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The Transition Phase Influence on Nursing Career Satisfaction and Retention

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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Amanda Lee Machesky

MSN, Walden University, 2010

BSN, Waynesburg University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Qualified registered nurses are needed to provide bedside care to patients, yet there is a known registered nurse shortage in the United States, which has a global impact on the healthcare industry. Contributing to the nursing shortage is turnover, which is partly due to the inadequacies of preparation for role transition of newly qualified registered nurses. The purpose of this quantitative descriptive study was to determine if there was a relationship between retention and nursing career satisfaction of registered nurses who experience a transition to practice program and those who did not. Duchscher's transition shock theory served as the theoretical basis of this study. The Mariani Nursing Career Satisfaction Scale and the Turnover Intention Scale were completed by 271 registered nurses with 24 months or less of bedside clinical practice. Data collected were analyzed by performing a one-way multivariate analysis of variance. Results revealed there was no statistically significant difference between those who did and those who did not have a transition to practice program on the combined dependent variables of nursing career satisfaction and retention. A positive linear relationship was found between nursing career satisfaction and retention. Retaining satisfied nurses and easing the burden associated with transitioning into practice can impact positive social change. The positive social change can also impact other healthcare professionals, businesses, and consumers who are associated with the newly qualified registered nurse who is transitioning into practice. Results from this study can inspire future researchers to continue to focus on seeking effective methods that will increase nursing career satisfaction and retention of newly qualified registered nurses transitioning into practice.

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Dedication

I would like to dedicate this dissertation to my loved ones who tolerated me during this process. To my family and friends; especially my parents, Gary and Dianna, and my son Owen. I am so fortunate to have such a supportive circle of friends and family, it is impossible to list everyone in my dedication. I would also like to dedicate my dissertation to my past students who have entered the profession as newly qualified registered nurses and served as inspiration for the foundational ideas of this study.

Acknowledgments

I would like to acknowledge my dissertation chair and methodologist, Dr. Leslie Hussey. She willingly took me under her wing and supported me throughout the entire process from start to finish. She provided the perfect balance of encouragement and critique in order to complete the dissertation process in a timely manner.

I would also like to acknowledge my committee member, Dr. Mary Martin. She too saw potential in me and graciously agreed to work with me and provide her content expertise and support. During my time of pursuit to obtain my terminal degree, Dr. Martin has provided both academic and personal guidance.

Dr. Hussey and Dr. Martin made a fantastic dynamic team that I will forever be grateful for having in my life. I was truly blessed to have a cohesive committee. I would also be remiss if I did not provide an acknowledgment to all faculty and staff at Walden University. I have had support from not only my committee but also from past faculty and staff members either in the classroom or at residencies. Also, Dr. Anna Valdez served as my assigned university research reviewer.

Lastly, an important acknowledgment is extended to my peers at Walden University. Again, I am fortunate to have made connections with too many people to list here individually. Connections in the classroom, residencies, and the dissertation course helped to guide, inspire, and push me towards success.

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Chapter 1: Introduction to the Study

The purpose of this research study was to examine retention and nursing career satisfaction during the transition phase of a newly qualified registered nurse (NQRN) in bedside clinical practice. The transition phase time frame for the study was registered nurses (RNs) with up to 24 months of bedside clinical practice. The goal of the research was to help determine the impact a transition to practice (TTP) program has on an RNs' nursing career satisfaction and retention. TTP programs are termed in various ways within the literature, including but not limited to being identified as a nurse residency program. Duchscher's theory of transition shock served as the theoretical framework for the study.

The study can contribute to the overall body of knowledge that can aid in improving the profession for nurses. Retaining experienced and knowledgeable nurses in the profession can also contribute to the quality of care provided to patients. These factors also contribute to making a positive social change.

Chapter 1 includes the study background, problem statement, purpose, research question and hypotheses, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and the significance of the study.

Background

Existing evidence that supports investigating the transition phase from student nurse to novice RN is the perceived preparation of new graduate nurses and the percentage of new nurses who leave the profession. According to Twibell et al. (2012), nursing executives perceived that only 10% of new graduate nurses were fully prepared

to practice safely and effectively. In addition, Rush, Adamack, Gordon, Lilly, and Janke (2013) asserted that the theory-practice gap is a global phenomenon. Furthermore, Lim, Teoh, Pua, Holroyd, and Chan (2013) reported that TTP is a stressful time, and the stress endured can lead to poor quality of care and high turnover rate in the profession. More specifically, Lim et al.'s results emphasized "the importance of bridging the gap between transition to practice" (p. 43). By continuing with future research on the transition period, key informant themes were identified that will aid in improving the transition period by reducing stress. Additionally, Rush et al. stated that there is little information regarding specific topics and information to include in a transition program. Through this literature presented, I began to identify a gap, thus resulting in an important focus area for the research topic of interest.

Problem Statement

Qualified RNs are needed to provide bedside care to patients. In 2016, there were a total 157,073 first-time, successful United States educated RN testing candidates (National Council of State Boards of Nursing [NCSBN], 2017a). In 2015, there were 157,882 first-time, successful United States educated RN testing candidates (NCSBN, 2016). The American Association of Colleges of Nursing (2014) published a nursing shortage fact sheet on the current and projected shortage of RNs in the United States, citing several sources including one from Buerhaus, Auerbach, and Staiger. According to Buerhaus, Auerbach, and Staiger (2009), the United States RN shortage is projected to be 260,000 by the year 2025. Turnover rates can vary per publication and study depending on how the author presents the specific turnover rates. Kovner, Brewer, Fatehi, and Jun

(2014) stated that despite the broad use of turnover rates in various facets, there are inconsistencies in the definition. Reported turnover rates for NQRNs are higher than those with more experience (Kovner et al., 2014; NSI Nursing Solutions, Inc., 2016). The following NSI Nursing Solutions, Inc. statistics are derived from a survey of 138 facilities nationwide to include a total of 120,630 RNs and defined the turnover specific to the bedside RN from January through December 2015. NSI Nursing Solutions, Inc. (2016) reported a turnover of RNs with less than 1 year of practice to be 29.2%. RNs with 1 to 2 years of experience suffered a 21.4% turnover rate in 2016 (NSI Nursing Solutions Inc., 2016). Kovner et al. conducted a longitudinal study that consisted of 7 years of data regarding organizational turnover (voluntary and involuntary). One-year RN turnover was reported at an estimate of 17.5% (N = 2,095) in 2007 and 2-year turnover was reported at an estimate of 33.5% (N = 1,906) in 2009 (Kovner et al., 2014).

Reasons vary as to why nurses intend to leave bedside nursing. One focus regarding the intent to leave the position as a bedside nurse is the inadequacy of the transition process that new nurses experience as they enter the profession and practice setting. According to Duchscher (2012), the author of the transition shock theory, transition shock occurs in three stages (doing, being, and knowing) over the course of the first year of employment as a NQRN. From experience and observation, the transition time can have an impact, either positive or negative, on a person's outlook, perceptions, and behaviors in practice.

The importance of the identified topic was evidenced in several reports that indicate the need for further research regarding the NQRNs' transition to practice. These

reports specifically address the need for larger sample sizes and more rigorous study designs (Edwards, Hawker, Carrier, & Rees, 2015; Missen, McKenna, & Beauchamp, 2014; Phillips, Esterman, Smith, & Kenny, 2012; Spector et al., 2015).

Purpose of the Study

The purpose of this study was to examine the effects that a transition program has on satisfaction with nursing as a career and retention of the NQRN in bedside care. To address the gap in the literature, the dependent variables of satisfaction with nursing as a career and retention of NQRN were evaluated in conjunction with the implementation of the independent variable, TTP programs. The approach to examining the effects was performed by using a cross-sectional design.

Research Question and Hypotheses

The research question to be addressed by this study was as follows: What is the relationship between a transition program for NQRNs and nursing career satisfaction and retention? The independent variable was TTP program. and the two dependent variables were nursing career satisfaction and retention. To answer the single research question, the following hypotheses were tested.

Research Hypotheses

$H_0$1: There is no relationship between nursing career satisfaction and retention of NQRNs and the implementation of a transition program.

$H_1$1: There is a relationship between nursing career satisfaction and retention of NQRNs after the implementation of a transition program.

The independent variable was transition program. The dependent variables were nursing career satisfaction and retention of NQRNs. A one-way multivariate analysis of variance (MANOVA) and an independent-sample a *t* test was performed. A parametric or nonparametric test were both deemed inappropriate due to the nature of the variables in the research question.

Theoretical Framework for the Study

Duchscher developed the transition shock theory based on Kramer's theory of reality shock. According to Duchscher (2012), transition shock begins within the first few weeks to months when a new graduate nurse enters the profession. Transition shock encompasses several components, such as intellectual, cultural, social, physical, emotional, and spiritual. The transition shock theory is presented in three stages: doing, being, and knowing. Characteristics associated with the first stage (doing) include learning, performing, concealing, adjusting, and accommodating. Stage 2 (being) characteristics include searching, examining, doubting, questioning, and revealing. Lastly, Stage 3 (knowing) characteristics include separating, recovering, exploring, critiquing, and accepting. Duchscher presented a new graduate entry to practice support framework. The framework provides information regarding the preceptor relationship, orientation, transition, integration, and stabilization (Duchscher, 2012).

Duchscher's theory addresses various aspects of the phenomenon of interest. Therefore, I did not need to make any adjustments or modifications to use the theory for this research study. Her theory assists the new nurse graduate along the journey of transforming from a novice to expert nurse, as outlined by Benner (Duchscher, 2012).

Understanding Benner's (1982) theory from novice to expert can be supportive in conjunction with understanding Duchscher's transition shock theory. Benner's theory from novice to expert delineated competency stages of a practicing nurse as follows: Level 1, novice; Level 2, advanced beginner; Level 3, competent; Level 4, proficient; Level 5, expert. Benner identified various attributes for each stage that may be helpful in identifying transition issues. I discuss further details regarding Duchscher's theory in Chapter 2, the literature review.

Lim et al. (2013) reported that TTP is a stressful time, and the stress endured can lead to poor quality of care and high turnover rate in the profession. Duchscher's transition shock theory offers a new graduate entry to practice support framework. The transition shock theory proposes that new graduates need integrations such as clinical coach, mentor, workplace engagement strategies, peer support groups, and career assessment (Duchscher, 2012). The purpose of this study was to examine the effects that a transition program has on satisfaction with nursing as a career and retention of NQRNs in bedside care. To address the gap in the literature, the variable of satisfaction with nursing as a career and retention of NQRN were evaluated in conjunction with the implementation of transition programs. The use of this theory for the theoretical framework can aid in providing operational definitions, describe the problem focus, and support the connection of existing knowledge to the phenomenon of interest. Spector et al. (2015) found that transition programs improve outcomes for new nurses and increases retention. Spector et al. also recommended more rigorous research in transition programs for NQRNs.

Nature of the Study

Other like studies regarding this topic were conducted using either a quantitative, qualitative, or mixed methods approach. Specifically, it has been noted that a longitudinal study was conducted by Spector et al., 2015. The same design approach for this study, cross-sectional, was conducted in 2012 (Laschinger, 2012). I conducted a test using quantitative methodology. As a researcher regarding this topic, I was interested in providing a written research report that contained reliable and objective, useful findings. I was interested in researching the relationships between the identified variables, thus making the choice of quantitative research appropriate. Additionally, authors such as Spector et al. (2015) have made a call for more rigorous research in the area of transition programs for NQRNs.

The design selected for this study was correlational, cross-sectional. According to Grove, Burns, and Gray (2013), this study design allows the researcher to describe or predict the relationship among variables. A predictive design was chosen. The predictive design allowed me to examine the relationship among variables at one specific point in time while predicting the value of the dependent variable based on the independent variable. The purpose of the study was to understand the relationship between variables (use of a TTP program [independent variable] and the retention and nursing career satisfaction of RNs [dependent variables]). After review of the study variables and purpose, the predictive correlational cross-sectional design was deemed appropriate. While it is understood that the use of this design has its strengths and limitations, I considered those factors when designing the study.

The specific population for this research study were RNs licensed, residing, and practicing in the United States of America. According to the U.S. Bureau of Labor Statistics (2016), there are an estimated 2,745,910 licensed RNs. In this specific study, I targeted RNs with 24 months or less of practice. In 2016, 157,073 new RNs were licensed (NCSBN, 2017a). In 2015, 157,882 new RNs were licensed (NCSBN, 2016).

Eligibility criteria included an active, unencumbered, licensed RN in the United States with 24 months or less of clinical bedside nursing practice experience. RNs with more than 24 months of experience were not eligible for this study. The focus on 24 months of experience or less was to target the specific portion of the population relevant to the research focus. Various sources reported turnover rates for NQRNs higher than those with more than 2 years of practice experience (Kovner et al., 2014; NSI Nursing Solutions, Inc., 2016).

Based on the participants needed for the research study, it was best to select a cluster probability sampling method. The use of a cluster probability sampling method allowed me to take an unbiased approach to sampling. Selecting this sample strategy also provided me with the opportunity to access a group of the population who met specific inclusion criteria: NQRNs with less than 24 months of bedside practice experience who have or have not had a TTP program. The participants were selected and contacted using the email address provided by the state board of nursing, which is much like a national database, rather than each individual health care institution.

The data were collected through a survey system, SoGoSurvey. The data were collected anonymously. Participants were contacted via email. Email addresses were

obtained using a listserv provided by the Florida and Ohio state board of nursing. A public link to the study was also posted on Facebook and a nursing discussion board forum. Participants had the option to participate in the survey in the setting and location of his or her choice.

A parametric test was conducted on the data once they were collected, screened, and cleaned. It was important to report on the following in the presentation of the results from the selected parametric test: dependent variables, independent variable, assumption violations (if any), statistical significance between dependent variables, and the statistical significance on dependent variables separately (if found).

Definitions

The following key terms are defined for this study:

Implementation of transition programs: The process of beginning and integrating "an active learning program for newly licensed nurses" (Spector & Echternacht, 2010, p. 18).

Newly qualified registered nurse (NQRN): A person who has been educated to be an RN and recently obtained a license and is newly qualified to practice as an RN (Morolong & Chabeli, 2005).

Novice registered nurse: RNs who are categorized as "beginners who have had no experience of the situation in which they are expected to perform" (Drumm, 2013, para 2).

Nursing career satisfaction: a nurse's personal feelings regarding their position in a committed career to nursing (Mariani, 2007b).

Retention: "Preventing nurse turnover and keeping nurses in an organizations employment" (Jones & Gates, 2007, para. 1).

Transition to practice (TTP): A time when newly licensed nurses enter clinical practice for the first time and process through the stages of doing, being, and knowing (Duchscher, 2007).

Transition to practice program: "A program of active learning for all newly licensed nurses […] designed to support their progression from education to practice across all settings" (Spector & Echternacht, 2010, p. 18).

Assumptions

An assumption of this study was that NQRNs go through a transition phase as described by Duchscher's transition shock theory. This was an important assumption because the transition phase provided the framework for the study. Additional assumptions for this study included the nurses' ability to follow directions and provide accurate, truthful information regarding his or her personal nursing career satisfaction and future intentions for staying or leaving the nursing profession. A specific assumption related to an RN completing the nursing career satisfaction survey was that the nurse considered satisfaction with his or her overall career rather than satisfaction based on a specific time or his or her short-term feelings related to an isolated recent event. It was important to retain this assumption because an RN may have the tendency to claim dissatisfaction based on a recent shift or negative care experience. However, it was important for the nurse to note his or her entire nursing career experience when responding to questions posed on the nursing career satisfaction survey. An additional

assumption related to the NQRN was that they all had similar levels of nursing qualifications as they transitioned into practice regardless of whether they experienced a TTP program under initial employment as a NQRN working in bedside clinical practice. This assumption was necessary because it was important to understand that every nurse entering the practice had similar qualifications and did not struggle or excel because of his or her abilities.

Scope and Delimitations

There is a need for qualified RNs in bedside clinical practice. NSI Nursing solutions (2016) reported a turnover of bedside RNs with less than 1 year of practice to be 29.2%. Bedside RNs with 1 to 2 years of experience suffered a 21.4% turnover rate in 2016 (NSI Nursing Solutions, 2016). RNs with 5 or more years of experience faced a 13.2% turnover rate (NSI Nursing Solutions, 2016). These statistics were based on a January through December 2015 survey of 120,630 RNs working in the United States. As new nurses are entering the field and transitioning to bedside clinical practice, the profession is still losing a great number of valuable qualified RNs for practice. An Institute of Medicine (IOM) report (2011) suggested that some turnover is expected, for example as new nurses discover they are not suited for their area of practice or even for the profession. However, nurses leaving the profession needs to be avoided (IOM, 2011). Due to the higher turnover found earlier in the profession, the timeframe of 24 months or less of practice experience was selected as an appropriate delimitation for this research study. Duchscher (2012) stated that the transition shock theory ranges from the initial weeks to months beginning a career as a NQRN and continues for the first 12 months of

practice. It is not until approximately the 12-month mark in practice that a NQRN reaches a stable level of comfort (Duchscher, 2012). Therefore, the delimitation of conducting the study on RNs with 24 months or less of practice included those who were in the transition shock stages, according to Duchscher, and have begun to recover and experience stability in practice.

RNs selected "immediate manager, commute/location, education, workload/staffing ratios, and scheduling" as the top 10 reasons for turnover in the nursing profession (NSI Nursing Solutions, 2016). A list of 10 other reasons for turnover were included in the 2016 NSI Nursing Solution survey; however, none of them addressed nursing career satisfaction. Therefore, it is important to evaluate nursing career satisfaction in conjunction with retention and how a TTP program has or has not influenced these variables.

RNs of any academic preparation were included in the study if they had 24 months or less of clinical bedside practice. The decision to not exclude any specific academic preparation was based on the NCSBN statistics for first time RN testing candidates in 2016. Of the first time RN test candidates, 81,653 were associate degree prepared, 72,637 were baccalaureate prepared, 2,745 were diploma prepared, and 34 were categorized as special program code (NCSBN, 2017a). Various facilities use different TTP program approaches. Some facilities do not have a formal TTP program where other facilities have a TTP program that is specific for baccalaureate prepared RNs only. Per the Commission on Collegiate Nursing Education (2015), all NQRNs should participate in a residency program regardless of educational preparation.

