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Educating Nurse Managers to Create a Culture of Nurse Retention

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Walden University
2018

Abstract

Educating Nurse Managers to Create a Culture of Nurse Retention

by

Stacey Lynn Trotman

MSN, University of Phoenix 2015

BSN, University of Phoenix 2013

Doctoral Study Submitted in Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2018

Abstract

Nurse managers are stakeholders in creating a culture of nurse retention. The purpose of this staff education project was to identify evidence-based best practices that promote nurse retention and to educate nurse managers about these strategies. Knowles's theory of adult learning was the theoretical framework for the project. The practice-focused question addressed whether an education program for nurse managers would increase their understanding of evidence-based strategies to create a culture of nurse retention. The education program centered on 4 themes: professional development, communication and relationships, culture and work environment, and organizational structures and support. The concepts of 5 domains-- status, certainty, autonomy, relatedness and fairness (the SCARF model)--were used to educate nurse managers about the conceptual foundations of individuals' engagement within their environment. Education was delivered using a presentation software program with a follow-up question-and-answer session. A reference toolkit was included in the program. Twenty-seven nurse managers completed a 7-question post presentation survey to assess their level of understanding related to creating a culture of nurse retention; all reported excellent and good levels of understanding based on the program. The nurse manager toolkit and education program can assist nurse mangers in developing leadership strategies supporting nurse retention and positive social change in the culture of the organization.

Educating Nurse Managers to Create a Culture of Nurse Retention

by

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MS, University of Phoenix, 2015

BS, University of Phoenix, 2013

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2018

Dedication

I would like to dedicate this project to all the individuals who have allowed me to focus on reaching my goal of the doctor of nursing practice degree. To my wife, thank you for your love, reassurance, and unfailing support throughout this process. You have truly been my beacon of light through this journey. To my children, thank you for your patience and understanding for all the times I had to focus on school work. I hope I have been a role model to show you that you can achieve anything you set your mind to do. Finally, to my mother, thank you for being the cheerleader at my side, your kind words, and showing me how proud you are of me. Without the love and support from each of you, I would have never been able to achieve this great accomplishment.

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I would like to acknowledge three individuals who made a huge impact on my educational advancements in the DNP program. First, Dr. Whitehead, you have been a major influence on my progression and completion of my DNP degree. As a professor, you have shown me the true side of the mentorship and guidance all students should experience in their professional advancement. Dr. Krenzischek, as a preceptor and mentor your wealth of experience and knowledge has allowed me to flourish in the influence and advancement of professional nursing practice. Lastly, Dr. Bushnell, your guidance and role modeling as a chief nursing officer has shown me the vision of a true leader in nursing.

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Section 1: Nature of the Project

Introduction

Nurse managers working on acute care units play a role in nurse retention. Impacts on nurse retention by the nurse manager include economic climate, qualification of applicants, and generational cohesion in the work setting (Daniels, Mackovjak, Audia, & Richards, 2013). As nursing positions become more competitive with rising pay rates, Magnet status, and benefits, the nurse leader's focus on retention may positively impact organizations. Salary and retirement benefits are two of the top six voluntary reasons why nurses leave their jobs (The University of New Mexico, 2016). In this project, I focused on the development of an education program for nurse managers to be used in improving a culture of nurse retention in acute care units.

Problem Statement

In discussions with senior nursing leadership at the practicum site, I found a need for evidence-based practice (EBP) resources specific to nurse managers to improve the culture of nurse retention in acute care units (chief nursing officer, personal communication, June 7, 2017). The turnover rate of nurses in the organization's acute care units was 13.6%, with a nursing vacancy rate of 12.5%. The organization had no existing nursing educational offerings, policies, or guidelines related to improving the culture of nurse retention. The lack of educational offerings, policies, or guidelines was identified through reviews of educational offerings, organizational policies, and guideline reviews.

Nursing satisfaction influences nurse retention. Nurse managers influence nurse satisfaction through creating an empowering work environment, autonomy and support, collegial relationships, and a shared governance structure, which have a direct correlation with nurse retention (Twigg & McCullough, 2014). Turnover is costly to the organizations throughout the nation, ranging from $38,000 to $59,000 per nurse, placing the cost of turnover per hospital between $5.13 million and $7.86 million per year (Nursing Solutions, Inc [NSI], 2017). Due to the lack of organizational acute care unit practices related to nurse retention, in this project, I explored EBPs for nurse leaders to use in creating a culture of nurse retention.

The DNP project holds significance in the field of nursing because nurse retention impacts nursing practice through multiple factors. Improving nurse retention may improve the practice environment in the clinical setting (Twigg & McCullough, 2014). The improvement of the practice environment, in turn, may positively impact patient outcomes related to patient satisfaction, patient mortality, medication errors, restraint use, and hospital-acquired infections (Wong, Cummings, & Ducharme, 2013). Improving nurse retention may lead to nursing structural empowerment, unit effectiveness, and job satisfaction (Laschinger, Nosko, Wilk, & Finegan., 2014). Addressing nurse retention within the acute care units may also positively impact healthy work environments, communication, collaboration, and leadership skills (Blake, Leach, Robbins, Pike, & Needleman., 2013).

