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Retention of the Experienced Nurse

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This is to certify that the doctoral study by

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

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Walden University
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Abstract

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MS, Shenandoah University 2012

ADN, Lord Fairfax Community College, 2008

Project Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

The nursing profession is facing a potentially devastating shortage of nurses by the year 2020. Contributing to the shortage is the retirement of experienced nurses who are over the age of 45, and an aging baby boomer population. The loss will place a considerable strain on the overloaded health systems. As a result, it is important to identify successful strategies for addressing the problem of experienced nurse retention. Therefore, the purpose of this project was to conduct a systematic review of literature to answer the question of what retention strategies have been used to prevent the loss of the experienced nurse who is approaching retirement age. The systematic review, guided by Benner's theory of novice to expert and Kanter's empowerment theory, included quantitative, qualitative and mixed methods studies published between 2007 and 2017. Studies published in the United States and Canada were 8studies selected for detailed review, were graded using the Joanna Briggs Institute grading criteria. The themes identified in this study included five key indicators: nurse autonomy and empowerment (75%), stress and burnout (62%), workplace engagement (68%), leadership commitment (56%), and training/career development action plans (56%). The key indicators may provide the basis for recommendations for managers and leaders in promoting experienced nurse retention in their work settings. Positive social change is possible when management takes into consideration the value of the key indicators above in experienced nurse retention efforts. By retaining experienced nurses, the nursing profession can promote positive patient outcomes and a mentoring plan for nurses approaching retirement age.

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Dedication

I would like to dedicate this to all nurses, my friends and family.

Acknowledgments

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Section 1: Nature of the Project

Introduction

By the year 2020, the shortage of experienced nurses may have catastrophic effects on the U.S. healthcare system, resulting in devastating patient outcomes (Bryant-Hampton, Walton, Carroll, & Strickler, 2010). The decline in the population of experienced nurses aged 45 and older who are looking towards retirement is of major concern during this anticipated shortage, while the aging baby boomer population adds additional stress to the already inundated healthcare system and increases the need for more nurses (Bryant-Hampton, et al, 2010; Rosseter, 2014). According to Colby and Ortman (2015), the projected population of the United States in 2030 will include one in five Americans over the age of 65 (Colby & Ortman, 2015), and the overall U.S. population is expected to grow by 47.9 million by 2020 (Colby & Ortman, 2015).

Many researchers have examined the shortage of nurses and the reasons for the shortage, yet few have addressed strategies for retaining experienced nurses aged 45 and older (Bryant-Hampton et al., 2010; Andrews, 2014; Carter et al., 2012). This concern regarding the nursing shortage in view of the need for retaining experienced nurses in the healthcare workforce, and the ever-growing patient population provides the impetus for this systematic review on retention strategies for the experienced nurse. In a randomized survey, the National Council of State Boards of Nursing (NCSBN, 2015) found that of the 260,000 nurses surveyed, over 50% were over the age of 50. These data reinforce the concern that most of the nursing workforce will reach retirement age by the time of the full effect of the predicted nursing shortage.

The impact of the nursing shortage on the United States healthcare system's financial stability could be detrimental. In a recent study conducted at Baptist Health on the issues associated with nurse retention, researchers found that the average replacement cost of a nurse ranges from "$22,000 to $145,000, depending on the type of nurse" being replaced (Lengerich et al., 2017, p. 289). The American Nurses Association (ANA, 2015) found that, on average, the replacement of one RN in the United States will cost between $22,000 and $64,000. The estimated overall cost to an organization could exceed $300,000 with recruitment, advertising, and training for each percentage point of nurse turnover per year (ANA, 2015). These studies provide some insight on nursing dissatisfaction issues and the retention of the experienced nurse (Lengerich et al., 2017). Some of the issues that these studies showed are patient acuity issues, length of stays, and the aging nursing profession (Lengerich et al., 2017).

The focus of this systematic review of literature was therefore retention strategies nursing leadership and management could use with the experienced nurses who are approaching retirement age. A systematic review is defined in the Walden University College of Health Sciences School of Nursing's manual as a review based on scientific approaches that reduce "biases and random errors" through a thoughtful, scientific, and transparent methodology (Walden University, 2017). The search terms I used in searches of pertinent databases included *experienced nurses, nursing shortage*, and *retention*. The purpose of this systematic review was to provide insight to the nursing profession on experienced nurse retention. Findings from this systematic review can be used by healthcare systems and nursing professionals to address the experienced nurse retention

dilemma. Thus, this project's potential for social change includes compelling nursing leaders and managers to reevaluate and broaden their retention strategies to include experienced nurses and not just new nurses. In a recent article, Middaugh (2016) the importance of looking at this population of nurses because of the anticipated growth of 78 million retired baby boomers and the need for safe nurse patient ratios and care. By looking at improving retention strategies for experienced nurses, organizations may improve patient outcomes and satisfaction scores by retaining these valuable care providers.

Problem Statement

According to Grove, Burns, and Gray (2013), when articulating the problem statement, the researcher is identifying problem areas in health care that are not recognized, or addressing the lack of knowledge on a given issue. The area of concern I addressed in this systematic review included retention issues for experienced nurses in the acute care setting. Allen, Fiorini, Dickey (2010) predicted a nursing shortage crisis in the next 2 decades of up to a million registered nurses in the United States (Allen et al., 2010). Compounding this shortage of the nursing workforce is that the current nursing workforce will be reaching retirement age at approximately the same time that this devastating nursing shortage will be occurring.

At the site where this project took place, leadership and management voiced concern regarding nurse retention, especially retention of the experienced nurses. According to the organization's website, nurses are the center of the organization and are critical to achieving their mission of serving their community. Further, the practicum site

has continued efforts to attaining experienced nurses by offering competitive pay rates, up to $10,000 sign on bonus, relocation assistance, outstanding benefits package, flexible scheduling and tuition reimbursements. Looking at the measures they have implored towards attaining experienced nurses, the organization recognized the importance of experienced nurses and the best practices these experienced professionals bring to the bedside, as well as, leadership/ management. The focus they have on attaining experienced nurses indicates they strive to maintain and retain this most valuable workforce. During conversations with the chief nursing officer (CNO) of a local healthcare system, we discussed the organization's need for retention of experienced nurses given the complexity of patient care. The CNO reported that critical need for experienced nurses were in the areas of critical care, the operating room, post anesthesia units, and the emergency department. The organization has made great efforts toward attaining BSN level nurses, but retention of experienced nurses had not been discussed until recent meetings on current and projected staffing needs. According to the CNO, these meetings led to the realization that many of the current nurses will be reaching retirement in the next 10 years and novice nurses will still be growing in their expertise. Unsafe nurse-to-patient ratios compounded by inexperienced nurses could have devastating effect on patient outcomes and may lead to increases in nursing attrition (Volt et al., 2012; Ross-Walker et al., 2012; Orlovsky, 2006, Rosseter, 2014).

I conducted this systematic review to identify strategies to retain experienced nurses to care for the growing patient population, and to examine the potential for developing new opportunities that better fit this experienced group of nurses. My goal

was to identify strategies for retaining experienced nurses who will be able to continue to promote the nursing profession, provide highly quality nursing care, mentor novice nurses towards growth and knowledge, and provide an environment for positive patient outcomes (see Allen et al., 2010; Bishop, 2013; Bryant-Hampton, 2010; Duffy et al., 2014).

Purpose

The purpose of this systematic review of the literature was to provide a comprehensive analysis and discussion of the current published literature to provide evidence for improving experienced nurse retention in the clinical hospital setting. The gap in practice I sought to address is how to handle the upcoming nursing shortage. Specifically, I focused on retention of the experienced nurse and on strategies that promote their retention. The coming nursing shortage has the potential to create an environment of inadequate patient care and to foster an overworked nursing population with disastrous patient outcomes (Fast Facts, 2014). Currently, published literature on experienced nurse retention is limited. The literature that has been published includes evidence for improving nurse retention in the clinical hospital setting and has outlined strategies in which this can be performed (Volt et al., 2012; Carson, 2012). Some suggestions on addressing retention issues include supporting experienced nurses who want to return to school for a higher level of education (Allen, et al., 2014; Andrews 2010). Job satisfaction and reduction of burnout of the experienced nurse is one essential aspect of retention that nursing leaders cannot be ignore. Parsons, Gaudine, and Swab (2015) found that there is a direct link between job satisfaction and turnover rates in the

acute care setting (Parsons, Gaudine, & Swab, 2015). A systematic review conducted by

Toh, Ang, and Devi (2012) showed a correlation between staffing shortages, job

dissatisfaction, and burnout (Toh, Ang, & Devi, 2012). My objective in this project was

to develop strategies on retaining experienced nurses that target their extensive

knowledge abilities, reduce burnout, and lead to positive collaboration between the

experienced nurse, managers, and the novice nurse.

The guiding practice-focused question for this doctoral project was as follows:

What are the strategies for retaining the experienced nurse? I developed this question to

focus the review and determine the gap in practice that has the potential for disaster. I

used the patient intervention comparison outcomes (PICO) model to develop the practice

question. The ANA (2017) defines the PICO model as the beginning step in research to

develop an appropriate and clear research question. For this project, the PICO elements

were experienced nurses (P), retention (I), nursing (C), and strategies for improving

retention of the experienced nurse and improving patient outcomes (O). I looked at the

literature for insights regarding the projected nursing shortage and the potential effects of

the increasing healthcare recipients on the nursing workforce.

Nature of the Doctoral Project

In this project, I worked to ascertain methods for experienced nurse retention in

the acute care setting. Sources of evidence used for this systematic review of literature

include articles from the ANA, studies from Joanna Briggs Institute, and articles I

gathered from searches of Cochrane, CINAHL, MEDLINE, and ProQuest on experienced

nurse retention, all of which were published between 2012 and 2017. I screened the

articles used for this systematic review for interventions and suggestions on retention of

the experienced nurse in the acute care setting. The articles that I used for this review

were screened for appropriateness, reliability, and validity using the Joanna Briggs

Institute's critical appraisal form (Appendix B).