The potential generalizability for this study relies on the development of the study design, execution, and interpretation of results. Generalizability is an important ideal goal to accomplish and is viewed as a major criterion for quantitative research studies (Polit & Beck, 2010). This study could be generalized to NQRNs transitioning to practice. A representative sample from the population was surveyed in order to conduct a statistical generalization. Polit and Beck (2010) suggested that avoiding small convenience samples can aid in decreasing the threats of generalizability. An appropriate sample size was computed using G*Power Statistical Power Analysis. To reduce threats to generalizability, the minimum computed sample size was maintained. Additional samples above the recommendation from the analysis were collected. Those were included as well to further ensure generalizability of findings to the NQRN population that are transitioning to practice.

Limitations

Potential limitations of the study are a result of the weaknesses posed by the study design, sampling technique, and type of statistical analysis deemed appropriate for use. The limitations the study design selection (cross-sectional), the sampling technique (cluster sampling), and the statistical analysis (parametric test) are discussed further below.

The cross-sectional design selection posed a limitation for this study because it does not allow the researcher to manipulate the independent variable (Frankfort-Nachmias, Nachmias, & DeWaard, 2015). Another limitation of this design was that it is weak on control (Frankfort-Nachmias et al., 2015). Therefore, the use of an appropriate

tool with reliability and validity established was important to include and use in this study.

Using a probability sampling method presents the second limitation. However, for this study, probability sampling was the most feasible. Reasons for the selection of probability sampling included access to the targeted population as well as time and financial constraints for the doctoral dissertation process. It was difficult and not logistically possible to gain access to the entire population of RNs with 24 months or less of clinical bedside experience to execute other sampling strategy methods.

The assumptions for parametric testing include interval level of measurement, random sampling from the population, normal distribution, and homogeneity of variances (Pallant, 2016). There was a violation of assumptions for the parametric test, therefore a different statistical analysis was selected.

The potential for confounding variables places a risk to internal validity. This can be controlled through the appropriate use of statistical analysis. To assist with controlling internal validity, the following elements as mentioned by Burns and Grove (2009) were considered: selection and measurement of bias, blinded data collectors, and quality control procedures. The quantitative methodology limits researcher bias. Data collection was through an anonymous online survey to ensure blinded data collection reduced bias and the threat to internal validity.

Reasonable measures to address limitations regarding study design and sample technique could not be made. Therefore, I recognized the limitations and duly noted them within the written word. Reasonable measures to address limitations with the statistical

analysis (parametric test) can be taken by assessing for assumptions and defining what will be done in the event a violation of an assumption would occur. Assessing for normality aids in the evaluation of the data for outliers. An outlier violation was appropriately managed. Rather than disregarding the outliers, the outliers were replaced again using the mean score of that value.

Significance

Nurse retention is an important aspect of the nursing profession. Increasing the number of qualified nurses who are entering and remaining in the nursing profession is important to help reduce cost and the vacancy rate. According to NSI Nursing Solutions, Inc. (2015), the turnover rate has steadily increased over the past 4 years. The 2015 national RN hospital turnover rate is 17.2%, based on a sample of 120,630 RNs working in the United States (NSI Nursing Solutions, Inc., 2016). Increasing the number of qualified RNs in the profession will also assist with addressing the national shortage that exists. The reported 2015 vacancy rate was 8.5% (NSI Nursing Solutions, Inc., 2016). Previous RN vacancy rates were 7.2% in 2014 and 6.7% in 2013 (NSI Nursing Solutions, Inc., 2015). Kovner et al. (2014) advised, due to inconsistencies in reporting and reasons for turnover, that health care institutions do not solely use turnover rates as a need for change. Strategies that are supported by research are important to implement in attempts to retain new nurses working in the profession. According to NSI Nursing Solutions, Inc. (2015), "the average cost of turnover for a bedside RN ranges from $36,900 to $57,300 resulting in the average hospital losing $4.9M - $7.6M" (p. 1). Implementing strategies to retain nurses in the profession will not only help to address vacancy rates but will also

help to contain cost. Results from this study on the effects of a transition program on retention and nursing career satisfaction are applicable and important to RNs, nursing educators, healthcare facilities/employers, and administrative teams. Due to the rippling effects that nursing turnover can have on the health care system, this is a relevant topic to the entire health care force.

Evidence regarding the development of TTP programs exists in the literature. Spector et al. (2015) found that transition programs can increase retention of new nurses. In addition, Missen et al. (2014) found that transition programs can lead to increases in job satisfaction and confidence in clinical competence. Missen et al. suggested future research be performed to look more in-depth into transition programs, job satisfaction, and retention rates. According to the National Academies of Sciences, Engineering, and Medicine (2016), residencies vary, and data are still sparse.

Within *The Future of Nursing* report, the IOM (2011) recommended the implementation of nurse residency programs. This recommendation was provided based on the need for support while transitioning into new clinical practice (IOM, 2011). According to the National Academies of Sciences, Engineering, and Medicine (2016), residencies have been developed at various levels and settings across the United States since the need was identified in the report. The need for continued research on the topic of transition programs should be focused on proving the value with measurable outcomes and impact of such programs on patient outcomes (National Academies of Sciences, Engineering, and Medicine, 2016).

The main implication of this study on positive social change was to better understand the phenomenon of the transition to bedside practice for the NQRN. Obtaining additional information regarding the transition to bedside practice for a NQRN may have implications for positive social change by informing curriculum, educators, preceptors, and health care facilities. According to Goode, Lynn, McElroy, Bednash, and Murray (2013), residencies that focus on quality, safety, and evidence-based practice have helped improve the culture of health care facilities. Positive and negative aspects may be identified and used to help aid in reducing the number of RNs who leave the bedside position within the first 2 years of practice.

The study can contribute to the overall body of knowledge that can aid in improving the profession for nurses. Retaining experienced and knowledgeable nurses in the profession can also contribute to the quality of care provided to patients. These factors all contribute to making a positive social change.

Summary

In this chapter, I presented the background, problem statement, and purpose of the study. Nursing career satisfaction and retention were measured in relation to the absence or presence of a TTP program. RNs are needed to fill vacant positions. NQRNs need to be ensured a stable and supportive TTP in order to retain qualified professionals in the field. I also included how this research study helps fill the literature gap on this topic. The research question and hypotheses were presented and derived from the background, problem statement, and purpose of the study. The selected theoretical framework was provided. Duchscher's transition shock theory provided the theoretical framework to

support the study of the NQRNs' transition to practice. The nature of the study, definitions, and assumptions were included. I also presented the scope and delimitations in detail. Limitations and issues regarding internal and external validity were elaborated on. Lastly, the significance of the study was presented in alignment with the previously discussed elements of this chapter. The next chapter is an exhaustive literature review regarding the theoretical foundation, key variables, and main concepts of the identified research problem.

Chapter 2: Literature Review

Qualified RNs are needed to provide bedside care to patients. In 2016, there were a total 157,073 first-time, successful United States educated RN testing candidates (NCSBN, 2017a). In 2015, there were 157,882 first-time, successful United States education RN testing candidates (NCSBN, 2016). The American Association of Colleges of Nursing (AACN; 2014) published a nursing shortage fact sheet that discussed the current and projected shortage of RNs in the United States, citing several sources including one from Buerhaus et al. According to Buerhaus et al. (2009), the United States RN shortage is projected to be 260,000 by the year 2025. Turnover rates can vary per publication and study depending on how the author presents the specific turnover rates. Kovner et al. (2014) stated that despite the broad use of turnover rates in various facets, there are inconsistencies in the definition. Reported turnover rates for NQRNs are higher than those with more experience (Kovner et al., 2014; NSI Nursing Solutions, Inc., 2016). The following NSI Nursing Solutions, Inc. statistics were derived from a survey of 138 facilities nationwide to include a total of 120,630 RNs and defined the turnover specific to the bedside RN from January through December 2015. A report published by NSI Nursing Solutions, Inc. (2016) provided turnover rates of RNs with less than 1 year of practice to be 29.2%. RNs with 1 to 2 years of experience suffered a 21.4% turnover rate in 2016 (NSI Nursing Solutions Inc., 2016). Kovner et al. conducted a longitudinal study that consisted of 7 years of data regarding organizational turnover (voluntary and involuntary). One-year RN turnover was reported at an estimate of 17.5% (N = 2,095) in

2007 and 2-year turnover was reported at an estimate of 33.5% (N = 1,906) in 2009 (Kovner et al., 2014).

Reasons vary as to why nurses intend to leave bedside nursing. One focus regarding the intent to leave the position as a bedside nurse is the inadequacy of the transition process that new nurses experience as they enter the profession and practice setting. According to Duchscher (2012), transition shock occurs in three stages over the course of the first year of employment as a NQRN. From experience and observation, the transition time can have an impact on a person's outlook, perceptions, and behaviors in practice.

The purpose of this study was to examine the effects that a transition program has on satisfaction with nursing as a career and retention of the NQRN in bedside care. To address the gap in the literature, the dependent variables of satisfaction with nursing as a career and retention of NQRN were evaluated in conjunction with the independent variable, TTP programs. The approach to examining the effects was performed by using a cross-sectional design.

Newly qualified RNs entering the clinical setting experience some type of transition phase regardless of their past experience and knowledge. This can be a stressful time; some have even suggested it can be traumatic (Duchscher, 2012; Ebrahimi, Hassankhani, Negarandeh, Azizi, & Gillespie, 2015; Edwards et al., 2015). Existing evidence that supports investigating the transition phase from student nurse to novice RN is the perceived preparation of new graduate nurses and the percentage of new nurses who leave the profession. Lim et al. (2013) reported that TTP is a stressful time, and the

stress endured can lead to a poor quality of care and a high turnover rate in the profession. New nurses have described the difficulty due to a gap existing between their education and practice (Gardiner & Sheen, 2016). The experience during this time influences the nurses' intentions to remain or leave the nursing profession (Gardiner &Sheen, 2016).

Chapter 2 includes a review of the theoretical foundation as well as a literature review related to the key variables and concepts of this research study. I address TTP, nursing career satisfaction, and retention of RNs in bedside clinical practice.

A literature search was conducted using the following electronic databases: Cumulative Index of Nursing and Allied Health Literature Complete, Medical Literature Analysis and Retrieval System Online with Full Text, Cochrane Central Register of Controlled Trials, Cochrane Database of Systematic Reviews, Cochrane Methodology Register, Health Business Full TEXT, Health Technology Assessments, PsycARTICLES, Psychological Information Database, Database of Abstracts of Reviews of Effects, Legal Collection, and Academic Search Complete. The key search terms included *transition, practice, education, newly qualified, registered nurse, shock theory, student nurse, residency program*, and *preparation*.

The scope of the literature review focused on peer-reviewed research published in electronic databases between the years 2012 and 2017. The literature obtained was from the above mentioned electronic databases. Additionally, a textbook suggested by the theorist aided in the theoretical component of the review of the literature. The year of the

book publication was 2009. The use of the 2009 reference is appropriate as it is considered a seminal piece of the theoretical framework description.

Theoretical Foundation

The theory selected to provide the foundation for this research study was the transition shock theory developed by Duchscher in 2009. Duchscher (2009) developed the transition shock theory based on Kramer's theory of reality shock. The theory was developed based on collective research over 10 years and four qualitative studies on nurse transition (Duchscher, 2009). The theorist presented a new graduate entry to practice support framework. The framework provides information regarding the preceptor relationship, orientation, transition, integration, and stabilization (Duchscher, 2012). Contained within are descriptions of experiences, meanings, expectations of the professional, and intellectual role-related changes associated with transitioning into nursing practice (Duchscher, 2009). This theory addresses various aspects of the phenomenon of interest. Therefore, no modifications needed to be made to use the theory for this research study.

According to Duchscher (2012), transition shock begins within the first few weeks to months when a new graduate nurse enters the profession. Duchscher described the path from novice to expert nurse as a winding road rather than a straight line to successful expert practice. Every individual experiences life in different ways, and no two transitions are identical. Duchscher (2009) defined transition shock as "the experience of moving from the known role of a student to the relatively less familiar role of professionally practicing nurse" (p. 1105).

Transition shock encompasses several key components, such as emotional, physical, sociocultural, developmental, and intellectual changes (Duchscher, 2009). Emotional components of the transition shock theory describe what the new nurse transitioning from a student into practice experiences. Individuals experiencing transition shock expressed emotions such as relentless anxiety, isolation, self-doubt, terrified, and loss of control (Duchscher, 2009, p. 1106-1107). Emotional fears associated with transition shock were fear of being exposed as incompetent, not providing safe care, and not being able to cope with his or her new role (Duchscher, 2009). Negative emotions were associated with insufficient support, lack of experience and confidence, and insecurities. According to the theorist, new nurses in transition struggle with maintaining standards and not having an identified support system for professional development. Feelings of doubt and insecurity have led to physical responses by the nurse in transition. Duchscher (2009) explained that nurses in transition began to experience physical symptoms and increasing exhaustion because free time was consumed with relentless mental debriefing, and sleep time was interrupted with dreams about work. Socially and developmentally, the theorist described the transition shock occurring because nurses were prepared through education but not wholly for everything they could possibly experience in clinical practice (Duchscher, 2009). Sociocultural factors such as wanting but not receiving critical feedback and being part of the nursing unit clique were notable features described by Duchscher. Developmentally, new nurses who were transitioning focused on tasks such as establishing a balance, distinguishing themselves from others, and developing trusting professional relationships (Duchscher, 2009). The author noted

that new nurses were developing their mature, professional self. According to Duchscher, the nurse in transition frequently questioned his or her intellect, which led to being slower than his or her counterparts in daily routines. Intellectually, there were frequent concerns regarding safe practice expectations noted by the theorist during her research study (Duchscher, 2009).

The transition stages model addressed the transition shock that occurs from zero to 12 months of practice as a nurse. Throughout the 12 months, Duchscher (2012) described three primary stages (doing, being, and knowing) the newly practicing nurse may experience. The first stage of doing is most likely experienced within the initial 3 to 4 months of practice. The next stage, being, occurs months 4 through 8. The last stage of transition shock, knowing, is likely to occur during months 8 through 12 of practice. Duchscher noted that the progression through the stages of transition shock is independent experiences that are influenced by previous knowledge, orientation quality and experience, transition programs, and the support from and interaction with colleagues. A diagram model of the transition shock theory is in Appendix A. Appendix B contains original author permission for diagram use within this dissertation.

Characteristics associated with the first stage (doing) include learning, performing, concealing, adjusting, and accommodating (Duchscher, 2012). Duchscher (2012) claimed that new nurses experience elements of this stage once they begin practicing on their own with a full clinical workload assignment. According to Duchscher, the task of learning occurs during the doing stage because nursing education programs are not able to fully prepare nurses for every individualized experience that can

occur in clinical practice. During this time, nurses are discovering what they do not know or understand about practice (Duchscher, 2012). The author noted that the characteristics of performing and concealing are also associated with the stage of doing. Duchscher described that nurses must perform according to the knowledge they have learned in nursing school and their new practice role. Amid performing as a new nurse in clinical practice, concealing of uncertainty and anxiety is common (Duchscher, 2012). Adjusting is a characteristic that the theorist describes as a challenge (Duchscher, 2012). Duchscher claimed that it is the most difficult and prominent when inexperienced nurses are expected to engage in a clinical practice workload that requires multitasking and caring for unstable patients. The author described the remaining characteristic of the doing stage is accommodating. The accommodating characteristic was described by Duchscher as a practice of the new nurse succumbing to substandard practice due to criticism from experienced peers.

Stage 2 (being) characteristics include searching, examining, doubting, questioning, and revealing (Duchscher, 2012). Duchscher (2012) theorized that the previous characteristics of doing are now occurring less and are replaced more by the new characteristics associated with being. The author stated that the act of searching is relevant to the nurses personal and professional life in this stage. The individual may now engage more in personal life activities due to the increase in comfort with his or her professional life (Duchscher, 2012). Searching, in professional clinical practice, leads to another Stage 2 characteristic of questioning (Duchscher, 2012). Duchscher claimed that a greater level of comfort is being experienced. Therefore, the nurse who is transitioning

into practice will begin to question him or herself regarding the reason for being in nursing practice and his or her ability to reach the desired level of expertise. Doubting is recognized when the nurse begins to second guess and seeks validation (Duchscher, 2012). The author stated that validation is sought from coworkers that the new nurse respects and admires (Duchscher, 2012). Duchscher claimed that examining commonly occurs around 6 to 8 months. Examining is about finding the position between knowing what the individual knows from formal education and the goal of learning new knowledge applicable to professional nursing practice. This occurs through examining experiences and information. The theorist declared that the characteristic of revealing is a sign of progress towards the end of the second stage of being. Revealing is when the nurse transitioning is experiencing fewer peaks and valleys (Duchscher, 2012). According to Duchscher, his or her daily practice has become more consistently stable and there is now an understanding of what the nurse does not know. Duchscher described that confidence in what is known is now revealed.

Lastly, Stage 3 (knowing) is marked by recovery from experiences during the first stage of transition shock (Duchscher, 2012). Characteristics associated include separating, recovering, exploring, critiquing, and accepting. All are marked by a deeper understanding of nursing. While performing the characteristic of exploring during the stage of knowing the Duchscher (2012) noted that stress levels can vary, and an individual takes more time to critique his or her professional work place. The characteristic of separating is noted by stability, comfort, and confidence in the individuals' role as a practicing nurse. At this point, nurses often compare their abilities

to that of a new nurse who is just entering the practice area as a recent graduate. The theorist proposed that a new identity is established, and opportunities can be sought. The characteristics of separating can lead to more opportunities for critiquing to happen in the stage of knowing. Recovering occurs when the individual reflects on past experiences in the early stages of a newly qualified nurse transitioning into clinical practice. Duchscher wrote that recovering is branded by "energy, motivation, and passion" for the profession and life (p. 131). Lastly, accepting the transition process and evolving is noted by the characteristic of accepting.