Purpose

In previous discussions with the organization's chief nursing officer (CNO), nursing administration identified concern with high turnover and low retention rates. The results of recent staff engagement surveys were also identified as problematic (chief nursing officer personal communication, June 7, 2017). The organization lacked both informal and formal education and resources for nurse managers to use in improving nurse retention and turnover for acute care nurse managers. Although the organization used a nursing recognition and retention committee, the program was based on annual recognition for certification, years of service, and Daisy Award recognitions. Based on these concerns, the CNO supported a staff education program for all acute care nurse managers regarding evidence that supports best practices in promoting a culture of retention. The practice-focused question for this project was the following: Will an education program for nurse managers increase their understanding of evidence-based strategies that promote nurse retention? In this DNP project, I addressed the gap in practice knowledge related to strategies that promote nurse retention.

Nature of the Doctoral Project

The online databases CINAHL, PubMed, the Joanna Briggs Institute, Cochrane Database of Systematic Reviews, ProQuest, and Google Scholar were used to identify current evidence in developing a culture of nurse retention. The American Nurses Association (ANA), American Nurses Credentialing Center (ANCC), American Organization of Nurse Executives (AONE), and the Academy of Medical-Surgical Nurses (AMSN) resources and best practices in nurse retention literature were explored.

Also, local networking from the Association for Nursing Professional Development (ANPD) and the AMSN provided best practices in nurse retention.

Evidence obtained through the literature was appraised using the Johns Hopkins nursing evidence based practice (JHNEBP) model. An education program for nurse managers on strategies to create a culture of nurse retention was developed and presented to nurse managers.

Significance

Key stakeholders for the DNP project included the CNO, the human resource department, nurse managers, and acute care nurses. The stakeholders were impacted by the project through required education, changes in practice, resource use, and potential improvement in unit-based and organizational nurse retention. The DNP project may impact not only nurse retention, but also impact nurse satisfaction, nurse recruitment, work environments, patient outcomes, communication, unit effectiveness, and structural empowerment. All potential contributions discussed may impact nursing practice and the practice environment.

The project has a potential for transferability to other nursing practice areas, disciplines, nursing schools, and organizations. Other units outside of acute care within the organization can use the EBP to nurse retention. The results of this study will be shared and transferred to other health care organizations in the state to improve nurse retention. The project can also be adjusted to apply and implement in other health care disciplines including respiratory therapy, physical therapy, and occupational therapy.

The DNP project has the potential to impact social change positively by improving nursing practice through communication, collaboration, and nurse satisfaction within acute care units. Renter and Allen (2014) identified that social change can occur through positive relationships with coworkers and patients, collaboration between nurses and physicians, autonomy, leadership, and nurse recognition. Nurses with positive work environments have improved nurse retention and nursing satisfaction (Renter & Allen, 2014).

Summary

In Section 1, I described a brief overview of the DNP project, and I identified the problem of creating a culture of nurse retention, purpose of the project, nature of the project, and significance to nursing practice. In a competitive health care environment, it is essential for nurse leaders to possess the knowledge, skills, and competencies to improve nurse retention within the acute care setting. Section 2 will review Knowles's theory of adult learning, the relevance of the project to nursing practice, local background and context of the project, and the role of the DNP student.

Section 2: Background and Context

Introduction

A nurse manager is responsible for creating a culture of nurse retention in acute care units. In the practice problem, I addressed the need to promote a culture of nurse retention in acute care units. The purpose of the project was to create an evidence-based education program for nurse managers on strategies that promote nurse retention. The practice-focused question was the following: Will an education program for nurse managers increase their understanding of evidence-based strategies that promote nurse retention? This section includes a discussion of Knowles's theory of adult learning, the relevance of the project to nursing practice, local background and context of the project, and the role of the DNP student.

Concepts, Models, and Theories

Nurse managers should use adult learning theory for best practices in creating a culture of nurse retention in acute care units. Knowles's (1968) theory of adult learning was the most appropriate framework for the development of the DNP project. Knowles's theory is based on five assumptions: self-concept, adult learner experience, readiness to learn, orientation to learning, and motivation to learn (as cited in McEwen & Wills, 2014).

Adult learners' quality learning experience consists of education, learner performance assessments, and educator feedback; adult learner encounters provide a means of continued learning and an increase of complex knowledge (Gatti-Petito et al., 2013). The theory of adult learning allows for an open learning experience, dialogue, and

assessment of learning. Table 1 highlights the relationship of Knowles's theory and the

project framework.

Table 1

Relationship of Theory and Project Framework

Adult Learning Theory	Relationship to Education Program
Self-concept: The maturing adult moves from dependent to self-directed.	Participating in the leadership program can use the materials on their own as applicable for their unit.
Adult learner experience: Accumulation of experience to serve as a resource for learning.	Based on the individual experience of the unit.
Readiness to learn: Oriented to development of tasks based on role.	Explore the responsibility of nurse managers in the role of promoting culture of nurse retention
Orientation to learning: Transition from postponement to immediacy of application and from self-centeredness to problem centeredness.	Recognize immediate need of increasing nurse retention on the individual unit
Motivation to learn: Transition to an internal motivation to learn	Motivated to promote successfully retention on the individual unit

Adapted from M. McEwen & E. Wills, 2014, *theoretical basis for nursing* (4th ed.). Philadelphia, PA: Wolters Kluwer Health.