I grouped these articles into two categories: yes (inclusion) or no (exclusion)

(Figure 1).
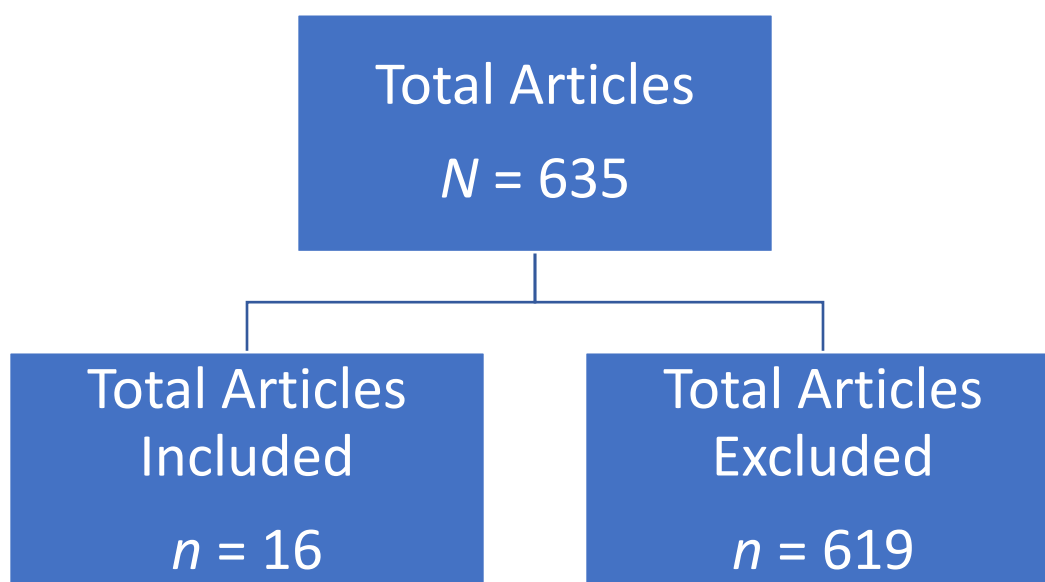
Figure 1. Inclusion and exclusion tool.

I conducted primary keyword searches with specified date ranges. Articles were

excluded if they were not in English, not peer review, not relevant, or published before

2012. I reviewed abstracts to determine inclusion or exclusion based on their relevance

the topic and then read the included articles. All data was managed using Microsoft Word

and organized into a table format. After the data was organized, I divided the results into

groups of correlating themes. All tables, charts, and graphs are included in the

appendices. My aim in this project was to provide insight and suggestions for programs

designed to retain experienced nurses. These retention programs will capitalize on

experienced nurses' expertise and use their skill sets to encourage and promote the next

generation of nurses.

Systematic Review of Literature

The systematic review of literature was obtained and collected through a

comprehensive search of appropriate studies. Search engines such as Joanna Briggs

Institute EBP Database, Cochrane Library, Evidence-Based Practice Research Guide at

Walden University Library, National Guideline Clearinghouse and ProQuest are the main

components for scientific research. The search engines ProQuest, CINAHL, and Joanna

Briggs Institute were used to search data from the years between 2012 through 2017.

(Table 1 for study inclusion and exclusion).

Significance

The stakeholders for this DNP capstone project include nurses, managers and

leaders, patients, and healthcare organizations. The nursing population will be directly

impacted through retention of experienced nurses and their positive effects on novice

nurses who rely on mentorship from experienced nurses to guide practice and policies.

This project is significant because it addressed the need to retain experienced nurses. It is

estimated that by the year 2020, baby boomers will need more medical care (Andrews,

2014). The nursing profession has projected a significant nursing shortage by 2020, and

the impact of these experienced nurses leaving the profession will be devastating

(Andrews, 2014). Nursing managers and leaders can use my findings to implement

scientifically proven strategies in which retention of the experienced nurse may be

obtained and alleviate the effects of the shortage and minimally competent nursing staff. Managers and leaders will be able to empower the expert nurses, provide a safer patient environment, and improve patient outcomes by using the findings of this systematic review of literature.

This project's potential impact on patients involves the benefits from potential retention of experienced nurses and the knowledge that they bring to the table. The benefits of knowledgeable nurses on patient outcome has been well documented in many studies including the 2011 IOM report (ANA, 2011; Carter &Tourangeau, 2012). The DNP project outcomes may affect U.S. health systems in a positive way through potential nurse retention, nursing advancements, and improved patient outcomes.

Potential Contributions

The potential contributions of this project include strategies that managers, leaders, and healthcare organizations can use to reduce the nursing shortage, maintain experienced and knowledgeable nurses, and provide an environment of nursing practice safety. Bryant-Hampton, Walton, Carroll, and Strickler (2010) discussed the benefits of retaining the experienced healthcare providers, including nurses, for better patient outcomes (Byrant-Hampton et al., 2010). Leurer, Donnelly, and Domm, (2007), identified several themes and offered suggestions on improving retention of experienced nurses, noting their positive impact on healthcare. Using findings from this systematic review, health care leaders can introduce evidence-based practices that may turn this critical phenomenon around and encourage nursing retention.

Potential Transferability

In the acute care setting, my findings regarding retention can be used in other healthcare fields to improve retention and work environment satisfaction. Other potential practice areas that can benefit from this systematic review include long term care facilities, home health agencies, physician practices, and academic institutes. Another potential area that may benefit from these results are other professions that have multiple entry levels.

Implications for Positive Social Change

This study is significant to nursing because it includes findings that leaders can use to develop retention strategies for experienced nurse and thus prevent a further nursing shortage. Through this project, the nursing profession may overcome the projected nursing shortage and provide the necessary nursing services that are needed and promote the profession (see Volt et al., 2012; Spetz et al., 2013; Rosseter, 2014; Orlovsky, 2006). The positive social change implications from this systematic review include increased retention of experienced nurses, thereby promoting better patient outcomes. Additionally, other service areas may learn from these strategies and implement necessary measures to retain their experienced staff as well. Understanding the value of experience and the knowledge that accompanies these individuals may have positive effects on the success of the organization and patients through improved outcomes and satisfaction scores (see Gi, Devi, & Kim, 2011; Future of Nursing, 2011).

Summary

This systematic review was focused on the retention of experienced nurses. My objective in this systematic review was to support, encourage, and empower nurses in acute healthcare organizations who are 45 years old and older. This project has the potential to provide strategies to reduce the nursing shortages by retaining experienced and knowledgeable nurses. I collected and analyzed the data in a standardized methodology format. In Section 2, I discuss the concepts, models, and theories related to this topic. In it, I also discuss the project's relevance to nursing practice, and the local background and context. Finally, I discuss my role as a DNP student.

Section 2: Background and Context

Introduction

The nursing population is dwindling as many experienced nurses are getting close to retirement age. The devastating nursing shortage that is expected by 2020 has healthcare leaders anticipating a nursing disaster (Bryant-Hampton et al., 2010). The purpose of this systematic review of literature was to analyze and synthesize the data to identify retention strategies for experienced and knowledgeable nurses. These strategies may provide leaders new avenues for retention and may even avert or at least minimize the effects of the potential nursing shortage crisis. I developed the following research question to help focus this project: What are the strategies for retaining the experienced nurse?

In this section, I discuss several concepts, models, and theories and how I used them to determine the relevance of the articles I reviewed to nursing practice. I also discuss the project's background and my role as student researcher, and offer a summary of the study. Throughout this section, I provide evidence to address the gap in practice and to hopefully fend off the potentially devastating effect the nursing shortage and loss of experienced nurses will have on patient care and on healthcare organizations.

Concepts, Models, and Theories

I reviewed quantitative, qualitative, and mixed methods studies to ensure adequate research of this nursing dilemma. I used Cochrane, Joanna Briggs Institute, ProQuest, and CINAHL databases to gather peer-review literature. The gap in the current literature and in practice shows the necessity of this research to provide the evidence needed to either

promote further research, or at minimum, provide suggestions to healthcare organizations on methods on nurse retention and degree progression.

The primary framework I used to guide this project was Benner's (1982) novice to expert nursing theory. In this theory, Benner proposed five levels of clinical competency: novice, advanced beginner, competent, proficient, and expert nurse experiences (Benner, 1982). The novice is a first-year nurse who has a limited knowledge and critical thinking skills to predict and follow directions (Benner, 1982). The advanced beginner is knowledge but does not have enough experience (Benner, 1982). The competent nurse has mastered the basic planning and organizational skills, but has areas to improve such as speed and flexibility in the more advanced stages (Benner, 1982). The proficient level indicates the ability to evaluate the situation in its entirety and make plans based on experience. Proficient nurses also have developed knowledge on how to modify plans of care (Benner, 1982). Expert nurses recognize, act, and attain their goals based on experience and knowledge rather than on protocols and guidelines (Benner, 1982). These experienced nurses are resourceful and intuitive. They provide excellence in care that is driven from experience and knowledge. This theory guided and provided me the foundation for understanding the importance of experienced nurses and how valuable their critical thinking skills are for patient outcomes and organizational success.

The other theoretical framework I used for this project was Kanter's (1993) empowerment theory. In this theoretical framework, the emphasis is on structural empowerment. This applies to the nursing retention issues through the belief that by

empowering the staff nurse, leaders will see an increase in staff satisfaction and performance.

According to Kanter, there are two points of power that exist: formal and informal. Formal power involves the leaders who makes independent decisions, while informal involves peers and colleagues with whom one builds relationships. According to this theory, there are six conditions that must be present before empowerment can happen: (a) opportunity for advancement, (b) access to information, (c) access to support, (d) access to resources, and (e) formal power and informal power, (Krebs, 2008). Empowering staff has the benefit of improving work environments, job satisfaction, and nurse retention (Krebs, Madigan, & McGuinness, 2008).

Term Definition

I have used the following terms throughout the study.

Experienced nurse: A registered nurse with a formal education who has more than 5 years' experience and/or has additional specialized training or certifications. Age and gender components do not necessarily figure into what constitutes "experience," but I focused on nurses over 45 years of age with no regard for gender.

Health care setting: The setting for this study was an acute care health organization.

Program or organizational intervention: A practice implemented that increases retention of the experienced nurse.

Retention: Keeping or holding on to experienced nurses.

