that the education effectively improved staff knowledge regarding nursing burnout and stress.

In response to the inquiry on their willingness to engage in a project aimed at preventing burnout, 10 participants said they were *very likely* to endorse the initiative. Three participants said they were *likely* to endorse the idea. None of the participants indicated they were *neither likely nor unlikely*, *unlikely*, or *very unlikely* to support the

initiative. The favorable feedback suggests the instruction effectively facilitated preparedness for the subsequent phase of executing a burnout prevention initiative.

Table 3

Paired Two Sample for Means

	Pretest	Posttest
Mean	0.530769231	0.923076923
Variance	0.018974359	0.00525641
Observations	13	13
Pearson correlation	0.160467552	
Hypothesized mean difference	0	
<i>df</i>	12	
<i>t</i> stat	8.539627254	
<i>P</i> (<i>T</i> ≤ <i>t</i>) one-tail	9.57737E-07	
<i>t</i> Critical one-tail	1.782287556	
<i>P</i> (<i>T</i> ≤ <i>t</i>) two-tail	1.91547E-06	
<i>t</i> critical two-tail	2.17881283	

Impact of the Project on the Organization

The project's outcomes have considerable ramifications for personnel and health care institutions. Staff education and training can improve understanding of nursing burnout and stress, allowing an organization and individual nurses to contemplate strategies to mitigate these issues. A deficiency in understanding stress and burnout may lead to adverse outcomes, including staffing instability and reduced nurse retention. The findings suggest that augmenting staff comprehension of burnout and stress could enhance nursing retention and mitigate workplace stress and burnout.

Furthermore, participants expressed their appreciation for the education and highlighted the applicability of the acquired knowledge in their daily tasks. The staff education initiative yielded beneficial outcomes that could potentially facilitate social transformation in nursing practice. Enhanced understanding of the factors contributing to

burnout and stress facilitates the development of both organizational and individual initiatives to alleviate these issues and improve patient outcomes.

Project Limitations of the Project

The limited sample size constitutes a significant constraint of the project, potentially diminishing the generalizability of the findings to a broader population. I recommend that supplementary staff nurses at the health care agency participate in the educational program to enhance collective awareness of stress and burnout as well as the agency's initiatives to mitigate these issues. Moreover, the majority of participants classified themselves as female. A further restriction is that this project was executed within a single health care agency and does not encompass all health care setting environments. Future investigations should increase the sample size, enhance sample variety, and vary sample settings to yield more comprehensive data on burnout and stress in home nursing environments.

Project Importance Beyond the Local Site

This project demonstrates that education can improve comprehension of nursing burnout and stress among staff nurses. The dissemination of knowledge acquired throughout this project is crucial for effecting change. Dissemination transpires at multiple levels, commencing at the location of project implementation. Initially, it is essential to convey the findings of the doctoral project to the practice administrators and clinical leaders who have expressed interest in sharing this expertise with other members of the organization. White et al. (2016) asserted that showcasing notable accomplishments from the project to stakeholders can improve project efficacy. The presentation may also be utilized for onboarding new staff and for formal training and

educational objectives. Upon the official adoption of the project, a subsequent activity will involve disseminating the project findings beyond the institution. The optimal target audience for disseminating the project findings on a larger scale include health care professionals in primary care, social workers, home health care agencies, and case management personnel.

Conclusion

Nurse retention remains a chronic challenge in various health care settings, particularly in health care agencies. Research has shown that educating nursing staff about burnout and stress can enhance nurse retention and patient health outcomes. The aim of this project was to evaluate the effectiveness of a staff education program in improving staff members' comprehension of nursing burnout and stress. The project findings revealed increased knowledge and substantiated that education is an effective method to improve staff comprehension, consistent with prior research. The educational session significantly improved staff participants' comprehension of nursing burnout and stress. The staff and clinical team saw educational instruction as beneficial and essential in their delivery of health care. The practice administrator and team advised integrating the educational program for new hires into training sessions. The teaching material will be modified to educate more members of the organization at larger staff meetings.

This doctoral project suggests possible implications for social change in nursing practice, as understanding nursing burnout may enhance patient outcomes and nursing retention. I will promote the enhancement of diversity, inclusion, and equity in nursing by enabling all staff nurses to recognize and mitigate the symptoms of stress and burnout. As

I progress in my professional journey as a lifelong learner, I intend to utilize the abilities I have obtained to effect change and enhance the work life of clinical nursing personnel.

