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Recruiting Strategies for a Nonprofit Health Care Facility

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Walden University

College of Management and Technology

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Jairo George Borja

has been found to be complete and satisfactory in all respects,
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Walden University
2019

Abstract

Recruiting Strategies for a Nonprofit Health Care Facility

by

Jairo George Borja

MBA, Long Island University, 2007

BBA, Berkeley College, 2003

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

March 2019

Abstract

Although predictions for the supply of registered nurses (RNs) is projected to increase to 3,849,000 by 2025, the demand for RNs is projected to grow to 3,509,000. The purpose of this single case study was to explore the strategies some recruiters in a nonprofit health care facility used to recruit RNs. The conceptual lens used for this study was general systems theory. Through a purposeful sample of 3 recruiters at a nonprofit health care facility located in New York, data collection occurred through semistructured interviews, reviewing job boards and the company website, and taking field notes the day of the interviews. Data analysis involved a process of organizing, coding, arranging data into common themes relevant to the research question, and interpreting the data. Member checking was used to enhance the credibility and validity of the data. Through thematic analysis, 4 themes emerged: partnering with colleges, strategies in recruiting RNs, partnering with professional organizations to recruit RNs, and updating the website. Using multiple job boards to promote available RN positions was also identified as a strategy to recruit RNs. Identifying strategies to recruit RNs may assist human resource leaders in a challenging business environment in which the supply of qualified RNs is low. The study findings have implications for positive social change for recruiters in a nonprofit health care facility and in the community. Recruiters in a nonprofit health care facility that recruit qualified RNs may assist with improving the nonprofit mission, identifying sickness or disease, and assisting with proper treatment for patients.

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Dedication

I am thankful to my family, and friends who have supported me throughout the years. I am also thankful to my classmates and faculty at Walden University who pushed me not to give up on this journey to complete my DBA. Lastly, I wanted to dedicate this doctoral study to my grandmother Nidia and father Jairo Sr who although not here with us today, will always be with me in spirit.

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Section 1: Foundation of the Study

Recruiters for a nonprofit health care facility in New York, NY have challenges in recruiting registered nurses. The focus of my doctoral study was to understand strategies recruiters use to hire registered nurses (RN). Factors that make it challenging to recruit RNs include the need for advanced degrees, aging academic faculty, and financial restrictions transitioning from nursing to administrative roles.

Background of the Problem

The staff at an office of human resources in New York, NY, have difficulty recruiting RNs for the organization's nonprofit health centers. RNs are primarily responsible for providing direct patient care by following regulations and requirements of applicable regulatory agencies (Beale, 2016). RNs in a health center take patient vital signs, motivate and counsel patients in proper medical practices, coordinate the delivery of managed care services, and review and evaluate quality and level of services. Each day, medical human resource staffers, place advertisements on LinkedIn and Indeed and work with colleges and universities to recruit RNs. Staffers hire RNs with or without healthcare experience. The human resources office does not receive sufficient applications on a regular basis to fill all of the vacant nurse positions.

Data from the Bureau of Labor Statistics (BLS; 2018) indicated that the healthcare industry is projected to grow to 18% from 2016 to 2026 in the United States. Demand for registered nurses is expected to grow by 15% from 2016 to 2026 in the United States. According to a study by the U.S. BLS, the number of RNs licenses issued in the state of New York rose from 15,892 in 2016 to 17,215 in 2017. Despite the

increase, it is still a challenge for human resources staffers to recruit qualified RNs in a nonprofit health care facility in New York, NY.

Problem Statement

Human resources staffers in New York, NY, are not successful in recruiting enough RNs for their nonprofit organization's health centers (Snaveley, 2016). The average cost of recruiting for a bedside RN varies from \$37,700-58,400, resulting in losses of \$5.2-8.1 million for the average hospital in the United States (Sarver, Cichra, & Kline, 2015). The general business problem is that recruiters are unable to recruit enough qualified registered nurses in New York, NY. The specific business problem is that some human resources staffers lack strategies to fill RN positions.

Purpose Statement

The purpose of this qualitative, single case study was to explore the strategies human resources staffers use to fill RN positions. Data collected from a target population of six human resource recruiters handling staffing for a nonprofit health care facility located in New York, NY. The sample size was three recruiters. The sample size was appropriate for my study because three recruiters were sufficient to obtain feedback for most or all perceptions within the organization, as suggested by Yin (2014). The results may contribute to positive social change by helping recruiters identify better strategies to use in staffing RN positions throughout New York, NY. The findings could foster better understanding, acceptance, and appreciation of RNs in the workforce, and in turn, improve community relationships (Yu & Kang, 2016)

Nature of the Study

The qualitative research method selected over the other methods. Elo et al. (2014) used one of three approaches (qualitative, quantitative, or mixed methods) in conducting their investigations. Qualitative researchers research phenomena while attempting to make sense of, or interpret phenomena, regarding the meanings people bring to define phenomena (Tomkins & Eatough, 2013). Quantitative researchers seek to determine the relationship between research variables (Elo et al., 2014). The information I explored in the study did not require the comparison of numbers or an examination of the relationships between research variables; a quantitative method was not appropriate for this study. Shapiro, Punwani, and Urman (2013) identified the mixed method research as a design incorporating philosophical assumptions as a method of inquiry. A mixed method approach involves using both qualitative and quantitative data. Because I was not seeking to draw comparisons or gather frequency counts, the mixed method design was not appropriate for this study. The qualitative approach was the proper method for my research study because the purpose of my doctoral study was to explore strategies that recruiters can use to hire qualified RN positions in a nonprofit health care facility.

Researchers can use ethnographic, phenomenological, and case study qualitative designs. The ethnographic design is defined as understanding a company's culture (Elo et al., 2014). The ethnographic design was not selected because the doctoral study focuses on understanding human resources staffers' strategies to recruit RNs. The phenomenological design can assist researchers in understanding the lived experiences of individuals in an organization (Tomkins & Eatough, 2013). The phenomenological

design allows a researcher to understand how participants interpret lived experiences. I did not want to understand how participants interpret lived experiences; the phenomenological design was not appropriate for this doctoral study. A single case study design was the most appropriate design for this study. A qualitative case study design is an in-depth strategy in which researchers explore a particular and complex phenomenon within the real-world context (Yin, 2013). A case study is an analysis of people, events, and relationship confined by an affiliated cause (Merriam, 2014). Yin (2014) explained that the case study design allows the researcher to ask how and why of questions of the participants. Baskarada (2014) reported that case study research involves an intensive study of a single unit or case. Research findings help a researcher understand a larger class of similar groups. A single case study was appropriate for my research.

Research Question

The research question that I explored was: What strategies do some human resources staffers use to fill RN positions?

Interview Questions

1. What challenges do you experience when filling RNs positions with the nonprofit healthcare facility?
2. What is the most effective strategy you use in recruiting RNs?
3. What barriers did you encounter in recruiting qualified RNs?
4. What professional organizations and colleges have you collaborated with in the past to recruit qualified RNs, if any?

5. What are the techniques or processes you have used that shorten the time to fill an RN position?
6. What additional information, if any, would you like me to consider?

Conceptual Framework

General systems theory is a comprehensive system when all parts viewed as a whole system (von Bertalanffy, 1968). von Bertalanffy (1968) found that the closed system that was used 50 years ago using the principles of (a) biology, (b) behavioral, and (c) social sciences as a model or a pattern of physics was no longer sufficient to study biological systems as a whole. von Bertalanffy suggested, demonstrated, and generalized the concept of the open system, which permits a continuous flow of information between a system and its environment; hence von Bertalanffy's creation of the general systems theory.

von Bertalanffy introduced system theory in the 1930s describing the functions contributing to working efficiency within a whole system (von Bertalanffy, 1972). Systems theory involves understanding all of the parts combined rather than understanding the individual components. Systems theory is applicable in this study because it is important to understand how recruiting qualified RNs influences the quality, environment, and culture in a nonprofit health care facility. Systems theory relates to recruiting because recruiting one qualified or unqualified RN impacts patient outcomes and the profit for the nonprofit health care facility (Balakrishnan et al., 2015; Young & Leveson, 2014).

Operational Definitions

Hispanic or Latino: A Hispanic or a Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race (U.S. Census Bureau, 2016).

Hard skills and soft skills: Hard skills are skills learned from material taught; soft skills are communication skills, both verbal and nonverbal. Both types of skills influence someone obtaining a position (Jain, Anjuman, & Afreed, 2013).

The length of stay: Length of residence is the amount of time from a patient's admission to a hospital until release (Miller, 2015).

Odds ratio: An odds ratio is the probability of mortality for a patient readmitted into the hospital (Keita, Diaz, Miller, Olenick, & Simon 2015).

Patient outcome: A patient outcome is a result following a disease or process that includes treatment, wellness, support, or medication (Dis, 2015).

Recruiter: A recruiter finds and hires the best-qualified candidate (within or outside of an organization) for a job opening, in a timely and cost-effective manner (Metzner & Pierce, 2013).

Registered nurses (RN): RNs provide and coordinate patient care, educate patients and the public about various health conditions, and provide advice and emotional support to patients and their family members (BLS, 2014).

Selection process: The selection process is techniques used by the organization to hire the best and most qualified (specialized) job candidate (Gheorghe, 2013).

Assumptions, Limitations, and Delimitations

During a study's development, recognizing restrictions and boundaries result in creating limitations (Leedy & Ormrod, 2013). My responsibility as a researcher is providing information regarding the purpose, control, and location used to validate the constraints of the study. In the following sections, I explain the assumptions, limitations, and delimitations.

Assumptions

Assumptions are facts assumed right, but not verified by research (Orfield, 2013). In the single case study design, assumptions about the participants and the context of the phenomenon affect the ability to apply knowledge gained from the current study to the field (Marshall & Rossman, 2015). Assumptions about participants are valuable in a single case study because assumptions allow researchers to understand possible solutions to various scenarios in the field. Two of the assumptions of this study is that the participants will have knowledge of and experience in the recruiting field and will show a willingness to respond honestly to the interview questions.

Limitations

Limitations are weaknesses or trade-offs of the study that stem from the conceptual framework or study design (Marshall & Rossman, 2015). Constraints in the study are sample and size. Three human resources staffers are participating in my doctoral study to provide necessary insights into recruiters hiring RNs in New York, NY. One limitation of the study will be the sample size. I interviewed RN recruiters, not other types of recruiters because other industry recruiters were not relevant to my doctoral

study. Another limitation is that the participants in this doctoral study were from New York City and not New York State. The results of this study depend on the accuracy of the participants who remember their experiences (Marshall & Rossman, 2015).

Delimitations

Delimitations are the boundaries established for the study (Yin, 2014). This single case study was delimited only to recruiters recruiting for RNs positions in New York, NY. The scope of this study was recruiters who hire RNs. Recruiters for RNs employed in the recruitment field for less than 1 year not considered. Another delimitation was only nonprofit healthcare facilities located in New York, NY, which used categories such as location and years of experience for recruiting RN roles not considered. In this research, I will focus on interviewing recruiters with greater than 1-year experience in hiring RNs.

Significance of the Study

This doctoral study may contribute to business practices and social change in the nonprofit healthcare facility. The following paragraphs include information on the contributions to business and implications for social change and how this doctoral study may affect communities, organizations, or culture in regard to business practice and social change.

Contribution to Business Practice

The results of the study may help human resources offices in a nonprofit healthcare facility identify how best to recruit registered nurses, in formal recruitment, informal recruitment, and selection. The results from this study may assist in determining effective recruitment strategies for registered nurses that include collaborating with

nursing institutions, collaborating with colleges, and collaborating with universities. Delivery of domestic training for RNs, tuition benefits as a recruitment and retention initiatives, support for recruitment and retention of RNs, the improvement on remuneration and advertisement for RNs, and RN working environments may contribute to improved business practices.