Relevance to Nursing Practice

According to Bryant-Hampton et al. (2010) the baby boomers are coming of retirement age in the next 15 years, and they will make up over half of the United States elder/retirement age group. The increasing baby boomer population, compounded by the deficit of nursing personnel, has healthcare organizations expecting a coming crisis (Bryant-Hampton et al., 2010). Patient care is in jeopardy because of the anticipated nursing shortage and the retirement of experienced nurses. Currently, the nursing profession embraces the experienced nurse and looks towards these valuable individuals to guide best practices and mentorship (Bryant-Hampton et al., 2010). Many healthcare organizations boast the excellence in care that their patients receive, and a loss of experienced and knowledgeable nurses will result in a decline of patient outcomes (Bryant-Hampton, et al., 2010; Future of Nursing, 2011).

Positive social change that this project brings to the nursing profession is collaboration amongst young nurses and experienced nurses. These two groups working together are able to share information and knowledge and provide encouragement to each other as well as patients. The novice nurse who has recently obtained his/her degree can benefit from the guidance and mentorship of the experienced nurse to provide best practices for patient care (Bryant-Hampton et al., 2010). Managers will gain retention strategies from this systematic review's results to promote a better continuum in nursing. Patient outcomes and satisfaction scores will improve with retention of the experienced nurse. The focus until now has been on retention of the novice nurse; in this systematic review, I addressed strategies for retaining experienced nurses.

Local Background and Context

The loss of experienced nurses because of retirement, has many healthcare organizations concerned for the future of healthcare and patient outcomes (Bryant-Hampton, et al., 2010). In some of the studies I evaluated, researchers suggested that many nurses aged 45 and older are looking toward slowing down and retirement (Bryant-Hampton et al., 2010). Locally, the organization has advertised its need for experienced nurses in many areas of their service line. The organization's career site offers information on employee benefits such as competitive pay incentives, sign-on bonuses, relocation assistance, benefit packages, flexible scheduling and tuition reimbursement (Nursing Career, 2017). The career site for this organization welcomes both the novice nurse as well as the experienced nurse. The organization has realized that many of their nurses are soon to reach retirement age and needs to retain or recruit experienced nurses to ensure patient safety and positive outcomes. Given the 2013 NCSBN survey showing that 55% of the nursing population is over 50, the need to research strategies towards retention of these nurses is imperative to the well-being of the profession, patients, and healthcare organizations (National Nursing Workforce, 2017). In 2014, the U.S. Census Bureau issued a report indicating the U.S. population of people 65 years and older will double by 2050 (Rosseter, 2014). These studies mark the need to evaluate retention strategies for experienced nurses as part of overall retention efforts for nurses in general.

Role of the DNP Student

I am a master's prepared registered nurse with a background in emergency nursing and nursing education. I have worked over 16 years in the emergency department setting, and I have taught at the local community college for over 5 years in the didactic and clinical settings. I then moved into management and worked as a nursing supervisor in a critical access hospital. During the last 7 months, I have transitioned into the transition center as a coordinator for bed placement and patient transfers. I started my healthcare career as a certified nurse aid in 1986 and worked my way from licensed practical nurse (LPN) in 1996. In 2008, I returned for my associates degree in the science of nursing, then continued for my master's in the science of nursing with a focus in health system management and a post-master's in nursing education. In 2014, I began my journey towards a doctorate in nursing practice with a focus in leadership and management.

During my precepting portion of the program, I became aware of the potential loss of experienced nurses and the anticipated nursing shortage. Leaders at my project site had many meetings on increasing the BSN-prepared nurse to 80% of the total nursing workforce, following the IOM's suggestions (ANA, 2011). Some of the strategies to encourage and promote this goal involved looking at the experienced nurse who is reaching retirement age. After many meetings with nursing counsels, leaders realized that many of the organization's nurses are within 10 to 15 years of retirement. This dilemma of retiring nurses compounds the anticipated nursing shortage that the organization believes will occur. This nursing shortage and the experienced nurses retiring will lead to

potentially devastating effects on the patient outcomes and on the organization. At this

point, I identified the need to look at this phenomenon and develop potential strategies to

encourage the retention of these experienced nurses, thus improving patient outcomes.

My role as DNP student in this systematic review was researching the phenomena,

collecting the data, synthesizing the information into a scholarly and scientific systematic

review to identify evidence that could be used in a potential approach to retain

experienced nurses. My motivation for retaining experienced nurses comes from my own

experiences. I understand the novice nurse's capabilities and the impact of the loss

experienced nurses has on these novice nurses and on patient care outcomes. These

nurses are essential to promote excellence in care and best practices. I do not believe that

I have any biases towards this subject nor do I have any conflicts or competing interests.

Summary

This systematic review provides the foundation of awareness for the importance

of retention of the experienced nurse and the potential steps towards maintaining this

workforce. Exploration of this research topic is essential to develop methods to improve

nurse retention and the work environment. Many institutions have acknowledged the

upcoming nursing shortage but have primarily focused on novice nurse retention efforts.

This systematic review includes findings on appropriate interventions to retain

experienced nursing staff.

Section 3: Collection and Analysis of Evidence

Introduction

The dilemma of nurse attrition and the anticipated nursing shortage by the year 2020 has many institutions looking for strategies to retain these valuable members of the healthcare team who are true assets to the organizations.

The purpose of this literature review was to identify sound strategies for retention of these experienced nurses using evidence-based methodology. Most researchers have focused on retention of novice nurses, but very few have addressed the issue for experienced nurses. These experienced nurses have extensive critical thinking skills resulting from experience and growth in their profession. With the anticipated nursing shortage coming and the impending retirements of experienced nurses, healthcare organizations are looking at a potential for devastating outcomes. In this section, I discuss the practice problem, sources of evidence, published outcomes and research, analysis and synthesis. I close the section with a summary.

Practice-Focused Question

The local problem is retention of experienced nurses. My project site and many healthcare organizations across the country have developed measures for retaining novice nurses and for recruiting and retaining new nurses. The dilemma that many facilities have discovered is that current experienced nurses have a rich knowledge base and experienced may result if these nurses decide to retire during this projected nursing shortage. The ANA (2015) has clearly shown the positive patient outcomes that result from the work of experienced and knowledgeable nurses. The IOMs report on nursing

addresses the benefits of experienced nurses who are educated appropriately for patient outcomes (ANA, 2011). The current gap in practice is and has been associated with the retention of experienced nurses.

      The question I used to guide this systematic review of literature was: What are the strategies for retaining the experienced nurse? This question was the focus and driving force behind this project, and I used it with hopes to extract data from the literature that may be used to retain experienced nurses in acute care facilities and possibly other organizations and disciplines.

Sources of Evidence

The purpose of this DNP capstone project was to analyze and synthesize the current best-practice evidence on experienced nurse retention strategies that may be used by leaders and managers to retain experienced nurses. Sources of evidence I used for this project included all available researchable evidence attained through a systematic review of literature. I searched multiple databases including Joanna Briggs Institute, Cochrane, Medline, CINAHL, and ProQuest for relevant data on the retention of the experienced nurse. My goal in this extensive search was to minimize the potential for publication bias. I attempted to search for both published and unpublished studies to ensure comprehensiveness. There have been numerous studies on the retention of the novice nurse, but very few on the experienced nurse. The sources I used in this systematic review included peer-reviewed and published evidenced-based research. I also review some unpublished studies and other valid articles.

To ensure methodological consistency, I use the Joanna Briggs Institute's (JBI, 2016) "Checklist for Systematic Reviews and Research Syntheses." The content covered in the checklist includes (a) what core components of a systematic review of literature are, (b) appraisal tools, (c) suggestions on conducting the review, (d) inclusion criteria appropriateness, (e) search strategy appropriateness, (f) determination of adequacy of sources and resources, (f) criteria for appraisal of studies, (g) methods for minimizing errors, (h) synthesis of data, (i) bias assessments, and (j) recommendations and directives for new research appropriateness (JBI, 2016).

Published Outcomes and Research

I gathered materials for this review from the ANA and Joanna Briggs Institute websites, and from Cochrane, CINAHL, MEDLINE, and ProQuest databases. In these sites and search engines, I searched for studies from 2012 to 2017on experienced nurse retention and degree progression issues.

I determined the key terms to use for my search by framing of the research question through the mnemonic PICO. Key terms included: *nurse, experienced nurse, retention,* and *retention strategies*. I used these in the following word combinations: *experienced nurse* AND *retention, retention* AND *nurse, retention strategies* AND *nurse, experienced* AND *nurse retention, retention* AND *registered nurse, retention* AND *strategies* AND *experienced nurse, retention* AND *strategies* AND *registered nurse, retention strategies* AND *expert nurse.*

Inclusion Criteria

Articles and studies were included if they were (a) on the topic of experienced nurse retention (including job satisfaction and burnout), (b) were relevant to nursing retention, (c) were written in English, (d) were peer reviewed, and (e) were published between the years 2012-2017.

Exclusion Criteria

I excluded articles from the review if they (a) included non-nursing content, (b) were not peer reviewed, (c) were published outside of the United States and Canada, and (d) not on retention of the experienced nurse or relevant articles).

Articles will be initially reviewed and selected based on the title and abstract. The synthesis of the selected articles will be read and placed in inclusion or exclusion categories depending on the selection criteria stated previously.

Analysis and Synthesis

I evaluated materials using The JBI (2016) critical appraisal checklist, which has a total of 11 areas of review to evaluate and validate the appropriateness of a given study for inclusion or exclusion. The questions covered in this appraisal include:

1. Was the study question clearly stated?

2. Were the inclusion criteria appropriate?

3. Were the search strategies appropriate?

4. Were there adequate sources?

5. Were the appraisal criteria appropriate?

6. Did two or more reviewers conduct the critical appraisal?

7. Were methods instilled to reduce or minimize errors in data extraction?

8. Were there methods to combine studies appropriately?

9. Was the publication bias assessed?

10. Was the recommendation for policy or practice supported by the data?

11. Were the specific directives for new research appropriate?

(JBI, 2016).

The articles I decided to use for this study were placed into a Microsoft Excel spreadsheet and then organized into a Microsoft Word table. On the table, I divided the articles into columns organized by (a) first author and year, (b) aim, (c) sample and settings, (d) design/method, (e) interventions, (f) findings, (g) limitations, and (h) level of evidence (Melnyk, & Fineout-Overholt, 2011).