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Appendix A: Pretest Questionnaires

Participant # _____

1. What factors contribute to nursing burnout?
 - a. Job satisfaction.
 - b. Stress, workload, salaries, and benefits.**
 - c. non-nursing task.
 - d. Fear of making mistakes.
2. What is the reason for educating nursing staff about burnout?
 - a. Increase income.
 - b. To create a support group.
 - c. To gain knowledge about nursing burnout and overcome nursing burnout.**
 - d. To determine which nurse is burned.
3. What decreases job satisfaction in home health care?
 - a. new laws brought by the Centers for Medicare and Medicaid Services (CMS)
 - b. Excessive documentation and providing care within strict regulations.**
 - c. Innovation.
 - d. Increase income.
4. What are the critical factors of nurse retention?
 - a. Job satisfaction and compensation.**
 - b. Nursing policies
 - c. Structural barriers (finances, lack of resources)
 - d. Lack of knowledge about nursing burnout.
5. What program can help nurses to grow in the organization?
 - a. Nursing program.
 - b. Healthcare program.
 - c. financial aid program.
 - d. Clinical ladder program**

6. **Fill in the blank:** The US Bureau of Labor Statistics projects that the compound annual rate of growth in employment for home health care from 2014 to 2024 will be nearly _____, the highest for all industries.

- a. 2%
- b. 5%**
- c. 10%
- d. 12%

7. How does the organization create a relationship with nurses?

- a. Review policies and regulations.
- b. Managing decisions.
- c. Create an unsafe environment.
- d. By establishing a supportive environment that incorporates clinical decision-making and positive interdependent interaction among staff nurses, physicians, supervisors, and management.**

8. How can nurses impact home health care policies?

- a. Review policies and regulations of health care agencies.
- b. Involve nurses in decision-making by creating a survey allowing them to give their opinions.
- c. Include job satisfaction and remuneration in health care policies.
- d. Change policies according to the nursing demand and patient care.
- e. All the above.**
- f. None of the above

9. What are the strategies to improve burnout and nursing retention in health care agencies?

- a. Educate staff nurses about nursing burnout during in-service and incorporate methods to overcome nursing burnout.
- b. Education and career advancement opportunities: Implement a clinical ladder program to help nurses grow in the organization.
- c. Relationship with the organization: establish a supportive environment incorporating clinical decision-making and positive interdependent interaction among staff nurses, physicians, supervisors, and management.

- d. Create monetary and nonmonetary compensation earned from work.
- e. Create various types of insurance, leaves, educational and retirement funds.

f. All the above

10. How to evaluate the knowledge after receiving the education and the strategies to improve the burnout and retention of nurses in health care settings?

- a. A paired t test will analyze statistically significant differences in the pretest and post-test mean scores.**
- b. Strategies implementation.
- c. Strategies evaluation.
- d. Strategies readjustment.

Score _____

Appendix B: Posttest Questionnaires

Participant # _____

1. What factors contribute to nursing burnout?
 - a. Job satisfaction.
 - b. Stress, workload, salaries, and benefits.**
 - c. non-nursing task.
 - d. Fear of making mistakes.
2. What is the reason for educating nursing staff about burnout?
 - a. Increase income.
 - b. To create a support group.
 - c. To gain knowledge about nursing burnout and overcome nursing burnout.**
 - d. To determine which nurse is burned.
3. What decreases job satisfaction in home health care?
 - a. new laws brought by the Centers for Medicare and Medicaid Services (CMS)
 - b. Excessive documentation and providing care within strict regulations.**
 - c. Innovation.
 - d. Increase income.
4. What are the critical factors of nurse retention?
 - a. Job satisfaction and compensation.**
 - b. Nursing policies
 - c. Structural barriers (finances, lack of resources)
 - d. Lack of knowledge about nursing burnout.
5. What program can help nurses to grow in the organization?
 - a. Nursing program.
 - b. Healthcare program.
 - c. financial aid program.
 - d. Clinical ladder program**

6. **Fill in the blank:** The US Bureau of Labor Statistics projects that the compound annual rate of growth in employment for home health care from 2014 to 2024 will be nearly _____, the highest for all industries.

- a. 2%
- b. 5%**
- c. 10%
- d. 12%

7. How does the organization create a relationship with nurses?

- a. Review policies and regulations.
- b. Managing decisions.
- c. Create an unsafe environment.
- d. By establishing a supportive environment that incorporates clinical decision-making and positive interdependent interaction among staff nurses, physicians, supervisors, and management.**

8. How can nurses impact health care policies?

- a. Review policies and regulations of home health agencies.
- b. Involve nurses in decision-making by creating a survey allowing them to give their opinions.
- c. Include job satisfaction and remuneration in home health care policies.
- d. Change policies according to the nursing demand and patient care.
- e. All the above.**
- f. None of the above

9. What are the strategies to improve burnout and nursing retention in home health care agencies?

- a. Educate staff nurses about nursing burnout during in-service and incorporate methods to overcome nursing burnout.
- b. Education and career advancement opportunities: Implement a clinical ladder program to help nurses grow in the organization.
- c. Relationship with the organization: establish a supportive environment incorporating clinical decision-making and positive interdependent interaction among staff nurses, physicians, supervisors, and management.