Duchscher (2009) noted within her transition shock theory that there is a movement and importance for transition facilitation programs for newly graduated nurses. Information regarding transition shock should be included in transition facilitation programs. This can help reduce the element of surprise that contributes to the experience of transition shock. Transition shock theory content, intergenerational and inter/intraprofessional communication, workload management, delegation, lifestyle adjustment, conflict resolution, unit-specific skills, and a review of professional roles/responsibilities would be valuable to include in such program curriculum (Duchscher, 2009).

Transitioning from a student to a NQRN in practice was described by the theorist as "one of the most anticipated moments of a person's career" (Duchscher, 2012, p. 6). The initial transition shock is most notable when moving from a protected education environment to the unfamiliar area of professional practice (Duchscher, 2009). Duchscher (2009) noted that consistency, predictability, familiarity, and stability for a new nurse is

imperative. Understanding the theoretical components of transition shock can aid in improved transitions for NQRNs in clinical practice.

Literature Review Related to Key Variables and/or Concepts

Transition Phase

Newly qualified RNs entering the clinical setting experience some form of a transition phase regardless of their past experience and knowledge. The transition phase can be a stressful time; some have even suggested it can be traumatic (Duchscher, 2012; Ebrahimi et al., 2015; Edwards et al., 2015). New nurses have described the difficulty due to a gap existing between their education and practice (Gardiner & Sheen, 2016). The transition phase is viewed as a time in which a newly licensed nurse transitions from the academic setting into professional practice (Cochran, 2017). Cochran (2017) found that reality shock (defined as the "the difference in the expected and reality") was found at 4 months into practice, highest at 6 months, and then slowly decreased to the lowest point at 12 months of practice (p. 55). Cochran concurred that support is needed during the transition phase for the first 10 to 15 months.

Duchscher (2012) outlined the transition phase as the first 12 months in practice as a NQRN, as described in the theory above. Duchscher's transition shock theory outlined stages, characteristics, and key components experienced during the transition phase. The theorist noted that consistency, predictability, familiarity, and stability for a new nurse is imperative (Duchscher, 2012). Stressful experiences are commonly reported during the transition phase. Therefore, there is a need for a supportive environment and constructive feedback. Situations that led to stressful experiences stemmed from the

workload, lack of support from experienced peers, unaddressed learning deficits, and incivility/bullying. According to Pasila, Elo, and Kääriäinen (2017), new nurses reported feelings of stress, being insecure, inexperienced, and incompetent when working independently during his or her time of transition. Ebrahimi et al. (2015) reported the transition even to be a traumatic experience. They cited lack of support, management weaknesses, ineffective communication, personal characteristics of nursing personnel, and cultural barriers contributing to the traumatic experiences of transitioning.

The experience during this time influences the nurses' intentions to remain or leave the nursing profession (Gardiner & Sheen, 2016). Gardiner and Sheen (2016) suggested that there is a need for supportive environments that will facilitate a successful transition. Walker, Earl, Costa, and Cuddihy (2013) reported reasons new RNs experienced difficulties during the transition to his or her new position included unprofessional work environment and mental and physical difficulties adjusting to shift work. The authors highlight support can prevent stress and ease the transition (Walker et al. 2013). Programs are an essential component to a successful transition into practice (Bittner, Gravlin, MacDonald, & Bourgeois, 2017; Cochran, 2017; Rush et al., 2013).

Transition Programs

Transitional support for NQRNs is essential thus supporting the need for programs. Health care systems have developed initiatives to help support the NQRN during the transition phase. Edwards et al. (2015) stated this included various termed programs such as residency programs, orientation programs, and nurse internships. Bittner et al. (2017) termed transition into practice (TIP) as a type of program that

supports nurses during the transition phase. Other researchers used the term TTP program (Spector et al., 2015). Other forms of informal support are termed mentoring, preceptorship, clinical practice facilitators, and peer support (Edwards et al., 2015). Spector and Echternacht (2010) defined a TTP program as "a program of active learning for all newly licensed nurses […] designed to support their progression from education to practice across all settings" (p. 18). Lin and McHugh (2014) wrote that "… programs are designed to increase competence and skill, and ease the transition from student to new graduate nurse" (p. 439).

The systematic review authored by Lin and McHugh (2014) identified characteristics of transition programs. Specific characteristics include a program length of at least 1 year, curriculum focusing on leadership, patient safety, and the professional nursing role. Rush et al. (2013) found that a range of program lengths exists, through an integrative review conducted. Transition program lengths were reported to range from 3 months to 24 months. The majority of the program lengths were reported to be 12 months (Cochran, 2017; Lin & McHugh, 2014; Rush et al., 2013). Program lengths are not standardized in the United States.

Program standards of practice are not universally standardized in the United States as well. Rush et al. (2013) conducted an integrative review of research literature to identify best practices of nurse transition programs. Rush et al. found evidence that supports transition programs have a positive impact on outcomes for retention. The challenge remains to determine the most effective component of a transition program. The authors reported that a strong theme remained, which was an improvement in

retention. Common components of a transition program noted include a defined resource person (such as a mentor, preceptor, or clinical coach), peer support opportunities (such as designated time for socialization), and practice education throughout the length of the program. A systematic review to determine the effectiveness and best practices of transition programs conducted by Cochran (2017) suggested that transition program developers need to understand the needs of new nurses. Cochran suggested topics should focus on issues new nurses face with consideration to the stages of professional development. The author noted that the most effective programs included leadership, patient safety, and nurse-sensitive outcomes with approaches to these topics through simulation, case-studies, reflection, and peer discussion. There is a call for standardizing transition program components (Cochran, 2017).

Bittner et al. (2017) evaluated a newly revised TIP and found that nurses participating had improved critical thinking skills, confidence, and preparation to work independently. The researchers suggested that if a residency program does not exist, leaders should focus on outcome orientated transition programs. Spector et al. (2015) found evidence that supports the use of TTP programs that improve quality and safety, increase job satisfaction, reduce work stress, and decrease turnover.

The experience gained during the transition phase can positively impact the newly qualified nurses' satisfaction and intent to stay in the nursing profession (Edwards et al., 2015). Experience can impact the nurses' satisfaction with his or her career in terms of potentially leaving the profession altogether (Edwards et al., 2015). Other literature is

focused on job satisfaction; however, that is not a focus in the literature for this research study.

Another important component of transition programs to the health care system is the cost benefit. Rush et al. (2013) reported that transition program costs range from $2,023.91 to $12,125.00 US dollars per new graduate. The cost of implementing a transition program is lower than the cost impact nurse turnover has on the health care system. It is much more cost effective to have a transition program in attempts to improve retention and decrease turnover.

Organizations are beginning to standardize transition programs for NQRNs. In January 2017, the NCSBN Learning Extension developed a series of courses grounded in research for new graduate nurses transitioning to practice. The program requires a new graduate nurse to pay out of pocket expenses for the series of five courses in the areas of communication/teamwork, patient and family-centered care, evidence-based practice, quality improvement, and informatics (NCSBN, 2017b). Additionally, the AACN offers the largest standardized nurse residency program to various organizations across the nation (AACN, 2017). The AACN nurse residency program is a 1 year curriculum that was designed with evidence-based practice to complement nursing orientation and specialty training.

Nursing Career Satisfaction

There are a limited number of published research studies conducted in the United States of American, within the last five years, regarding nursing career satisfaction. The overwhelming majority of the research focuses on job satisfaction. It is important to note

that there is a fundamental difference between career and job satisfaction. According to Mariani and Allen (2014), career satisfaction is a sense of fulfillment from a vocation in nursing. Job satisfaction is obtained from a certain position with an employer in nursing (Mariani & Allen, 2014). Individuals can be satisfied with his or her career and not his or her job. Career satisfaction is influenced by a plethora of conditions (Laschinger, 2012).

Laschinger (2012) examined job satisfaction, career satisfaction, and turnover intentions. The author found that various personal and situational factors contributed to variance in career satisfaction and turnover. Specifically, emotional exhaustion and cynicism were strongly related to career satisfaction and turnover. Organizational support was found to be significantly related as well. The researcher found that the more satisfied new nurses were with his or her initial transition, the more satisfaction was expressed in his or her nursing career. Thus, leading to higher retention. A higher number of preceptors assigned to a new nurse was found to impact satisfaction and was also associated with greater intent to leave the profession. Work engagement was also a significant factor associated with turnover intentions during the first year of practice as an RN (Laschinger, 2012).

Due to the lack of recent evidence regarding nursing career satisfaction and intention to stay in the profession, a gap in the literature has been identified and included as an important component of this research study. In 2012, Mariani found that nurses are moderate to highly satisfied with his or her nursing career. This was based on a sample size of 136 nurses in a formal mentoring program and 37 nurses not placed in a formal mentoring program (Mariani, 2012). It was also found that there was not a statistically

significant difference in career satisfaction with nurses who participated in a mentoring relationship. Yet those nurses responded favorably to the importance of mentoring relationships. The author also reported a positive statistical significance with career satisfaction and intention to stay in the nursing profession. Mariani (2012) called for further development and research related to nursing career satisfaction and intentions to stay in nursing. Examining transition support is another important component to see how transition support impacts nursing career satisfaction and nurses' intention to leave the profession, position, and/or employer. Newly licensed RNs who are not happy with his or her job and intend to leave may also think about leaving the nursing profession. Unruh, Zhang, and Chisolm (2016) found, personal and work influences can impact a newly licensed RNs' intention to leave a job and/or the profession. Work environment factors associated with nurses leaving the profession need to be addressed. Characteristics such as the experience in orientation were noted as an important focus.

Schwartz, Sharts-Hopko, and Bhattacharya (2015) conducted a study examining career satisfaction with accelerated second-degree and traditional baccalaureate prepared nurses. The traditional baccalaureate prepared nurses graduated from a five-year cooperative education program where, while still a student, had the opportunity to engage in developing a relationship with an employer. The researchers found that nurses educated in the accelerated second-degree and the traditional five-year cooperative baccalaureate program had a fairly high level of satisfaction with his or her nursing careers using the Mariani Nursing Career Satisfaction Scale (MNCSS). Only five percent of nurses responding indicated being very dissatisfied with his or her careers in nursing.

The authors did suggest that the five-year cooperative education may have led to better professional development which could increase career satisfaction greater than those traditional baccalaureate nurses who were not educated in a cooperative setting. Nurses participating in the study reported disadvantages to a career in nursing as fatigue, lack of professional recognition, and personal challenges. Personal challenges were identified as work schedule and poor job market (Schwartz et al., 2015).

A Canadian study assessing career satisfaction was conducted with 1 and 2 year newly graduated nurses. Laschinger (2012) reported measuring career satisfaction using a satisfaction scale adapted from Hackman and Oldham (1975). It was found that burnout and work engagement were strongly associated with career satisfaction and turnover intent. One and 2 year nurses participating in the study were found to have high levels of satisfaction with his or her career. The researcher found that support for the new graduate transitioning into the workforce was significantly related to career satisfaction yet further work needs to be done on the graduates' working condition to assist in nurse retention (Laschinger, 2012).

Working conditions, support, and transition experience can influence a nurse's career satisfaction (Laschinger, 2012; Mariani, 2012; Schwartz et al., 2015). As a result, some nurses leave either his or her position, workplace, or the profession of nursing all together. Retention is another key component associated with transition that will be evaluated in the literature review.

Retention

Nurse retention is an important aspect of the nursing profession. Increasing the number of qualified nurses who are entering and remaining in the nursing profession is important to help reduce cost and the vacancy rate. Tillott, Walsh, and Moxham (2013) stressed that retention is a constant battle for the health care systems. Therefore, retention strategies are important. Retention rate measurements can vary depending on how the research is conducted. It is important when reviewing retention to highlight the methodology used when calculating retention. For the specific purpose and intent of this literature review, retention would be defined as a nurse remaining in the position, job, or the profession of nursing. Another term commonly used interchangeably with retention is turnover rate. Turnover rate would be recognized as the rate of nurses who are leaving his or her designated position, job, or the profession of nursing. Kovner et al. (2014) suggested that there is not one single definition of turnover, yet it is generally defined as someone leaving a job. An increase in retention will decrease the turnover rate.

A significant association with turnover rates is the associated costs. Turnover rates and costs vary based on the method of evaluation chosen (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). Duffield et al. (2014) called for future research to adopt one standard methodology of measurement in order to accurately report turnover rates and costs universally. One method of measuring the cost effects of turnover is the Nursing Turnover Cost Calculation Methodology (NTCCM). The authors conducted a comparative review of nurse turnover rates and costs where four out of 37 studies used the NTCCM (Duffield et al., 2014). The cost associated with turnover in the United

States of America was reported at $20,561 using the NTCCM (Duffield et al., 2014). According to NSI Nursing Solutions, Inc. (2015), "the average cost of turnover for a bedside RN ranges from $36,900 to $57,300 resulting in the average hospital losing $4.9M - $7.6M" (p. 1). Kovner et al. (2014) suggested that yearly national turnover cost of new nurses who left his or her job within the first 3 years was $1.4 to $2.1 billion.

According to NSI Nursing Solutions, Inc. (2015), the turnover rate has steadily increased over the past 4 years. The 2015 national RN hospital turnover rate is 17.2% based on a sample of 120,630 RNs working in the United States (NSI Nursing Solutions, Inc., 2016). Increasing the number of qualified RNs in the profession will also assist with addressing the national shortage that exists. The reported 2015 vacancy rate was 8.5% (NSI Nursing Solutions, Inc., 2016). Previous RN vacancy rates were 7.2% in 2014 and 6.7% in 2013 (NSI Nursing Solutions, Inc., 2015).

Flinkman and Salanterä (2015) explored early career experiences and turnover of young RNs (under 30 years of age) from a qualitative approach. Themes noted associated with young RN career turnover included poor practice environment, lack of support, orientation, mentoring, and nursing as a "second-best" career choice (Flinkman & Salanterä, 2015, p. 1054). Generational differences were also noted, stressing the importance that different motivational reasoning leads people to select and leave the nursing profession. Retention initiatives should also consider generational needs and differences (Flinkman & Salanterä, 2015). The authors reported that a poor practice environment could impact dissatisfaction and influence intentions to leave. Such turnover can be reduced through recommended strategies found within the literature. Formal and

informal retention and orientation programs that include a mentor were noted as potential strategies (Flinkman & Salanterä, 2015).

Strategies that are supported by research are important to implement in attempts to retain new nurses working in the profession. Implementing strategies to retain nurses in the profession will help to address vacancy rates and contain cost. Kovner et al. (2014) advised, due to inconsistencies in reporting and reasons for turnover, health care institutions do not solely use turnover rates as a need for change. Flinkman and Salanterä (2015) reported that entering nursing practice as a newly-graduated RN is stressful. Three major themes arose from Flinkman and Salanterä's (2015) qualitative study as to why nurses leave. Common reasons include a poor practice environment, lack of support/orientation/mentoring, and nursing as a second-best career choice. The authors also noted a generational difference and cited that younger generations of nurses are choosing to enter and leave the profession for reasons other than those expressed by other generations (Flinkman & Salanterä, 2015). New graduate nurses are leaving positions and the profession for reasons such as lack of support, time management skills, inability to problem solve, feelings of being undervalued, and being bullied (Cochran, 2017). A greater focus needs to be placed on nurse retention (Duffield et al., 2014; Flinkman & Salanterä, 2015). Flinkman & Salanterä suggested an informal or formal extended program that provides mentorship. Additionally, Spector et al. (2015) recommended the adoption of the Nursing's Transition to Practice model program by the National Council of State Boards of Nursing.

Summary and Conclusions

In this chapter, I presented a review of the theoretical foundation as well as a literature review related to the key variables and concepts (TTP, nursing career satisfaction, and retention of RNs in bedside clinical practice) of this research study.

I presented a literature review that exposed that it is known that the transition phase of a nurse transitioning to practice exists and can be a very stressful and even traumatic time. The theoretical framework using Duchscher's transition shock theory describes the stages and timeframe in which a new nurse entering clinical practice experiences. Existing literature supports the idea that TTP programs can be effective in supporting the new nurse in transitioning. The length of time and the components of such TTP programs were shown to have varied widely across the nation. Researchers found that new nurses noted needing the most support between the first four to six months and the need for support decreased at 1 year of experience in practice. Experiences during the time of transition can influence the new nurses on intentions for his or her profession. Literature published and reviewed did not specifically examine having a transition program versus not having a TTP program and the impact it had on nursing career satisfaction. This gap identified was addressed in the research study being conducted. The information obtained and reported can further add to the body of knowledge regarding the use of TTP programs and nursing career satisfaction.

The purpose of this study was to examine the relationship between a transition program and satisfaction with nursing as a career and retention of the NQRN in bedside care. To address the gap in the literature, the dependent variables of satisfaction with

nursing as a career and retention of NQRN will be evaluated in conjunction with the implementation of the independent variable, TTP programs. In the next chapter, I will present and provide a rationale for the research design and the particulars of methodology.

Chapter 3: Research Method

The purpose of this study was to examine the relationship between a transition program and satisfaction with nursing as a career and retention of the NQRN in bedside care. To address the gap in the literature, the dependent variables of satisfaction with nursing as a career and retention of NQRN were evaluated in conjunction with the implementation of the independent variable, TTP programs. The approach to examining the effects was performed by using a cross-sectional design.

In the following chapter, I present and provide a rationale for the research design. The methodology is addressed regarding population, sampling, and sampling procedures. Recruitment, participation, and data collection procedures are described. Information regarding the instruments selected for this research study is provided in depth. Operationalization of the construct variables are included. Encompassed within this chapter is also the data analysis plan, a discussion of threats to validity, and the ethical procedures.

Research Design and Rationale

The quantitative approach to examine the effects a TTP program had on nursing career satisfaction and retention was a cross-sectional, predictive design. Per Grove et al. (2013), the cross-sectional study design allows the researcher to describe or predict the relationship among variables. A predictive design over a descriptive design was chosen. A predictive design study aims to predict the value of the dependent variable based on the independent variable (Grove et al., 2013). Additionally, the sample was studied as a single group, thus making predictive correlational design appropriate. The purpose of the

study was to understand the relationship between variables (use of a TTP program [independent variable] in conjunction with nursing career satisfaction and retention of bedside RNs [dependent variables] within the nursing profession). While it is understood that the use of this design has its strengths and limitations, consideration of those factors when designing the study was taken. With this type of study design, the researcher is not able to manipulate the independent variable, as discussed by Frankfort-Nachmias et al. (2015). Consequently, this puts the cross-sectional, predictive correlational study design at a disadvantage because the "direction of causation must be logically or theoretically inferred" (Frankfort-Nachmias et al., 2015, p. 117). The cross-sectional design is "strong on representation but weak on control" (Frankfort-Nachmias et al., 2015, p. 116). Therefore, the use of an appropriate tool with reliability and validity established was important to include and use in this study. To assist with controlling internal validity, I considered the following elements as mentioned by Burns and Grove (2009): selection and measurement of bias, blinded data collection, and quality control procedures.