Articles for this systematic review were scored according to the level of evidence based on their findings. The levels of evidence I used were adapted from Melnky and Fineout-Overholt's (2011) guide on the hierarchy of evidence-based studies (Table 1 below).

Table 1

Levels of Evidence

Level	Rating system for the hierarchy of evidence
Level I	Systematic reviews, meta-analysis of all relevant RCTs
Level II	Evidence from well-designed RCTs
Level III	Evidence obtained from well-designed controlled trials without randomization
Level IV	Evidence from well-designed case -control and cohort studies
Level V	Evidence from systematic reviews of descriptive and qualitative studies
Level VI	Evidence from a single descriptive or qualitative study
Level VII	Evidence from the opinion of authorities and/or reports of expert committees

Note. Adapted from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* by B. M. Melnyk and E. Fineout-Overholt, 2011. Copyright 2011 by Lippincott, Williams & Wilkins.

Summary

In summary, the articles I used for this systematic review of literature provided a rigorous and comprehensive collection for analysis of retention issues associated with the experienced nurse. I divided the articles into the inclusion and exclusion categories and then further evaluated them using the hierarchy of evidence presented by the articles. My use of an organized and systematic approach to analyze and synthesize the information enabled the highest level of evidence-based research for this review. In Section 4, I discuss the findings, implications, recommendations, strengths, and limitations of this systematic review of literature.

Section 4: Findings and Recommendations

Introduction

A local organization has realized the potential for loss of its experienced nurses over the course of the next 5 to 10 years. This loss of experienced nurses may be compounded by the anticipated nursing shortage by 2020, and the increasing medical needs of the baby boomer generation. As the baby boomer generation begins to need more healthcare services because of age-related illness and issues, the nursing population will be reaching critical shortage levels. The current literature on this subject in the United States is minimal. This limited amount of research is reflected by the limited number of studies in this systematic review. Because of the limited number of studies, I identified in my initial searches, I expanded the search criteria to include studies published in Canada.

I developed the following primary research question for this systematic review of literature: What are the strategies for retaining the experienced nurse? The purpose of this systematic review was to evaluate current literature and disseminate the findings so that stakeholders could use them to develop them strategies to reduce the attrition rate of experienced nurses in the acute care setting. The retention of experienced nurses will alleviate some of the issues surrounding the nursing shortage and provide mentorship for novice nurses.

I gathered evidence using electronic databases such as Cochrane, Medline, CINAHL, and ProQuest, and websites such as those of the JBI. All articles I included in this study were peer reviewed. Boolean search phrases I used for this review included

experienced nurse AND *retention, retention* AND *nurse, retention strategies* AND *nurse,*

experienced AND *nurse retention, retention* AND *registered nurse, retention* AND

strategies AND *experienced nurse, retention* AND *strategies* AND *registered nurse,* and

retention strategies AND *expert nurse.* I critically appraised the data using the JBI (2016)

critical appraisal checklist (Appendix B). Once all selected articles were appraised, the

articles were placed into a Microsoft Word table for review and scored for level of

evidence (see Appendix A). The Walden University Institutional Review Board approval

number for this study is 09-21-17-0507711.

Findings and Implications

My initial searches of databases and websites yielded a total of 635 articles. I

reviewed the titles and abstracts of these articles using the inclusion and exclusion criteria

outlined in Section 3 and identified a total of 18 articles for inclusion. After a JBI and full

article review, I excluded another 2 articles, leaving a total of 16 articles to include in this

this systematic review. A total of four articles were quantitative in design, four articles

were systematic reviews, two articles were mixed methods quantitative and qualitative

designs, and six articles were qualitative designs. The following table shows the

breakdown of search terms and results from each of the research databases used for this

systematic review (Table 2).

Table 2

Search Terms

Search Terms	Cochrane	CINAHL	JBI	Medline	Proquest
experienced nurse/ AND *retention*	0	24/2	0	1/0	51/0
retention/ AND *nurse*	0	15/1	1/0	10/1	118/1
retention strategies/ AND *nurse*	0	40/3	0	19/1	19/1
experienced/ AND *nurse retention*	0	31/2	0	19/0	17/2
retention/ AND *registered nurse*	0	160/1	0	0	17/0
retention AND*/ strategies* AND*/ experienced nurse*	0	8/1	0	0	7/1
retention/ AND*/ strategies/* AND*/ registered nurse*	0	33/0	0	2/0	7/1
retention strategies AND*/ expert nurse*	0	3/1	0	0	9/0

(*Total number of articles from initial search= 635 / total number of articles after title review=

18. *Total duplicate articles 16. * Total articles after abstract and article review and evaluation=

16)

Study Outcomes and Limitations

All 16 articles I reviewed indicated that organizational and nursing leadership play an important role in nurse turnover and retention. To prevent further loss of the nursing population, strategies are needed to encourage retention and address nurses' concerns. The common themes across the studies were associated with five core areas that directly impact nurses' intent to stay. The most important and often mentioned themes discussed in 75% of the articles were autonomy, empowerment, and job complexity. According to the literature, these factors have the greatest impact on the nurses' intent to stay (see Table 3). The next most important findings of the studies included (in sequential order by percentage of articles in which they were referenced) workplace engagement (68%); compassion fatigue, moral distress, stress, and burnout (62%); management and leadership (56%); and training and professional development (56%). These first five reasons experienced nurses tend to leave the profession gives insight to organizations and leaders on methods to develop and implement practice strategies for retention (see Table 3).

The unanticipated limitations of this systematic review included the limited number of studies published in the United States since 2012. Most of the research I used in this review were of lower level of evidence ratings—some were at Level III with most at Level IV and V. I thus had to expand this systematic review to research published in Canada to include broader range of usable data regarding retention of the experienced nurse. There was no Level I research to include into this systematic review.

Table 3

Core Themes

Core Themes	Categories	Results
Organizational Management/ Leadership	Organizational Commitment/	9=56%
	Leadership/ Management	2=12%
	Salary & Benefits	2=12%
	Praise & Recognition	5=31%
	Staffing/ Workload	4=25%
Nurse	Work relationships & incivility	7=43%
	Compassion Fatigue/ Moral Distress/ Stress/ Burnout 10=62% Work Engagement 11=68% Autonomy/ Empowerment/ 12=75% Job Complexity	
	Retirement & Family-work conflict	2=12%
	Scheduling & Shift Work	2=12%
Environment	Workplace Redesigns & Ergonomics	2=12%
Training	Training & Career Development	9=56%

Search Results

Qualitative Studies

I reviewed a total of seven qualitative studies. The main themes in these studies included compassion fatigue, moral distress, work engagement, burnout, professional development, praise and recognition, workload, staffing, salary and benefits, organizational commitment, autonomy, and empowerment.

In a study of trauma surgical intensive care unit nurse ($N = 26$) retention issues, Mason et al. (2014) looked at burnout and compassion fatigue, emotional and moral distress, work engagement, and ways to improve the environment. Mason et al. found that nurses need help strategizing coping techniques for "death, suffering, physical exhaustion, burnout, and emotional distress" (p.223). These strategies are necessary in organizations striving for nurse retention (Mason, et al., 2014). Other strategies for retention and improving the work environment included implementation of self-care techniques, improving nurse-to-patient ratios, equipment, staffing, and supplies, and addressing management conflicts (Mason et al., 2014).

Buffington, Zwink, Fink, DeVine, and Sanders (2012) conducted a descriptive mixed method survey study of RNs with more than 1-year experience on "factors affecting the retention of registered nurses" (Buffington et al., 2012). Qualitative results for this study were in the areas of professional development, praise and recognition, and nurse retention. Nurse retention themes included reasons for leaving such as management, workload and staffing, salary and benefits, scheduling and shift hours, and retirement and family (Buffington et al., 2012). The nurses reported "feeling a lack of support and appreciation/recognition," lack of integrity, and lack of follow through by management (Buffington, et al., 2012, p.278). Nurses also stated that workloads, patient-to-nurse ratios, and burnout were reasons for leaving (Buffington, et al., 2012). The dissatisfaction reported was with scheduling, salary and benefits, and lack of acknowledgement for contributions and accomplishments (Buffington, et al., 2012).

McLemore, Levi, and James (2015) conducted a thematic analysis on recruitment, retention, and career development strategies for expert nurses. In their study of 16 expert nurses ($N = 16$), McLemore et al. provided several themes to aid in recruitment and retention. The study themes included flexibility in practice, training, career development, engaging in activities of legitimacy, and expanding the skill set (McLemore, et al.,2015).

Rushton, Batcheller, Schroeder, and Donohue (2015) conducted a cross sectional survey of 114 nurses working on high intensity units. Their objective was to improve retention and reduce turnover rates. The results showed that emotional exhaustion and burnout had a strong correlation with loss of nurses (Rushton et al., 2015). The authors suggested developing strategies to instill resilience and hope and reduce nurse's vulnerability to emotional exhaustion (Rushton et al., 2015).

Bugajski et al. (2017) performed a study on nurse retention. Using the responses of 279 nurses, they developed four themes: staffing and competence, work relationships, autonomy, and managerial acknowledgement (Bugajski et al., 2017). The authors suggested that managers develop strategies for fostering an environment in which nurses can voice concerns without fear of retribution (Bugajski et al., 2017).

Cowden and Cummings (2015) conducted a study of 415 nurses to test a theoretical model of clinical nurses' intent to stay. The themes that they identified included organizational commitment, empowerment, and indirect influence by leadership practices (Cowden & Cummings, 2015).

Allen, Fiorini, and Dickey (2010) conducted a study of 1,499 nurses ($N = 1,499$) on retention, recruitment, and recognition. There were three main concepts that emerged:

organizational commitment, empowerment and desire to stay, and positive and directly

influenced intent to stay (Allen et al., 2010). Empowerment, job satisfaction,

organizational commitment, opportunity elsewhere, and age had direct significant effects

on desire to stay (Allen et al., 2010). Issues such as quality of care, joy, work group

cohesion, and leadership all had significant indirect effects on desire to stay (Allen et al.,

2010). Leadership and autonomy had indirect effects on desire to stay through

empowerment (Allen et al., 2010). This article was included based on its relevance to the

systematic review.