Implications for Social Change

The implications for positive social change include the potential to provide new knowledge from the study regarding strategies to recruit qualified RNs. A positive social change may take place when RN turnover decreases in the nonprofit healthcare facility involved in this doctoral study. The results of this doctoral study may provide key strategies needed to recruit qualified RNs in New York, NY. Other recruiters in the healthcare industry who are new to recruiting RNs may benefit from this doctoral study because the strategies provided may assist new recruiters in successful hiring of RNs in their healthcare facilities (Dyess et al., 2016).

A Review of the Professional and Academic Literature

The purpose of this literature review was to provide published research and documentation on trends in nursing turnover, health care jobs, nursing graduates, and promoting nursing roles. Information and data were obtained by exploring various nursing qualifications, and the need for further study. Recruiters have challenges recruiting qualified RNs in New York, NY (Grady, 2014). For decades, it has been challenging to recruit qualified RNs (Whitehead et al., 2013).

In my literature review, I provided information that has already discovered in previous research. The research question, problem, and purpose statements allow me to identify the topic and theme for the literature review. The research question for this doctoral study is: What strategies do recruiters use to fill RN positions? The average nurse turnover cost is \$37,700 to \$58,400; costing hospital administrators \$5.2 million to \$8.1 million dollars (Sarver et al., 2015). The literature review includes a discussion of nursing turnover, training, mentoring new RNs, target and promotion opportunities for new RNs, the recruitment and selection process of RNs, communication among nurses, filling health care jobs, need for targeting and promoting bilingual RN positions and emerging trends for Hispanic RNs in the workforce.

Through the literature review, themes emerged that are bounded by transformational or transactional leadership theory along with general systems theory. Analyzing similarities between a leader's work context for RNs and nursing turnover initiatives will determine recruiter activities. The literature review concludes with a section on the emerging Hispanic population in the United States and the need for Hispanic RNs. Statistics and articles used will allow the emergence of themes from the literature review for leaders' decision for a better understanding of the RN situation and the need to recruit qualified RNs to improve nursing turnover (Dolan et al., 2015). Researchers can organize a literature review either thematically or chronologically (Fink, 2014).

In this section, I have used the thematic method in organizing the literature review and synthesizing the research. The search for articles included the use of the Walden

Library and Google Scholar. The primary databases searched included health sciences and nursing, management, and business. Selections of specific databases comprised of the larger ones using keyword searches and included SAGE Publications, MEDLINE, and EBSCOhost with full text. Keywords, which produced relevant results when researching scholarly documents, were *communication, morale, retention, graduation, nursing turnover, and Hispanics*, or a combination of these keywords. My search resulted in 125 peer-reviewed references used, with 107 (85%) published within the past 5 years.

The literature review for this doctoral study I explored theories from past researchers' explorations of nursing turnover. Peer-reviewed articles, publications, books, dissertations, and other references contributed to the body of knowledge for the study. Table 1 contains a list of references, and of the 90 publications in the study, 107 of the sources have publication dates between 2013 and 2018. The purpose of this qualitative, single case study is to explore the strategies human resources staffers use to recruit registered nurses.

Table 1

Reference Matrix

Publications	Published within 5 years of expected graduation date	Older than 5 years	Percentage of overall sources
Books	0	0	0%
Dissertations	0	0	0%
Peer-reviewed articles	107	8	85
Other References		10	7%
Total	107	18	
Percentage of Total	85%	15%	

Conceptual Framework

Beardwell and Holden (1997) theorized a systematic approach to recruitment and selection. The process includes defining the vacancy, attracting applicants, evaluating candidates, and making the final hiring decision. Internal factors that influence recruitment are organizational culture, ownership, size, and structure of organizations, change in leadership, technological advances, and financial constraints (Beardwell & Holden, 1997). External factors that affect recruitment are government policy and legislation, national approach to education, and training. National culture, external job markets, mergers and acquisitions, recession restrictions, and growth and flexibility in work schedule are also external factors (NSI Nursing Solutions, 2016). The Beardwell and Holden approach does not appear to resolve how to recruit qualified RNs in New York, NY.

Recruiters should analyze the system as a whole to understand recruiting qualified RNs. von Bertalanffy (1968) proposed a general systems theory that allows any complex system studied according to its environment. von Bertalanffy found that a closed system that used 50 years ago was no longer sufficient to study the biological systems as a whole. von Bertalanffy suggested for an open system concept that allows for a continuous flow of energy information between the natural system and its environment to and allows for awareness of the organization. Open systems also include complex relations of the elements. The system is the sum of items whose relations are isolated and known (von Bertalanffy, 1968). von Bertalanffy defined wholeness as more than the sum of all parts. Interactions are also common in biological, psychological and sociological system changes with demands of the environment or organization. von Bertalanffy stated feedback is output or input of information to stabilize direction action.

von Bertalanffy (1968) conceptualized the general systems theory as an abstract model with the understanding that each system is complex, has several parts, and each part associated with some quantities about the quantities of other parts. With von Bertalanffy's general systems theory, many researchers conducted independent studies arriving at similar conclusions. General systems theory as the conceptual lens enabled registered nurse recruitment communication between the human resource office and other nonprofit healthcare facilities. Recruiters understood the system or organization and can recruit qualified RNs that fit their organization.

Recruiters must understand labor demand and promote opportunities to qualified candidates when available. Donovan (1968) explained effective recruitment for hard to

fill professional jobs includes knowledge of present and future labor needs, labor demand and supply factors, job and promotional opportunities. Jobs that are available when candidates are available, jobs offered quickly, and cooperation between human resource department offices and department staffs that is at its best.

Challenges exist in filling roles as recruiters. Donovan (1968) explained in hard to fill positions; these challenging roles are inappropriate to mix professional, technical, and clerical duties. Entry-level classes in smaller jurisdictions are avoidable while separate classifications should be encouraged in larger provinces. Hiring rate should be close to high minimum and should increase on an individual basis to match a new employee's qualifications. Donovan explained the selection process is quick if completed correctly. When recruiting candidates, consideration for an applicant's convenience and interest in employment is a challenge recruiter face when trying to fill roles at organizations.

Recruitment and the hiring selection process should have one objective. The selection process should not change despite the competition of candidates for one position. Recruiters should administer an oral interview if a scarcity of applicants exists. These collection modifications will allow recruiters to examine applications and interview qualified candidates simultaneously. Modifying the recruitment process can assist in recruiting for registered nurses. However, changing the hiring process is not the only strategy in recruiting for registered nurses.

A systematic approach to recruitment, selection, and strategic issues involved in recruiting can help address the difficulty of recruiting registered nurses for a human resources office for a nonprofit health care facility in New York, NY. The systematic

approach can provide the basis for recruiting registered nurses for the nonprofit healthcare facility, but cannot enable study conducted with other nonprofit healthcare facilities in New York, NY. von Bertalanffy's general systems theory provides an avenue to explore the difficulty of recruiting registered nurses for a human resources office for a nonprofit healthcare facility in New York, NY about other nonprofit health care facilities.

Nursing Turnover

Nursing turnover, recruitment, and selection process are discussed in this section. Nurse turnover is a major concern that can have a significant impact on the financial performance of health care systems (Li & Jones, 2013). The national average RN turnover rate is approximately 28%. Health care organizational leaders must spend money to advertise, recruit, and train new nursing employees (Mi & Kyung Ja, 2016). An estimated cost of new RN turnover is \$856 million for organizations and between \$1.4 Billion to \$2.1 Billion for Society (Li & Jones, 2013). Comparing statements made by Li, Jones, Mi and Kyung Ja, all authors have concerns about the financial ramifications of an RN resigning from their job. Nursing turnover is a major concern for leaders in health care.

Recruiters have implemented programs to retain RNs. Past efforts to prevent nursing turnover include a mentoring program, orientation, environmental factors, work stress, and interpersonal relationships (Mi & Kyung Ja, 2016). RNs' job satisfaction patterns and variables differ by how they acclimated to the job. The RNs with mentors that they can rely on for answering their questions have a higher job satisfaction rate (Li & Jones, 2013). The work environment itself can affect turnover. RN job satisfaction and

their surroundings contribute to nursing turnover (Mi & Kyung Ja, 2016). Standards for a great work environment include skilled communication, collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership (Galletta et al., 2013). Job satisfaction, lack of mentoring programs, environment, stress, and relationships with colleagues contribute to nursing turnover. Researchers suggested support for mentoring and professional development programs for RNs to continue their education.

Professional development opportunities, salary, and benefits are factors in decreasing nursing turnover. Support for recruitment and retention of RNs include offering educational and professional development opportunities in continuing education (Mi & Kyung Ja, 2016). Tuition benefits are the most frequent incentive and also the most effective incentive for recruiting RNs as it relates to positive RN management relationships (Li & Jones, 2013). Positive RN management relationships include quality patient care, valuing RN personal and family lives, salary, benefits, and job security to increase job satisfaction (Richards, 2016). Raising entry-level wages, enhancing tuition policies, and strengthening relationships with local schools which will lead to an externship program. Raising salaries will also help hire new nurses by giving those with seven or more years a sabbatical. This way the younger RNs can obtain experience while the more experienced RN has time off to improve their skills (Li & Jones, 2013).

Tuition policies or benefits attract young RNs (Richards, 2016). This policy would help with local recruiting efforts. National recruitment, retention metrics, campaign initiatives for nursing future, and the latest technology as an assessment tool

can also lead to increased retention (Kramer et al., 2013). Li and Jones (2013) discussed improvement in remuneration and explained that advertisements could lead to attracting and retaining nurses. Leaders should invest in their RN staff. Investing in their RN staff includes tuition reimbursement, competitive benefits, and succession plans. Results also include stronger relationships with external partners and advertising available RN roles.

Advertising is a factor in recruiting RNs. Improvement of remuneration and advertisement are short-term strategies to recruit RNs as they promote the image of RNs (Galletta et al., 2013). The nursing workforce should not be limited to the local market. RNs should view nursing as a positive profession. The media should portray a positive image of an RN as medical practitioners (Richards, 2016). Researchers suggested not limiting advertising to local markets in recruiting for RNs. Current RNs should not discourage siblings, family members, or friends to pursue a career in nursing.

Advertisements in local labor markets, RNs encouraging siblings, family members, or friends to pursue a career as an RN, an improvement on remuneration, training and support, and health insurance are all short-term recruiting and retention strategies that nurse leaders should know about (Mi & Kyung Ja, 2016). Tuition benefits, health insurance, retirement, and childcare support are also short-term recruiting and retention strategies that nurse leader should know as well (Galletta et al., 2013).

Training and Mentoring for new RNs

A lack of research exists in training and mentoring new RNs. There is a lack of research culture in nursing, and lack of skills is the primary barrier to evidence-based practice (Reviriengo et al., 2014). The Ministry of Health of the Government of the

Basque County has considered developing an online course which strengthens the relationship between research and clinical practice a priority. RNs experience difficulty integrating professional values with organizational requirements (Gazaway, Schmuacher, & Anderson, 2016). RNs find the transition period from graduation to their first clinical employment challenging (Salvucci & Lawless, 2016). Fifty nurses participated in a study by the Ministry of Health of the Government of the Basque County; the nurses improved their scores during their training once there was an educational intervention (Reviriengo et al., 2014). Seven out of 10 were satisfied with the course and the nurses that participated in the study acknowledged greater readiness and skills for self-learning. Adding strength to research and clinical practice in the training of new RNs. Mistreatment of new RNs by their supervisors leads to lack of motivation and impacts the quality of care of patients.

Supervisors in healthcare facilities should understand the importance of mentoring new RNs with online training courses. In addition to online training courses, mismanagement of RNs' early professional experience leads to lack of motivation, low productivity, and a decrease in quality patient care (Gazaway et al., 2016). Executives should understand that socialization and mentoring are part of a new RNs' experience transitioning into a new practice (Green & Jackson, 2014).