The cross-sectional, predictive design allowed me to examine the relationship among variables at one specific point in time. This approach provided better feasibility in the conduction of the study for the time needed to complete the dissertation process. Other appropriate designs, such as a longitudinal approach, would have created time and resource constraints. Use of the cross-sectional survey allows the researcher to make inferences about a population of interest being surveyed (Hall, 2011). This design also allowed for generalizability of study findings.

Other like studies regarding this topic were conducted using either a quantitative, qualitative, or mixed methods approach. A longitudinal study by Spector et al. (2015) and a cross-sectional design study by Laschinger, 2012 was reviewed. I decided to conduct a study using quantitative methodology. As a researcher regarding this topic, I was interested in providing a written research report that contains reliable and objective, useful findings. I was interested in researching the relationships between the identified variables, thus making the choice of quantitative research appropriate. Additionally, authors such as Spector et al. (2015) have made a call for more rigorous research in transition programs for NQRNs. A more rigorous research design can advance knowledge regarding the effects a TTP program has on nursing career satisfaction and retention.

Methodology

Population

The specific population for this research study was RNs licensed, residing, and practicing in the United States of America. This specific study was targeting RNs with 24 months or less of practice. There were a potential 314,995 newly licensed RNs eligible to participate in the study according to combined statistics reported by the NCSBN from first time initial test takers in 2015 and 2016. The total number of those licensed individuals who are currently practicing was difficult to determine.

Eligibility criteria included being an active, unencumbered, licensed RN in the United States with 24 months or less of clinical bedside nursing practice experience. RNs with more than 24 months of experience were not eligible for this study. The focus on 24

months of experience or less was to target the specific portion of the population relevant to the research focus.

Sampling and Sampling Procedures

A type of probability sampling method was selected for this study. Probability sampling permits a researcher to select participants using a type of random selection process (LoBiondo-Wood & Haber, 2014). I used a cluster sample. Selecting this sampling strategy provided me access to a particular group of the population (newly qualified RNs with 24 months or less bedside practice experience who have or have not had a TTP program) while helping to contain the cost of the study. A cluster sample design is performed by selecting a larger group of participants, and the sampling units from the larger group (Frankfort-Nachmias et al., 2015). The participants were contacted using the information provided by the state board of nursing, which is much like a national database, rather than individual health care institutions. Once participants were contacted and they chose to participate, eligibility was verified through the electronic consent process and screening questions. According to Frankfort-Nachmias et al. (2015), either all or select units can be selected within a cluster. I decided to select all units with the sampled clusters to help reach the desired sample size goal of 102 total participants.

The inclusion criteria were as follows: unencumbered active licensed RNs, 24 months or less of experience as an RN, and engaged in clinical bedside practice in the United States. Exclusion criteria involved individuals who were unlicensed, nurses other than RNs (such as licensed practical nurses and advanced practice nurses), having more

than 2 years of experience, not working in bedside clinical practice, or those working outside of the United States of America.

Power analysis. To compute the sample size for the chosen research problem, I used the G*Power Statistical Power Analyses program developed by Buchner, Faul, and Erdfelder (n.d.). Upon using the downloaded calculator, I selected the following means: difference between two independent means (two groups) statistical test. The test family selected was a *t* tests. The type of power analysis selected was a priori. The decision to use the *t* test was based on the recommendations of Field (2013). Field recommended that with two dependent variables and one independent variable, a parametric or nonparametric test can be used pending the level of measurement of the dependent variables. Input parameters for the selected test were as follows: effect size-0.5, α err prob-0.05, power-0.80, and allocation ratio N2/N1-1.

The effect size selected was based upon the selected scale being used to measure nursing career satisfaction. The MNCSS stated moderate effect size (Mariani & Allen, 2014). The Turnover Intentions Scale (TIS) did not report an effect size. Faul, Erdfelder, Bucher, and Lang (2013) recommended 0.25 for a medium effect size. The alpha level selected was 0.05. This was based on the recommendation of Faul, Erdfelder, Lang, and Buchner (2007). The power level chosen was based on the power reported by the authors of the MNCSS. The TIS did not report a power. The power used by the authors of the MNCSS scale was 0.80 (Mariani & Allen, 2014). Therefore, a power of 0.80 was used.

The calculator output parameters were as follows: noncentrality parameter-2.5248762, critical *t*-1.66, *df*-100, sample size group 1 to 51, sample size group 2 to 51,

total sample size-102, and actual power-0.8058986. The results yielded that a total sample size of 102 participants was needed.

Procedures

Recruitment. The 50 state boards of nursing that license RNs in the United States of America were reviewed for access to the mailing list of RNs licensed in their state. Alaska, Colorado, Connecticut, Florida, Maine, Rhode Island, and Vermont publish the mailing addresses of RNs through a state maintained website. Ohio provides mailing addresses of RNs through a database management system and is offered free to the public upon request. Ohio and Florida provide email addresses for RNs licensed in their state. The remaining 42 states within the United States of America not mentioned above require payment to access a mailing and/or email list of RNs. Therefore, participants were recruited from those states that provided email mailing list as free public access (Ohio and Florida). Mailing lists for the eight states were sorted according to the date the license became active. Potential participants were emailed an announcement advertising the study explaining the inclusion criteria for participation and providing a direct link to the online survey for participation.

A second recruitment method was to post information and a link regarding the study to the allnurses.com discussion board forum. To submit an academic nursing research request to allnurses.com, member and submission criteria must be followed. According to allnurses.com (2015), the requirements to posting a research study link are as follows:

- You are a registered nurse.

- You post a minimum of one article or 20 topics prior to submitting your research request.
- You participate in conversation with members in your topics.
- You agree to reply to questions in your Research Request Thread.
- You understand that our members may not participate in your "research" if you are not an active member of the site.
- You follow the 2-step process.
- You share your research findings with the allnurses.com community.
- You post a summary (500-1000 words) of your final research in the applicable nursing forum on allnurses.com
- You give credit to allnurses.com as a source in your publication for the use of this research access service (para. 8).

Allnurses.com outlined a specific two-step process for obtaining approval to post a research study link on their website. The first step of the process was to submit the necessary information using the Academic Nursing Research Participation Request form located online at https://allnurses.wufoo.com/forms/academic-nursing-research-participation-request/. An active link to the survey being administered must be available upon submission of the request. The requirement of posting one article or 20 topics would entail participation in any allnurses.com discussion forum. The two-step process is following the requirements outlined in the above block quote explaining eligibility criteria, and the second step is posting the research and following the appropriate

recommendations in the above-outlined eligibility criteria. Step 2 is then to post the research request in the appropriate forum once approval has been obtained.

The third recruitment method was through the use of Facebook, a form of social media. A public post advertising a link to the survey was also posted on Facebook. Study participants were not required to have Facebook or be linked as friends/contacts in order to participate. The public post feature was enabled. People were also able to share the public post advertising the study on their Facebook profile as well if they chose since the setting was public.

Demographic information collected were as follows: (a) transition to practice program, (b) gender, (c) age, (d) ethnic origin, (e) education preparation, (f) region of United States practicing, (g) household income, (h) marital status, (i) type of employment, (j) type of employer, (k) marital status, (l) yearly income from nursing employment, (m) employment status, (n) type of employer, (o) generation, (p) length in nursing profession, and (q) length of time in current nursing position. The demographic questionnaire developed is in Appendix C.

Participation. Participants were provided with informed consent upon accessing the survey website. To confirm the participant's informed consent, electronic consent was obtained by the user selecting agree. Once a participant clicked agree and submitted, the screen advanced to begin the survey with the eligibility screen questions and a demographic questionnaire. The screen was then able to be advanced by the participant to view and respond next to the MNCSS and then the TIS. Upon completion of the survey, a thank you completion screen populated. The thank you screen also contained a link to an

informational published research article on the transition to practice and nursing career satisfaction. A printable PDF link was also on the thank you screen that contained a downloadable consent form. Once the next arrow was clicked, the screen displayed a message alerting the user that he or she may now close the web browser. Follow up procedures were not warranted for this study.

If the participant did not consent and did not wish to proceed, the user was prompted to click disagree. If the participant declined by clicking disagree, a thank you for their consideration screen was populated along with directions that he or she may now close the web browser.

Data collection. The data were collected through a secure internet based survey system. A paid subscription to the survey system, www.sogosurvey.com, was obtained. The data were collected anonymously. Participants had the option to participate in the survey in the setting/location of their choice. At the close of survey administration, data were transferred to a SPSS file. No follow up procedures were warranted with this study design.

Instrumentation

Mariani Nursing Career Satisfaction Scale. One of the dependent variables I assessed with the RN population was nursing career satisfaction. Nursing career satisfaction was measured using the MNCSS, a tool that has established reliability and validity. The MNCSS is a 16-item scale in which the participant ranks his or her feelings about his or her overall nursing career using a 7-point Likert type scale. The level of measurement of that data collected is interval. The scale was developed by Mariani and

was published in 2007. Mariani and Allen (2014) described this scale as being specific to career satisfaction rather than job satisfaction. Being that the scale is specific to career satisfaction rather than job satisfaction, the scale is appropriately aligned with one of this study's dependent variables, nursing career satisfaction. One of the pilot studies used recently graduated RNs, thus further aligning with this research study's design. I have obtained written permission from Mariani for the use of her scale in my dissertation research. She has granted the permission based on providing appropriate credit/reference. A copy of the email letter of permission is in Appendix D. A copy of the scale is included in Appendix E.

Reliability and validity. Mariani and Allen (2014) conducted one pilot and three major studies to establish scale reliability and validity. Of the three major studies, two studies administered the scale in a paper and pencil format and one through online Internet survey. The authors reported that there was no difference noted in the delivery methods. Mariani and Allen stated that "validity, reliability, and exploratory factor analysis (FA) were computed to explore the internal structure of the instrument" (p. 135).

Three major studies were conducted to establish reliability and validity. Sample sizes for the first, second, and third studies were 102, 120, and 128 respectively. For each study, a priori power analysis was conducted. Each priori power analysis used a power of .80 with a moderate effect size (Mariani & Allen, 2014). The population used in each of the three major studies and the one pilot study was RNs licensed within the United States.

To assess reliability, Mariani and Allen (2014) reported using Cronbach's alpha. The Cronbach's alpha internal consistency reliability coefficient was .95 (ranging from

.93 to .96 across the three studies (Mariani & Allen, 2014). The authors suggest that current recommendation for instrument development is a minimum alpha of .70 is acceptable. The selected instrument exceeds the minimum stated standards. The authors reported item-total correlations ranging .43 to .88. Intercorrelations of the 16 items were reported to range .33 to .85. Items "satisfied-dissatisfied" and "fulfilled-discouraged" had an intercorrelation coefficient of .85. Scale items "accomplished-defeated" and "successful-unsuccessful" had an intercorrelation coefficient of .81. Mariani and Allen suggest that the scale items "may be somewhat redundant in evaluating career satisfaction" (p. 143).

Seven content experts independently reviewed the scale for content validity. The selected experts had experience with mentoring, nursing career satisfaction, business, and education. The content validity index was reported at .84. Sixteen of the original 24 adjective pairs were retained for the published scale based on content expert feedback (Mariani & Allen, 2014).

Mariani and Allen (2014) reported using exploratory FA to assess construct validity. The authors clearly supported and explained his or her choice and use of exploratory FA to assess construct validity. Additionally, the authors reported having a total of 496 RNs in their studies that allowed for a "robust exploratory FA" (Mariani & Allen, 2014, p. 140). The authors state that a minimum factor loading of .40 is considered relevant. Factor loadings were reported to range .62 to .86. "The single factor explained nearly 58% of the variance" (Mariani & Allen, 2014, p. 140).

Variables of the instrument. The MNCSS measures a nurse's feelings about his or her overall career in nursing using a semantic differential scale. Thus, essentially addressing nursing career satisfaction. The scale developer used 16 paired bipolar adjectives that serve as the variables of the instrument. The following paired adjectives are as follows: "satisfied-dissatisfied, fulfilled-discouraged, stimulated-bored, discontent-content, accomplished-defeated, successful-unsuccessful, worthless-valued, secure-insecure, gratified-disappointed, enjoyment-distressed, pessimistic-optimistic, confident-doubtful, rewarded-frustrated, unreliable-dependable, meaningful-not meaningful, and proud-ashamed" (Mariani, 2007a, p. 2). The adjectives are rated on a seven-point scale with lower numbers associated with negative adjectives and higher numbers associated with positive adjectives. Scale items four, 11, and 14 are reverse coded (Mariani, 2007b). The complete, intact scale is provided in Appendix E.

Data collection. The instrument is designed as a seven-point Likert scale. Subjects consenting to participate in the proposed research study will complete the questions within the instrument based on his or her overall self-evaluation of his or her satisfaction with his or her career choice of nursing. Data will be collected from the complete and submitted surveys administered through a secure survey administration website offered by SoGoSurvey. The data collected from the MNCSS will provide information regarding the variable of nursing career satisfaction. Additional data will also be collected from the participants regarding demographics and retention.

Score calculations. The possible score range is 16 to a maximum of 112. Each of the 16 items on the scale can be ranked from 1 to 7. The authors suggest that a higher

score is reflective of a positive evaluation of the concept being rated, which in this circumstance would be overall nursing career satisfaction. Lower scores correlate with a negative reflection of nursing career satisfaction. Mariani and Allen (2014) reported an overall mean for career satisfaction of 91.67 (SD ± 15.33).

Turnover Intention Scale. The second dependent variable I assessed with the described RN population was retention. Retention was assessed using the TIS developed by Cohen and published in 1999. This is a 9-item instrument that measures turnover intention using a 5-point Likert scale (Cohen, 1999b). I am interested in the nurses' intentions on remaining in his or her position, organization, and career. The TIS consists of three sections, organization, job, and occupation. It is important to consider occupational commitment. Cohen (1999a) stated that for professions such as nursing, occupational commitment might have a strong relation to work outcomes, more so than job commitment. The full version of the instrument was retrieved from the PsycTESTS database. Permission to use the TIS was provided within the database based on the appropriate citation. Direct permission from the author, Cohen, was also obtained and is located in Appendix F.

Reliability and validity. Cohen (1999a) established reliability and validity of the TIS in a study that surveyed 283 nurses in three hospitals located in northern Israel. Reliability was assessed using Cronbach's alpha with scores ranging 0.89-0.94 for the scale. Cronbach's alpha was reported at 0.94 for intentions to leave the organization, 0.89 for intentions to leave the job, and 0.92 for intentions to leave the occupation (Cohen, 1999a). The three question items posed in each of the three dimensions of the scale

(organization, job, and occupation) were adapted from a definition and measures applied in the literature (Cohen, 1999a).

Variables of the instrument. The variables of the instrument are assessing a participant's turnover intentions regarding the organization, job, and occupation. The scale allows researchers to address all three concepts of retention while formally addressing which type of turnover intention a participant is questioning. The three items that are posed for each of the three variables (organization, job, and occupation) are as follows: (a) "I think a lot about leaving the …", (b) "I am actively searching for an alternative to the …", and (c) "As soon as it is possible, I will leave the ..." (Cohen, 1999b). A copy of the TIS is included in Appendix G.

Data collection. The instrument is designed as a five-point Likert scale to produce interval level data. Subjects consenting to participate in the proposed research study will complete the questions within the instrument ranking statements based from 1 (as strongly agree) up to 5 (representing strongly disagree). Participants first viewed a consent form. Clicking "agree" continued the study. Clicking "disagree," exited the survey. Once a participant agreed to participate, he or she was prompted to an eligibility screening and a demographic data collection screen. Next, the MNCSS was presented in its full and original form. Followed by the MSNCSS was the TIS, presented on a new screen in its full and original version. The data collected from the TIS provided information regarding the variable of retention. Data was collected from the complete and submitted surveys administered through the survey administration site and transferred to SPSS.

Score calculations. There are three total sections on the scale, each containing three questions. Each question can be ranked on a Likert scale from 1 to 5. The minimum score a participant can receive is nine and the maximum score is 45. Higher scores will indicate less turnover intentions (Cohen, 1999a). Lower scores indicate the participant's turnover intention is higher.

Operationalization

The identified variable for discussion is the independent variable, which is the transition to practice program. The transition to practice program would be measured by the nominal level of measurement. According to Frankfort-Nachmias et al. (2015), the nominal level of measurement is the simplest and exists for classification. The independent variable would be classified as either having a transition to practice program (1) or not having a transition to practice program (2). Even though the nominal level of measurement is the lowest and simplest form of measurement, it would be the only category appropriate for this variable because there are no variations in the transition to practice program being measured, only if the transition to practice program either exists or does not exist. Spector and Echternacht (2010) defined a transition program as "a program of active learning for all newly licensed nurses … designed to support their progression from education to practice across all settings" (p. 18). An operational definition for transition program was provided on the demographic form so that participants could appropriately identify if he or she had or did not have a transition to practice program.

One dependent variable was nursing career satisfaction. Nursing career satisfaction was evaluated using a pre-developed scale with published reliability and validity. The level of measurement for this dependent variable was interval. An interval level of measurement means that the items can be placed in some type of order and the points are equally spaced (Hole, 2011). The scale used to collect data regarding nursing career satisfaction was the MNCSS. The MNCSS was developed to explore career satisfaction of RNs (Mariani & Allen, 2014). Mariani (2007b) defines nursing career satisfaction as "a sense of fulfillment that the nurse experiences from a career in nursing (p. 3)."

The second dependent variable was retention of RNs. Retention was evaluated using the TIS. The level of measurement for this dependent variable was interval as well. Jones and Gates (2007) described nurse retention as "preventing nurse turnover and keeping nurses in an organizations employment (para. 1)." The TIS assessed the participant's turnover intentions of their organization, job, and occupation (Cohen, 1999a).