Quantitative

There were three quantitative studies derived from this research. Buck (2017)

performed a pre- and post-survey of 22 nurses (N=22) on retention. The nurses were

asked to complete a survey before a summit, then post summit, to engage the nurses in

participating and developing a sense of community. Four areas of sense of community

were evaluated: membership, influence, reinforcement of needs, and shared emotional

connection (Buck, 2017). The overall score for total sense of community after the summit

did not show any significance (P=.36) (Buck, 2017). The post summit survey indicated

an increase of intent to leave by 9%. This score was contributed career progression

(Buck, 2017). The study showed a "weak negative correlation" between the nurses

"intent to stay" and a "sense of community" (r=.10) (Buck, 2017).

Hairr, Salisbury, Johannsson, Redfern-Vance (2014) performed a quantitative

correlational study on the relationship between nursing retention and job satisfaction

(N=70) (Hairr, et al., 2014). There were two main questions that this study evaluated. The

first question was on the relationship between control of practice and nurse staffing. The

results indicated a weak positive relationship of (59) =0.33, p=0.01 two tailed (Hairr, et

al., 2014). Given this result, the study suggests a definite correlation between workload

and job satisfaction (Hairr, et al., 2014). The second question looked at the relationship

between job satisfaction and nurse retention (Hairr, et al., 2014). The result of the second

question demonstrated a strong correlation, p (59) = -0.43, p=0.01 two tailed (Hairr, et

al., 2014). Given these results, there is a direct correlation between job satisfaction,

staffing or workload, and retention.

Oyeleye, Hanson, O'Connor, and Dunn (2013) conducted a quantitative study on

the relationship between workplace incivility, stress, burnout, and intent to stay through

three hospital systems (N=61) (Oyeleye, et al., 2013). The results showed a statistical

significance between stress and civility (P=.001), stress and burnout (P=.000), burnout

and civility (P=.005), burnout and turnover intention (P=.005), and turnover intention

and civility (P=.000) (Oyeleye, et al., 2013). Based on these results, nurse leadership and

managers need to pay close attention to the culture and have a zero-tolerance policy for

workplace incivility (Oyeleye, et al., 2013). Other suggestions made by this study were to

watch for signs of burnout and stress to counteract the detrimental effects (Oyeleye, et al.,

2013).

Systematic Reviews

The research of literature produced four systematic reviews. Parsons, Gaudine,

and Swab (2015), conducted a systematic review on the Canadian and United States'

acute care nurses view point based on their experiences and why they leave the

profession. The themes of the review included workplace stress and increasing chronic

health diseases of the older nurses (Parsons, et al., 2015). The suggested strategies to

counteract the loss of these experienced nurses included flexible scheduling, workplace

redesign and ergonomics, lifelong learning and grief resources, and phased retirement

(Parsons, et al., 2015).

Toh, Ang, Devi, (2012) conducted a systematic review on nurse burnout, job

satisfaction levels and the nursing shortage. This systematic review provided insight into

why oncology nurses tend to leave the profession. The reasons found in the literature

included nursing shortages, job dissatisfaction, stress, and burnout as the primary

complaints. The number one reasoning for the oncology nurses to leave the profession

was staffing inadequacies (Toh, et al., 2012). The suggestion made by the systematic

review was for the organizational leadership to insure appropriate staffing levels and

training to better manage their (nurses) emotions (Toh, et al., 2012).

A meta-analysis conducted by Nei, Snyder, Litwiller (2015) was performed to

determine predictors on turnovers and relationships between variables of intent to leave.

The main themes to come from this analysis was that "Supportive and communicative

leadership, network centrality, and organizational commitment" are the most reliable

indicators of intent to leave and turnovers (Nei, et al., 2015). Other themes to arise from

this analysis include "job strain, role tension, work-family conflict, job control, job

complexity, rewards/recognition, and team cohesion" (Nei, et al., 2015). The implications

for practice that this analysis suggests are towards changing the "job characteristics and

work conditions" to better satisfy the concerns and dissatisfaction of staff nurses (Nei, et al., 2015).

Mixed Methods

There were two mixed methods studies used for this systematic review that substantiated the benefits of experienced nurse retention and revealed methods and strategies to implement this goal. Blake, Leach, Robbins, Pike, and Needleman (2013) performed a descriptive, cross-sectional, correlational design study on the effects of the healthy work environment on RN turnover (N=415). The results showed a significant relationship between "leadership and the intent to leave (P<.05)", collaboration and open communication with RN's and MD's showed a significant correlation (0.709), and the relationship between leadership, communication, collaboration, and years of experience (P<.05) (Blake, et al., 2013). The study provided an insight of intent to leave among RN's and effective leadership on their unit (Blake, et al., 2013).

Lobo, Fisher, Baumann, and Akhtar-Danesh (2012) conducted a mixed method study on mid-career nurses' perception on retention and appropriate strategies (N=40). According to the study, four primary themes evolved that could have an impact on nursing retention. The themes/ categories are as follows: "Healthy Workplace and Respect Seeker, The Professional Development and Teamwork Seeker, and The Lifestyle Seeker", (Lobo, et al., 2012). The core components of the themes are surrounded by organizational and managerial involvement and support mid-career nursing retention (Lobo, et al., 2012). Another suggestion made by this study is for frontline nurses to play a role in the development of retention strategies (Lobo, et al., 2012).

Implications

Experienced nurse retention strategies were the primary focus for this systematic review. Retaining the experienced nurse during this upcoming time of nursing shortage of 2020 will decrease the potential for further stress upon the healthcare systems and decrease the risk of poor patient outcomes (Buffington, et al., 2012; Hairr, et al., 2014). This systematic review has implications for increasing nursing workforce through evidence based strategies. By increasing the retention rate of the experienced nurse, healthcare systems will increase nursing population and competency, staff nurses will have an experienced and knowledgeable coworker and mentor to provide guidance in difficult situations, and patients will have competent nursing care and improved outcomes (Bugalski, et al., 2017; Mason, et al., 2014; Buffington, et al., 2012; Allen, et al., 2010; Hairr, et al., 2014). The current rate of new graduates leaving the profession is between 10-30% within the first two years of practice (Blake, et al., 2013). The retention of the experienced nurse may aid in retention of the new nurses who may benefit from mentorship of the experienced nurse.

Social Implications

The social implications of this systematic review are the change in approach to this nursing crisis. By looking at the research and conducting more research on retention strategies for the experienced nurse, the profession may increase in members and provide the necessary care that will be needed as we enter the projected nursing crisis era. Administrators and nursing leaders need to evaluate the organization's culture and provide a positive and inviting environment that will entice the experienced nurse to

continue in their profession. The mindset of attaining new nurses is essential for the continuation of the profession lest we forget the knowledge and guidance that the experienced nurse brings to the bedside. Patients, new nurses, and organizations will only benefit for retaining these very valuable, knowledgeable and experienced nurses.

Some of the key aspects of the results from this literature review are towards the experienced nurses need for a less physical position in which they can utilize their knowledge and expand their practice to the highest level. As these nurses' physical health starts to decline and their experience and knowledge level increases, organizations need to develop practices or positions that will allow for the physical reduction of activity but capitalize on the vast skill level and knowledge to better the nursing/ healthcare services.

Recommendations

After careful analysis and synthesis of the researched articles, the following recommendations were formed; Management and leadership should look at the work engagement (68%) aspect for retention strategies (Bugajski, et al., 2017). Nurses who are engaged in their work environment and are empowered to aid in policy and practice development will potentially have a greater satisfaction and retention rate (Buffington, et al., 2012). Benner's theory on Novice to Expert (1982) gives validation to the experienced nurses' expert knowledge and the use of their skills to guide and mentor (Benner, 1982). Kanter's theory of Empowerment also supports the data provided in these studies through the empowerment of nurses to develop policies and guide practice (Krebs, 2008). According to the results of this systematic review, the number one theme

encompasses autonomy, empowerment, and job complexity (75%) (Cowden, et al., 2015; Buck, 2017).

Although many studies that address novice nurses' retention strategies may indicate the same desires as that of the experienced nurse, the experienced nurse has the knowledge and skill level to truly make a positive impact on deliverable care and practices to the clients. These nurses have knowledge derived from years of experience that provides a base for autonomy and ownership of the practice that empowers nurses if allowed by the organization. The ability of the organization to open the door for the experienced nurse to be challenged and rise to a higher accountability level will satisfy the job complexity, empowerment, and autonomy results of this review.

The data from this research of literature indicates that the experienced nurse wants validation for their knowledge and skill level. Through empowering the nurses to have a say in practice and to develop evidence based standards and policies, nurses will feel more invested in the organization and feel recognition towards their experiences and knowledge (Cowden, et al., 2015). Leadership and management will also need to observe for signs of burnout, stress, moral distress and compassion fatigue (62%) as well as to ensure a healthy environment for nurses to practice in (Rushton, et al., 2015; Mason, et al., 2014). The suggestions from the literature to combat burnout, stress, moral distress, and compassion fatigue are towards education on recognition of stress and moral distress (Rushton, et al., 2015; Mason, et al., 2014). One suggestion for management on burnout and stress is to ensure appropriate staffing levels along with a staffing mix of experienced and novice nurses to provide excellence in care (Bugalski, et al., 2017; Mason, et al.,

2014; Buffington, et al., 2012; Allen, et al., 2010; Hairr, et al., 2014). Another area for leadership and management to improve upon is commitment to the nursing staff (56%). Nurses also indicated a desire for organizations to provide or encourage training and career development (56%) (McLemore, et al., 2015). Other suggestions or strategies formed by this review include management/ leadership to monitor work relationships and signs of incivility that could decrease morale of the unit (43%) (Oyeleye, et al., 2013).

The areas of less concern but that have nevertheless shown to be important to the nursing population included staffing (31%), workload (25%), salary & benefits (12%), praise and recognition (12%), scheduling & shift work (12%), workplace redesign and ergonomics (12%), and retirement & family-work conflict (12%). Although these areas were lower on the results indicator, they are areas of concern nonetheless should be addressed as potential improvements and strategies to retain the experienced nurse.