Positive mentoring has retained experienced RNs as well (Gazaway et al., 2016). Data from exit interviews or surveys revealed that RNs exit their initial program within one year of starting a new job due to inadequate mentoring past orientation (Gazaway et al., 2016). Nurse managers recognized this difficult transition and offered various

education options such as clinical or classroom learning time. A skilled nurse preceptor as a role model during orientation for new RNs is an option for assisting in the transition to new RNs (Green & Jackson, 2014). These tactics support the RN from novice to becoming a competent nurse.

Leaders or department supervisors should determine the best orientation program for new RNs. A full range of orientation programs exists across the United States because there is a lack of research evidence to determine best practice for training new RNs (Gazaway et al., 2016; Green et al., 2014). Assessing the RN training process at orientation is difficult if there is not a standard way to evaluate the process (Reviriengo et al., 2014). The variability of orientation program may contribute to the level of stress for new RNs.

Small health care organizations orientations for RNs is different from orientations for RNs from a hospital. RNs transitioning into clinical employment in rural and small health care organizations experience different elements with their orientation programs (Beale, 2016). Hospital administrators should have an education program in place to improve the transition to new RN from classroom to first clinical employment (Beale, 2016). Adequate orientations are expensive to operate, and the rural and small healthcare organizations cannot afford them (Gazaway et al., 2016). RNs resign from these rural and small health care organizations because of low job satisfaction, high amount of stress, high job demands, and little transition support (Green & Jackson, 2014). Small health care organizations do not have support similar to a hospital, which is the reason RNs

resign from their positions. Leaders or supervisors for RNs from small health care organizations should improve job satisfaction, mentoring, and training for RNs.

Mentoring RNs is a factor in the transition of RNs from classroom to clinic. Mentoring entails two types of functions, career and psychosocial (Gazaway et al., 2016). Job functions include coaching, protection, challenging assignments, exposure, visibility, and sponsorship (Beale, 2016). Psychosocial functions include serving as a role model, friend, and counselor with positive regard (Gazaway et al., 2016). Both psychosocial and job functions are factors in mentoring new RNs. Mentor and mentee relationships assist RNs making the transition and contribute to the goals of the healthcare facility.

Mentors can offer advice during difficult times and encourage mentees to get additional training when needed. The mentor primarily listens, counsel, affirms and guides the new RN in his or her career (Beale, 2016). An effective mentor improves job satisfaction, career development, and leadership skills of their mentees (Gazaway et al., 2016). A trained RN may improve patient satisfaction in healthcare facilities.

Evidence-based clinical practices implied that decisions made because of the latest scientific research. In their practice, health care professionals should consider patient satisfaction, personal, clinical experience, and the availability of resources (Reviriengo et al., 2014). RNs know the evidence-based clinical practices with experience; as mentors, they serve as role models to the mentees. Mentoring is important in the development of novice RNs as they enter the nursing workforce (Gazaway et al., 2016). RN mentors should mentor RN mentees to improve performance and contribute

their services to the health care facility. The performance of new RNs can improve patient satisfaction and clinical experience of patients.

An effective mentor can assist new RNs to prepare for various scenarios; scenarios that have already been experienced by the mentor RN. He or she can share that experience with new RNs so when the situation arises; new RNs know how to overcome various challenges (Mi & Kyung Ja, 2016). Despite these benefits, new RNs do not always have these opportunities (Beale, 2016). Health care organizational leaders should have a sustainable mentoring program in place for RNs.

A sustainable mentoring program that benefits both the health care organization mission or goals and new RNs can help provide proper support. Nurse managers with specific criteria and evaluating criteria should establish formal mentor relationships to develop a relationship with new RNs. Personalities or experienced RNs also play a role in collaborating with new RNs.

Sometimes informal mentoring relationships also occur in the workplace. The nurse manager determines if informal or formal mentoring is best for the health care organization (Beale, 2016; Gazaway et al., 2016; Green et al., 2014). An effective mentor can assist new RNs with challenges they may face. Health care facility leaders should have mentoring programs in place to assist in the transition of new RNs.

Targeting and Promotion

A critical aspect of RN recruiting is how recruiters target and promote to apply to RN positions. By targeting potential applicants, recruiters focus on the disproportional effect of others (Haenlein & Libai, 2013). Fulgoni and Lella (2014) described how firms

should focus on individuals with high lifetime value and expected career longevity or appeal to revenue leaders. Haenlein and Libai (2013) also revealed that a consumer's network is similar to that of the individual. Although a person's social media profile is not a complete representation of himself or herself, researching his or her use of social media may provide more options to find possible candidates (Fulgoni & Lella, 2014). Recruiters find it challenging to recruit qualified RNs. Researchers suggested using social media to find candidates for RN roles.

Job qualifications and demographics have changed for RNs over the past 20 years. Leaders or supervisors of health care facilities should anticipate hiring more RNs as baby boomers approach retirement. By 2050, Hispanics will become the majority in the United States (Pellerano, 2014). Dolan, Young, Anne, Cesario, and Symes (2015) advised collaboration between recruiting firms and social media websites frequently used by Hispanics who influence others in making health care decisions. These partnerships would increase the amount of qualified Hispanic RNs in health care. Information from the U. S. Census (2016) revealed the Hispanic population would continue to grow; by 2050, 30% of the U.S. population will be Hispanic. Data from the BLS (2018) mentioned that African Americans represent 12.3% of RNs in the workforce, Asians represent 8.7%, and Hispanics represent 6.9%. Partnerships with external organizations are important for recruiting a diverse nursing workforce. Recruiters should be mindful of what the applicant post on their social media websites.

Using social media or collaborating with organizations can increase the number of applicants for RNs. Pellerano (2014) revealed that social media websites contain

information individuals share with others of similar preferences and interest. A correlation exists between a candidate's health care decision and the social media websites where they participate (Haenlein & Libai, 2013).

Another strategy is recruiting firms collaborating with organizations such as LinkedIn or indeed, that can assist them in recruiting more influential Hispanics as RNs (Dolan et al., 2015). Haenlein and Libai (2013) revealed that stressing candidates' connectivity and networking skills is necessary for a future career in health care. Researchers suggested using social media and websites such as LinkedIn to target diverse applicants.

The population of senior citizens is also increasing in the United States. As seniors grow to approximately 20% of the population, they will face a health care workforce that is too small and unprepared to meet their needs (Dolan et al., 2015). Approximately 76 million baby boomers were born between 1945 and 1964 (Tacchino, 2013). Dolan et al. (2015) also mentioned that in the United States, two-thirds of the elderly live with others in a household with about one-seventh living with their children. Elderly Hispanic patients living with their families have better resources when family members communicate in Spanish; however, almost three out of 10 live by themselves, and the remainder live in group quarters such as nursing homes where there may not be Spanish speaking RNs.

Despite the rapid growth of the workforce in non-institutional health care settings, the labor force in institutional care has remained relatively stable in the long term (Dolan et al., 2015). Researchers suggested that administrators anticipate hiring more qualified

RNs in the next few years. It will also be a good idea to hire RNs that speak Spanish. Recruiters must provide incentives for RNs to apply for positions within their organization.

Marketing concepts can increase applications for RN roles in a health care facility. The use of promotion programs and incentives for applicants has become a crucial strategic element for recruiters and thus has received a considerable amount of academic attention (Kim, 2013). Recruiters can provide incentives to candidates to increase qualified Hispanic applicants for RN employment (Metzner & Pierce, 2013). Using marketing concepts can help healthcare units promote a diverse nursing workforce.

The need for greater diversity in the nursing workforce will require an ongoing effort to target, develop, recruit Hispanics, retain them, and successfully graduate in registered nursing programs to enter the workforce as RNs (Keita et al., 2015). The nursing shortage is expected to reach 260,000 by 2025 (Keita et al., 2015). Recruitment activities involve either external candidates from outside organizations or internal with current employees (Dis, 2015). Recruitment of Hispanic RNs can then compete with the increasing population of Hispanics and with the overall increase in population in the United States (Koutrelakos, 2013). Hispanics feel more comfortable communicating with nurses who speak Spanish (Evans, 2013). Researchers suggested providing Hispanics with incentives to apply for RN roles. Recruiters' initiatives include external candidates or internal candidates. Hiring a diverse RN workforce can compete with the shifts in demographics in the United States.

In communities where English is not the first language, cultural competency for RNs' communication skills with the population they serve is a dominant factor in employment as an RN. In 2008, most working RNs spoke only English fluently. Just 5.1% of RNs spoke Spanish, 3.6 % spoke Tagalog or another Filipino language, 1.1% French, and less than 1% another language (National Sample Survey of Registered Nurses, 2008). Language barriers can influence the patient outcome in a health care facility.

In the end, after accounting for socioeconomic variables and comorbidities, non-English speaking Hispanic and Chinese patients have a higher risk of readmission (Dis, 2015). Researchers suggested hiring diverse RN staff to assist the current demographic shift in the United States. Not having qualified RNs on staff may lead to patient dissatisfaction or readmission to a health care facility.

Hispanic patients have a greater risk for readmission is pertinent to study because Spanish was one of the least frequently spoken languages among patients; however, Hispanics have a higher risk of hospital readmission (Dyess et al., 2015). Recruiters must recruit several RNs to minimize the possibility of readmission for Hispanic or Chinese patients. Correct diagnosis of patients, improved patient outcomes will occur, and profits will grow (Koutrelakos, 2013). The need for diversity in the nursing workforce will require an ongoing effort to recruit, retain, and successfully graduate nurses from diverse ethnic groups (Evans, 2013).

Hispanics feel a comfort level with others who speak Spanish and understand their culture (Melillo et al., 2013). Melillo et al. (2013) also commented that targeting

Hispanic nurses who currently hold an associate's degree may use nursing bridge programs to move from RNs to BSNs. Recruiters should use multiple strategies to recruit more Hispanics as RNs (Salvucci & Lawless, 2016). Leaders or supervisors of health care facilities should understand that having a diverse RN workforce can correctly diagnose a patient, improve patient outcome and can charge the patient correctly improving profit of health care facility. Researchers understand the need for diversity in the workforce. In addition, recruiters should target candidates who currently have an associate's degree to entice them to nurse bridge programs RN to BSN.

Recruiters must prepare to hire diverse RN workforce as demographics in the United States changes in the next few years. Having a shortage of Hispanic nurses means also having a nursing workforce not ready to provide culturally competent care to the growing Hispanic population (Gaya & Smith, 2016). Koutrelakos (2013) stated that Hispanics currently represent 17% of the United States population; this will more than double by 2043, making up 31%, or nearly one in three residents in the United States. Egues (2013) commented that understanding the medical needs of Hispanics in their community is instrumental in the evolving health care landscape. Researchers suggested that recruiters target Hispanics to fill RN roles in their health care facilities. Recruiters should make a priority to recruit a diverse RN workforce to serve the Hispanic population, as the demographics in the United States will continue to change over the next few years.

Recruiters should connect with members of Hispanic communities to increase Hispanic applicants for RN positions. Targeting the recruiting of more Hispanics into

healthcare will result in more Hispanic doctors and other health professionals who can readily address tension points with the Hispanic community (Ghaddar et al., 2013). Villaruel et al. (2015) showed that recruiters could target more Hispanic recruits for RN positions by targeting influential members of the Hispanic community. Researchers suggested that recruiters target Hispanics by connecting with influential members of the Hispanic community. Examples are elected officials, members of faith-based organizations or professional organizations. Finding innovative ways to attract and promote individuals to apply to RN positions will increase the number of Hispanic applicants.