The nurse manager is the frontline nursing leader for individual units overseeing

the bedside nursing staff. The nurse manager serves in the leadership role and is

responsible for practice and outcomes on the unit. The nurse manager reports to the

director of nursing for the division, who in turn reports directly to the CNO.

Nurse retention is defined as the percentage of registered nurses who remain

employed for 1 calendar year over the total number of registered nurses employed in that

calendar year. Retention and turnover rates and employee engagement survey results

have not met the benchmarks identified by the organization. The organization lacked

formalized nurse manager education on resources in improving nurse retention. In this

education project, I followed the steps outlined in the DNP Manual for Staff Education. I

developed an educational PowerPoint to educate the nurse managers (Appendix A).

Upon completion of this education program, the participants completed an evaluation of

the project (Appendix B).

Relevance to Nursing Practice

Nurse retention has remained a challenge to the profession due to the complexity

and multifaceted challenges impacting the profession and organizations (West et al.,

2007). Although the history of nurse retention has become more complex over the years,

similarities from retention in the 1900s remain the same today. Nurse retention in the

early 1900s was impacted by the risks of work related to illnesses such as tuberculosis,

media highlighting the disfavor of the occupation, stereotypical ideas on gender, and the

lack of necessity of the discipline with petty restrictions (Kirby, 2009). As the nursing

profession evolved, nurse retention was impacted by factors including negative public

attention, higher educational requirements including the bachelor of science in nursing as

an entry-level into practice, transitions to less vocational focuses, and union activity

(Kirby, 2009).

Researchers have provided insight into the current state of nurse retention in the

profession of nursing. In the literature, common reoccurring themes are discussed that

impact nurse retention. The themes are categorized by (a) professional development, (b)

communication and relationships, (c) culture and work environment, and (d)

organizational support. Figure 1 depicts the four thematic influences identified in improving nurse retention.
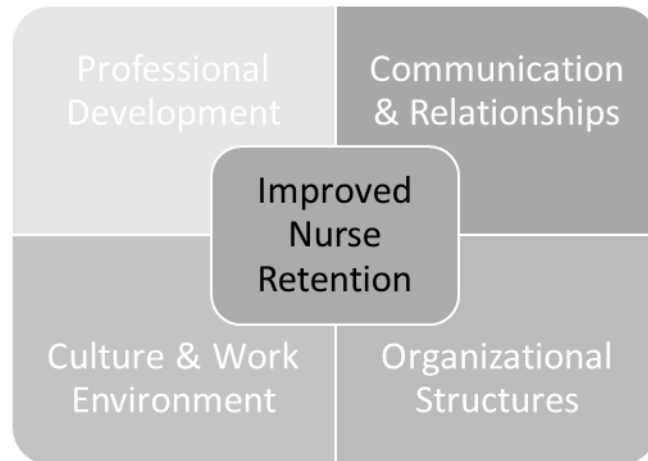
Figure 1. Thematic influences on nurse retention.

Professional Development

Professional development topics related to nurse retention included empowerment, opportunities for advancement, involvement in leadership activities, supporting emerging leaders, professional society membership, and certification. Professional development is essential for nurse leaders to incorporate into leadership practices to create a culture of nurse retention (Tourangeau et al., 2009).

Twigg and McCullough (2014) described empowerment as the nurse's perception of being supported, involved, and having access to resources and opportunities within the organization. Nurse managers may use empowerment to improve the culture of nurse retention in the unit. Laschinger et al. (2014) reinforced the necessity of empowerment in the workplace to improve autonomy in practice and to improve the professional practice of nursing.

Opportunities for advancement was a recurrent theme in the literature on nurse retention. Leone et al. (2015) identified opportunities for advancement as one of the most important impacts in retaining nurses. Opportunities for advancement may have different meanings for individuals within the organization. Opportunities for advancement within the organization include advancement to a charge nurse role or other bedside leadership role, advancement to formal leadership roles, educational advancement, or professional advancement to another health care profession. Nurse managers who encourage opportunities for advancement have improved retention (Tourangeau et al., 2009).

Engagement in leadership activities and supporting emerging leaders were common themes in the literature related to nurse retention. McLemore et al. (2015) discussed engagement in leadership activities as an influence in improving nurse retention; activities included engagement in policy and procedure development, process improvement projects, professional meeting involvement, and team acknowledgment. Nurse managers can identify behaviors and attributes of emerging leaders. Nurse managers are responsible for encouraging collaborative relationships and supporting emerging leaders in professional development (Twigg & McCullough, 2014).

Professional society membership and opportunities to earn certification were common themes in the literature related to nurse retention. McLemore et al. (2015) identified professional membership in nursing societies and professional certification as an opportunity to positively impact nurse retention. Professional nursing societies address membership and certification as a part of nurse retention. The AMSN (2017) documented the importance of professional membership and certification in their position

statements and identified nurse retention as an organizational focus in practice environment advocacy. The AONE (2017) identified nurse professional membership and improving nurse retention as strategic plan priorities. Increasing nursing professional certification positively impacted nurse retention (Carathan, Nguyen, Chittams, Park, & Guevara, 2014). Providing nurses with resources to earn certification has the potential to improve nurse retention.