The key strategies for management and leadership of any healthcare organization derived from this systematic review include four core themes (Organization/ leadership/ management, Nursing, Environment, and Training themes). In these four core themes certain strategies emerged as methods to use in retention of the experienced nurse. Key strategies:

1. Develop positions towards the experienced nurse that are less physically demanding, flexible work hours, and that empowers them to develop evidence based practices and policies that improve patient care, work flow, mentorship of the novice nurse, that encourages an environment of openness and freedom

to voice concerns, and develop new methods towards the betterment of patient care without fear of retribution.

2. Re-evaluated staffing levels and staffing mix to ensure adequate patient care. By looking at the staffing level, leadership and management directly impacts nursing satisfaction and reduces the potential for stress and burnout. When looking at the staff mix, managers and leaders need to provide novice nurses the benefit of having experienced nurses who can guide, answer, and provide support. This strategy benefits the novice nurse and validates the critical thinking skills and knowledge of the experienced nurse. Through this validation/ strategy, the experienced nurse will have the opportunity to impact practice, develop the novice nurse and the profession, and embed the sense of need and commitment of the organization for their knowledge and experience.

3. Commitment by the organization towards the experienced nurse population is another key strategy noted by this systematic review. Commitment from the organization in the form of empowerment, compensation, benefits, better work hours, development of experience/ knowledge level positions, training, and follow through on promises to the staff. Another area of commitment by leadership and management is the no tolerance stance on incivility in the workplace.

These recommendations followed the nursing theories of Benner's Novice to Expert and Kanter's Empowerment Theory (Benner, 1982; Structural Empowerment,

n.d.). Both theories guided the systematic review and provided insight towards formation of the recommendations.

Strengths and Limitations

This systematic review utilized the last five years of research studies to develop retention strategies of the experienced nurse. This allowed the current issues to be brought to light and discussed for real solutions to this crisis. Unfortunately, the data was limited to only 16 studies that fit the criteria. Another limitation of this systematic review is the lack of higher level of evidence such as controlled randomized trials and systematic reviews. The gap in practice is the limited information and knowledge surrounding the retention strategies for the experienced nurse. The hope is that this systematic review will spark future studies to develop and evaluate the retention strategies for this nursing population.

Summary

The focus of this systematic review is to provide retention strategies for the experienced nurse that is both evidenced based and scientifically proven. The studies (N=16) used for this review were analyzed and strategies developed from their results. The primary theme noted in the studies were autonomy, empowerment, and job complexity. This theme is supported by Kanter's theory of empowerment (Bugajski, et al., 2017; Structural Empowerment, n.d.). The next most common theme is work engagement and policy /practice development (Buffington, et al., 2012). This theme is supported by Benner's theory of Novice to Expert (1982) where nurse's knowledge and experience will aid in job satisfaction and retention (Buffington, et al., 2012; Benner,

1982). The evidence produced by this systematic review shows the nurses' review point

towards retention. The leadership and management of healthcare organizations and

nursing leadership may use these suggestions to develop appropriate strategies to retain

this expert group of nurses in their facilities. The local organization's stakeholders have

guided this process through the recognition of a problem within the system. The goal is to

disseminate the results to the stakeholders to review and place into practice as strategies

for retention.

Section 5: Dissemination Plan

The purpose of this systematic review was to provide insight and suggestions regarding experienced nurse retention strategies. The nursing theories I used to guide the process were Benner's novice-to-expert theory, and Kanter's empowerment theory (Benner, 1982; Krebs et.al., 2008). Using the results, I have made several suggestions and have identified gaps in practice that managers and leaders may use to improve the crisis of experienced nurse loss that is expected by the year 2020. I will provide this review to the local organizational leaders for evaluation and dissemination.

The audience for this review was intended to be the local leadership team, which includes the CNO and the directors of each acute care unit. I provided the information in this review to the leaders for evaluation and determination of appropriate retention strategies for the organization. A handout of this systematic review's key strategies will be provided to leaders in a brief overview (see Table 4).

The goal is for the future promotion and implementation of strategic retention methods to retain these valuable nurses. Looking beyond the local organization, other healthcare organizations could use the data from this systematic review to develop their own retention strategies and to encourage further research into the experienced nurse retention issues.

Table 4

Key Strategies

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Key Strategies for Experienced Nurse Retention

_____

Theme: New Positions in Knowledge & Experience

Action: Emphasize the experience and knowledge, can be a resource nurse/ educator/ mentor/ and policy developer

Why's and What's: Developed towards the experienced nurse's physical need to be less demanding, empowers, encourages mentorship, engages, gives autonomy over practice, and accountability for practice and civility of the unit.

Themes: Staffing Mix Ratios

Action: Ensures adequate staffing and correct mix of experienced and novice nurses

Why's and What's: Correcting staffing levels and mix of novice and experienced will reduce stress, burnout, attrition, and dissatisfaction. This correction will provide an environment of guidance, knowledge, and experience can impact patient care and retention rates in a positive manner.

Themes: Commitment

Action: By organizations/ management/ leadership

Why's and What's: Commitment from the organization in the form of empowerment, compensation, benefits, better work hours, development of experience/ knowledge level positions, training, and follow through on promises to the staff. Another area of commitment by leadership and management is the no tolerance stance on incivility in the workplace.

Analysis of Self

My journey through the Doctorate of Nursing Practice (Leadership and Management) program began in 2014 as a continuation of my Masters in the Science of Nursing with the focus in Healthcare Systems Management. My professional goal is to apply the knowledge and experience obtained through this program to improve the nursing practice and profession through the retention of experienced nurses. I realize this is only the beginning, but the program has taught me so many valuable concepts. The first is that to fully evaluate a problem, one must look to the evidence and analyze and synthesize the data in a scientific manner, and then disseminate the results in an unbiased method. This has proven to be the most valuable lesson learned for me. It is so easy to speculate what the answer is or should be, but until all aspects are evaluated, one cannot assume the correct pathway. I have also learned the value of research and its benefits to our practice. My plan is to further my education and use the tools learned in this program to direct my leadership and management style. The results of this systematic review enlightened me on how much of an impact managers and leaders have on the organization, the department, the unit, and most importantly the nurse.

Summary

The retention of the experienced nurse impacts not only the nursing coverage needed during the expected shortage, but also the mentorship needed for novice nurses entering the profession. I conducted this systematic review to provide strategies necessary to retain these valuable assets. Over the years, researchers have extensively documented the upcoming nursing shortage and discussed strategies for how to recruit and retain new nurses entering the profession. However, there is limited information on the retention of experienced nurses and the potentially devastating effects resulting from the loss of their knowledge and experience during a time when healthcare organizations will be in crisis mode. Organizations, leaders, and managers can benefit from the strategies identified in this review. Although more research is necessary to ensure complete evaluation and a true scientific approach, the suggestions made in this review may be used to initiate the retention path for the organization. A qualitative study conducted in the near future would provide insight into the reasons experienced nurses are leaving the profession. Retention starts with listening to experienced nurses explain the obstacles preventing them from staying in the profession. Managers and leaders play an important role in retaining staff, but more importantly in showing value and recognition to these nurses. Nursing is a great profession to be a part of, and one of respect and honor.

References

Allen, S. R., Fiorini, P., & Dickey, M. (2010). A streamlined clinical advancement

program improves rn participation and retention. *Journal of Nursing

Administration*, *40*(7/8), 316-322.

https://doi.org/10.1097/NNA.0b013e3181e93978

American Nurses Association (2011, March 3). ANA, CMA, and OA, activities reflected

in the IOM recommendations. Retrieved from: http

/ThePracticeofProfessionalNursing/workforce/IOM-Future-of-Nursing-Report-

1/ANA-Activities-from-IOM-Future-of-Nursing-Report.pdf

Andrews, N. (2014, January). Advancing towards an 80% bsn workforce by 2020.

Retrieved from http://www.americannursetoday.com/advancing-toward-an-80-

bsn-workforce-by-2020/

Aromataris, E., Fernandez, R., Godfrey, C., Holly, C., Kahill, H., & Tungpunkom, P.

(2015). Summarizing systematic reviews: Methodological development, conduct

and reporting of umbrella review approach. *International Journal of Evidence

Based Healthcare*, *13*(3), 132-140.

Benner, P. (1982). From novice to expert. *American Journal of Nursing*, *82*(3), 402-407.

doi:10.2307/3462928

Bishop, M. (2013). Work engagement of older registered nurses: The impact of a caring-

based intervention. *Journal of Nursing Management*, *21*, 941-949.

Blake, N., Leach, L. S., Robbins, W., Pike, N., & Needleman, J. (2013). Healthy work

environments and staff nurse retention: The relationship between communication,

collaboration, and leadership in the pediatric intensive care unit. *Nurse Administration*, *37*(4), 356-370. https://doi.org/10.1097/NAQ.obo13e3182a2fa47

Bryant-Hampton, L., Walton, A. M., Carroll, T., & Strickler, L. (2010). Recognition a key retention strategy for the mature nurse. *JONA*, *40*(3), 121-123.

Buck, J. (2017). Retention remedy: Building a sense of community through appreciative inquiry. *Nursing Management*, 9-12. https://doi.org/10.1097/01NUMA .0000514065.22949.2a

Buffington, A., DeVine, D., Zwink, J., Sanders, C., & Fink, R. (2012). Factors affecting nurse retention at an academic magnet hospital. *JONA*, *42*(5), 273-281. https://doi.org/10.1097/NNA.obo13e3182433812

Bugajski, A., Yackzan, S., Lengerich, A., Marchese, M., Davies, C., Brockopp, D., & Hall, B. (2017). The importance of factors related to nurse retention: Using the Baptist Health nurse retention questionnaire, part 2. *JONA*, *47*(6), 308-319. https://doi.org/10.1097/NNA.00000000000000486

Buykx, P., Humphreys, J., Wakerman, J., & Pashen, D. (2010). Systematic review of effective retention incentives for health workers in rural and remote areas: Towards evidence-based policy. *Australian Journal of Rural Health*, *18*, 102-109.

Carter, M. R., & Tourangeau, A. E. (2012). Staying in nursing: What factors determine whether nurses intend to remain employed? *Journal of Advanced Nursing*, *68*(7), 1589-1600.