Recruitment or Selection Process

Recruitment or selection of nurses is part of the recruiting process. Organizational recruitment plays a key role in the development of human capital and strategic human resources management (Evans, 2013). Mi and Kyung Ja (2016) defined how recruitment practices and activities are carried out by an organization for the primary purpose of identifying, attracting, and influencing the job choices of qualified candidates. Recruitment activities involve either external candidates from external agencies or current employees, which is internal recruitment (Evans, 2013). Recruitment practices impact human resources management goals. Recruitment activities involve recruiting internal and external candidates.

Education and experience are factors in hiring RNs. Internal or external candidates can apply for RN roles. Fair employment policies constrain employee selection; specifically, applicants' professional experience can be a substitute for formal

education (Fabel & Pascalau, 2013). However, reflecting organization-specific job requirements, fair employment policies apply to individuals outside the organization. People working for the organization itself need specific experience when considered for positions in the workforce. The applicants should not have the education, presenting a barrier to entry into new organizations.

According to Pyne and Means (2013), Hispanic Bachelor of Arts receipt rates trailed those of Whites by 6% in 1970, but the gap widened to 17% over the next 30 years. Thus, in the midst of an exciting expansion in American higher education, Hispanics have fallen behind in their attainment of a college degree. Pynes et al. (2013) mentioned the growing Hispanic-White College gap challenges classic sociological predictions that between-group inequalities will tend to decline as society-wide educational opportunities increase. Many Hispanics do not have the educational requirements of other ethnicities (Pyne et al., 2013). Melillo, Dowling, Abdallah, Findeisen, and Knight (2013) suggested collaborating with colleges to target Hispanics who do graduate from college. Collaborating with college and universities can increase applications for RN roles. Education and experience are determining factors in hiring qualified RNs. With the demand for RNs increasing, recruiters should anticipate demand for more RNs by continuing to collaborate with colleges and universities.

An aging population will demand more qualified RNs. BLS (2018) mentioned employment for RNs is expected to grow by 15% from 2016 to 2026. The needs of an aging population and overall expansion of health care and social assistance industries are causing the increase in demand (Pyne et al., 2013). Nursing educators need to recruit

more Hispanic students to mentor them so they can achieve academic and career success (Phillip & Malone, 2014). Recruiters should collaborate with college and universities to meet with demand for RNs. Diverse nurse workforce first begins with a diverse nursing faculty.

Diverse nursing faculty should assist with recruiting Hispanics to pursue a career as an RN. Salvucci and Lawless (2016) mentioned to create a diverse nursing workforce; universities must begin with a diverse nursing faculty. Nursing faculty with an intimate understanding of Hispanic culture will help ensure cultural sensitivity among students, thereby providing high-quality care resulting in decreased disparities. Phillip and Malone (2014) noted that a university that fosters and develops diversity in its faculty would attract, recruit, and support prospective minority student enrollment. The shortage of nursing faculty is widespread and contains a lack of minority in faculty roles.

Connecting with professional nursing organizations is vital for recruitment of RNs.

Collaborating with nurses' institutions and hospitals is critical in recruiting RNs. The transition from student to registered nurses is challenging for decades (Phillips, 2014). Strategies are in place to assist with the development. However, new RNs continue to struggle (Whitehead et al., 2013). Connecting with the healthcare team new RNs will be working with is important because of how he or she will collaborate with the rest of the group (Yonge et al., 2013). How new RNs settle and integrate into a team can influence positively or negatively (Phillips, 2014). Collaborating with professional organizations to recruit for RN positions is also another strategy. Healthcare organizations can recruit RNs by participating in on-site recruiting events or career fairs

strategically timed for recruitment purposes. Tuition benefits are an incentive in recruiting RNs to work in a health care facility.

Professional development, which includes tuition benefits for RNs to pursue their education, is an incentive for recruiters to recruit for RNs. Tuition benefits are the most frequent and efficient incentive for recruiting and retaining RNs creating positive RN management relationships with nurse managers (Sarver, Cichra, & Kline, 2015). Tuition benefits for new RNs motivate them because of an increase in salary, promotion, quality patient care, and job security. Partnerships with universities to further their education at a discount are another tuition benefit for new RNs (Sarver et al., 2015). RNs continuing their education can be challenging. However, healthcare institutions can provide support by having information at hand. Communication with staff is important to continue to recruit and retain RNs (Blegen, Goode, Park, Vaughn, & Spetz, 2013). Promoting tuition benefits to new RNs is an incentive to apply for RN roles. Tuition benefits may improve the positive relationship between nurse managers and RNs. The positive relationship will improve job satisfaction, quality of patient care, and may assist with a nursing turnover.

Several reasons exist for a lack of Hispanic applicants for RN roles.

Dolan et al. (2015) mentioned that some of the reasons for not recruiting Hispanics as nurses are the lack of cultural and ethnic knowledge of caregivers, lack of insurance, and lack of transportation are reasons for racial disparities. Sarver et al. (2015) recommended that health care facilities should increase the number of Spanish-speaking nurses, so communication barriers decrease and patients are aided. Dolan et al. suggested that quality and communication between mentor and mentee are important in the professional

development of RNs. Recruiting Hispanics RNs will enable health care facilities to care for Spanish-speaking patients. Communication between patient and RN is important to improve patient satisfaction and improve patient outcome. RNs are liaisons between patients and units in the health care facility.

Nurses are a liaison between units and departments, as well as upper management. Finding and retaining nurses is important, not only for the cost of training but also for staff retention and unit consistency (James et al., 2013). Nurse turnover significantly affects a hospital's effectiveness and ability to provide quality care (Sangster-Gormley, Martin-Misener, & Burge, 2013). Mentorship between nurse manager and RNs is critical to improving nursing turnover and recruiting qualified RNs.

RNs communication with nurse managers is important to patient satisfaction and patient outcome. Current nurses who demonstrate qualities such as caring, support, and motivation, positively affect morale in their departments by creating relationships (Dolan et al., 2015). Nurses assess the effectiveness of his or her nurse manager by the nurse manager's ability to communicate and mentor (Hayutin, Beals, & Borges, 2013). Ineffective, absent, and incompetent nurse managers cannot communicate effectively and motivate staff (Hayutin et al., 2013). Researchers suggested the importance of communication between RN and nurse manager. Hispanic RNs is important to communicate with Spanish speaking patients to improve patient satisfaction and outcome.

Caring for Spanish speaking patients begins with Hispanic RNs.

Hispanics RNs are mindful of their role of being a liaison between unit departments, upper management, and skills needed to succeed (Nardi & Gyurko, 2013). Hispanic RNs and providers are aware of the widespread use of folklore remedies embedded in the Latin culture (Dolan et al., 2015). Hispanics feel a comfort level with others who speak Spanish and understand their culture. Salvucci and Lawless (2016) showed that by recruiting Hispanic nurses, they could compete with the increasing population of Hispanics in the United States (Koutrelakos, 2013). Nardi and Gyurko (2013) mentioned that nursing curricula in colleges or universities must include courses on diverse health care beliefs, practices, value system, and needs of the Hispanic culture. Researchers suggested that recruiters strategize for hiring Hispanic RNs to assist Spanish-speaking patients in improving patient satisfaction and outcome.

Targeting Hispanic nurses currently holding an associate's degree for registered nurse-to-bachelor of science in nursing bridge programs is a useful technique in recruitment (Evans, 2013). The goal of recruitment is for these nurses to become active in administration and earn graduate degrees. Graduate-prepared nurses will be instrumental in attracting other Hispanics to the profession. If prospective Hispanics see the success of other Hispanics, it may entice them to enroll in nursing programs. Hispanics may participate in activities that lessen the health care disparities through the development of health care policy (Phillip et al., 2014). Researchers suggested for recruiters to use nurse bridge programs to establish a relationship with college and universities.

Several factors contribute to applicants applying to RN roles. In recruiting RNs, the reputation of a facility, customer service, salary, the status of the union, and the level

of autonomy provided to health care workers represent critical factors (American Association of College Nurses, 2013). Factors influencing retention include practice independence, inclusion in decision-making, management's respect for workers, workload, and shifts worked (Association of American Medical Colleges & Institute of Medicine, 2013). Data from the BLS (2018) showed the average benefits package costs an employer 30% of the annual payroll costs. The approximate median pay for an RN in 2016 was \$68,450 per year or \$32.91 per hour (BLS, 2018). Salaries paid, customer service, and reputation of facilities are the determining factors in recruiting RNs. Training new and existing RNs is challenging for leaders or nurse managers in a health care facility.

Training new and existing nurses are not a priority for all leaders and nurse managers. Recruiting and training experienced nurses represents a significant financial expense for hospitals (James et al., 2013). Some hospital leaders do not believe nurses are a vital part of patient care; instead, nurses are an expense to the budget (Koutrelakos, 2013). Hospital leaders in the United States are hiring nurses who are not a good fit in the hospital (James et al., 2013). Several health care facility leaders do not prioritize the training of RNs. Benefits packages are incentives in hiring RNs as well.

Benefit packages are relevant to recruit Hispanic RNs. Benefit packages consist of vacations, sick, and personal days off and cost the hospital approximately \$20,000 per year for each graduate nurse (Pittman et al., 2013). The interview process includes interviews or paperwork (\$450), drug testing, criminal background tests (\$300) and physical assessment, and lab work (\$1,000). Then while employed, 1-week and 1-month

mandatory review (\$5,000), and for nursing educators' salary and benefits: \$13,500 for RNs. Nurse leaders in hospitals are choosing to hire only baccalaureate-prepared nurses (Pittman et al., 2013). Standards have increased on the educational requirement for a variety of reasons. Efforts continue to address the nursing shortage (Keita et al., 2015). Nurse leaders in hospitals must focus on preparing more baccalaureate-prepared nurses to ensure access to high quality and safe patient care. Recruiters must make benefit packages competitive if recruiters want to hire qualified RNs. Annual compensation is another factor in recruiting an RN.

Compensation is a factor that recruiters should keep in mind when recruiting for RNs. Annual compensation can determine how to recruit a candidate (Keita et al., 2015). The selection and hiring process at a hospital, for example, on Long Island begins with an interview, first with the nurse recruiter, followed by a group interview with four nurse educators and two nurse managers. Administrators in other hospitals in Long Island require drug testing and a criminal background check. Some candidates for employment do not make it past this stage. Requirements for employment are \$1,750 (Pittman et al., 2013). Richards (2016) recommended that because more hospital leaders are only hiring baccalaureate-prepared nurses, the market for RNs positions more competitive. Recruiters should use a combination of strategies to recruit qualified RNs. Better communication between human resource managers and recruiters in offering a competitive salary for RNs is needed.

Communication Between Nurses and Patients

Hospital leaders are more sophisticated in technology; patients are living longer with chronic illnesses, and insurance companies are decreasing hospital lengths of stay. Communication is important for nurses, patients, and insurance companies (Shapiro, Punwani, & Urman, 2013). Effective communication promotes patient safety in hospitals (Ya-Hsuan, Suh-Ing, Li-Ling, & Za Zhi, 2014). Teaching communication skills involves holistic evaluating (Shapiro et al., 2013). No communication or conflict can lead to nurses disliking or resigning from their position (Ya-Hsuan et al., 2014). Nurses inform other nurses of the status of patients during a shift change in the hospital. Poor communication during this process, including poor listening skills or miscommunication, jeopardizes patient care (Yu & Kang, 2016). Being a registered nurse in health care requires receiving accurate information, which is imperative to prevent poor patient care (Shapiro et al., 2013). Communication among nurses is important with patient satisfaction and patient outcomes. Communication is also important for nurses and upper managers to ensure the proper care of patients.