Communication and Relationships

Communication was another common theme identified in the literature related to nurse retention. Topics included in the theme of communication were nurse managers having an open dialogue with staff, social support by the nurse manager, facilitation of coworker relationships, and staff recognition. Poor communication or a lack of communication from the nurse manager to staff negatively impacted retention (Iyer & Israel, 2012).

The nurse manager is responsible for ensuring that communication is timely, thorough, and informative. Nurse leaders should maintain an open dialogue and two-way communication with staff to support nurse retention (Nei et al., 2015). The social support of the nurse manager to facilitate an open dialogue, build trust, and maintain open lines of communication could improve nurse retention.

The nurse manager must facilitate communication between staff members and the interdisciplinary health care team; it is especially important in new nurses to the profession or organization. Twigg and McCullough (2014) identified that the encouragement and support of communication among coworkers and the interdisciplinary

team as a management responsibility impacting nurse retention. Harris (2013) identified prayer, meditation, and humor as communication and relationship focuses on nurse retention. Nurse managers should instill practices including prayer, meditation, and humor into relationships and work environment practices to improve nurse retention

Additional communication and relationship themes reoccurring in the literature included staff recognition as improving nurse retention. Recognition in the workplace is multifaceted and can be formal or informal. Recognition may include recognition for a job well done, accomplishments, advancement, recognition for precepting, length of service, experience, and recognition of new staff. Tillott et al. (2013) explained that recognition by small compliments or formal recognition positively impacts retention by raising the status of nurses on the unit. Tourangeau et al. (2010) further identified formal recognition as an incentive for nurse retention.

Culture and Work Environment

The theme of culture and work environment was identified in the literature related to nurse retention. Topics included in the theme of culture and work environment were leadership rounding and visibility, diversity in the work environment, safety in the work environment, decreased stress levels, and a non-punitive approach to errors (Tillot et al., 2013). The work environment is multifaceted, and a compilation of initiatives to address nurse retention in the work environment has the greatest effect on positively impacting nurse retention.

Leadership rounding and visibility were common themes in the literature review on nurse retention. Leadership rounding can be formal or informal, and it can include

unit rounding, staff rounding, and open-door practices (Van den Heede et al., 2013).

Leadership rounding provides visibility of nurse managers to the staff. Nurse managers

who use rounds show transformational leadership and allow for the nurse manager to be

accessible, approachable, and interactive with unit staff; positive rounding process

positively impacts nurse retention.

Diversity, safety, stress levels, and nonpunitive approaches to errors were

identified as common themes in the literature review on nurse retention. The

development of a diverse work environment is a retention initiative to retain nurses

(Carathan et al., 2014). A diverse nursing work environment may allow for the retention

of nurses based on respect of background, culture, and ethnicity. Safety in the work

environment can include safe practices and safety from harm, including physical,

emotional, and mental, and nonpunitive approaches to errors. Promoting a safe work

environment decreases the anxiety of nursing staff (Figueroa, Bulos, Forges, & Judkins-

Cohn, 2013).

Organizational Structures and Support

Organizational structures are processes or practices that provide additional

support for nurse managers in creating a culture of nurse retention in acute care units. In

the literature, I identified the use of several organizational structures related to nurse

retention. The common organizational structures included shared governance, clinical

advancement programs, nurse residency programs, productive staffing levels, comparable

pay scales, and formal recognition committees.

Strategies and practices to improve nurse retention in acute care units have been implemented with success. The approach is not limited to one initiative but should contain multiple initiatives individualized to the respective unit. Strategies and practices are based on the four themes: professional development, communication and relationships, culture and work environment, and organizational structures and support.

Professional development strategies are essential for nurse leaders to incorporate into leadership practices to create a culture of nurse retention. Nurse managers provide nurses with resources to access professional society memberships and certification (Twigg & McCullough, 2014). Encouraging and educating nurses on opportunities for advancement through a clinical ladder program provides professional development opportunities. Providing autonomy through shared decision making, participation on the unit or hospital governance, and involvement in leadership meetings offers professional development opportunities influencing nurse retention (Van den Heede et al., 2013).

Communication and relationship strategies are essential for nurse leaders to incorporate into leadership practices. Nurse managers can use daily huddles to communicate with nursing staff and share information (Martin & Ciurzynski, 2015). Huddles can ensure open communication with staff and visibility on the unit. Recognition of staff accomplishments or a job well done, informally or formally, promotes a feeling of value for nurses (Tillott et al., 2013). Harris (2013) identified interventions including using humor in the workplace, praying with staff members, and allowing staff time to talk or vent influences the work environment positively. The nurse

manager can integrate small interventions such as humor, prayer, and time to talk into daily practice.

Culture and work environment strategies are essential for nurse leaders to incorporate into leadership practices. Manager visibility, accessibility, and responsiveness to staff needs are necessary (Twigg & McCullough, 2014). Leadership rounds provide a means of visibility and access to nurse managers (Van den Heede et al., 2013). The nurse manager can schedule daily or weekly leadership rounds to ensure he or she is visible, available to address concerns, and provide positive feedback or recognition. Carthon et al. (2014) identified that a diverse workforce is needed to improve nurse retention. The nurse manager should ensure that hiring and recruitment practices promote a diverse workforce.