Scores using the MNCSS can range from 16 to 112 (16 items ranked 1 through 7). Lower MNCSS scores indicate negative nursing career satisfaction. Higher MNCSS scores indicate positive nursing career satisfaction. An example item from the MNCSS is to rank overall career satisfaction on a scale with 1 closely representing a positive attribute and 7 representing the negative attribute. An example attribute pairing is "fulfilled" and "discouraged" (Mariani, 2007a). Scores using the TIS can range from nine to 45 (nine items ranked 1 through 5). Lower TIS scores indicate higher or greater

turnover intentions. Higher TIS scores indicate less or lower turnover intentions. An example item from the TIS organization item is “I think a lot about leaving the organization” (Cohen, 1999b). A job item example is “I am actively searching for an alternative to the job” (Cohen, 1999b). An occupation item example is “As soon as it is possible, I will leave the occupation” (Cohen, 1999b). Each item is ranked on a 1 to 5 Likert scale with 1 representing strongly agree and 5 representing strongly disagree (Cohen, 1999b).

Data Analysis Plan

The software used for data analysis was IBM SPSS 23.0. A codebook for data was created. The development of a codebook for data will be helpful in identifying variables and value labels (Laureate Education, n.d.). What to do in the case of any assumption violations for the test or missing data was decided upon before the start of data collection. Cases that have missing data were replaced with the mean score for that measurement. A violation, such as the presence of outlier(s) was managed by replacing the outlier with the means score of the measurement’s value. Any other test assumption violations followed the recommendations put forth by the statistical analysis performed during data analysis.

The research question addressed by this study was: What is the relationship of a transition program for NQRNs on nursing career satisfaction and retention? In an attempt to answer the single research question, the following hypothesis below was tested. The following statement is the null hypothesis: There is no relationship between nursing career satisfaction and retention of newly qualified RNs and the implementation of a

transition program. The following statement is the alternative hypothesis: There is a relationship between nursing career satisfaction and retention of newly qualified RNs and the implementation of a transition program. The independent variable was transition program. The dependent variables were nursing career satisfaction and retention.

A parametric test, such as the Pearson correlation was conducted on the data once it was collected, screened, and cleaned. Assumptions for the parametric test were violated. A one-way MANOVA and an independent-sample a *t* test was performed. A parametric or nonparametric test were both deemed inappropriate due to the nature of the variables in the research question. The research question contained one independent dichotomous nominal variable. The research question also contained two dependent variables that were both interval level of measurement. The one dependent variable was nursing career satisfaction, and the other dependent variable was retention.

Threats to Validity

External Validity

Factors such as testing reactivity, interaction effects, reactive effects, and multiple-treatment interferences were not appropriate threats to the external validity of this research study because of the study design. The information obtained from the participants was deemed to be accurate and reliable. Also, it was assumed that the sampling strategy recruited a representative sample. Because the proposed sample was representative of the population, it is an assumption that the results could be generalizable to the specific population targeted in this study.

Internal Validity

Data collection was through an anonymous online survey to ensure blinded data collection reduced bias and the threat to internal validity. Data screening and data cleaning were performed to reduce the likelihood of threats to internal validity. Factors such as history, maturation, testing, instrumentation, statistical regression, subject selection, mortality, and selection-maturation interaction did not pose a threat to internal validity. History, maturation, testing, and instrumentation were not a threat to internal validity because two groups of participants (those who have had a TTP program and those who have not had a TTP program) was used for this study. Subject selection was a concern for an internal validity threat because an uneven number of participant groups participated in the study. In this study, a cross-sectional design was used, thus eliminating the internal validity threat of mortality and selection-maturation interaction. Statistical regression did not pose a threat to internal validity of the study due to the design nature of the MNCSS. Positive and negative responses were reversed throughout the survey (per the original design of the MNCSS) to limit the potential of statistical regression.

Construct Validity

Threats to the construct or statistical conclusions were adequately handled through data cleaning and data screening before data analysis. The following assumptions were assessed using analytic strategies that first evaluated the variables for missing data, normality, absence of outliers, linearity, and interval or ratio data (Pallant, 2016). Each question was programmed in the survey system as a mandatory response. The mandatory response function led to no missing data. Normality of each variable was assessed using

the Shapiro-Wilk test of normality. Shapiro-Wilk significant values greater than 0.05 yields data that are normal. If the assumption was violated, then a nonparametric statistical test was then conducted. Assessing for normality was also helpful to assess the data for outliers. Assessing for outliers was important when conducting a Pearson's correlation because the test is extremely sensitive to outliers (Lund, 2013). Pallant (2016) identified linearity as the assumption of a straight-line relationship between each pair of the dependent variables. An assumption violation of linearity would also warrant conducting a nonparametric statistical analysis.

Ethical Procedures

Institutional Review Board (IRB) permission was obtained through Walden University to conduct the study (Approval No. 08-21-17-0065794). Permission was obtained by completing and submitting the required IRB application form. I completed human Research Protection training. The research study did not include any community partners and did not need a data use agreement. There was minimal to no potential risk to participants. Vulnerable populations were not specifically recruited for this study. This research study did not collect or include any protected health information. No potential conflict of interest existed. Therefore, there was no ethical concern regarding data collection.

Potential participants were emailed study recruitment flyers to their email address as provided by the board of nursing with which they are licensed. Email addresses were obtained through free public access. Potential participants were also recruited through Facebook, and a study link was posted to an allnurses.com discussion board forum. Upon

access to the study survey, a copy of the informed consent was reviewed before the survey begun. There was no ethical concern regarding the recruitment process and material.

The consent form included the following: (a) statement that the study involves research, (b) statement of why subject was selected, (c) disclosure of the identity and all relevant roles of researcher, (d) an understandable explanation of research purpose, (e) an understandable description of procedures, (f) expected duration of subject's participation, (g) statement that participation is voluntary, (h) statement that refusing or discontinuing participation involves no penalty, (i) description of reasonably foreseeable risk or discomforts, (j) description of anticipated benefits to subjects or others, (k) information on compensation for participation, (l) description of how confidentiality will be maintained, and (m) whom to contact with questions about the research and his or her rights as participants.

Data were collected using the secure online electronic survey system, SoGoSurvey, with a paid subscription. Information was collected anonymously and confidentially. Survey data were stored under a user account that is password protected and only accessible by me. The survey administration account was protected and only accessible by me due to password encryption used by SoGoSurvey. Data collected through the SoGoSurvey website was protected using Secure Socket Protocol (SSL) data encryption, and website safety was provided by McAfee SECURE (SoGoSurvey, 2017). Upon closure of the survey, all data were transferred to SPSS. The SPSS data file was stored on a secure password protected external hard drive. Data was only accessible to

me and the dissertation committee upon request. Data will continue to be safely maintained up until five years from the date of doctoral degree completion. Five years after degree completion, data will then be deleted and electronically destroyed from the secure password protected external hard drive.

Summary

In Chapter 3, I presented the research design with rationale, methodology, and threats to validity. I used a quantitative research approach by using a cross-sectional, predictive design for this study. The specific population identified for this research study were RNs licensed, residing, and practicing in the United States of America. The purposive, homogenous sampling technique was identified. G*Power Statistical Power Analyses was conducted to compute the sample size. Recruitment efforts were determined to be through emailing advertisement of the study and link for participation. Email addresses of RNs licensed in Ohio and Florida were obtained through free public access to the respective state boards of nursing. Additional recruitment efforts were through posting information regarding the study to the discussion forum on allnurses.com. A public post advertising a link to the survey was also posted on Facebook. Study participants were not required to have Facebook or be linked as friends/contacts in order to participate. The demographic data collected was reviewed. Procedures for obtaining informed consent and data collection were described in the chapter. I also reviewed the instrumentation (MNCSS and the TIS) used in terms of description, reliability and validity, variables of each instrument, data collection, and score calculations. I presented the operationalization of each variable. The data analysis

plan was described in detail. I used SPSS to conduct statistical analysis on data collected from the survey. I included a review of external, internal, and construct validity. Ethical procedures were described. The succeeding chapter is Chapter 4, where study results will be presented in detail.

Chapter 4: Results

The guidance of Duchscher's (2009) transition shock theory provided the theoretical foundation to conduct a correlational, cross-sectional survey study that addressed retention and nursing career satisfaction during the transition phase of a NQRN in bedside clinical practice. I took a quantitative methodological approach to address the research question: What is the relationship between a transition program for NQRNs and nursing career satisfaction and retention? The following statement is the null hypothesis: There is no relationship between nursing career satisfaction and retention of NQRNs and the implementation of a transition program. The following statement is the alternative hypothesis: There is a relationship between nursing career satisfaction and retention of NQRNs and the implementation of a transition program. The independent variable was TTP program, and the two dependent variables were nursing career satisfaction and retention. In this chapter, I present the data collection procedures and results.

Data Collection

Data collection began with the opening and distribution of the survey on Monday, August 21, 2017, after Walden University's IRB granted approval. Data collection completed with the close of the survey on Tuesday, August 29, 2017.

The SoGoSurvey would only allow a maximum distribution of 10,000 surveys via email per day. Therefore, the first 10,000 nurses on the list who obtained an RN license from the state of Ohio in 2015, 2016, and 2017 were emailed the survey on Monday, August 21. The recruitment flyer and survey link were also posted as a public post on Facebook. On Tuesday, August 22, the first 10,000 emails were sent to nurses who

obtained an RN license from the state of Florida in 2015, 2016, and 2017. Wednesday, August 23, 10,000 new emails were sent to Ohio licensed RNs with an original license date ranging between 2015 to 2017 who were listed 10,001 through 20,001 on the list. I sent 10,000 new emails on Thursday, August 24 to Florida licensed RNs with an original license date ranging between 2015 to 2017 who were listed 10,001 through 20,001. A total of 40,000 emails were sent. After allnurses.com provided approval for a posting, the recruitment flyer and survey link were posted to the discussion forum on Thursday, August 24.

Not every nurse who received an email invitation for participation was eligible. Due to license transfers and obtaining licensure by reciprocity, some RNs licensed in Ohio and Florida had been an RN practicing for more than 2 years, which was a criterion for this study. According to the SoGoSurvey software tracking system, 5,479 emails were read. Sixteen potential participants unsubscribed through the survey system software. There were 50 participants who personally emailed me stating that they were not eligible due to having too many years licensed as an RN.

There was a total of 317 responses. Of the 317 participant responses, only 315 consented to study participation. Of the 315 who consented, only 311 were eligible as a licensed RN. Of the 311 licensed RNs, 278 participants responded that they had 2 years or less of bedside clinical practice. A question on the survey within the demographics section asked for the participant to key in their number of years and month as a licensed RN and how long they have been working in their current position. Based on those responses, I found an additional seven participants were not eligible for the study. The

screening ended with 271 participant data included in the analysis. The response rate based on the number of emails read was 5.78%. One point two percent of potential participants either opted out or responded that they were not eligible.

The G*Power Statistical Power Analyses program was used to determine adequate sample size. An a priori calculation with an effect size of 0.5, α err prob-0.05, power of 0.80, and an allocation ratio N2/N1-1 was used. The calculation yielded a total sample size of 102 participants, with 51 participants in each of the two groups (those who had a TTP program and those who did not have a TTP program). The actual sample size (N = 271) was greater than the total sample size recommended by the G*Power calculator (N = 102). Of the 271 participants, 64.9% (N = 176) experienced a transition to practice program offered by their employer, and 35.1% (N = 95) did not have a transition to practice program.

Upon closing the survey, data were downloaded directly from the online SoGoSurvey software to IBM SPSS 23.0. The new SPSS file was then saved on a password-protected external hard drive. The number of participants needed per the G*Power calculation was reached; therefore, reminder emails were not sent per the data collection plan outlined in Chapter 3.

Results

Descriptive Statistics

There was a total of 271 participant responses that qualified for the study and used in data analysis. All the study participants included in the 271-count consented to participation, was a licensed RN with an unencumbered license, and had 2 years or less

of bedside clinical practice. Most of the participants were baccalaureate prepared White/Caucasian married females between the ages of 22 and 25 identifying with the millennial generation, residing in the Midwest region of the United States of America, working 35 or more hours per week in a not-for-profit position, and earning an annual yearly income between $25,000 and $49,999. Of the 271 participants, 64.9% (*N* = 176) experienced a transition to practice program offered by their employer, and 35.1% (*N* = 95) did not have a transition to practice program. Table 1 provides further detail about study participants and their demographic information.

Table 1

Demographic Information of Participants (Categorical Variables)

Demographic	*N*	%
Gender		
Male	28	10.3%
Female	243	89.7%
Age range		
18-21	6	2.2%
22-25	108	39.9%
26-30	57	21.0%
31-35	38	14.0%
36-40	28	10.3%
41-45	14	5.2%
46-50	13	4.8%
51-55	4	1.5%
56-60	3	1.1%
61+	0	0%
Ethnic origin		
Asian/Pacific Islander	5	1.8%
Black/African American	23	8.5%
White/Caucasian	213	78.6%
Hispanic/Latino	24	8.9%
Native American/American Indian	1	.4%
Other	5	1.8%
Ed preparation		
Diploma	7	2.6%
Associate	103	38.0%
Baccalaureate	161	59.4%
Region of work		
Midwest	157	57.9%
Northeast	28	10.3%
Southeast	83	30.6%
Southwest	2	.7%
West	1	.4%
Marital status		
Single, not married	106	39.1%
Married	113	41.7%
Living with partner	36	13.3%
Separated	1	.4%
Divorced	14	5.2%
Widowed	1	.4%
Prefer not to answer	0	0%

(continued)

Demographic	*N*	%
Yearly income		
Less than $24,999	4	1.5%
$25,000-49,999	160	59.0%
$50,000-99,999	107	39.5%
$100,000 or more	0	0%
Employment status		
35 + hours per week	233	86.0%
< 35 hours per week	33	12.2%
Not currently employed	5	1.8%
Type of employer		
For profit	74	27.3%
Not-for-profit	150	55.4%
Government	19	7.0%
Other	28	10.3%
Generation		
Baby Boomer	12	4.4%
Generation X	99	36.5%
Millennial	156	57.6%
Generation Z	4	1.5%

Statistical Assumptions

A Pearson's correlation was conducted to determine if having a transition to practice program effected nursing career satisfaction and retention. The Pearson's correlation assumptions were violated because the independent variable was a dichotomous nominal variable. The type of independent variable would also make the Spearman Rho test inappropriate for conduction as well. Therefore, an independent-samples *t* test was conducted. The independent-samples *t* test was used to determine if there was a difference between the means of the two-categorical transition to practice groups on the dependent variable nursing career satisfaction. A second independent-samples *t* test was used to determine if there was a difference between the means of the two-categorical transition to practice program groups on the dependent variable retention.

Next, a one-way between groups MANOVA was performed to investigate the difference having and not having a transition to practice program had on both dependent variables, nursing career satisfaction and retention.

The assumptions for an independent-sample t test are as follows: (a) the dependent variable is measured on a continuous scale, (b) the independent variable is dichotomous, (c) independence of observations, (d) no significant outliers, (e) normal distribution for each group of the independent variable, (f) and homogeneity of variances (Lund Research, 2013). There were no assumption violations for the independent-sample *t* test. There was homogeneity of variances for turnover intention scores for those with and without a TTP program, as assessed by Levene's test for equality of variances (p = .950). There was also homogeneity of variances for nursing career satisfaction scores for those with and without a TTP program, as assessed by Levene's test for equality of variances (p = .181).

A one-way between-groups MANOVA was performed to investigate the difference having and not having a transition to practice program had on nursing career satisfaction and retention. Two dependent variables were used: nursing career satisfaction and retention. The independent variable was a transition to practice program. Preliminary assumption testing was conducted to check for sample size, normality, univariate and multivariate outliers, linearity, homogeneity of variance-covariance matrices, and multicollinearity/singularity. No violations were noted.

The sample size was 271, which was larger than the recommended minimum of samples per number of dependent variables in place (2). Normality was assessed by

checking the univariate and multivariate normality. When assessing the univariate normality, the 5% trimmed mean revealed no great differences; histograms for the nursing career satisfaction and retention variables were both slightly skewed to the right (see Figures 1 and 2 respectively), normal Q-Q plot revealed normal distribution with both dependent variables (see Figures 3 and 4), the detrended normal Q-Q plot (Figures 5 and 6) showed no real clustering of points with both dependent variables, the boxplot revealed no outliers (Figures 7 and 8), and the test for normality using the Kolmogorov-Smirnov revealed normality presence with the nursing career satisfaction variable (p = .200) and a violation of normality in the retention variable ($p < 0.000$). However, Pallant (2016) stated that a violation of normality using the Kolmogorov-Smirnov is normal with large sample sizes.

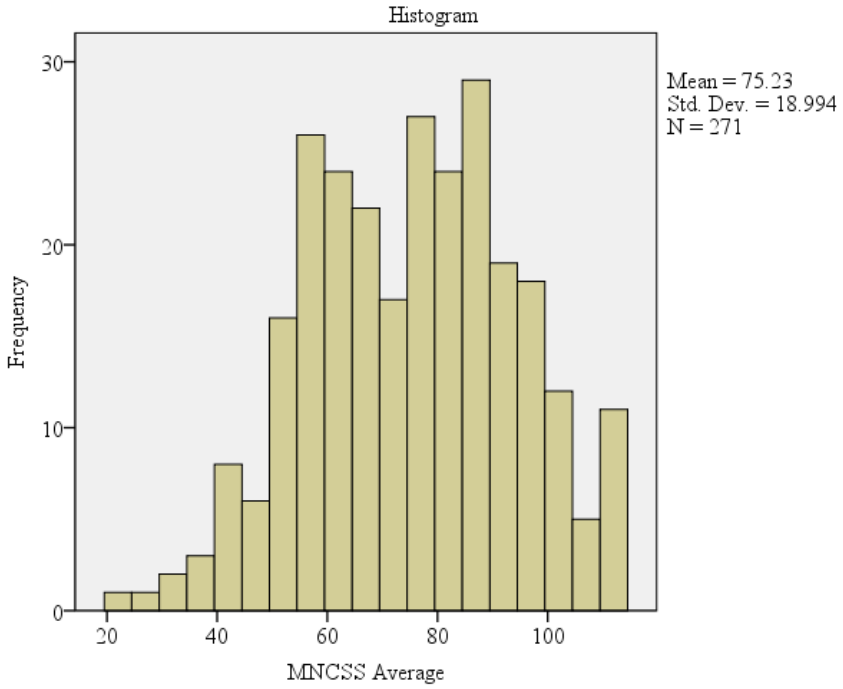

Figure 1. Histogram of nursing career satisfaction.