Clendon, J., & Walker, L. (2013). Nurses aged over 50 years and their experiences of shift work. *Journal of Nursing Management*, *21*, 903-913.

Colby, S. L., & Ortman, J. M. (2015). *Projections of the size and composition of the U.S. population: 2014 to 2060* (Report No. p25-1143). Retrieved from https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf

Cottingham, S., DiBartolo, M. C., Battistoni, S., & Brown, T. (2010). A mentoring initiative to enhance nurse retention. *Nursing Education Perspectives*, *32*(4), 250-255.

Cowden, T. L., & Cummings, G. G. (2015). Testing a theoretical model of clinical nurses' intent to stay. *Health Care Management Review*, *40*(2), 169-181. https://doi.org/10.1097/HMR.0000000000000008

Cramer, M. E., Lazure, L., Morris, K. J., Valerio, M., & Morris, R. (2012). Conceptual models to guide best practices in organization and development of state action coalitions. *Elsevier*, 1-8. http://dx.doi.org/10.1016/j.outlook.2012.06.022

Joanna Briggs Institute (2017). *Critical appraisal checklist for systematic reviews and research synthesis*. Retrieved from http://joannabriggs.org/assets/docs/critical-appraisal-tools/JBI_Critical_Appraisal-Checklist_for_Systematic_Reviews.pdf

Duffy, M. T., Friesen, M. A., Speroni, K. G., Swengros, D., Shanks, L. A., Waiter, P. A., & Sheridan, M. J. (2014). BSN completion barriers, challenges, incentives, and strategies. *JONA*, *44*(4), 232-236.

FAQS: Magnet definitions [Fact sheet]. (2017). Retrieved April 24, 2017, from American Nurses Credentialing Center website: http://www.nursecredentialing.org/MagnetFAQ-Definitions#cne

Fast facts; The nursing workforce 2014 [Fact sheet]. (20145, August). Retrieved June 30,

    2016, from American Nurses Association website:

    http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNu

    rsing/workforce/Fast-Facts-2014-Nursing-Workforce.pdf

Fineout-Overholt, E., Melnyk, B. M., & Schultz, A. (2005). Transforming health care

    from the inside out: Advancing evidence-based practice in the 21st century.

    Journal of Professional Nursing, *21*(6), 335-344.

Flinkman, M., Leino-Kilpi, H., & Salantera, S. (2010). Nurses' intention to leave the

    profession: Integrative review. *Journal of Advanced Nursing*, *66*(7), 1422-1434.

Fulcher, R. (n.d.). *Registered nurses* [Fact sheet]. Retrieved June 4, 2016, from American

    Association of Community Colleges website:

    http://www.aacc.nche.edu/Resources/aaccprograms/health/hpat/Documents/RN_F

    3_magnet.pdf

The future of nursing; Leading change, advancing health. (2011). Retrieved June 30,

    2016, from Institute of Medicine website: ANA, CMA, and OA, activities

    reflected in the IOM recommendations. (2011, March 3). Retrieved June 30,

    2016, from American Nurses Association website:

    http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNu

    rsing/workforce/IOM-Future-of-Nursing-Report-1/ANA-Activities-from-IOM-

    Future-of-Nursing-Report.pdf

Gi, T. S., Devi, M. K., & Kim, E. A. N. (2011). A systematic review on the relationship

    between the nursing shortage and nurses' job satisfaction, stress and burnout

levels in oncology/haematology settings. *JBI Library of Systematic Reviews*, *9*(39), 1603-1649.

Hairr, D. C., Salisbury, H., Johannsson, M., & Redfern-Vance, N. (2014). Nurse staffing and the relationship to job satisfaction and retention. *Nursing Economics*, *32*(3), 142-147.

Hodgkinson, B., Haesler, E. J., Nay, R., O'Donnell, M. H., & McAuliffe, L. P. (2011). Effectiveness of staffing models in residential, subacute, extended aged care settings on patient and staff outcomes. *The Cochrane Collaboration*, (6).

Krebs, J. P., Madigan, E. A., & Tullai-McGuinness, S. (2008). The rural nurse work environment and structural empowerment. *Policy, Politics, & Nursing Practice*, *9*(1), 28-39. https://doi.org/10.1177/1527154408316255

Lartey, S., Cummings, G., & Profetto-McGrath, J. (2014). Interventions that promote retention of experienced registered nurses in health care settings: A systematic review. *Journal of Nursing Management*, *22*, 1027-1041. https://doi.org/10.1111/jonm.12105

Leurer, M. D., Donnelly, G., & Domm, E. (2007). Nurse retention strategies: Advice from experienced registered nurse. *Journal of Health Organization and Management*, *21*(3), 307-319. https://doi.org/10.1097/NNR.0b013e31825b69b1

Lobo, V. M., Baumann, A., & Akhtar-Danesh, N. (2012). Effective retention strategies for midcareer critical care nurses; A q-method study. *Nursing Research*, *61*(4), 300-308.

Mason, V. M., Leslie, G., Lyons, P., Clark, K., Walke, E., Butler, C., & Griffin, M.

    (2014). Compassion fatigue, moral distress, and work engagement in surgical

    intensive care unit trauma nurses. *Dimensions of Critical Care Nursing*, *33*(4),

    215-225. https://doi.org/10.1097/DCC.00000000000000056

McGilton, K., Boscart, V., Brown, M., & Bowers, B. (n.d.). Making tradeoffs between

    the reasons to leave and reasons to stay employed in long-term care homes:

    Perspectives of licensed nursing staff. Retrieved March 26, 2016, from

    http://www.sciencedirect.com/science/article/pii/S0020748913003234

McLemore, M. R., Levi, A., & James, A. (2015). Recruitment and retention strategies for

    expert nurses in abortion care provision. *Contraception*, *91*, 474-479.

    https://doi.org/10.1016/j.contraception2015.02.0070010-7824

Middaugh, D. J. (2016). Valuing our senior nurses. *MEDSURG Nursing*, *25*(6), 433-434.

National nursing workforce study [Fact sheet]. (2017). Retrieved July 11, 2017, from

    National Council of State Board of Nursing website:

    https://www.ncbs.org/workforce.htm

Nei, D., Anderson Snyder, L., & Litwiller, B. J. (2015). Promoting retention of nurses: A

    meta-analytic examination of causes of nurse turnover. *Health Care Management*

    Review, *40*(3), 237-253. https://doi.org/10.1097/HMR.000000000000025

Nurse education progression; 2015 in review (Valley Health System, Comp.). (2016,

    March). Winchester, VA: Valley Health Systems.

Nursing careers at valley health [Fact sheet]. (n.d.). Retrieved July 26, 2017, from Valley

    Health Systems website: http://www.valleyhealthlink.com/Careers/Nursing-

    Careers.aspx

Nursing shortage [Fact sheet]. (2014, April 24). Retrieved March 19, 2016, from

    American Association of Colleges of Nursing website:

    http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

Optimal nurse staffing to improve quality of care and patient outcomes: Executive

    summary [White paper]. (2015, September). Retrieved July 10, 2017, from

    American Nurses Association website:

    http://www.nursingworld.org/DocumentVault/NursingPractice/Executive-

    Summary.pdf

Orlovsky, C. (2006). Mass nurse retirement expected in 2011; Survey. Retrieved March

    18, 2016, from Nurse Zone.com website: http://www.nursezone.com/Nursing-

    News-Events/more-news/Mass-Nurse-Retirement-Expected-in-2011-

    Survey_27748.aspx

Oyeleye, O., Hanson, P., O'Connor, N., & Dunn, D. (2013). Relationship of workplace

    incivility, stress, and burnout on nurses' turnover intentions and psychological

    empowerment. *JONA*, *43*(10), 536-542.

    https://doi.org/10.1097/NNA.obo13e3182a3e8c9

Parsons, K., Gaudine, A., & Swab, M. (2015). Older nurses' experiences of providing

    direct care in hospital nursing units: A qualitative evidence systematic review

protocol. *JBI Database of Systematic Reviews & Implementation Reports*, *13*(5), 87-96. https://doi.org/10.11124/jbisrir-2015-2066

Rosseter, R. J. (2014, April 24). *Nursing shortage fact sheet* [Fact sheet]. Retrieved April 10, 2016, from American Association of Colleges of Nursing website: http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf

Rosseter, R. J. (2017, May 18). *Nursing shortage fact sheet* [Fact sheet]. Retrieved July 28, 2017, from American Association of Colleges of Nursing website: http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf

Ross-Walker, C., & Rogers-Clark, C. (2012). A systematic review of registered nurses: Experiences of the workplace culture and climatic factors on nursing workloads. *JBI Library of Systematic Reviews*, *10*(49), 3080-3145.

Rushton, C. H., Batcheller, J., Schroeder, K., & Donohue, P. (2015). Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care*, *24*, 412-421. https://doi.org/10.4037/ajcc2015291

Spetz, J., & Bates, T. (2013). Is a baccalaureate in nursing worth it? The return to education, 2000-2008. *Health Research and Educational Trust*, *48*(6), 1859-1878.

Toh, S. G., Ang, E., & Devi, M. K. (2012). Systematic review on the relationship between the nursing shortage and job satisfaction, stress and burnout levels among nurses in oncology/ haematology settings. *International Journal of Evidence-Based Healthcare*, *10*, 126-141. https://doi.org/10.1111/j.1744-1609.2012.00271.x

Volt, K., & Carson, D. B. (2012). Retaining older experienced nurses in the northern territory of Australia: A qualitative study exploring opportunities for post-retirement contributions. *The International Electronic Journal of Rural and Remote of Health, Research, Education Practice and Policy*, *12*(1881), 1-10.