Although organizational structures are not controlled directly by the nurse manager, the structures impact nurse retention. Organizational structures in the literature include nurse residency programs, acuity-based staffing, comparable pay scales, formal retention committees, and shared governance. If appropriate, organizational structure and supports should be used. These structures are currently addressed within the practice site's organization; project focus is on the individual unit.

In this DNP project, I address the gap in practice through the implementation of nurse manager education to improve the culture of nurse retention in acute care units. Education provided to the nurse managers will provide a toolkit of initiatives to individualize and implement on his or her respective unit. The toolkit will contain

strategies and examples of initiatives to implement to improve the culture of nurse retention.

Local Background and Context

The medical center is a 262-bed facility located in a metropolitan area, managing approximately 14,000 admissions per year (U.S. News and World Report, 2017). The medical center contains 11 inpatient units, with seven units caring for medical-surgical patients; each unit has one nurse. The organization employees approximately 2,000 nurses (Human resources, personal communication, June 7, 2017).

The organization earned Magnet designation through the ANCC in 2011 and earned a second designation in 2016. Magnet designation is a prestigious award earned by hospitals for their excellence in quality nursing care (ANCC, 2017). The ANCC requires organizations to submit employee satisfaction data within the Magnet application. The organization uses the employee advisory board to collect employee engagement survey results.

The current turnover rate in the organization's acute care units was 13.6%, and the nursing vacancy rate was 12.5%. No nurse manager educational offerings or toolkits were available within the organization to improve nurse retention.

Role of the DNP Student

I served as the project leader for development of the DNP project. I developed the nurse manager education and toolkit, implemented the project, and completed a project evaluation. The project was completed in my practicum institution. Communication with organizational leadership influenced my decision to use nurse

retention as my DNP project as there was an organizational need. My motivations for the DNP project coincided with my commitment as a nurse manager to improve nurse retention in the nursing profession. The organization was responsible for overseeing and approving the project implementation. The CNO provided final approval for the project education and presentation.

Summary

Section two provided an in-depth review of the DNP project, theory used for project development, the relevance of nurse retention on nursing practice, local context as applicable to the DNP project, and my role as a DNP student completing the DNP project. The literature reviewed in section two identified themes of impacts on nurse retention and previously used interventions to improve nurse retention. Section three will focus further on the project development and the collection and analysis of the identified evidence.

Section 3: Collection and Analysis of Evidence

Introduction

Creating a culture of nurse retention in acute care units is a responsibility of a nurse manager. The purpose of the project was to create an evidence-based education program for nurse managers on strategies that promote nurse retention. In Section 3, I identify the development of the education program and plans for analysis and synthesis of data collected.

Practice-Focused Question

The facility was a 262-bed, faith-based organization in a metropolitan mid-Atlantic region. The facility holds Magnet designation from the ANCC. In this project, I focused on introducing evidence-based strategies to promote nurse retention through the development of a nurse manager education program. The practice-focused question was the following: Will an education program for nurse managers increase their understanding of evidence-based strategies that promote nurse retention? No formalized nurse manager educational offerings or toolkits were available within the organization to improve nurse retention. Providing nurse managers with the current evidence that has been shown to improve nurse retention addressed the gap in practice related to the lack of knowledge on improving nurse retention.

Sources of Evidence

The literature search was completed using CINAHL and Medline simultaneous search, PubMed, Johanna Briggs Institute, Cochrane library, ProQuest Nursing and Allied Health, and Scholar Google. Search terms consisted of *nurse, nurse retention,*

best practice, workplace culture, satisfaction, leadership, work place stress, acute care,

nurse manager, turnover, vacancy, and *burnout.* The complete search resulted in 113

articles with 25 applicable to the doctoral project; date ranges of the articles ranged

between 2010 and 2017.

The JHNEBP model was developed to support nurses in the translation of best

practice evidence into nursing practice; the literature rating scale was developed to allow

for the grading of evidence strength and quality for research and nonresearch evidence

(Schaffer, Sandau, & Diedrick, 2013). All articles were graded using the JHNEBP

evidence rating scale. This literature was used to develop the education program

following the Walden University DNP Manual for Staff Education Programs. Table 2

depicts a summary of the literature review.

Table 1

Literature Review Evidence Rating Scale Summary

Article Level	Number of Articles	Rating Score
Level I articles	1	A
Level II articles	1	B
Level III articles	17	B
Level IV articles	3	C
Level V articles	3	B

Archival and Operational Data

The facility provided de-identified organizational data including the nursing

turnover rate and nursing vacancy rate.

Evidence Generated for the Doctoral Project

The purpose of the project was to create an evidence-based education program for nurse managers that provided the knowledge and skills necessary for nurse leaders to implement strategies to improve nurse retention. In the project, I followed the steps outlined in the DNP Manual for Staff Education.

Participants

Participants included nurse managers, nurse leaders, and nursing directors of all acute care areas within the practice setting. Nurse managers oversee the day-to-day activities in the unit. Nurse leaders include the staffing supervisor office managers supporting the per diem staffing team. The nursing directors oversee the nurse managers on the ten acute care units.