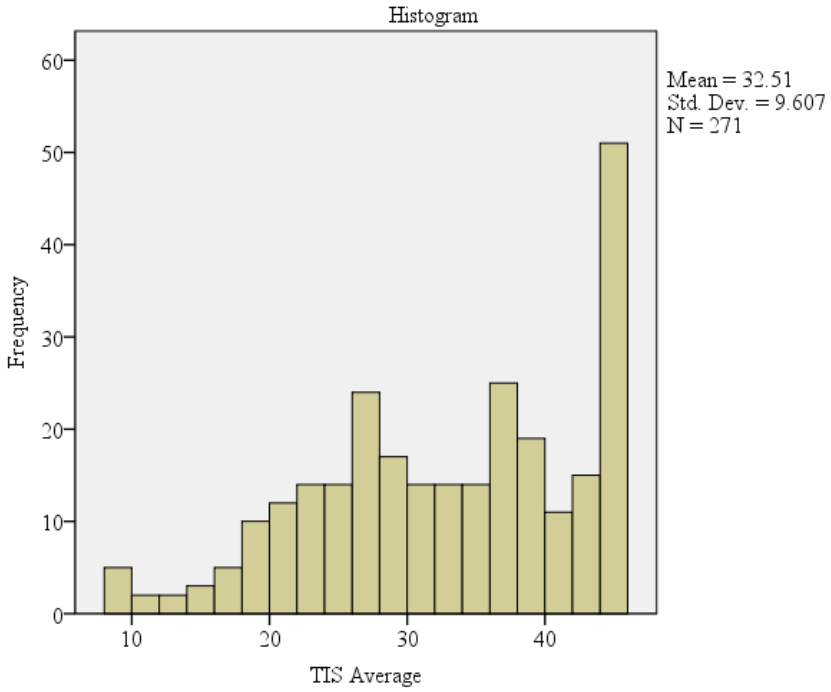

Figure 2. Histogram of retention.

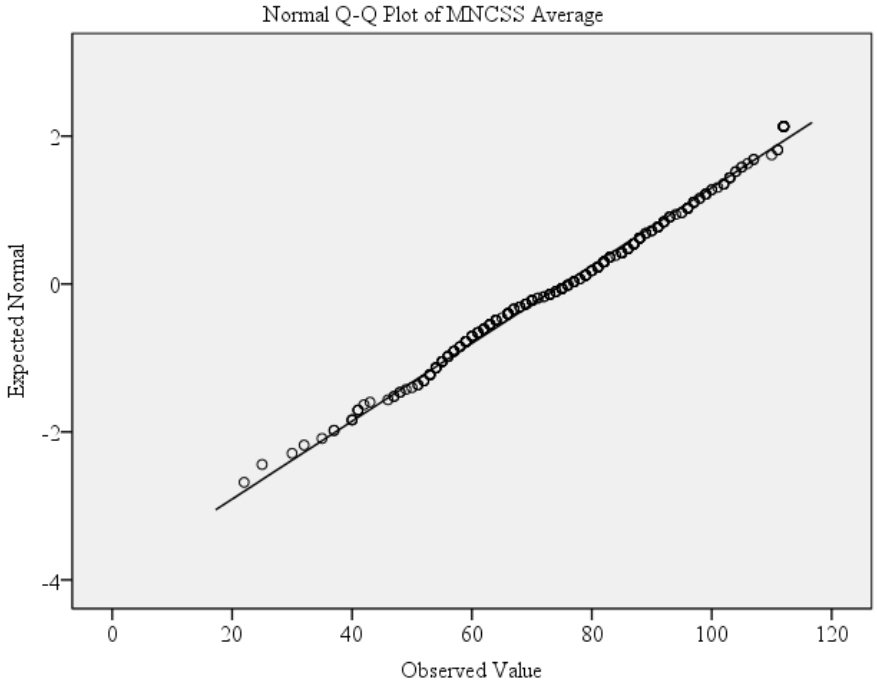

Figure 3. Normal Q-Q plot for nursing career satisfaction.

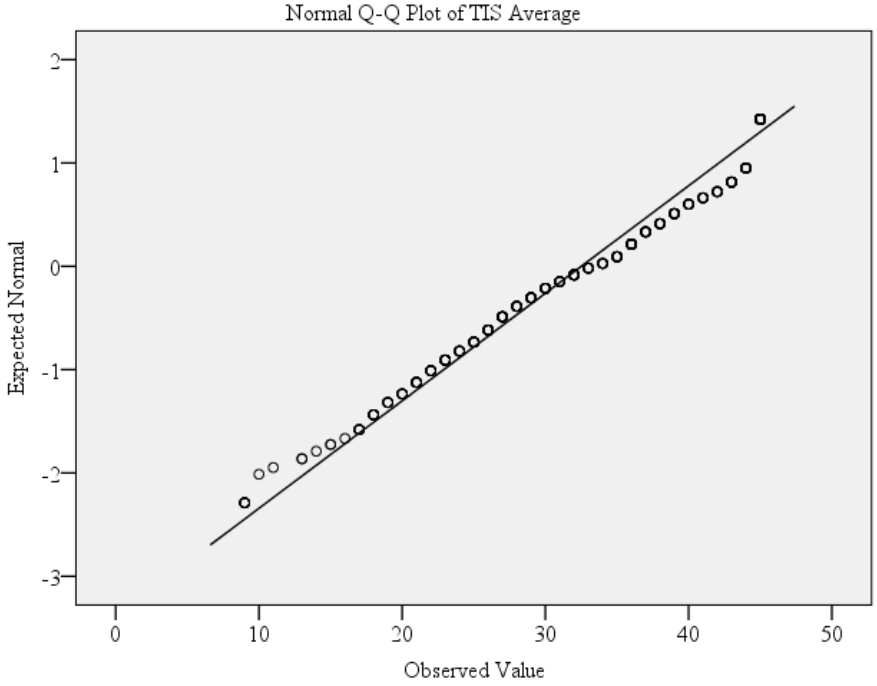

Figure 4. Normal Q-Q plot for retention.

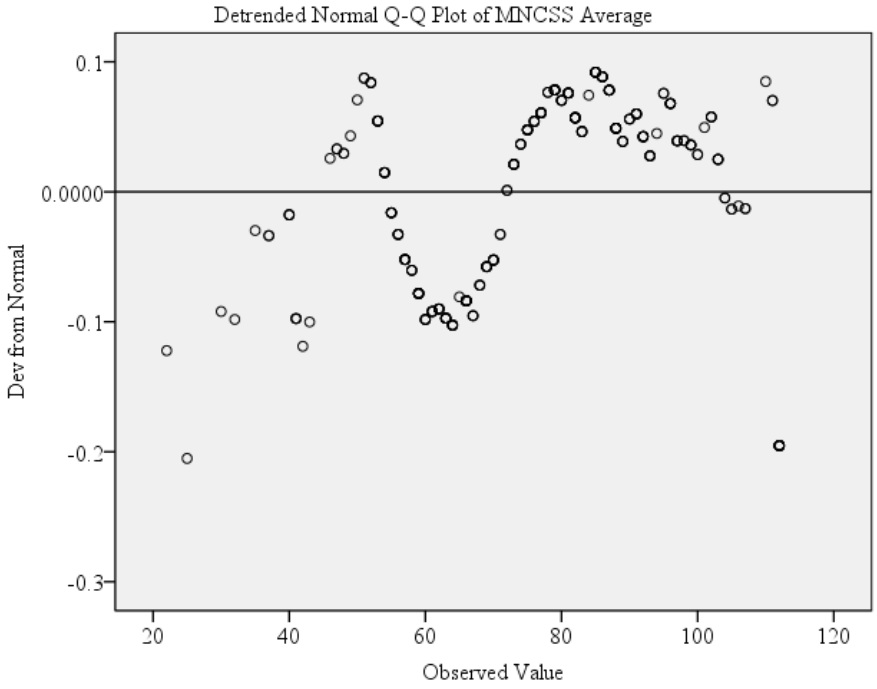

Figure 5. Detrended normal Q-Q plot for nursing career satisfaction.

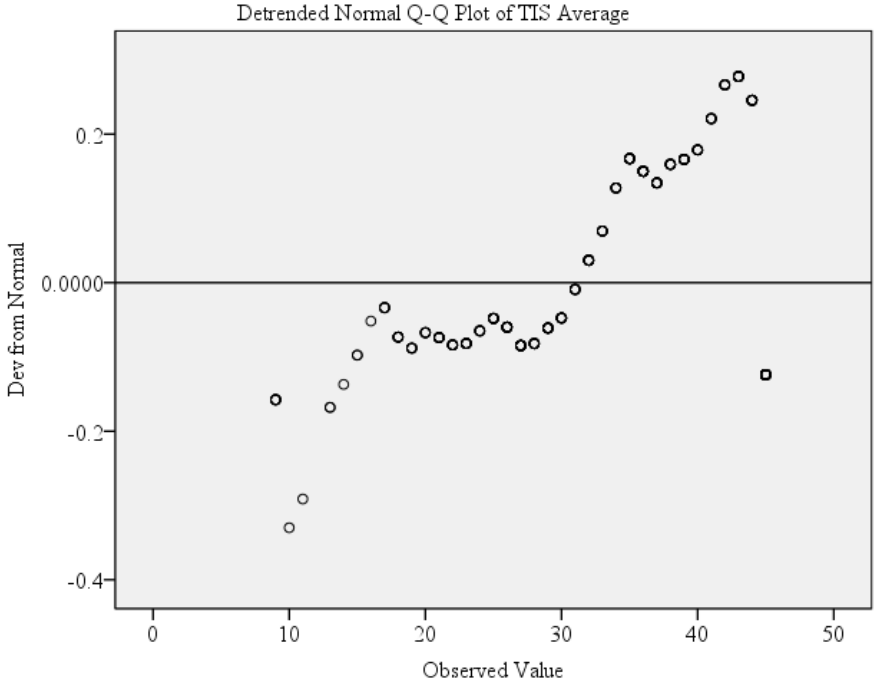

Figure 6. Detrended normal Q-Q plot for retention.

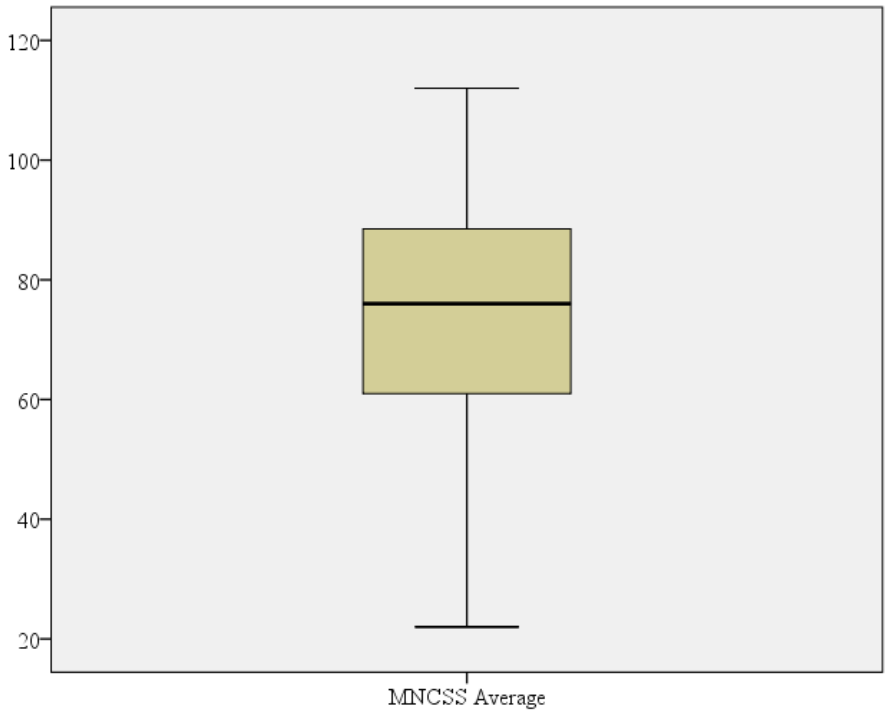

Figure 7. Boxplot for nursing career satisfaction.

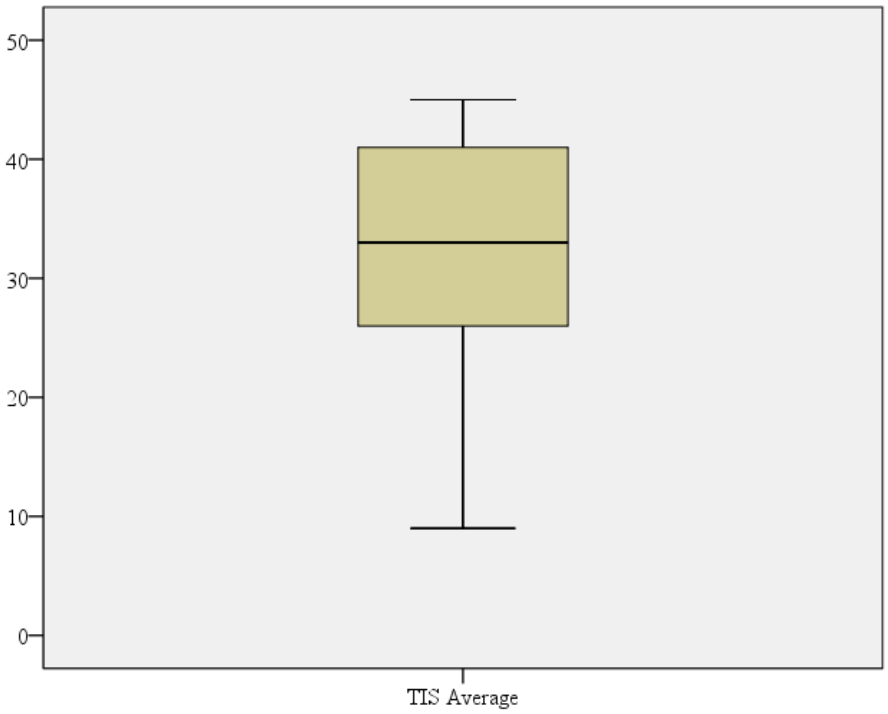

Figure 8. Boxplot for retention.

While assessing the multivariate normality, one case exceeding a critical value greater than 13.82 (the value suggested by Pallant, 2016 to use when there are two dependent variables) were identified. The critical value that exceeded the targeted 13.82 was 22.66. Because there was only one participant who exceeded the critical value, I decided to keep the participant data intact because all of the data are representative. When assessing for univariate normality and multivariate normality, the results revealed that there were no univariate and multivariate outliers.

Linearity was assessed by using a matrix of scatterplots. The matrix of scatterplots revealed that there is a positive correlation between variables. As nursing career satisfaction increases, retention increases. This assumption was not violated. See Figure 9.

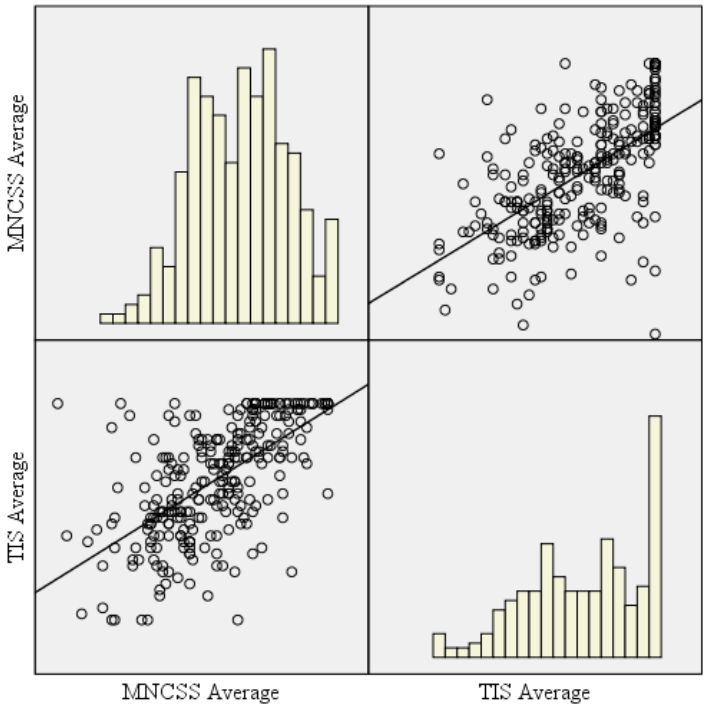

Figure 9. Matrix of scatterplots.

Homogeneity of variance-covariance matrices was assessed once the one-way MANOVA output was generated. I used the Box M's Test of Equality of Covariance Matrices to determine that this assumption was not violated. The level of significance value was .372. Significance values greater than .001 indicate that the assumption of homogeneity of variance-covariance matrices was not violated (Pallant, 2016). See Table 2.

Table 2

Box's Test of Equality of Covariance Matrices

Box M's	3.157
F	1.043
*df*1	3
*df*2	1056546.626
Sig.	.372

Note. *F* = distribution; *df* = degrees of freedom; Sig. = significance level.

Multicollinearity and singularity were assessed using the Pearson R. The Pearson R value of .617 indicated that there is a positive relationship between nursing career satisfaction and retention. Pallant (2016) recommends removing variables only when values are .8 or .9. The value was not that high; therefore, variables were not removed because while the variables are correlated, they are not too strongly correlated to be too similar for comparison.

Statistical Analysis of Research Question

Independent-sample t test for nursing career satisfaction. An independent-sample *t* test was conducted to determine if there were differences in nursing career satisfaction among nurses who did have a TTP program and those who did not have a TTP program. Nursing career satisfaction was higher in nurses who did have a TTP

program (M = 76.57, *SD* ± 19.60) than nurses who did not have a TTP program (M = 72.75, *SD* ± 17.65). A non-statistical significant difference was found, M = 3.83, 95% CI [-.92, 8.57], *t* (1.59) = 269, *p* = .114. See Table 3.