Effective communication diminishes medical errors to a patient in health care facilities. Hospital leaders encourage effective communication among health care providers to decrease medical errors and improve processes for hospital staff (Kitson, Athlin, Elliot, & Cant, 2014). Medical errors can lead to health care facilities having litigation challenges can influence net income or profit (Kitson et al., 2014). Nevertheless, preventable medical errors such as misdiagnosing a patient's condition are because of a lack of communication (Koutrelakos, 2013). Researchers agreed that

effective communication diminishes medical errors, which allow for patient satisfaction, patient outcome, and accurately charge the patient for the correct diagnosis or procedure.

Communication is important for Hispanic RNs to assist Hispanic patients. Time and motion studies in a hospital setting indicated that caregivers spend time collecting and giving information (Koutrelakos, 2013). Ya-Hsuan et al. (2014) reported effective communication reduces stress and workload. Reducing stress and workload if not addressed, can influence a patient outcome, which can affect profits (Ya-Hsuan et al., 2014). Listening and interpreting the information given is a priority (Kitson et al., 2014).

The phenomenon of communication and stress results show that nurses need to understand all the information about patients and processes to treat correctly. Information given by the nurses to other nurses or hospital administration must be precise. Morales (2014) showed Hispanic RNs could maintain the increasing population of Hispanics in the United States. Effective communication may reduce workforce stress and workload. Having qualified RNs to communicate with Spanish speaking patients may increase patient satisfaction and outcome. Hispanic patients are comfortable with Hispanic RNs.

Recruiters should anticipate hiring qualified RNs to compete with increasing Hispanics in the United States over the next eight years. Koutrelakos (2013) indicated that Hispanics feel more comfortable communicating with nurses who speak Spanish. Hispanic patients will be able to contact Hispanic nurses. This hiring practice will lead to the correct diagnosis and treatment (Koutrelakos, 2013). By 2025, half of the U.S. workers will be of Hispanic descent (Dolan et al., 2015). Race or ethnicity affects communication because if nurses cannot communicate effectively with patients, nurses

will not be able to identify the patient's condition (Egues, 2013). Lastly, recruiters ought to promote nursing programs to Hispanics (Phillip & Malone, 2014).

Timely communication and patient satisfaction correctly help doctors diagnose a patient for disease. A correlation exists between patient satisfaction and timely communication (Pittman, Herrera, Horton, Thompson, & Ware, 2013). Appropriate distribution of test and procedure results prevents patients and family from preventable worry and concern. Timely results advance patient discharge. Cugin, Ng, and Lee (2016) mentioned that nurses reported feeling a lack of support and recognition from managers' impacts patient satisfaction and timely communication with patients. Appropriate communication between RNs and patient's family prevents worry or concern. Proper communication between RNs and health care facility staff will correctly diagnose for condition or disease.

Miscommunication may lead to a patients' conditions worsening if the patient cannot communicate with the RNs. Having a shortage of Hispanic nurses means also having a nursing workforce not immediately ready to provide culturally competent care to the growing Hispanic population (Salvucci et al., 2016). Lack of care can lead to dissatisfaction or conditions of patients can worsen if patients cannot communicate with RNs. Effective communication is imperative in-patient satisfaction (Cugin et al., 2016). Miscommunication may lead to patient's condition worsening if patients cannot communicate with RNs. As Hispanics increase in the United States, recruiters must have qualified RNs in place to assist Hispanics.

Communication breakdown exists between nurses or between hospital administrations in the transition of shifts. As low service increases, employee turnover increases. Egues (2013) commented that patients have RNs across multiple provider shifts, requiring several nurses and hospital administration teams working with one many patient transitions between groups. Each change provides an opportunity for errors. A breakdown of communication can be the result of not being prepared, and an RN not properly answering a question (Ya-Hsuan et al., 2014).

Pyne and Means (2013) stated that nursing shortages lead to increased mortality and failure-to-rescue episodes. Communication is essential for the individual as well as the organization's success (Kirsebom, Wadensten, & Hedstrom, 2013). Gogin et al. (2016) indicated the importance of open communication between the two parties. Nurses currently find it difficult to communicate with patients (Kirsebom et al., 2013). Other nurses can learn to speak Spanish to accommodate the Hispanic population; however, that takes time and resources (Phillips, 2014).

Failure to communicate leads to errors, and eventually legal repercussions. In 2010, the Joint Commission National Patient Safety reported 82% of sentinel or unexpected events causing death, physical or psychological injury resulting from poor communication (Pyne & Means, 2013) Nursing shortages have led to patient conditions worsening at times. Recruiters should emphasize when recruiting RNs that communication even among RNs is important for the care of the patient. Shifts change in health care facilities, and it is important for RNs to communicate patient status during the transition of RNs.

Inadequate training is a reason for lack of communication. Nursing students indicated they do not receive adequate communication training in college, and educators should include communication and other interpersonal skills in the nursing curriculum (Pyne & Means, 2013). Egues (2013) commented that to have a diverse nursing staff, it begins with a university's diverse nursing faculty. If Hispanics see other Hispanics as RNs, then the RNs can serve as mentors for Hispanics to succeed in college and become RNs in the future (Keita et al., 2015). Training must exist to improve communication from patient to RN, RN to RN during the transition of shifts and RN to upper management. Recruiters should understand communication as one of the key qualities in recruiting for qualified RNs.

Filling Health Care Jobs

Recruiters find it challenging to fill health care jobs. Despite more college graduates in the United States, health care providers find it challenging to fill positions (Burgess, 2013). Positions took longer to fill even though primary care physicians are among the top five requested medical professions (Pyne et al., 2013). Challenges in staffing RNs include rising economic costs, higher registered nurse vacancy rates, and declining staff morale. Hispanics are increasing in population but do not pursue careers in health care. Recruiters have challenges in filling roles in health care including RNs.

The Hispanic demographic is not majoring in health care or nursing which makes recruiting for health care or nursing positions challenging for recruiters. Koutrelakos (2013) stated by 2043, Hispanics will make up 31%, or nearly one in three residents in the United States. Dolan (2015) mentioned that as the workforce grows more diverse with

Hispanics, the United States would need a workforce reflecting the United States racial and ethnic diversity to close the gap (Egues, 2013). Hispanics do not major in health or nursing, based on the projected population increase in the United States (Tovar, 2015). Data about students' background is significant because the challenges that Hispanics have in enrolling and completing their college degrees influence recruiting of qualified Hispanic RNs (Marquand, 2013). College and university leaders should promote nursing programs to the Hispanic population (Villarruel, Washington, Lecher, & Carver, 2015). Recruiters should partner with colleges and universities to target Hispanics in health care. Recruiters should have the diverse staff to handle an increased population of Hispanics in the United States.

The success of students depends on the relationships between recruiters and colleges. The educational success of these citizens will determine the strength of the United States workforce and economy (Knouse, 2013). Nunez, Hoover, Pickett, Carruthers, and Vasquez (2013) reported that while Hispanics constitute a significant portion of the U. S. population, they continue to face barriers in pursuing postsecondary education. In the United States, Hispanics earned 12.4% of the total number of associate degrees conferred in 2011, 8.1% of the bachelor's degrees, 6% of the master's degrees, and 3.8% of the doctoral degrees (U.S. Department of Education, 2015). Hispanics are earning college degrees lower than other ethnicities with their representation in the general U. S. population (U.S. Department of Education, 2015). Bachelor's degree graduation rates are significant because recruiting for nurses' takes place overseas in countries such as the Philippines, India, Korea, and China (Tan & Alpert, 2013). Many

Hispanic students are first-generation college students and come from academically underprivileged backgrounds (Moceri, 2014). The lack of diversity in the nursing workforce results in discrepancies in healthcare delivery (Healey, 2013). Recruiters have challenges in recruiting for qualified RNs when many of the qualified candidates come from outside of the United States. Recruiters should collaborate with colleges and universities to recruit for qualified RNs in the United States.

Recruiters have challenges with aging RN staff. One future challenge will be the shortage of skilled staff (Martinez et al., 2015). There is currently a nursing shortage, and there are predictions of a continuing shortage of nurses in the United States (Dolan et al., 2015). The expected shortage of RNs in the United States will increase as Baby Boomers age, and their need for health care grows (Villaruel et al., 2015). The average RN was 44.5 years old in 2012. Nurses in their 50s will become the largest sector of the nursing workforce, making up almost one-quarter of the RN population in the United States by 2020 (Dolan et al., 2015). Many of these nurses will be retiring simultaneously as patients that are more senior will require care. Recruiters have challenges in trying to replace aging RNs in the workforce. Recruiters should collaborate with professional organizations and colleges or universities to anticipate the aging RNs retirement.

The nursing workforce is aging. In Finland, for example, the average age of nurses was between 25 and 35 years of age. An increase of workers in the social and health care sector has risen significantly during the past decade (Cogin, Ng, & Lee, 2016). Cogin et al. (2016) also mentioned that nursing must monitor aging nurses and their well-being at work. It is hard to recruit new nurses into the health care sector;

therefore, a demand promotes nurses' welfare, and they are staying on at work to ensure the functionality of the health care system and high-quality nursing.

Recruiters have challenges in finding qualified physicians. Older patients have increased demand for primary care doctors, while an aging physician population diminishes the supply of physicians (Bohmer & Imison, 2013). The situation, enhanced by a growing emphasis on primary care services, is making primary care physician jobs harder to fill (Villaruel et al., 2015). Bohmer and Imison (2013) indicated that because of the declining economy, many physicians who planned to retire did not. Doctors practice long past the age when people in other professions retire (Homan, 2016).

Homan (2016) mentioned that older physicians tend to work fewer hours than younger doctors have and are less amenable to moving. Physicians change positions at an average of four times in their career. However, at 55 years of age or older, they do not run as much (Bohmer & Imison 2013). Recruiters should partner with medical schools to hire physicians. With the seldom change of employment for physicians, recruiters should strengthen relationships with professional organizations and medical schools to have constant candidates applying to physician roles with the health care facility.

In more than 100 hospitals, 67% of the organizational leaders experienced challenges attracting experienced IT employees in health care, and 38% reported retention issues (Towers Watson survey, 2013). There is even more of a challenge in recruiting Epic-certified professionals, where nearly 73% of respondents reported having difficulty hiring the Epic-certified professionals. Epic certification is the software that assists the patient using the approach called the one patient, one approach method. It

includes patient information, medical records, billing, schedule appointments, and view tests results (Hay Group, 2011). These specialized skills are essential to meet new electronic medical record requirements under health care reform. The Tower Watson survey (2013) referenced an example of the challenges of filling a position with specific qualifications and needs. Recruiters have challenges in recruiting qualified health care provider with proper skills and qualifications for their health care facility. Human resources department has challenges in recruiting and retaining qualified staff.

Recruiting for full-time roles is different than recruiting on a contractual or per diem basis. According to the Hay Group (2013), 47% of healthcare organizations are having problems recruiting and retaining clinical informatics positions. Filling roles with individuals that handle electronic health records took an average of 44 months for organizations to fill positions for departments that handle electronic medical records (Hay Group, 2013). Furthermore, 82% of the respondents reported that these positions are for full-time employees, and not retaining specialists on a contractual or consulting basis. Nevertheless, many say these jobs originated with interim agreements (Hay Group, 2013). Homan (2016) explained the difficulties in recruiting for RNs, physicians, IT employees, and clinical informatics positions. Human resources departments and recruiters have challenges in retaining qualified staff. Many of the roles filled by recruiters are on a per diem basis, which is challenging when wanting to hire full time, the candidate has found employment elsewhere with another employer.

The Need for More Hispanic Bilingual Health Care Providers

The need for more Hispanics in health care is especially critical. Between 2000 and 2010, the Hispanic population grew by 43%, or four times the nation's 9.7% growth rate. 56.6 million Hispanics are living in the United States today (U.S Census, 2016). Hispanics are also the largest minority group in the United States, and the numbers continue to rise faster than any other group (De Jesus et al., 2014). According to the American Medical Association Physician Masterfile (AMAPM; 2013), less than 5% of physicians actively employed in the United States are of Hispanic descent. Hispanics are continuing to increase in population. Hispanics however, underrepresented as physicians in health care.