Appendix A: Data Analysis and Evaluation

First Author/ Date	Aim	Design	Results	Limitations	LOE
	Setting/ Sample	Intervention		Documentation Quality Measures	
Parsons/ 2015	Experienced nurses' retention 45 years and older	Systematic Review of qualitative studies	Retention strategy themes: Want to be valued, consulted in potential workplace changes, flexible work options, workplace redesign/ ergonomics, grief counseling, retirement planning and benefits, along with phased retirement plan.	Very limited data	V
	Acute care hospitals, USA & Canada	Determine appropriate strategies for retention		2 reviewers, Critically appraised using JBI-QARI	
Hairr/ 2015	Nurse staffing/ job satisfaction/ nurse retention	Quantitative correlational study	Themes: direct correlation between job satisfaction and nurse turnover/ retention (p=0.01)	Small sample size	III
	Acute care setting RN (N=70)	To determine appropriate retention strategies		Did not specifically address	
Allen, 2010	Retention of the expert	Descriptive Survey:	Themes:	Small sample size	III

	nurse in direct care	quantitative study	The experienced nurse's advancement, better programs towards advancement and success, acknowledgement-recognition of being viewed as an expert/ leader/ resource, job satisfaction due to promotions,		
	Acute care children's hospital (N=33)	Enhance recruitment and retention, increase career opportunities to this group of nurses		Did not specify	
Buffington, 2012	Experienced RN retention	Descriptive survey Qualitative	Themes: Stated reasons to leave: management (felt lack of support and recognition along with management lack of follow through),	Economic recession influence, was conducted in a convenience sample at one facility and reliability and validity issues for the instrument used to perform the evaluation	IV
	Acute care and ambulatory setting (N=1,250)	Improved strategies to foster nurse retention	workload/ staffing (dissatisfaction with nurse patient ratios, burnout and	Research team evaluated responses and collaborated results.	

			stress), salary/benefits (wanted improved pay and financial benefits), scheduling/ shift work (lack of self-scheduling, flexibility, and predictability), and retirement / family.		
Buck, 2017	Float pool RNs	Descriptive Pre-Post Survey	Themes: Work environment is a critical factor in nurse satisfaction, a sense of community may provide a more holistic approach towards job satisfaction	Small number of participants	IV
	Acute care float pool RNs (N=22)	To engage float pool RN's and increase intent to stay		Quality measures:	
Bugajski, 2017	RN retention	Survey/ Questionnaire Qualitative and quantitative	Themes: Sufficient and competent staff and leadership needed due to the acuity of pts, staff to patient ratios/ for	Conducted at one hospital	IV
	Acute care (N=279)	Nurse retention issues		3 independent researchers/ use of a reliable and valid instrument	

			management to be engaged, competent, and present/ autonomy in practice		
Toh, 2012	RN Retention	Systematic Review	Themes: direct correlation between job dissatisfaction and the nursing shortage causing more nurses to leave the unit.	Heterogeneity of the studies, only English papers used, lack of clarity of some of the studies used	IV
	(N=7) articles	Nursing shortage, job satisfaction, stress and burnout levels of oncology nurses		Secondary reviewer	
McLemore, 2015	Retention Strategies	Thematic an analysis of a survey study	Themes: Engagement of leadership activities and professional society memberships, flexibility in practice, educational opportunities, career development opportunities, and expanding skill set of the RN.	Small sample size, unable to guarantee thematic saturation specific to the expert RN	IV
	(N=16) Acute care RN's	To describe recruitment and retention strategies for expert nurses		Study team evaluated (all expert clinicians)	
Nei, 2015	Promoting Retention	Meta-analysis correlation	Key predictors:	Limitations: calculations of	V

		supportive and communicative leadership,	meta-analysis correlations, limited resources/ articles,	
	Hospital/ nurse	To determine relationship between predictors of turnover of nurse (N=106) studies	network centrality, and organizational commitment Additional variables: job strain, role tension, work-family conflict, job control, job complexity, rewards/ recognition, and team cohesion	Team of expert researchers to evaluate articles for inclusion
Blake, 2013	Staff nurse retention	Descriptive cross-sectional, correlational survey	Results showed statistical significance (p<0.05) between leadership and intent to leave by staff nurses	Limitations: cross-sectional, descriptive design, with the majority of participants were white female which may have influenced towards communications and leadership support. Only 10 ICUs used so a type II error is possible.	IV
	10 Pediatric ICUs	To decrease staff turnover		Collinearity diagnostics	

	(N=415)	and improve patient outcomes		were performed for dependent variable ITL	
Mason, 2014	Recruitment and retention Strategies	Qualitative non-experimental correlational survey questionnaire	Results: Krippendorff's analysis of themes: role conflict with management/ improving patient to nurse ratios, staffing, supplies and equipment/ aid in the development of self-care techniques	Limitations: Small sample size	IV
	26 Surgical ICU Trauma nurses representing expert nurses with over 11 years' experience (N=26)	Strategies on improving nurse retention and satisfaction. Strategies on reducing moral distress and burnout		Quality measures: Statistically analysis	
Lobo, 2012	Aim: To discover what mid-career critical care nurses perceive would be effective retention strategies	Design: Combination of qualitative and quantitative methodology	Results: 4 viewpoints noted: healthy workplace and respect flexibility and reward professional development and teamwork and lifestyle	Limitations: Small sample size	IV
	Setting: Critical care nurses Canada (N=40)	Intervention: Obtaining ideas for nurse retention		Quality measures:	
Rushton, 2015	Aim: To support the creation of healthy work environment	Design: Cross sectional survey	Results\Themes: Moral distress was a significant	Limitations Single health system, only 63% participation	IV

	s and improve retention		predictor of burnout		
	Setting: 6 high intensity units (N=114)	Interventions: Obtaining potential suggestions to increase moral and improve retention	Association between burnout and resilience was strong Greater resilience protected from emotional exhaustion and contributed to personal accomplishment Spiritual well-being reduced emotional exhaustion and depersonalization Physical well-being was associated with personal accomplishment Meaning in patient care and hope were independent	Quality measures: valid and reliable evaluation tools	

			predictors of burnout Higher levels of resilience were associated with		
Lartey, 2014	Aim: to increase nurse retention	Design: Systematic review	Results: Leadership interventions to develop strategies on practice models, teamwork, leadership, organizational and individual for retention	Limitations: The definition of retention varied in the articles, lack of consideration for cultural influence, and non-English articles.	IV
	Setting: Systematic review of 12 studies (N=12)	Interventions: Goal to retain experienced nurses		Quality measures: All articles assessed for validity and quality	
Oyeleye, 2013	Aim: to evaluate and explore the relationships between perceived workplace incivility, stress, burnout, turnover intentions, and level of psychological empowerment among nurses	Design: Quantitative study using exploratory, correlational methods	Results: Nursing leadership can intervene on the organizational culture to ensure civility, and to develop a zero-tolerance policy for incivility. Nurse leaders to provide	Limitations: Low response rate and the non-representativeness of the sample of the employees	IV
	Setting:	Interventions:	tools for conflict	Quality Measures:	

			managemen t and to develop a code of professional ism and mutual respect. Nurse leaders need to create an open communicat ion environment and provide a stress reducing intervention s that aid in reduction of job stress and work incivility.	Used 5 tools to measure stress, burnout, WI, turnover intentions, and psychological empowerment Perceived stress scale Kelloway's scaler for intent to leave Spreitzer's scale for psychological empowerment Modified incivility scale Maslach burnout inventory	
Cowden, 2015	Aim: to test a theoretical model of clinical nurses' intent to stay	Design: Correlational mixed methods non-experimental	Results: 3 concepts emerged: organization al commitment , empowerme nt and desire to stay, and positively and directly influenced intent to stay Empowerm ent, job satisfaction, organization	Limitations: Lack of identified indirect effects through regression techniques, also used temporary staff (10%).	IV
	Settings: Nurses both RN and LPN across acute care and long-term care settings (N=415)	Interventions:		Quality Measures: use of proven reliable and valid instruments to test new model, Cronbach's a	

			al commitment opportunity elsewhere, and age had direct significant effects on desire to stay. Quality of care, joy, work group cohesion, and leadership all had significant indirect effects on desire to stay. Leadership and autonomy had indirect effects on desire to stay through empowerment.	reliability coefficient, Structural equation modeling used to test the model	

Appendix B: JBI Critical Appraisal Checklist for Systematic Reviews
and Research Syntheses

Reviewer _____Date _____

Author _____Year _____Record Number _____

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	☐	☐	☐	☐
2. Were the inclusion criteria appropriate for the review question?	☐	☐	☐	☐
3. Was the search strategy appropriate?	☐	☐	☐	☐
4. Were the sources and resources used to search for studies adequate?	☐	☐	☐	☐
5. Were the criteria for appraising studies appropriate?	☐	☐	☐	☐
6. Was critical appraisal conducted by two or more reviewers independently?	☐	☐	☐	☐
7. Were there methods to minimize errors in data extraction?	☐	☐	☐	☐
8. Were the methods used to combine studies appropriate?	☐	☐	☐	☐
9. Was the likelihood of publication bias assessed?	☐	☐	☐	☐
10. Were recommendations for policy and/or practice supported by the reported data?	☐	☐	☐	☐
11. Were the specific directives for new research appropriate?	☐	☐	☐	☐

Overall appraisal: Include ☐   Exclude   ☐   Seek further info ☐
Comments (Including reason for exclusion)

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Appendix C: Research Strategy

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┌─────────────────┐       ┌─────────────────┐       ┌─────────────────┐
│ Initial Research│       │                 │       │    Articles     │
│    from all     │       │ Abstracts that  │       │    Excluded     │
│   databases     │──────▶│  met Inclusion  │──────▶│    based on     │
│ Title Inclusion │       │    (N= 34)      │       │   Titles and    │
│      Only       │       │                 │       │    Abstracts    │
│    (N=635)      │       │                 │       │    (N= 601)     │
└─────────────────┘       └─────────────────┘       └─────────────────┘

┌─────────────────┐       ┌─────────────────┐       ┌─────────────────┐
│                 │       │    Articles     │       │    Articles     │
│    Abstracts    │       │   Critically    │       │ Excluded after  │
│  Excluded due   │──────▶│   Appraised     │──────▶│  Full Review of │
│  to duplicates  │       │      for        │       │   Article and   │
│    (N= 18)      │       │   Inclusion     │       │    Appraised    │
│                 │       │    (N=16)       │       │    (N=619)      │
└─────────────────┘       └─────────────────┘       └─────────────────┘

                          ┌─────────────────┐
                          │ Total Articles  │
                          │ Included in the │
                          │   Systematic    │
                          │     Review      │
                          │    (N=16)       │
                          └─────────────────┘
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