Procedures

The procedures section defined in detail the steps that were taken to develop and implement the project.

Planning. The steps in the planning process included

1. Obtained data from the organization on vacancy rates, turnover rates, and results of staff engagement surveys

2. Discussed findings and validated needs with the organizational CNO

3. Obtained a commitment of support from the CNO with the signed letter of participation from the DNP Staff Education Program

4. Developed learning objectives for the educational program

5. Developed staff education program. The program included a PowerPoint presentation and a toolkit that participants may continue to use as a resource.

6. Reviewed program with the CNO and director of nursing and made revisions as needed.

Implementation. The education program was presented at a leadership meeting within the organization. The PowerPoint presentation and toolkit were provided to all participants (Appendix A).

Evaluation. All participants were provided with an evaluation of the program (Appendix B) using the evaluation tool that is part of the organization's continuing education process.

Protections

A letter of support provided by the CNO was provided to express support of the project from the organization's nurse leader. The organization required no institutional review board (IRB) approval for the project. Approval for implementation was obtained from the IRB at Walden University.

Analysis and Synthesis

The evaluation forms (Appendix B) were analyzed for the effectiveness of the education. The anonymous evaluations were collated for a response using *good, fair*, or *poor*. Table 3 depicts the results of the evaluations ($n = 27$). All participants reported excellent or good to the seven questions. A summary of the results was completed and presented to the CNO and director of education. Changes to the education program and toolkit were made based on the program evaluations.

Table 2

Results of Presentation Evaluation

	Excellent	Good	Poor
Question 1	26	1	0
Question 2	26	1	0
Question 3	26	1	0
Question 4	23	4	0
Question 5	21	6	0
Question 6	21	6	0
Question 7	20	7	0

Summary

In Section 3, I provided a comprehensive review of the DNP project including development of the education program and analysis and synthesis of data collected. Additional details were provided in the literature reviewed including sources of evidence and a description of the ratings of the literature based on the JHNEBP evidence rating scale. Participants, procedures, and protections were reviewed to provide insight into the planning, implementation, and evaluation of the DNP project. In Section 4, I will focus on findings and recommendations post project implementation.

Section 4: Findings and Recommendations

Introduction

Educating nurse managers on EBPs to improve the culture retention on acute care units was the focus of this DNP project. The gap-in-practice was related to the above average vacancy and turnover rates within the organization, as well as the lack of knowledge of evidence-based retention strategies of nurse managers. The practice-focused question of the project was the following: Will an education program for nurse managers increase their understanding of evidence-based strategies that promote nurse retention? The purpose of the doctoral project was to educate nurse managers on evidence-based strategies to improve nurse retention on their respective acute care units.

The sources of evidence used for the DNP project included an in-depth literature review, meeting with the organization's CNO, and obtaining the organization's turnover and vacancy rates. The literature review was completed using the Walden library search engines to the point of literature saturation. Meetings with the CNO were scheduled to review the project as well as to obtain guidance on needs and expectations of the organization related to the project. The organization's turnover and vacancy rates were retrieved with approval by the CNO from the human resource department.

Findings and Implications

The evidence was summarized and key evidence-based retention strategies were identified. A PowerPoint presentation was created to provide education to the nurse managers. A spreadsheet was created with strategies to improve nurse retention; each strategy was a hyperlink that connected the user to the article related to the strategy

improving nurse retention. The attendees were provided with the spreadsheet for future use at the end of the discussion. A nurse manager survey was created to assess knowledge and learning post education.

The education was provided at the organization's nursing leadership meeting that included the organization's nurse managers, nurse leaders, and the CNO. Nurse managers were educated on the history and current state of retention, the role of the nurse leader in nurse retention, barriers impacting nurse retention, relevance to nursing practice, utilizing the SCARF model, and interventions impacting nurse retention. The SCARF model five domains are status, certainty, autonomy, relatedness, and fairness. These five human experiences appear to trigger the reward or threat centers in the brain. (Tillott, Walsh & Moxham, 2013).

- Status – importance to others

- Certainty – predict the future

- Autonomy – control

- Relatedness – safety with others – friend versus foe mentality

- Fairness – perception of the exchange with others (Rock & Cox, 2012)

A total of 27 individuals attended the education session. After the education was provided, an open dialogue question and answer session was held. The survey was distributed for anonymous completion and turned in at the end of the leadership meeting. Attendees were provided with an electronic version of the spreadsheet via e-mail. An example of the discussion questions asked was how to individualize based on each individual unit. The answer was to allow the knowledge of your unit culture and the

results of your employee opinion survey to guide the focus. I reviewed how to use the spreadsheet using the above example.