Recruiting more Hispanics into the health care industry will result in more Hispanic doctors and other health care professionals who can readily address the tension points with the community. Recruiting diverse talent can help non-Hispanics within the industry reach out to and treat their Hispanic patients more efficiently (Dolan et al., 2015). Tension points include lack of targeted information for Hispanics and not enough outreach from the medical to the Hispanic community. Low vaccination rates contributing to preventable diseases in Hispanics are tension points. Hispanics have a higher risk of preventable disease, injury, and death (De Jesus et al., 2014). Keita et al. (2015) mentioned that this fact alone places a great urgency to discuss health care and prevention issues with the Hispanic community.

Hispanics receive minimal information specifically targeting their health care needs and concerns. The lack of information for Hispanics interprets into a false opinion

within the community that they do not need health care. De Jesus et al. (2014) suggested that Hispanics lack information to prevent disease injury or death. Hispanic health care workers can educate other Hispanics to prevent disease, injury, or death. Hispanic patients are comfortable with Hispanic RNs.

The importance of the relationship between RNs and patients increase patient satisfaction. A health care provider who speaks the same language as the patient adds significant benefits to patient care (Staggers & Blaz, 2013). According to the Association of American Medical Colleges (AAMC) and the Institute of Medicine (IOM; 2013), the language concordance between patients and providers results in greater patient understanding which leads to increased satisfaction, better medication adherence and greater understanding of diagnoses and treatment. Patients' well-being and better functioning for persons with chronic disease, and more health education will improve communication between patients and providers. Grady (2014) mentioned the problem is not all health care providers are bilingual. Those who can speak another language are valuable, whereby they can be more exclusive or take more high-paying jobs. Some health care providers are not bilingual; therefore, the patient may have trouble communicating cannot communicate effectively. As a result, challenges exist with patient treatments, diagnoses, instructions on treatment and follow up instructions.

There is a sign of an increase in the population of Hispanics in several states. Recruiters can use the increase of population information to recruit for qualified RNs. For example, 56.6 million Hispanics live in the United States, and the number will triple by the year 2050 (US Census, 2016). The Hispanic population will constitute a quarter of the

total U.S. population (Marquand, 2013). Today, Hispanics account for 42% of the people in New Mexico, approximately one-third of the population in California and Texas, and one-fourth of the people in Arizona. However, only 2% of the nation's RNs are Hispanic, and the percentage of Hispanic nurses educated at the baccalaureate level or higher is even lower. Marquand (2013) suggested the Hispanic population increases; there is a low percentage of Hispanic RNs in the United States. With the increase in the Hispanic population, recruiters have challenges to fill RN roles. Fewer mentors exist for Hispanics to pursue a career in nursing.

Currently, a shortage of Hispanic RNs exists to deal with the health care issues facing this growing population, language barriers, and lack of cultural understanding created by the void lead to substandard health care for the entire community. Fewer Hispanic mentors in higher education and nursing leadership positions can mentor other Hispanics (Grady, 2014). Attracting and retaining nursing students from racial and ethnic minority groups is challenging without faculty role models (AACN, 2016). Few Hispanic mentors in higher education make it challenging for recruiters to recruit for RN roles. With the Hispanic population increase in the United States, recruiters should hire qualified RNs to assist Hispanics in healthcare facilities.

The Emerging Hispanic Population in the United States Workforce and Need for Registered Nurses

Data from the U. S. Census (2016) showed that over the past decade, the Hispanic population had increased from 35.3 million in 2000 to 56.6 million in 2016. Specifically, the number of older Hispanics will increase from just fewer than 1.8 million in 2000 to

more than 8.6 million by 2030 (De Jesus et al., 2014). As the elderly Hispanic population grows, the need for long-term care and general health care is likely to increase.

Recruiters should increase the number of Hispanic nurses recruited, and it is important to maintain the current Hispanic nurses. Increasing Hispanic RNs recruited may diminish the misdiagnosis of disease (Villaruel et al., 2015). Spanish-speaking nurses will be able to communicate with Spanish-speaking patients and be able to diagnose them correctly for proper treatment. In the area of retention, nursing has been under scrutiny because of nurse retention (Dolan et al., 2015). Improving nurse retention, can lead to improvements in the nursing shortage and patient outcomes. Supervisor support is imperative for new and existing nurses (Keita et al., 2015). Nurses can approach supervisors for mentoring and for support. Improving RN retention in health care facilities may lead to improvements in patient satisfaction and outcome. Proper communication with Hispanic patients and RNs may lead to a correct diagnosis of disease or procedure.

A direct relationship exists between the frequency of experiencing bias and perceived levels of support and intention to leave the workplace. The more Hispanic nurses experience low levels of support from management or experience bias, the more likely they are to leave their place of work (Egues, 2013). Hispanic nurses who have a high degree of support and do not experience bias are less likely to leave their workplace. To recruit and retain qualified RNs, creating an environment where there is active support for all aspects of the organization is necessary (Richard, 2016). Recruiters should

understand Hispanic RNs should feel support from supervisors, colleagues, and members of management to improve nursing turnover for their health care facility.

Nursing is a complicated job as nurses are a liaison between units and departments, as well as upper management. Finding and maintaining the right people is important, not only for the cost of training but also for staff retention and unit consistency (Egues, 2013). Nurse turnover significantly influences a hospital or clinic's effectiveness and ability to provide quality care (Sangster-Gormley, Martin-Misener, & Burge, 2013). Retention of medical staff, in particular in nursing, is necessary for the safety and well-being of patients. Studies reflected nurse-to-patient ratios are important variables to influence patient outcomes (Sangster-Gormley et al., 2013). The current nursing shortage is critical, and retention is important in every hospital (Dolan et al., 2015). Nurse to patient ratios impact patient satisfaction and outcome, Nurse to patient ratio also impacts the quality of care for patients in health care facilities. RN shortages may lead to increased failure-to-rescue rate or mortality rate.

Nursing skills are important in providing patient care quickly but effectively. Nursing shortages lead to increased mortality and failure-to-rescue incidents (James et al. 2013). Hospitals in the United States not only have a moderate number of nurses working, but they also have the least experienced nurses remaining (Pittman et al., 2013). Essential nursing skills are managing critical material and making patient care decisions rapidly (Phillip & Malone, 2014). Inexperienced nurses are not proficient with decision-making skills, which may lead to poor patient outcomes (Pittman et al., 2013). Retention

of health care staff is necessary for the safety and well-being of patients. Mentoring and training of RNs are important for the well-being of patients.

Nursing schools have challenges in recruiting men and minority students. AACN (2016) stated that as the United States government struggles to find solutions to the current nursing shortage. Nursing schools need to attract more men and minority students. Nursing schools enroll more diverse students than medical schools (10.5%) or dental colleges (11%), while the majority of students in today's baccalaureate nursing programs are female (91%) and nonminority backgrounds count for 73.5% AACN, (2016). Today's nursing students do not reflect the population of the United States because women comprise about 51% of the population and minority group representation is rapidly approaching 33% (AACN, 2016). The lack of diversity in nursing schools leads to a lack of diversity in the RN workforce, therefore, diminishing many qualified RNs availability to work (James et al., 2013).

Minority nurses are significant contributors to the provision of health care services in the United States and leaders in the development of models of care that address the unique needs of minority populations (Egues, 2013). The need to attract nontraditional students into nursing and expand the capacity of nursing baccalaureate programs is also gaining in importance. Lack of diversity in nursing schools makes it challenging for recruiters to recruit RNs for their health care facilities.

The Hispanic population is underserved with a low patient to doctor ratio. Hispanics are only 5% of physicians (AMAPM, 2013). Not only are fewer Hispanics pursuing medical careers, but also as a whole, the Hispanic population is underserved.

There are more than 2,000 people per doctor in Hispanic communities. The nursing shortage is especially critical for Hispanics, an impacted group because of the lack of culturally relevant care in almost all avenues of medicine (Bohmer et al., 2013).

Fewer Hispanics are pursuing a career as physicians. There is a lack of Hispanic health care services in communities throughout the United States (AMAPM, 2013). Lack of culturally relevant care makes it difficult for doctors to understand and diagnose Hispanic patients. Recruiters should collaborate with colleges and universities to create programs to entice Hispanic students to pursue a career as an RN.

Ethnic disparities in health care occur largely by differences in English fluency. Racial disparities in health care occur because of delayed care, lack of cultural and ethnic knowledge of caregivers, lack of insurance, and lack of transportation are reasons for racial disparities. De Jesus et al. (2014) recommended health care facilities should increase the number of Spanish-speaking nurses so communication barriers do not exist, and patients are assisted. Education regarding Hispanic cultural practices, values, health practices, beliefs, and the differences regarding family-centered treatment is a necessity for nurses (Ghaddar et al., 2013). Colleges and universities of nursing should require diversity and cultural competence content in their curriculum. Recruiters should collaborate with colleges and universities to implement in curriculum Hispanic cultural practices, values, health best practices and beliefs to train RNs properly.

Colleges and university leaders need to attract minority students. The need to attract diverse nursing students is a correlation between the need to recruit more of a diverse faculty from minority populations (Egues, 2013). Few nurses from ethnic

minorities with advanced nursing degrees pursue college careers. Data from the American Association of College Nursing (AACN; 2016) mentioned the RN workforce is expected to grow from 2.7 million in 2014 to 3.2 million in 2024. This is an expected increase of 439,500 nurses or 16% (AACN, 2016). Colleges and universities should collaborate with health care facilities to customize curriculums to graduate RNs.

Colleges and universities should collaborate with organizations, such as the National Association of Hispanic Nurses (NAHN) who award up to \$40,000 worth of scholarships annually. In addition, the NAHN has a Mentoring Academy. This organization connects nurses with nursing leaders, to mentor nurses to acquire new skills to make them competitive in today's market (Marquand, 2013). Recruiters can collaborate with these colleges and universities once the student graduates to hire as RNs. Qualified Hispanic RNs with the proper skills can assist Hispanic patients.

Hispanic RNs can assist Hispanic patients. Having qualified RNs in the community is invaluable for the evolving health care landscape (Egues, 2013). Hispanic nurses may have particular sensitivities to diseases and lifestyles that are prevalent in the Hispanic community. For example, if a doctor asks a Hispanic patient to change their traditional diet, a Hispanic nurse knows the perception of those instructions. In addition, Hispanic nurses may have particular knowledge of diabetes that is prevalent in their communities and might be more likely to ask the culturally appropriate questions to help patients manage their diabetes (Marquand, 2013). Determining patient treatment is difficult if the nurses do not speak Spanish or do not understand the literal translation of specific meanings of certain words.

Hispanic communities should encourage Hispanics to pursue careers in nursing. As the United States population increases with diversity, Hispanic communities must encourage minority nurses to become leaders in healthcare to keep up with the diverse population (Egues, 2013). RNs can continue to build upon their skills and advance their careers; they will help themselves and their communities (Dolan et al., 2015). Health care for the underserved Hispanic population should ultimately improve if professional associations and colleges help members of the Hispanic nursing community become leaders in health care. Increase in Hispanics in the United States; recruiters should collaborate with colleges and universities to hire RNs to maintain demand.

The population is increasing in the United States but decreasing in RNs who are qualified to assist the United States population (Dolan et al., 2015). Several barriers exist that prevent recruiters from hiring qualified RNs (Grady, 2014). Creating partnerships between employers, colleges, and organizations to assist in improving careers of RNs is necessary. Collaborating with professional organizations to provide incentives such as scholarships to enroll Hispanics in careers as RNs will lead to greater numbers of Hispanics who work in the medical field.