- d. Create monetary and nonmonetary compensation earned from work.
- e. Create various types of insurance, leaves, educational, and retirement funds.

f. All the above

10. How to evaluate the knowledge after receiving the education and the strategies to improve the burnout and retention of nurses in health care settings?

- a. A paired t test will analyze statistically significant differences in the pretest and post-test mean scores.**
- b. Strategies implementation.
- c. Strategies evaluation.
- d. Strategies readjustment.

11. Posttest only: To what extent do you plan to support the stakeholders in implementing the burnout prevention program (circle the answer that most closely matches your plan)?

- 1. Very unlikely to support the project.
- 2. Unlikely to support the project.
- 3. Neither likely nor unlikely to support the project.
- 4. Likely to support the project.
- 5. Very likely to support the project.

Provide the reason(s) for your answer in the space below:

Score _____

Appendix C: ADDIE Plan for Evidence-Based Practice Project to Improve Retention Among Nurses in Health Care Settings

Project Title:

Improving Nurse Retention Through Evidence-Based Practices in Healthcare Settings

1. Analyze

Purpose/Problem: The turnover rate among nurses in healthcare settings is a growing concern. High turnover can lead to staffing shortages, decreased quality of care, and increased costs. The purpose of this project is to implement an evidence-based practice (EBP) intervention aimed at improving nurse retention by addressing job satisfaction, burnout, and engagement.

Learner Characteristics:

- **Target Audience:** Nurses at all levels (new hires, mid-career, and seasoned professionals).
- **Demographics:** Mixed age groups, educational backgrounds, and experiences in healthcare.
- **Challenges:** High job demands, stress, and burnout due to long shifts, patient acuity, and limited resources.
- **Learning Needs:** Strategies to enhance job satisfaction, stress management, career development, and opportunities for peer support.

Learning Environment:

- **Setting:** Healthcare facility with both online and in-person learning components.
- **Resources Available:** Access to online learning platforms, professional development programs, leadership support, and mentors.
- **Constraints:** Busy work schedules, limited time for additional training, varying technological proficiencies, and potential resistance to change.

Goals and Objectives:

- Improve nurse retention by reducing burnout and improving job satisfaction.

- Equip nurses with strategies to manage stress, foster professional development, and increase engagement.
-

2. Design

Learning Objectives:

- Nurses will identify personal and professional stressors contributing to burnout.
- Nurses will learn evidence-based coping strategies to manage stress and improve work-life balance.
- Nurses will understand the importance of professional growth and recognize opportunities for career advancement within the organization.
- Nurses will engage in peer-support activities to build a sense of community and collaboration.

Instructional Strategies:

- **Interactive Workshops:** Focus on stress management, leadership development, and professional growth.
- **Peer Support Groups:** Encourage group discussions and the sharing of experiences to foster camaraderie and reduce feelings of isolation.
- **Online Modules:** Provide evidence-based interventions to help nurses improve job satisfaction, such as mindfulness, time management, and mentorship programs.
- **Case Studies:** Analyze real-world scenarios where nurse retention strategies were successfully implemented to inspire practical application.
- **Leadership Development Training:** Equip nurse managers with skills to provide better support and improve staff retention.

Assessment Methods:

- **Pre- and Post-Surveys:** Measure participants' knowledge of stress management techniques, job satisfaction, and burnout levels before and after the intervention.
- **Self-Assessment Tools:** Allow nurses to evaluate their stress levels, career development goals, and engagement.

- **Reflective Journals:** Encourage nurses to document personal experiences, challenges, and how they apply learned strategies in practice.
-

3. Develop

Course Materials:

- **Workshop Outlines and Handouts:** Include practical tips on reducing burnout, strategies for career development, and case study discussions.
- **Online Modules:** Develop interactive e-learning courses on stress management, mindfulness, and time management.
- **Peer Support Group Guides:** Instructions for running effective support group sessions with reflective prompts and discussion questions.
- **Assessment Tools:** Surveys, self-assessment forms, and reflective journal templates to track progress.