Knowles's theory provides insight on the motivation of adults to make change based on experiences. This knowledge of experience supports the idea of nurse managers making change in the culture of nurse retention on his or her unit; the manager uses the experiences of the role, interactions of the staff, and results of the employee opinion survey to implement change. The question and answer session at the end of the education presentation further supports Knowles's theory. The nurse managers were interested and wanted to make changes on their unit with the new knowledge of creating a culture of nurse retention. The questions supported their want for new knowledge and their ability to build on the knowledge through prior experiences. Although this was a unit-based project, improving nurse retention and autonomy of nurse managers can benefit the organization system wide

The project has provided potential to positively impact social change within the organization. The education provided to nurse managers to create a culture of nurse retention on their respective units allows for potential impacts on nurse turnover, retention, and vacancy rates. Retention rates are positively impacted by using evidence-based strategies to address nurse retention on nursing units. Providing the nurse managers with the education, as well as the spreadsheet with links to the evidence-based strategy article links, allowed for continued growth and focus on strategies to improve unit nurse retention.

Recommendations

In providing education to the nurse managers on creating a culture of nurse retention on their units, there are several recommendations moving forward. The first recommendation is to provide annual education to the nurse managers regarding EBPs to maintain a culture of nurse retention on their units. Additional informal, unit-based staff should be educated on creating a culture of nurse retention on their units to support the nurse manager in his or her objectives to improve nurse retention.

Education may be provided to other health care leadership disciplines to support best practice retention strategies. The disciplines include physical therapy, occupational therapy, speech therapy, social work, and case management. The identified best practice strategies for nurse managers can be applied to all of the health care disciplines.

EBPs to improve nurse retention should be updated based on new research and EBP findings. Annual literature reviews should be completed to ensure updated strategies are identified. Strategies should be included in the spreadsheet with hyperlinked articles for further review by the nurse manager.

Nurse managers should use employee satisfaction surveys to address areas for improvement related to nurse retention and make changes using identified EBP strategies shared in the provided education. This should be completed with each annual or biannual survey. Nurse managers should adjust and implement new best practices based on staff feedback. The potential impact of educating nurse managers on creating a culture of nurse retention on their units should be tracked through the employee opinion survey.

The potential for positive influences of the project may be proven through improvement in retention scores, nursing turnover, and vacancy rates.

Strengths and Limitations of the Project

Strengths of the project included the extensive list of evidence-based strategies to create a culture of nurse retention on nursing units identified in the literature review. The literature provided a wealth of information and implementation guidance on the outcomes of best practice strategies for nurse managers and leaders to use. The support of the nursing leadership team was invaluable as their willingness to learn new strategies made the education and post conversation interactive and nonpunitive.

The limitations identified were the lack of complete attendance of all nurse managers at the nursing leadership meeting and time limitations. Due to the organization's Epic program development and vacations, all members of the nursing leadership were not present at the organization. The allotted time for the presentation limited the question and answer session at the conclusion of the presentation.

Recommendations for future projects addressing nurse retention using similar methods include tracking the strategies used to improve nurse retention and tracking data to assess for impacts of the provided education. Future researchers should focus on tracking the implementation of each strategy implemented on the nursing units to assess for the expected outcomes. Tracking each strategy implemented also allows for a greater focus on the most successful strategies based on the individuals working and the unit make up. It is also recommended to track for the effectiveness of the nurse manager education on future employee or nursing satisfaction surveys. This would support the

education effectiveness as well as the implementation of the evidence-based strategies to improve nurse retention. In section 5, a review of the dissemination plans, an analysis of self in the role of a DNP prepared nurse, and a final summarization of the project will be reviewed.

Section 5: Dissemination Plan

The focus of this DNP project was to provide education for nurse managers to create a culture of nurse retention in acute care units. The next steps are an essential part of the role of a DNP-prepared nurse to disseminate best-practice information to the nursing profession. This section includes a review of the dissemination plans, an analysis of self in the role of a DNP prepared nurse, and a final summarization of the project.

Dissemination Plan

The implementation of the project at the institution was the first step in project dissemination. As shown throughout this project, nurse retention is a responsibility of the nurse manager; educating nurse managers on acute care units is not just applicable to this institution. Nationally, the current turnover rate is 16.8%, and vacancy rate is 18.2% (NSI, 2017). Due to the national turnover and vacancy rate, there is a need for further project dissemination to a broader spectrum of the nursing community.

Plans for project dissemination include abstract development, publication, and presentation at local and national conferences. Abstract development will occur prior to completion of the project. Publication will occur upon the completion of the project. Dissemination to local and national conferences includes abstract submission with acceptance, poster presentations, and potential podium presentations. Additional dissemination plans include reaching out to local hospitals to share the information and nurse manager education.

In disseminating the information, it is imperative to identify key audiences who may benefit from project information. Key audiences include all nurse leaders within the

practicum institution, nurse leaders of local and national institutions, and non-nursing health care professionals. Non-nursing health care professionals include physical therapy, occupational therapy, speech and language therapy, and certified nursing assistants.

Analysis of Self

Throughout the evolution of this project, I have gained a wealth of knowledge, insight, and experience. As I begin to come full circle in my DNP degree, I focus on self-analyzation of the connections of this project and future goals, both short and long term. This step will allow for the realization of my DNP achievement and plans for future goals.

I start by reflecting on a statement in one of the course required readings in which the writer describes the role of the DNP as acknowledging and seeking understanding of values, beliefs, and ideas in daily nursing practice (Zacagnini & White, 2011). Throughout the development of this project, I focused on that statement and allowed it to drive project development and my growth. Educating nurse managers on creating a culture of nurse retention on their units was my way of providing an understanding to the needs related to retention and provide value to the necessity of retention education.