Table 3

Independent Samples Test for Nursing Career Satisfaction

		Levene's Test for Equality of Variances		*t* test for Equality of Means						
									95% Confidence Interval of Difference	
		F	Sig.	*t*	*df*	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
MNCSS average	Equal variances assumed	1.80	.18	1.59	269	.114	3.83	2.41	-.92	8.57
	Equal variances not assumed			1.64	210.69	.103	3.83	2.34	-.78	8.43

Note. *F* = test statistic of Levene's test; Sig. = significance level; *t* = computed test statistic; *df* = degrees of freedom.

Independent-sample t test for turnover intentions. An independent-sample *t* test was conducted to determine if there were differences in turnover intentions among nurses who did have a TTP program and those who did not have a TTP program. Turnover intentions were higher in nurses who did not have a TTP program (M = 31.66, *SD* ± 9.605) than those who did have a TTP program (M = 32.97, *SD* ± 9.605). Higher TIS scores indicate lower turnover intentions. However, the analysis revealed non-statistical significant difference in turnover intentions, M = 1.303, 95% CI [-1.105, 3.710], *t* (1.065) = 269, *p* = .288. See Table 4.

Table 4

Independent Sample Test for Turnover Intentions

		Levene's Test for Equality of Variances		*t* test for Equality of Means						
									95% Confidence Interval of Difference	
		F	Sig.	*t*	*df*	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
TIS average	Equal variances assumed	.004	.950	1.07	269	.288	1.30	1.22	-1.11	3.71
	Equal variances not assumed			1.07	192.72	.288	1.30	1.22	-1.11	3.72

Note. *F* = test statistic of Levene's test; Sig. = significance level; *t* = computed test statistic; *df* = degrees of freedom.

One-way multivariate analysis of variance. A one-way between-groups MANOVA was performed to investigate the difference having and not having a transition to practice program had on nursing career satisfaction and retention. Two dependent variables used were nursing career satisfaction and retention. The independent variable was transition to practice program.

Research question. What is the relationship of a transition program for NQRNs on nursing career satisfaction and retention?

The null hypothesis stated that there would be no relationship between nursing career satisfaction and retention of NQRNs and the implementation of a transition program among NQRNs. The alternate hypothesis stated that there would be a relationship between nursing career satisfaction and retention of NQRNs and implementation of a transition program among NQRNs.

There was not a statistically significant difference between those who did have a transition to practice program and those who did not have a transition to practice program on the combined dependent variables, F (2, 268) = 1.26, p = .285; Wilk's Lambda = .99, partial eta squared = .01. Therefore, the null hypothesis which suggested that there would be no relationship between nursing career satisfaction and retention of NQRNs and the implementation of a transition program among NQRNs was retained. Table 5 displays the multivariate test results.

Table 5

Multivariate Test Results [a]

Effect		Value	*F*	*df*	Error *df*	Sig.	Partial Eta Squared
Intercept	Pillai's Trace	.940	2085.141[b]	2	268	.000	.940
	Wilks' Lambda	.060	2085.141[b]	2	268	.000	.940
	Hotelling's Trace	15.561	2085.141[b]	2	268	.000	.940
	Roy's Largest Root	15.561	2085.141[b]	2	268	.000	.940
TTP program	Pillai's Trace	.009	1.261[b]	2	268	.285	.009
	Wilks' Lambda	.991	1.261[b]	2	268	.285	.009
	Hotelling's Trace	.009	1.261[b]	2	268	.285	.009
	Roy's Largest Root	.009	1.261[b]	2	268	.285	.009

Note. F = test statistic of Levene's test; *df* = degrees of freedom; Sig. = significance level. *a* = Design: Intercept + TTP Program, b = exact statistic.

An inspection of the mean scores revealed that participants who had a transition to practice program reported slightly higher nursing career satisfaction and higher retention (M = 76.57, *SD* ± 19.6 and M = 32.97, *SD* ± 9.61 respectively) than those who

did not have a transition to practice program (M = 72.75, *SD* ± 17.647 and M = 31.66, *SD* ± 9.61 respectively). See Table 6.

Table 6

Mean Scores for TTP Program and No TTP Program

	Did your employer offer you a TTP program?	Mean	Std. Deviation	*N*
MNCSS	Yes	76.57	19.60	176
	No	72.75	17.65	95
	Total	75.23	18.99	217
TIS	Yes	32.97	9.61	176
	No	31.66	9.61	95
	Total	32.51	9.61	217

Additional Statistical Analysis

The MNCSS measurement utilizes a "semantic differential approach" (Mariani & Allen, 2014, p. 136). This scale's content validity index is .84. Cronbach's alpha internal consistency reliabilities range .93 through .96. MNCSS scoring has a potential range of 16 to 112. Lower scores indicate the less satisfied nurses are with their nursing career. Higher scores indicate a higher degree of satisfaction with nursing as a career. MNCSS scores from this study ranged 22 to 112. The mean was 75.23 (*SD* ± 18.99). The scale item with the lowest mean was "rewarded-frustrated," and the item with the highest mean was "unreliable-dependable." Refer to Table 7 for the MNCSS individual adjective means and standard deviations.

Table 7

Individual Adjective Scale Means and Standard Deviations for MNCSS

Individual adjectives	Mean	*SD*
Satisfied-Dissatisfied	4.70	1.616
Fulfilled-Discouraged	4.54	1.746
Stimulated-Bored	5.13	1.788
Discontent-Content	4.61	1.858
Accomplished-Defeated	4.53	1.712
Successful-Unsuccessful	4.66	1.608
Worthless-Valued	4.74	1.685
Secure-Insecure	4.57	1.783
Gratified-Disappointed	4.56	1.668
Enjoyment-Distressed	4.15	1.683
Pessimistic-Optimistic	4.64	1.775
Confident-Doubtful	4.45	1.641
Rewarded-Frustrated	3.99	1.743
Unreliable-Dependable	5.58	1.676
Meaningful-Not meaningful	5.03	1.871
Proud-Ashamed	5.35	1.774

Note. *SD* = standard deviation.

The 9-item TIS has a potential score range of 9 to 45. A lower score indicates a higher turnover possibility whereas a higher score indicates a lower turnover rate. Scores from this study ranged nine to 45 in this study. The mean was 32.51 (*SD* ± 9.607). The lowest score for the TIS was in response to the statement "I think a lot about leaving the organization." The mean was 3.13 (*SD* ± 1.398). The lowest score for the statement indicates a higher organizational turnover. The highest score for the TIS was in response to the statement "As soon as it is possible, I will leave the occupation." The mean was 4.21 (*SD* ± 1.064). The highest score for this statement indicates a lower occupational turnover rate. Reliability for this scale was assessed by the authors using Cronbach's

alpha with scores ranging .89 to .94. See Table 8 for the TIS scale individual statement means and standard deviations.

Table 8

Individual Scale Mean and Standard Deviations for TIS

	Mean	*SD*
I think a lot about leaving the organization.	3.13	1.398
I am actively searching for an alternative to the organization.	3.41	1.398
As soon as it is possible, I will leave the organization.	3.49	1.316
I think a lot about leaving the job.	3.23	1.452
I am actively searching for an alternative to the job.	3.44	1.410
As soon as it is possible, I will leave the job.	3.48	1.333
I think a lot about leaving the occupation.	4.00	1.232
I am actively searching for an alternative to the occupation.	4.13	1.154
As soon as it is possible, I will leave the occupation.	4.21	1.064

Note. *SD* = standard deviation.

Data were collected regarding the generation in which the participants identified. This led to an incidental finding from the descriptive data. Generation category options within the survey included: baby boomer, Generation X, millennial, and Generation Z. The greatest number of participants (N = 156) identified with the millennial generation. There were 99 participants identifying with Generation X, 12 identified themselves as baby boomers, and four identified with Generation Z. Overall mean scores for nursing career satisfaction were highest, meaning the most satisfied, among participants identifying with the millennial generation. The next was Generation X, then baby boomers, and lastly the lowest mean score for Generation Z. Whether the participants did or did not have a TTP program did not influence the ranking of highest to lowest satisfaction mean scores amongst the four generations. Overall mean scores for turnover intention were the lowest in the Generation Z participants (M = 23.75). The lower the TIS

score, the higher turnover intention. Turnover intentions were the lowest with the millennial generation (M = 34.02).

Summary

The purpose of this study was to examine the relationship between a transition program and satisfaction with nursing as a career and retention of the NQRN in bedside care. The research question I sough to answer was: What is the relationship of a transition program for NQRNs on nursing career satisfaction and retention? From the data collected and then presented within this chapter, I found that there was no statistical difference in nursing career satisfaction and retention of nurses who did have a TTP program versus nurses who did not have a TTP program. Therefore, the null hypothesis which suggested that there would be no relationship between nursing career satisfaction and retention of NQRNs and the implementation of a transition program among NQRNs was retained. A positive linear relationship was found between the dependent variables, nursing career satisfaction, and retention. The greater satisfaction nurses had with their career, the higher their retention rate. The positive linear relationship that was found was not too great for a case of a concern that the variables were too closely related thus still allowing for a MANOVA to be conducted. In the next chapter, I will provide an interpretation of the findings, limitations of the study, recommendations, implications, and conclusions.

Chapter 5: Discussion, Conclusions, and Recommendations

In this final chapter, I present the interpretation of findings, limitations of the study, recommendations, implications, and a final conclusion. The purpose of this correlational, cross-sectional survey study was to examine retention and nursing career satisfaction during the transition phase of a NQRN in bedside clinical practice. The goal of conducting the research study was to help determine the impact a TTP program has on an RNs' nursing career satisfaction and retention. The importance of the identified topic was evidenced in several reports, which indicated the need for further research regarding the NQRNs' transition to practice. These reports specifically addressed the need for larger sample sizes and more rigorous study designs (Edwards et al., 2015; Missen et al., 2014; Phillips et al., 2012; Spector et al., 2015).

Existing evidence that supported investigating the transition phase from student nurse to novice RN is the perceived preparation of new graduate nurses and the percentage of new nurses who leave the profession. The healthcare profession needs qualified RNs to provide bedside care to patients. Buerhaus et al. (2009) project the United States RN shortage to be 260,000 by the year 2025. Even though new nurses are entering the profession, a shortage remains. Reported turnover rates for NQRNs are higher than for those nurses with more experience (Kovner et al., 2014; NSI Nursing Solutions, Inc., 2016). Reasons vary as to why nurses intend to leave bedside nursing. One focus regarding the intent to leave the position as a bedside nurse is the inadequacy of the transition process that new nurses experience as they enter the profession and

practice setting. From experience and observation, the transition time can have an impact, either positive or negative, on a person's outlook, perceptions, and behaviors in practice.

This study provided several key findings both related to the formulated hypothesis and additional findings that stem from the original hypothesis that was as follows: There is no significant relationship between a TTP program and nursing career satisfaction and retention of the NQRN in bedside clinical practice. The null hypothesis was retained. However, there was a difference in nursing career satisfaction mean scores and intentions to remain in the nursing profession (retention) among nurses who have had a TTP program and those who have not had a TTP program. Mean scores for nursing career satisfaction and retention were higher in the group of NQRNs who had a TTP program compared to NQRNs who did not have a TTP program.

Interpretation of the Findings

Using the independent variable TTP program and two dependent variables, nursing career satisfaction and retention, a quantitative methodological approach was taken to approach the research question: What is the relationship between a transition program for NQRNs and nursing career satisfaction and retention? The use of a cluster probability sampling method allowed me to take an unbiased approach to sampling. Most of the participants were baccalaureate prepared White/Caucasian married females between the ages of 22 and 25 identifying with the millennial generation, residing in the Midwest region of the United States of America, working 35 or more hours per week in a not-for-profit position, and earning an annual yearly income between $25,000 and $49,999. Of the 271 participants, 64.9% (N = 176) experienced a transition to practice

program offered by their employer, and 35.1% (N = 95) did not have a transition to practice program.

A gap was identified in the literature regarding the implementation of a TTP program and the effects such a program had on nursing career satisfaction and retention. Interpretations of the findings are presented in consideration of nursing career satisfaction, retention, and the theoretical foundation using Duchscher's transition shock theory.

Nursing Career Satisfaction

Spector et al. (2015) found evidence that supports the use of TTP programs that improve quality and safety, increase job satisfaction, reduce work stress, and decrease turnover. The experience gained during the transition phase can positively impact the newly qualified nurses' satisfaction and intent to stay in the nursing profession (Edwards et al., 2015). Experience can impact the nurses' satisfaction with their career in terms of potentially leaving the profession altogether (Edwards et al., 2015).

Due to the lack of recent evidence regarding nursing career satisfaction and intention to stay in the profession, a gap in the literature has been identified and was included as an important component of this research study. The hypothesis for this study addressed the relationship a TTP program had or did not have on nursing career satisfaction and retention. There was not a statistically significant difference between those who did have a transition to practice program and those who did not have a transition to practice program on the combined dependent variables, F (2, 268) = 1.26, p = .285; Wilk's Lambda = .99, partial eta squared = .01. The findings from the one-way

MANOVA confirmed the relationship found between nursing career satisfaction and retention with nurses who have a transition to practice program. There was a slight mean difference found between the groups of nurses who had a TTP program and those who did not have a TTP program. However, it was nonsignificant. Thus, these results question the degree to which TTP programs are having on nursing career satisfaction and retention.

In 2012, Mariani also found that there was not a statistically significant difference in career satisfaction with nurses who participated in a mentoring relationship. When using an independent-sample *t* test evaluating TTP program and nursing career satisfaction, there was not a statistically significant difference found in this study either. Thus, confirming previous study findings. An interesting finding from this study was the overall mean scores for nursing career satisfaction. Overall mean scores for nursing career satisfaction using the MNCSS among all NQRNs who participated in the survey was 75.23 (*SD* ± 18.99). In 2014, Mariani and Allen reported overall mean nursing career satisfaction scores as 91.67 (*SD* ± 15.33) using the MNCSS as well, thus indicating that overall general nursing career satisfaction scores are down from when nurses were surveyed in 2014. As a note, midpoint average of scores for the MNCSS is 64. In 2014, Mariani and Allen had reported adjective pair item mean ranges. Adjective pair item means ranged in this study were lower than that of Mariani and Allen's previous findings. The lowest rated adjective pair for Mariani and Allen's past 2014 study and this study were the same, "rewarded-frustrated."

There were eight nurse respondents who scored the highest (112) on the MNCSS, expressing the greatest amount of nursing career satisfaction possible. Four had a transition to practice program, and four did not have a transition to practice program. Of those eight high scoring in the nursing career satisfaction scale, all but one also had the highest score possible (45) on the TIS scale. The one individual who did not have the highest possible TIS score rated at 30, citing that as soon as possible, the individual planned to leave their current organization of employment. As a note, this organization did not offer this nurse a transition to practice program. The reported time as an RN and length of time in their current positions of these eight discussed participants ranged from 2 months to 2 years.

There were no participants who scored the lowest possible score (16) on the MNCSS portion of the survey. The lowest MNCSS score was 22. This participant had a transition to practice program offered by their employer. Interestingly, this participant was one of the highest TIS scoring participants in the study with an overall average TIS of 45 (with the highest being 45). Therefore, the results from this individual participant show that overall this nurse who had a transition to practice program was not satisfied with nursing as a career, however, had very high intentions to remain in the profession.

Retention

Nurse retention is an important aspect of the nursing profession. Increasing the number of qualified nurses entering and remaining in the nursing profession is important to help reduce cost and the vacancy rate. Tillott et al. (2013) stressed that retention is a constant battle for the healthcare systems. Therefore, retention strategies are important.

Retention rate measurements can vary depending on how the research is conducted. It is important when reviewing retention to highlight the methodology used when calculating retention. Turnover rate would be recognized as the rate of nurses who are leaving their designated position, job, or the profession of nursing. Kovner et al. (2014) suggested that there is not one single definition of turnover, yet it is generally defined as someone leaving a job. An increase in retention will decrease the turnover rate.

For this study, retention was measured using Cohen's TIS. The scale scores can range from 9 to 45. Lower TIS scores indicate higher or greater turnover intentions. Higher TIS scores indicate less or lower turnover intentions. The average overall TIS score for all participants in this study was 32.5. Five participants had the lowest possible score (9), indicating a high turnover intention. Three of those five participants did not have a TTP program while two of them did have a TTP program. The length of time within the profession for this group of five nurses was between 4 months and 2 years. There were 41 participants who scored the highest (45) on the TIS scale, which indicates a higher intention to remain in the profession. Of the 41 participants scoring the highest on the TIS scale, 33 had a TTP program, and eight did not have a TTP program. Length of time in nursing and their position ranged 1 month to 2 years across the 41 participants under discussion. The results showed no difference in turnover intentions.

Strategies that are supported by research are important to implement in an attempt to retain new nurses working in the profession. Implementing strategies to retain nurses in the profession will help to address vacancy rates and contain cost. Flinkman and Salanterä (2015) reported that entering nursing practice as a newly-graduated RN is

stressful. Three major themes arose from Flinkman and Salanterä's qualitative study as to why nurses leave. Common reasons include poor practice environment, lack of support/orientation/and mentoring, and nursing as a second-best career choice. The authors also noted a generational difference and cited that younger generations of nurses are choosing to enter and leave the profession for reasons other than those expressed by other generations. New graduate nurses are leaving positions, and the profession for reasons such as lack of support, time management skills, inability to problem solve, feelings of being undervalued, and being bullied (Cochran, 2017). A greater focus needs to be placed on nurse retention (Duffield, 2014; Flinkman & Salanterä, 2015).

According to incidental findings in the results, the participants identifying with the millennial generation who expressed the highest mean score in nursing career satisfaction also expressed the lowest turnover intentions. When separating participants who did and did not have a TTP program, the generational rankings changed. In terms of ranking generations from the highest to lowest turnover intentions with the participants who did have a TTP program, Baby Boomers had the highest intentions to leave the profession. Then Generation X, Generation Z, and the millennial had the lowest intentions to leave the profession. When ranking generations from highest to lowest turnover intentions with participants who did not have a TTP program, Generation Z was highest, followed by Baby Boomers, then Generation X, and lastly the millennials. Overall, both groups of millennials had the highest nursing career satisfaction and the lowest turnover intentions.