Multimedia Resources:

- **Videos:** Interviews with successful nurse leaders, mentors, and peers on strategies to improve job satisfaction and retention.
- **Slides and Presentations:** Key points on evidence-based practices for stress reduction and professional growth.

Technology:

- **Learning Management System (LMS):** Utilize an LMS to deliver online modules, track completion rates, and gather assessment data.
 - **Communication Tools:** Use video conferencing for peer support groups and workshops for those who cannot attend in person.
-

4. Implement

Pilot Test:

- Run the pilot program in one department or unit within the healthcare facility to gather feedback and refine the course materials.
- Involve leadership in supporting the rollout, emphasizing its importance to improving nurse well-being and retention.

Delivery:

- **In-Person Training:** Conduct workshops on-site that allow for active participation and discussion among nurses.
- **Online Learning:** Deploy online modules for nurses to complete at their convenience, especially for those with challenging schedules.
- **Blended Learning:** Combine both in-person workshops and online modules to provide flexibility for different learning preferences.

Communication Plan:

- **Kick-Off Meeting:** Announce the program with a kick-off meeting to all nursing staff, explaining the goals, benefits, and available resources.
- **Email Campaign:** Send periodic updates, reminders, and progress tracking to all participants and stakeholders.
- **Support Channels:** Provide a helpline or a point of contact for technical support and content-related queries.

Mentorship Program:

- Match new and experienced nurses to foster professional development, increase job satisfaction, and build community connections.

5. Evaluate**Formative Evaluation:**

- **Ongoing Feedback:** Collect feedback throughout the implementation phase via surveys, one-on-one discussions, and informal check-ins with participants.
- **Workshops/Training Feedback:** After each session, gather feedback from nurses on what was helpful and what could be improved.

Summative Evaluation:

- **Post-Program Surveys:** Conduct surveys to evaluate nurses' knowledge gains, perceived effectiveness of the training, and any changes in burnout and job satisfaction levels.
- **Retention Rates:** Monitor nurse turnover rates 6 months to 1 year after implementing the program to evaluate its effectiveness.

- **Focus Groups/Interviews:** Hold focus groups with participants to gather qualitative feedback on the program's impact on their professional growth and work-life balance.

Key Performance Indicators (KPIs):

- Improvement in nurse retention rates.
- Reduction in reported burnout and stress levels.
- Increase in job satisfaction and engagement metrics.
- Increased participation in professional development activities.

Adjustments:

- Based on the feedback and data collected, make necessary adjustments to improve content, delivery methods, or frequency of training sessions.
 - Scale the program across other departments or the entire facility based on the results of the evaluation.
-

Appendix D: Education Program Evaluation Form

Program Title:

Evidence-Based Practice to Improve Nurse Retention in Healthcare Settings

Date of Evaluation: __ October 10, 2024 _____

Facilitator(s): __ Lilian Adamu _____

Location: __ FOH _____

Participants: __ Nurses _____

Section 1: Program Objectives and Relevance

Please provide your feedback on the following aspects of the program by selecting the option that best reflects your opinion.

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The program objectives were clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The program content was relevant to the challenges nurses face in retention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The program addressed key factors impacting nurse retention in healthcare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The evidence-based practices introduced are applicable to my work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The program content aligned with the retention needs in my facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Program Content and Delivery

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. The materials provided (slides, handouts, resources) were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The facilitators demonstrated expertise in evidence-based practices related to retention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The facilitators effectively engaged participants throughout the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The delivery method (online/in-person/blended) was appropriate for the content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The use of examples and case studies helped me understand the application of evidence-based practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Learning Outcomes

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. I gained new knowledge on strategies to improve nurse retention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I feel confident applying the strategies I learned to improve nurse retention in my organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The program provided practical tools I can use to address nurse turnover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
14. I feel more prepared to implement evidence-based practices in my team or facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The program gave me strategies to support nurses' professional development and job satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Overall Satisfaction

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
16. I am satisfied with the overall quality of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The program met my expectations for addressing nurse retention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I would recommend this program to other healthcare professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I would attend future programs on evidence-based practices for retention and job satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Open-Ended Feedback

- 1. What aspects of the program did you find most useful for improving nurse retention in your facility?**

- 2. What areas of the program could be improved?**

-
3. **Please provide suggestions for additional topics that could further support nurse retention strategies:**

4. **Any additional comments or recommendations:**

Section 6: Program Impact and Application (Optional)

Please answer the following questions to assess how well you can apply what you learned to improve nurse retention:

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
20. I have already applied or plan to apply retention strategies from the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I expect to see improvements in nurse retention as a result of this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>