Transition

Section 1 was an overview of the study including the background and purpose of The research. In Sections 2 and 3, I explain how I used a single qualitative case study approach to explore hiring strategies of RNs in a nonprofit healthcare facility in New York, NY. Section 2 includes details of the doctoral study and research including the role of the researcher, the research method, and research design. Section 3 is a presentation of

data collected from recruiters for a nonprofit healthcare facility. Information is compared to the data and the research question, the purpose of the study, and the conceptual framework. Section 3 includes a discussion of the applicability of the results to professional practice, implications for social change, and recommendations for further research.

Section 2: The Project

Section 1 included background and research offering clear evidence regarding recruiting strategies to employ more RNs in a nonprofit healthcare facility. This strategy may lead to an improved patient outcome, job satisfaction, improved nursing turnover, and increased profit. Section 2 includes additional information about the project, including the role of the researcher, participant selection, research method, and design.

Purpose Statement

The purpose of this qualitative, single case study was to explore the strategies human resources staffers use to fill RN positions. Data were collected from a target population of six human resource recruiters handling staffing for a nonprofit health care facility located in New York, NY. The sample size was three recruiters. The sample size is appropriate for my study because three recruiters are enough to obtain feedback for most or all perceptions within the organization, as suggested by Yin (2014). The results might contribute to positive social change by helping recruiters identify better strategies to use in staffing RN positions throughout New York, NY. The findings could foster better understanding, acceptance, and appreciation of RNs in the workforce, and, in turn, improve community relationships (Yu & Kang, 2016).

Role of the Researcher

In qualitative research, the researcher is the primary instrument for data collection (Jiggins & Evans, 2016). As the director of business development for a higher education institution and a collegiate educator, I have experienced instances of workforce shortages. During those instances, job orders or positions remain unfilled, contributing to the crisis

in the health sector. According to Snavely (2016), 1 million nurses will retire in 10 to 15 years and with a shortage of nursing faculty as well; training new RNs for roles in healthcare is difficult. An estimated 30% to 50% of the nursing workforce changes jobs or leaves the profession within the first 3 years of employment (Snavely, 2016).

I analyzed the data provided by participants and conducted face-to-face interviews. Before each interview, I explained to the participants the purpose of the study. Participants read and signed the consent form before the interviews took place, and I collected data from all participants. I selected participants that had an understanding of the research topic and met the participant selection. This process occurred after the approval of Walden University's Institutional Review Board (IRB). I have completed the National Institute of Health web-based training course Protecting Human Research Participants. Approval of the IRB and completion of the National Institute for Health web-based training courses allows the researcher to conduct interviews (Jiggins & Evans, 2016).

My role as the researcher was to conduct interviews and collect data from the participants. I also interpreted and explored data for common themes or patterns (Gaya & Smith, 2016). My relationship with the recruiters participating in the doctoral study was that they provided me with an interview and allowed me to understand the positions within their organizations. My role as a researcher, along with the Belmont Report (1978) relating to ethics, was to set guidelines for participants, review the selection process, and inform participants of the purpose of this study. Although my role is in career services, I mitigated bias by only interviewing participants who do not work for my institution.

Interviewing recruiters employed by nonprofit healthcare facility who recruit in New York, NY provided me an opportunity to observe from an objective standpoint. The rationale for an interview was the participant should have been a recruiter for the nonprofit health care facility for 1 year and recruited for RNs.

Participants

This study involved a purposive sample of three recruiters for RNs in New York, NY. A purposive sample consists of participants who possess the ability to contribute relevant information concerning a phenomenon central to the study (Gaya & Smith, 2016). Purposive sampling is appropriate for qualitative research. For my doctoral study, participants who have recruited RNs for 1 year was the criteria.

In this doctoral study, I used purposeful sampling to select the participants and I used semistructured interviews. Purposeful sampling is a form of nonprobability sampling in which the researcher makes the decisions of which individuals are included in the sample (Lund, Douglas, & Schuele, 2015). Some types of research design necessitate researchers to decide which individual participants would be most likely contribute appropriate data, relevance, and depth (Jiggins & Evans, 2016; Snavey, 2016). I interviewed each participant to see if their lived experiences demonstrate a common theme or pattern as recruiting professionals who hire for RNs. Semistructured interviews allow for the detailed explanation of experiences of participants (Perkins et al., 2014). Numerous factors determine the right amount of participants in a qualitative study (Snavey, 2016). Snavey (2016) believed that many individuals move away from a large

sample size. Gaya and Smith (2016) stated that three participants are a sufficient amount of participants for a single qualitative case study design study.

One of my participant selection criteria was that I only interview recruiters who recruit for RNs who have been hiring RNs for more than 1 year and who are leaders in their field. To make certain of balance in the recruiters selected, I made sure that the three selected participants were recruiters for registered nurses for 1 year or more. The subjects I interviewed represented recruiters in nonprofit health care facilities.

My participants understood that hiring qualified RNs may lead to (a) an improved patient outcome, (b) increased profits, and (c) job satisfaction and an improved nursing turnover rate (Gaya & Smith, 2016; Snaveley, 2016). If the selected participants have common concerns or challenges, then the sample of the population could suffice for this particular doctoral study (Ortman, Velkoff, & Hogan, 2014). I contacted the human resources director at the nonprofit health care facility to interview the three recruiters.

To gain access to the participants, I contacted the nonprofit health care facility and confirmed approval of participation with the human resources office. The selected nonprofit health care facility was located in New York, NY. With permission from the human resources office of the nonprofit health care facility, I asked recruiters to participate in interviews to share their insights on strategies to resolve issues relating to recruiting qualified RNs in nonprofit health care. Gaining permission for an employer of participants for a study is necessary (Snaveley, 2016; Ortman et al., 2014). Participants shared strategies for recruiting qualified RNs, as suggested by Yazan (2015). I received approval to participate through the Human Resources Office of the nonprofit health care

facility. To interview participants, I needed approval from the IRB and the nonprofit healthcare facility.

After I received IRB approval and approval from the nonprofit healthcare facility HR office, I selected three participants. I was in touch with the human resources director in case any of the three recruiters or participants declined to participate in the study. The participants chosen for this study did not work directly for my institution. The information obtained from the participants was unbiased for this doctoral study (Yaza, 2015).

The three interviews were scheduled separately. The participants identified a convenient 60-minute period for each interview. The interviews were recorded with a digital recorder to ensure the accuracy of the interview data (Ortman et al., 2014). Before each interview, I gave a consent form to the participant for approval and signature (Appendix A).

When I met with the participants, I explained how their information would remain safe and confidential for 5 years. Transcripts and audio recordings of the interviews will be sealed in a devoted file cabinet to store the raw data. The transcripts and audio recordings are stored so that only I have access to the data.

Consent to participate in the study was obtained from each participant before conducting each interview. Having the consent forms ready for the participants expedited the process of using the data for this doctoral study. Raw data are important to save from the interviews in several repositories (Snively, 2016). A flash drive, my computer, and cloud management software will store all of the data.

Research Method and Design

For this study, I used a qualitative, single case study design. In the following subsections, I provide a description and justification for selecting this method and design. I provide a rationale for how a qualitative, single case study approach is a logical derivative of the applied business problem and appropriate for studying recruiting practices related to identifying strategies and decision processes for filling RN positions with qualified candidates. Results may have implications for nonprofit health care leaders, profitability, job satisfaction, improved nursing turnover rate, and patient outcomes.

Research Method

A qualitative research method and a single case study design were used for this research study. I used the qualitative research method to explore recruiting strategies for recruiters in a nonprofit health care facility. I used the qualitative research method to gather information and interpretations about personal experiences about an observed phenomenon (Levy, 2015; Marshall & Rossman, 2015; Runfola et al., 2016).

Zachariadis, Scott, and Barrett (2013) defined qualitative research as developing the current scientific body of knowledge regarding a matter.

Zachariadis et al. (2013) also mentioned that the difference in quantitative and qualitative research is that quantitative research has accepted and defined guidelines for validation. Qualitative research does not have guidelines or evaluation criteria for validation that are accepted and broadly used (Zachariadis et al., 2013). The subject of validation in qualitative research is rather ambiguous and contentious. Qualitative

research is better than a quantitative or mixed method for this study because qualitative research allows flexibility to probe and ask further questions. Quantitative research is used for comparing numerical data to obtain information to describe variables, examining relationships, and determining the cause and effect of interactions between variables (Ludwig & Johnson, 2016). For this reason, the qualitative method was suitable for this study (Salvucci & Lawless, 2016).

Research Design

The single case study design was the selected design for this study. Other common research designs include phenomenology and ethnography. Using the phenomenological design describes a phenomenon, not an explanation of a phenomenon (Ferreira & dos Santos, 2016; Gill, 2014; Moustakas, 1994). The phenomenological research design is used to understand a phenomenon through the lived experiences of others through generalities, not cause and effect (Gill, 2014). In a phenomenological design, exploration completed by searching for the nature of the meaning, description, method, and perception of the effects of experience, with prejudice, theory, or definition (Ferreira & dos Santos, 2016; Moustakas, 1994).

The ethnographic design allows scholars to explore organizational culture in real-life settings through informal interviews with participants of similar backgrounds (Marshall & Rossman, 2015) The ethnographic research design is used to search for particular and uniform, past and present examples to place into context together (Vogel, 2016). Ethnography is also used to study culture, an issue, or shared experience in a specific and limited area, not in an open setting (Hales, de Vries, & Coombs, 2016). I

chose the single case study design because of the value gained by interviewing recruiters who recruit for a nonprofit health care facility.

I used a single case study design to support the qualitative research method. Gaya and Smith (2016) stated that a single case study design describes the subject who controls case studies themselves rather than depending on another individual or group. Gaya and Smith used a single case study design because this design is sensitive to individual differences versus group differences. Scholars use multiple case studies to investigate or examine multiple cases (Yazan, 2015).

There are several types of case studies which include, exploratory, explanatory, or descriptive. The exploratory case study is used when the research questions are unknown or for building a theory (Yin, 2014). The explanatory case study is used for theory testing and in understanding causal relationships (Singh, 2014). The descriptive case study used for building theories and describe a phenomenon (Yazan, 2015; Yin, 2014). Using a case study can present challenges because the data collection process can involve implementing numerical data into research without losing the significance of the study, introducing a quantitative or mixed methods research design (Yazan, 2015). I used a single case study design. I oversaw the number of participants in the doctoral study, took field notes, reviewed the nonprofit health care facility website and reviewed which social media websites recruiters posted RN opportunities.

In most instances, a large number of subjects in research use a single case study design; however, because the subject controls the research and number of participants in the research, this is why I used a single case study design for this doctoral study. In this

case, I am trying to discover the shared experiences of the recruiting professional's strategies for recruiting candidates for RNs in the nonprofit health care facility.

Moustakas (1994) argued the standard features of human science research, such as the value of qualitative research, has a focus on the wholeness of the experience, a search for essences of experiences, viewing experience, and views behavior as an integrated and inseparable relationship of the subject or object. Hurt, Gaya, and Smith (2016) mentioned that in a single case study, a researcher reduces the data gathered with continuous assessment, baseline assessment, and variability in data, baseline intervention, and reversal.

Implementing member checking ensured the information captured was accurate enough to analyze. Using field notes from interviews and information from websites or social media websites enabled me to achieve methodological triangulation for this doctoral study. Member checking was implemented after each interview to verify the data for data saturation. If my interpretation was wrong, I revised my narrative of the interview transcript and sent my interpretations back to the participant to ensure the narrative of the transcript was correct.