Theoretical Findings

Duchscher's (2009) transition shock theory describes the path from novice to expert nurse beginning within the first few weeks to months when a new graduate nurse enters the profession. Duchscher (2009) defined transition shock as "the experience of moving from the known role of a student to the relatively less familiar role of professionally practicing nurse" (p. 1105). Every individual can experience life in different ways, and no two transitions will be identical.

Transition shock encompasses several key components, such as emotional, physical, sociocultural, developmental, and intellectual changes (Duchscher, 2009). Negative emotions were associated with insufficient support, lack of experience and confidence, and insecurities. The MNCSS evaluated nursing career satisfaction using emotional adjective pairs. The more participants associated with positive adjectives, the higher the satisfaction score was produced.

Review of the study results lends support to Duchscher's (2009) transition shock theory. There was no significant difference among participants who did versus did not have a formalized transition to practice program. This is suggestive that regardless of whether nurses have or do not have a formalized program to support their entry into the nursing profession, all nurses are experiencing a type of transition, as suggested by Duchscher's theory. The transition being experienced can impact the level of nursing career satisfaction and also retention.

The transition stages model addressed the transition shock that occurs from zero to 12 months of practice as a nurse. A criterion for participants in this study was having

24 months or less of experience as an RN. RN participants reporting to have more than 1 year but less than 2 years experience, averaged higher nursing career satisfaction scores than those participants who had less than 1 year of experience. Findings further support the stages model of Duchscher's (2009) transition shock theory.

Limitations of the Study

The results of this study regarding nursing career satisfaction and retention are limited in generalizability. Findings can only be generalized to NQRNs working in bedside clinical practice, as that was the primary qualification. The sample size of NQRNs was relatively small compared to the number of NQRNs licensed as reported by the NCSBN. Another consideration is that the data collected from participants were self-reported. The assumptions for the proposed statistical analysis were violated because the type of test selected was inappropriate. Therefore, an appropriate statistical analysis was then selected and performed. The study design posed limitation. Subsequently, two tools were selected for the survey that both were valid and reliable.

Recommendations

Replication of a similar study with a larger sample size to gain a more accurate depiction of feedback from a higher number of NQRNs practicing within bedside nursing in the United States of America is recommended. The results of this study could then be compared to future results regarding nursing career satisfaction and retention. It would be interesting to note if nursing career satisfaction and retention would increase or decrease with a larger sample size and the change in time.

The overall mean score for nursing career satisfaction was lower in this study compared to previously published studies using the MNCSS. As previously reported, the lowest rated adjective pair "rewarded-frustrated" was consistent amongst this study and others (Mariani & Allen, 2014). Therefore, an idea for future implications when focusing on nursing career satisfaction is to focus on programs that increase the nurse's feelings of being rewarded and decreasing their feelings of being frustrated. This would be an important implication for future research considerations being that the adjective pair "rewarded-frustrated" was a consistently low ranked feeling among nurses.

Results indicated that there was not a statistically significant difference between those who did have a transition to practice program and those who did not have a transition to practice program. This led to questioning the degree to which TTP programs are having on nursing career satisfaction and retention. Cochran (2017) suggested that transition program developers need to understand the needs of new nurses. A recommendation for future studies would be to focus on research that further investigates methods in transition that assist the new nurse in the transition phase. The experience gained during the transition phase can positively impact the newly qualified nurses' satisfaction and intent to stay in the nursing profession (Edwards et al., 2015). Perhaps efforts need to be made to discover and implement new practices for the NQRN transitioning into bedside practice.

Implications

Prior to this study, there was little-known research combining nursing career satisfaction and future intentions within the nursing profession when considering whether

or not the NQRN did or did not have a transition to practice program. Other common terms for the specific type of transition to practice program targeted was residency programs, nurse internships, or fifth year of nursing programs. Programs are in the process of being standardized by various entities such as the AACN and NCSBN. However, standardization has not yet taken on a global front across all health care facilities in the United States (NCSBN, 2017b; Vizient, 2017).

No difference was found between the transition to practice group and the no transition to practice group regarding nursing career satisfaction and retention. However, a positive finding from this study was that as nursing career satisfaction increases, retention increases. Therefore, continuing to investigate factors contributing to nursing career satisfaction and retention can aid in increasing retention rates within the nursing profession. Tillott et al. (2013) stressed that retention is a constant battle for the health care systems. A greater focus needs to be placed on nurse retention (Duffield et al., 2014; Flinkman & Salanterä, 2015). An increase in retention rates can affect the health care system that not only impacts nursing specifically, but also the business and consumer sides of health care. New graduate nurses are leaving positions and the profession for reasons such as lack of support, time management skills, inability to problem solve, feelings of being undervalued, and being bullied (Cochran, 2017). Nurses who are satisfied with nursing as a career and want to remain in the profession can also aid in making a positive impact on social change. Retaining experienced and knowledgeable nurses in the profession also contributes to the quality of care provided to ill patients, all influencing social change.

The implications for practice recommendations would be to continue to support the NQRN who is transitioning into practice. The results supported Duchscher's transition shock theory in terms of time in profession and degree of nursing career satisfaction. Duchscher (2009) noted within the transition shock theory that there is a movement and importance for transition facilitation programs for newly graduated nurses. Whether the focus remains on a formalized TTP program or not, it is still imperative to support them in their journey from becoming a novice to expert nurse. Cochran (2017) concurred that support is needed during the transition phase for the first 10 to 15 months. Providing support to nurses who are experiencing a type of reality shock entering the new career environment can impact positive social change.

Conclusion

Nurse retention and career satisfaction are important aspects of the nursing profession. According to Buerhaus et al. (2009), the United States RN shortage is projected to be 260,000 by the year 2025. Newly qualified RNs who enter the clinical setting, experience some type of transition phase regardless of their experience and knowledge. This can be a stressful time; some even suggest it can be traumatic (Duchscher, 2012; Ebrahimi et al., 2015; Edwards et al., 2015). Increasing the number of qualified nurses who are entering and remaining in the nursing profession is important to help reduce cost and the vacancy rate.

Through improvements made to the NQRN transition to practice, the profession as a whole is more likely to retain trained and qualified RNs. Retaining nurses, having nurses in the profession who are satisfied with their career choice, and easing the burdens

associated with transitioning into practice can impact positive social change for NQRNs. The positive social change can also impact other healthcare professionals, businesses, and consumers who are associated with the NQRN that is transitioning into practice. Results from this study can inspire future researchers to continue to focus on seeking effective methods that will increase nursing career satisfaction and retention of NQRNs transitioning into practice.

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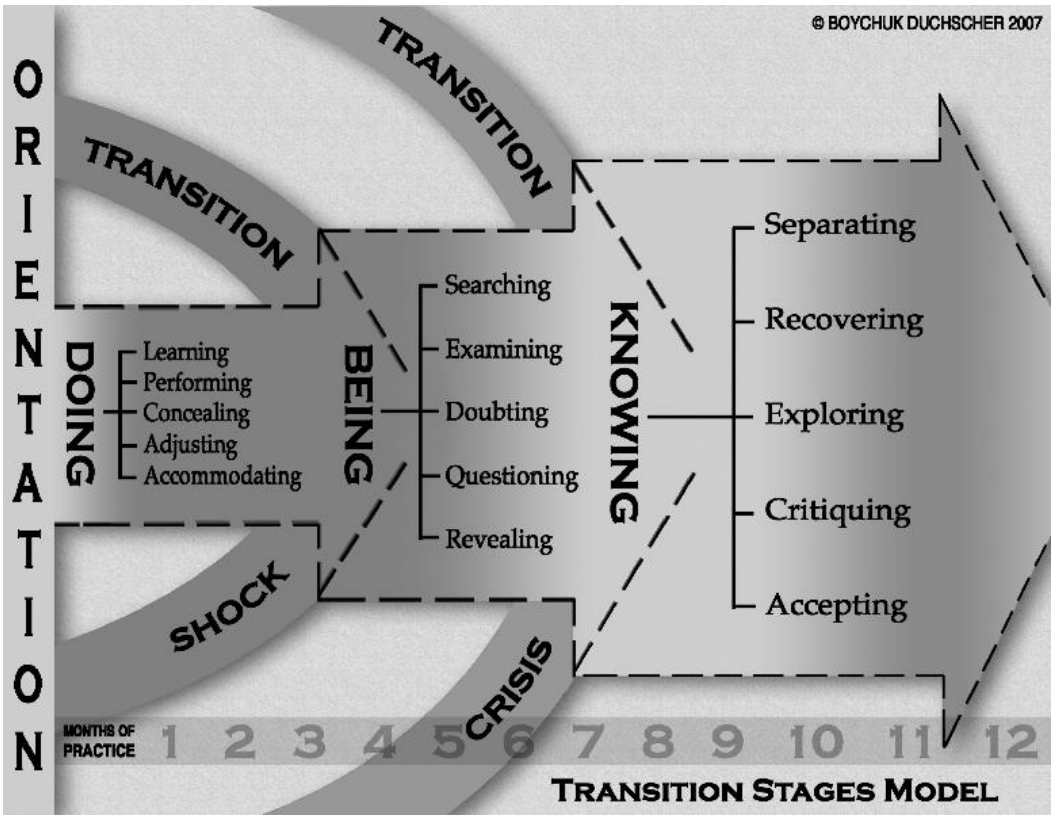
Appendix A: Transition Shock Theory Diagram



Appendix B: Permission for Use of Theory Diagram

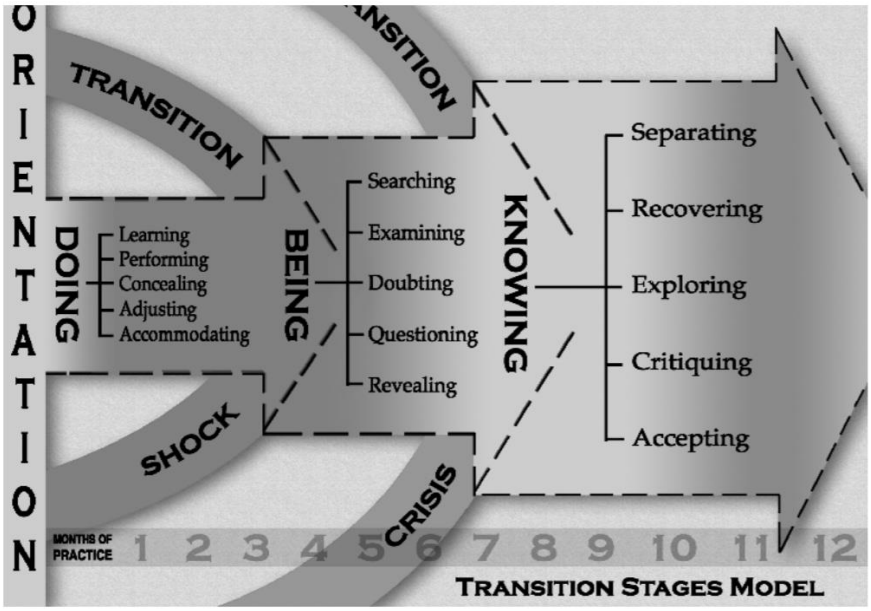
Inbox

Transition Stages Model... 1 MB | Trans Shock Model.pdf 3 MB | Shock Model b 2 MB

3 attachments (6 MB) Download all Save all to OneDrive - Laureate Education

Hello Amanda! Congratulations on the progress you have made toward your proposal. Of course you have my permission to use the Transition Shock Model and my Stages of Transition theoretical construct in your proposal - here are black and what/color pdfs for you to use. I would be most interested in seeing what you are doing for your proposal!

Let me know if I can be of any further support of your studies.



Warm regards,

Judy

Dr. Judy Boychuk Duchscher RN, BScN, MN, PhD
Associate Professor

Appendix C: Demographic Questionnaire

Please indicate your transition to practice experience.

- Had an institution provided transition to practice program (defined as a program extending beyond traditional facility orientation; ex: nurse residency or transition to practice program).
- Did not have a transition to practice program.

Please select your gender.

- Male
- Female

Please select your age range.

- 18-21
- 22-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61+

Ethnic Origin

- Asian/Pacific Islander
- Black or African American
- Caucasian
- Hispanic or Latino
- Native American or American Indian
- Other

Educational Preparation

- Diploma
- Associate
- Baccalaureate

Which Region of the US do you work:

- Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)
- Northeast (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VI)
- Southeast (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV)
- Southwest (AZ, NM, OK, TX)
- West (AK, CA, CO, HI, ID, MT, NV, OR, UT, WA, WY)

Marital Status

- Single, Not married
- Married
- Living with partner
- Separated
- Divorced
- Widowed
- Prefer not to answer

Yearly Income (from nursing employment only):

- Less than $24,999
- $25,000 to $49,999
- $50,000 to $99,999
- $100,000 or more

Employment Status

- 35+ hours per week
- <35 hours per week
- I am not currently employed

Type of Employer

- For profit
- Not-for-profit
- Government
- Other: Please specify _____

Generation do you identify with best:

- Baby Boomer
- Generation X
- Millennial
- Generation Z

Length in nursing profession

_____

Length in current position

_____

Appendix D: Letter of Permission for MNCSS

Dear Amanda:

Here is a copy of the tool. It is copyrighted, so I ask that you not share it with anyone (please refer them directly to me if they want a copy), and cite it properly with permission for use. Please do not alter the instrument as the reliability and validity is based on the instrument in its entirety. I would love to hear about your study after you conduct it, and how the instrument worked for you.

Bette Mariani, PhD, RN
Assistant Professor of Nursing

Appendix E: Mariani Nursing Career Satisfaction Scale

MARIANI NURSING CAREER SATISFACTION SCALE

DIRECTIONS

The purpose of this scale is to measure your feelings about the concept, my nursing career. This is not a test and there is no right or wrong answer. On the following page you will find a concept that is to be rated using a set of adjective scales similar to the example below. Here is an example of how to use the scale:

Happy :___:___:___:___:___:___:___: Unhappy

Place an (X) toward the left of the scale if you feel that the adjective happy more closely represents your feeling and place an (X) toward the right of the scale if you feel unhappy more closely represents your feeling. You should place the (X) more closely to the adjective if you feel very strongly about the adjective.

Happy :___:_X_:___:___:___:___:___: Unhappy

If you are neutral or feel that the adjective is irrelevant, place an (X) in the middle space.

Happy :___: ___:___:_X_:___:___:___: Unhappy

Make an independent judgment on each pair and work relatively quickly so that you are recording your first impression. Do not skip any adjective pairs and do not place more than one (X) on an adjective scale.

MARIANI NURSING CAREER SATISFACTION SCALE

MY NURSING CAREER

Taking into consideration your overall career in nursing, use the following scale to rate how you feel about your nursing career. Place an (X) at the place on the scale that most accurately represents your feeling about your nursing career.

Satisfied	:___:___:___:___:___:___:___:	Dissatisfied
Fulfilled	:___:___:___:___:___:___:___:	Discouraged
Stimulated	:___:___:___:___:___:___:___:	Bored
Discontent	:___:___:___:___:___:___:___:	Content
Accomplished	:___:___:___:___:___:___:___:	Defeated
Successful	:___:___:___:___:___:___:___:	Unsuccessful
Worthless	:___:___:___:___:___:___:___:	Valued
Secure	:___:___:___:___:___:___:___:	Insecure
Gratified	:___:___:___:___:___:___:___:	Disappointed
Enjoyment	:___:___:___:___:___:___:___:	Distressed
Pessimistic	:___:___:___:___:___:___:___:	Optimistic
Confident	:___:___:___:___:___:___:___:	Doubtful
Rewarded	:___:___:___:___:___:___:___:	Frustrated
Unreliable	:___:___:___:___:___:___:___:	Dependable
Meaningful	:___:___:___:___:___:___:___:	Not meaningful
Proud	:___:___:___:___:___:___:___:	Ashamed

Appendix F: Turnover Intentions Scale Email Permission

Reply all | Delete Junk |

Re: Permission for Turnover Intention Scale Use in Dissertation

Sent Items

Thank you kindly Dr. Cohen.

Sincerely,

Amanda Machesky

Subject: Re: Permission for Turnover Intention Scale Use in Dissertation

Use and cite.
Aaron cohen

Permission for Turnover Intention Scale Use in Dissertation :נושא

Dear Dr. Cohen,

I am a doctoral student from Walden University writing my dissertation titled The Transition Phase Influence on Nursing Career Satisfaction and Retention. I have located your authored scale, Turnover Intention Scale (TIS), copyrighted 1999 in the PsychTESTS database.

I would like your permission to use the TIS in my research study. I will use the survey intact with no changes. I will also provide credit/citation when using. I would greatly appreciate a response for your personal permission to use in my dissertation.

Appendix G: Turnover Intentions Scale

PsycTESTS®

Turnover Intention Scale
Version Attached: Full Test

Note: Test name created by PsycTESTS

PsycTESTS Citation:
Cohen, A. (1999). Turnover Intention Scale [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t10116-000

Instrument Type:
Rating Scale

Test Format:
Turnover Intention Scale responses are rated on a scale from 1 (strongly agree) to 5 (strongly disagree).

Source:
Cohen, Aaron. (1999). The relation between commitment forms and work outcomes in Jewish and Arab culture. Journal of Vocational Behavior, Vol 54(3), 371-391. doi: 10.1006/jvbe.1998.1669, © 1999 by Elsevier. Reproduced by Permission of Elsevier.

PsycTESTS®

doi: 10.1037/t10116-000

Turnover Intention Scale

Items

Organization

I think a lot about leaving the organization.
I am actively searching for an alternative to the organization.
As soon as it is possible, I will leave the organization.

Job

I think a lot about leaving the job.
I am actively searching for an alternative to the job.
As soon as it is possible, I will leave the job.

Occupation

I think a lot about leaving the occupation.
I am actively searching for an alternative to the occupation.
As soon as it is possible, I will leave the occupation.

Note. The scale ranged from 1 (strongly agree) to 5 (strongly disagree), which indicates that a higher score meant weaker turnover intentions.