The completion of this DNP project provided me with the completion of my current goal: the DNP degree. The achievement of this goal also provided me with subsequent short-term goals including dissemination of the education to the broader nursing profession and presentations on a national level. The primary long-term goal is

to use my degree to further my knowledge and experiences within the nursing professional ladder.

With the completion of the project, I realized a gain in knowledge and highlighted insights, challenges, and solutions to challenges faced throughout the journey. The journey to the completion of the project provided me with knowledge on the process of EBP, working with professional nurses in leadership positions and collaboration with key stakeholders. Insights gained included the complexity of a literature review, the resourcefulness of mentors, and the importance of maintaining a timeline. I cannot say I faced many challenges, but the biggest challenged I faced on this scholarly journey was ensuring my main focus of the project was clear. I believe the solution was defining what the end goal was – to educate nurse managers on creating a culture of nurse retention.

<div align="center">**Summary**</div>

Nurse manager education is necessary in creating a culture of nurse retention. In this section, I presented a review of the dissemination plans, an analysis-of-self in the role of a DNP-prepared nurse, and a final summarization of the project.

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Appendix A: PowerPoint Presentation

Literature Review

- CINAHL, Medline, PubMed, JBI, Cochrane, ProQuest, Scholar Google
- Search terms – nurse, retention, best practice, workplace culture, satisfaction, leadership, workplace stress, acute care, nurse manager, turnover, vacancy, burnout

- 113 articles – 25 applicable
- Date range 2010-2017
- SCARF model
- 4 common themes

Article Level	Number of Articles	Rating Score
Level I articles	1	A
Level II articles	1	B
Level III articles	17	B
Level IV articles	3	C
Level V articles	3	B

SCARF Framework

- Status, Certainty, Autonomy, Relatedness, Fairness
- Designed by David Rock
- Governs a threat or reward response
- Provides a level to which people engage through a positive pathway
- Aligns with themes influencing workplace culture and nurse engagement

SCARF - Status

- Relative importance to others
- Recognition of tasks/work well done
- Small compliments
- Sharing roles/tasks

SCARF - Certainty

- Transparency
- Setting goals
- Enhance focus on achieving expectations
- Generates a sense of reward

SCARF - Autonomy

- Sense of control
- Inclusion in decision-making
- Shared governance – allowing staff to improve practice
- Discuss concerns and ideas together

SCARF - Relatedness

- Sense of safety with others
- Trust
- Gossiping not tolerated
- Manager role modeling behaviors

SCARF - Fairness

- **Perceptions** of fair exchanges between staff
- All staff are treated equally
- Solutions are discussed as a group
- Encouraging openness and transparency

Thematic Influences on Nurse Retention

- Professional Development
- Communication and Relationships
- Culture and Work Environment
- Organizational Structures and Support

Professional Development | Communication & Relationships
Improved Nurse Retention
Culture & Work Environment | Organizational Structures

Professional Development

- Lifelong learning
- Involvement in unit/organizational structures
- Coaching/mentoring
- Empowering
- Opportunities for advancement
- Professional society memberships
- Certification
- Degree advancement

Communication and Relationships

- Open dialogues with staff
- Social support
- Facilitation of co-worker relationships
- Staff recognition
  - Formal
  - Informal
- Interdisciplinary communication

Culture and Work Environment

- Autonomy
- Safety
- Teamwork
- Leadership rounding/visibility
- Diversity
- Safety
- Non-punitive approach to errors

Organizational Structures and Support

- Clarify roles
- Clear, concise purpose
- Shared governance
- Staffing/Scheduling
- Hiring for fit
- Formal recognition committees
- Nurse residency programs
- Clinical advancement programs

Infusing Interventions

- Literature supports the use of a multi-modal approach
  - Utilize interventions from each focused area (Tillot, Walsh, & Moxham, 2013)
- Initial evaluation of current retention practices
- Staff feedback on potential initiatives
- Identify key interventions based on feedback and evaluation

Toolkit for Nurse Leaders

- Group discussion on current practices
- Intervention resources
  - Linked to actual articles
  - Based on thematic influences
  - Individualize based on unit needs

Questions ??

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Appendix B

Presentation Evaluation Form

Presenter Name: <u>Stacey Trotman</u>   Date: _____

Instructions: Please rate your knowledge on nurse retention initiatives and interventions by circling one of the choices for each section. Knowledge of nurse retention initiatives range between excellent, good, or poor.	Evaluation
Presentation:	
1. Presentation flowed logically and was clear.	Excellent Good Poor
2. Presenter was knowledgeable about subject matter.	Excellent Good Poor
3. Presenter was able to respond to questions with confidence and knowledge.	Excellent Good Poor
Objective: By the end of the presentation the audience will:	
4. Have a better understanding of best practices of creating a culture of nurse retention	Excellent Good Poor
5. Be able to utilize interventions to impact nurse retention on his/her unit.	Excellent Good Poor
6. Be able to integrate a multi-modal approach to nurse retention interventions.	Excellent Good Poor
7. Be able to utilize the interventions toolkit to apply best practice nurse retention interventions based on unit needs.	Excellent Good Poor