To ensure data saturation, I analyzed each interview, reviewed field notes, and reviewed job postings for RN roles on the company website or where recruiters posted the RN roles. Data saturation is reached when there is enough information to replicate the study when the ability to obtain new information has been attained (Fusch & Ness, 2015). Steps to verify for data saturation are (a) review, interpret, and transcribe data; (b) create narrative of the transcript paraphrasing what was said in the interview; (c) provide a copy

of the interview comments to each participant; (d) ask each participant if what I interpreted during the interview is correct; and (e) if correct, repeat the process with the other participants (Harvey, 2015; Kornbluh, 2015). Researchers establish data saturation after providing a narrative of the interview, field notes, and job postings from the company website or various job boards provide no new and applicable (Fusch & Ness, 2015).

Population and Sampling

The three participants were recruiters who recruit for RNs positions for an office of human resources in a nonprofit health care facility in New York, NY. Specifically, recruiters who would have hired for RNs 1 year or greater were selected. Researchers have recognized purposive sampling as an appropriate method for participant selection in qualitative research utilizing interviews as a method of data collection (Gaya & Smith, 2016). Elo et al. (2014) stated that purposive sampling is most suitable for use in qualitative studies where researchers are interested in individuals who have the most useful knowledge about the research topic. Choosing participants who have personal experiences related to recruiting RNs can communicate his or her experiences for this study. In addition to interviewing three recruiters, I reviewed their organizational website to see how recruiters post RN roles. I also reviewed which websites were used by recruiters for RN roles. Lastly, field notes were taken during the interviews to meet methodological triangulation as suggested by Duffy (1987). Purposeful sampling was used for this doctoral study.

Benoot et al. (2016) indicated that purposeful sampling is a form of nonprobability sampling in which the researcher makes decisions concerning about who to include in the sample. Purposeful sampling based on a variety of criteria that may include specialized knowledge of the issue (Egues, 2013; Moustakas, 1994). In this study, I selected each participant based on his or her experience in recruiting RNs for a nonprofit healthcare facility in New York, NY.

All selected participants had greater than 12 months of RN recruiting within nonprofit health care facilities in New York, NY. I scheduled all three interviews separately, and the time allotted for each interview was approximately 60 minutes per interview. The interviews were audio recorded to ensure the accuracy of the interview data (Homan, 2016). Before the interview, a consent form was read to the participants, and their signature was obtained. Interviews were conducted using ethical principles and standards.

Ethical Research

Hashimov (2015) indicated qualitative researchers have two priorities when conducting a study. The first priority is producing knowledge from actual research and the second priority is confirming ethical principles and standards are used when conducting a study. Protection of vulnerable populations, respect for persons, autonomy, and justice are important ethical principles to believe in and enforce (Hashimov, 2015; Miller, 2015).

Researchers employ ethical procedures to protect participants and ensure research quality (Oliver & Barr, 2014; Moustakas, 1994). I informed the three participants of the

purpose of this research and that their responses would remain confidential. Participants were informed that their responses would be interpreted for research purposes. The participants were informed that ethically, their responses are to understand a business problem and their answers will not interfere nor have any intention other than listening to their strategies in recruiting RNs.

Participants were selected who recruit qualified RNs. After I explained the process, each participant knew his or her right to withdraw from the study; however, written consent was required to participate in the study. After agreeing to participate initially, if the participant chose to withdraw, they were to notify me by phone or e-mail. I would have then found a replacement for that individual.

There were no incentives used in the doctoral study. By participating in the doctoral study, the participant's understood their answers may lead to new strategies to recruit for RNs. The participants were informed that his or her name, information, and answers during the interview would be locked in a file cabinet for a minimum of 5 years. After 5 years, I will shred their data.

Participants understood the purpose of the research study and their right to withdraw from the doctoral study. Agreement documents are located in the text of the study, appendices, and the table of contents. The data use agreement for the nonprofit health care facility is in Appendix A. The IRB approval number is 08-09-18-0282863.

The participant's files are labeled P1, P2, and P3 to protect participant identities (Sarver et al., 2015). Participants were informed that the interview would be recorded and the participants would receive a narrative of the script of the discussion in the interview.

Data Collection Instruments

In qualitative research, the researcher is an integral part of the data collection process. In addition, the researcher is the key person obtaining data from participants as suggested by Jiggins and Evans (2016) and Moustakas (1994). In this study, I used a semistructured interview as suggested by Mestre, Rossi, and Torrens (2013). Mestre et al. identified semistructured interview questions as unstructured, allowing interviewers to rate responses and prepare for follow-up questions. I interviewed three recruiters from a human resources office for a nonprofit health care facility in New York, NY. Each interview question asked of each participant was asked in the same order.

All participants understood the interview protocol and the data collection process. The data collection process involved the use of an interview protocol and consent form. Before the interview, each participant received the interview protocol and the interview questions. Using an interview protocol ensures consistency throughout the data collection process (Fusch & Ness, 2015; Yin, 2014). The questions asked during the three interviews were open-ended and semistructured, allowing the participants opportunities for any follow-up questions (Ortman et al., 2014). Upon completion of the interviews from a researcher's standpoint, I used member checking to ensure interviews interpreted correctly.

Qualitative researchers use member checking to improve reliability and validity of research data (Moustakas, 1994). Member checking involves sharing the data I interpreted with the participants to ensure the interpretation of data was correct (Gaya & Smith, 2016). Yin (2014) used member checking to ensure data interpretation represented

the participant's responses. In addition to member checking, I looked for common themes. I reviewed, transcribed, and interpreted the interview. I then prepared a narrative of the script with a summary of what I interpreted according to participant answers and provided the document to each participant. If correct, I repeated the process with the other participants. If my synopsis of the interview questions was not correct, I rewrote the one-page paragraph for each question and resubmitted the synopsis to the participant until I correctly captured the participant's ideas. I reviewed the company's website and social media sites to review how the recruiters posted RN openings. Lastly, I took field notes to ensure reliability, validity, and data saturation. Themes were developed depending on responses from the participants (Ortman et al., 2014). I monitored for similar knowledge, beliefs, and attitudes.

Raw data are available by request from the researcher. The raw data collected is simply participant's answers to my questions. In addition, if the participants would like a recording of the interview, the audio of the interview is available upon (Ortman et al., 2014). To ensure the accuracy of interpreting the data for reliability and validity, I reviewed the transcripts so that I did not misinterpret or misunderstand the interviews with the participants (Ludwig & Johnson, 2016; Mestre et al., 2013). I used a digital recorder and then uploaded the recorded interview to NVivo to assist me in transcribing and coding the data. Once transcribed the interview, I coded and reviewed each interview for common themes (Whitehead et al., 2013).

The director of human resources for a nonprofit health care facility collaborated with me on obtaining cooperation to participate in the doctoral study. Before conducting

the interviews, letters of collaboration and data use agreements were filled out and submitted to the organization explaining the background, benefits, and intent of the doctoral study (Appendix A). I complied with the ethical standards of Walden University and the nonprofit healthcare facility in New York, NY to ensure the ethical protection of participants.

Without senior management's approval that works for the nonprofit health care facility, I would not have been able to move forward and interview the participants for this doctoral study. In collaboration with the Director of Human Resources, I obtained access to the participants. The interview protocol (Appendix B) describes the agenda and format for the use of open-ended questions (Appendix C) in a face-to-face interview. There was no pilot testing in this doctoral study. I prepared and submitted questions in advance to participants. Participants can anticipate questions asked the next day and not be surprised by the questions posed.

Data Collection Technique

In qualitative research, data collection typically involves observation, interviews, focus groups, or written material (Elo et al., 2014). Interviews were recorded and transcribed using a digital recorder. I used the digital recorder to record and transcribe answers from the interviews. Recordings from the digital recorder were transcribed along with the written notes into a Word document. The transcript from the interviews allows the researcher to review responses to the interview questions that the researcher perhaps missed or overlooked when conducting the interview (Fusch & Ness, 2015).

Semistructured interviews allow participants understanding of a research topic by providing pre-determined open-ended questions that cause further discussion (Yin, 2014). Using semistructured interviews, researchers explore themes and participant perspectives on a particular research topic (Moustakas, 1994; Yin, 2014). Semistructured interviews allow for probing of information for further discussion. After each interview member-checking was used to ensure the reliability and validity of information from the participants was interpreted correctly.

The advantages of semistructured interviews are that interviews are not highly structured (Castillo-Montoya, 2016). Semistructured interviews are designed to elicit the participant's ideas and opinions on the topic of interest. Semistructured interviews also allow for probing of in-depth information on topics (Yin, 2014). Semistructured interviews are not designed to lead participants towards preconceived choices (Fusch & Ness, 2015).

Member checking was used to verify the data from the interviews was correct. Member checking enhances reliability and validity (Harvey, 2015; Kornbluh, 2015). Using member checking is also important for scholars in the assessment of trustworthiness (Kornbluh, 2015).

The disadvantage of semistructured interviews is the preparation must be carefully planned not to make questions prescriptive or leading (Harvey, 2015). If the interview protocol is not in place, it is difficult to collect appropriate, necessary data to answer the research and interview questions. If no interview protocol is in place, the interview would be unstructured. Interviews may not be sufficient to answer the research

or interview questions. Another disadvantage of semistructured interviews is researchers need to meet enough participants to make general comparisons (Yin, 2014). If a researcher interviews one participant, it would be difficult to conduct any comparison. Lastly, another disadvantage is the participant's information must remain confidential (Fusch & Ness, 2015). If a participant's information is not secure, personal information is vulnerable and the individual may be harmed if the information is obtained by the wrong person. No pilot study for this doctoral study was completed. Once IRB approval was obtained, the participants were contacted, and I conducted my interviews.

Before each interview, each participant confirmed the meeting place and time for the interview. Participants selected the meeting place and time for each interview. The participants received the interview questions and received and signed the consent form before the interviews were conducted. The day of the interview, I completed the informed consent process and reviewed the interview protocol with each participant (see Appendix C). I used a digital recorder to record each interview.

Yin (2014) suggested recording devices provide a more rigorous collection of interview data than taking notes. Comparably, Castillo-Montoya (2016) asserted that a digital recording device is essential for capturing participants' responses. Therefore, I used a digital recorder to record all interviews with the participants. I was then able to transfer data from the digital recorder on to my laptop. My iPhone 7 served as a backup recorder in case of a technological malfunction.

I reviewed the interview protocol with each participant. Before each scheduled interview, the participants reviewed information regarding the consent forms and the

letter of confidentiality (Jiggins & Evans, 2016; Metzner & Pierce, 2013). I explained that I would be recording and transcribing the interview using the digital recorder. I tested the recorder before beginning each interview. The participants were aware I would be recording the interviews and that the information they shared would remain confidential by signing a waiver. To interpret the data accurately, I referred to the transcripts from the interviews to have all of the pertinent information.

Raw data are available by request. The recorded interviews and transcripts are sealed in a devoted cabinet for 5 years, as suggested by Shapiro et al. (2013). After 5 years, the transcripts and interviews will be purged. All of the participant's information from the interviews are maintained in separate files and locked in a file cabinet devoted to maintaining the data (Metzner & Pierce, 2013). After the interviews were over, I transcribed each interview using NVivo and coded the data for common themes.

I used member checking to enhance reliability, validity, and to provide each study participant an opportunity to review and comment on the interview, with a narrative of the script. The narrative of the script was provided to all participants after each interview. Jiggins and Evans (2016) suggested the researcher could analyze and code transcripts from interviews to search for common themes. After an interview was recorded, it was played back to compare and contrast the data to other interviews. The advantages of using interviews as a data-collection technique for researchers is gaining first-hand knowledge shared by interviewees (Jamshed, 2014). In addition, interviews provide the researcher with open-ended responses to the interview questions, as compared to one-word answers (Castillo-Montoya, 2016).

Following each interview, I transcribed and created a hard copy of the data. Next, I created a narrative of the script and provided the narrative to the participant to ensure the data I interpreted was correct. The interpretation and synthesis of participant's responses created an opportunity for a follow-up of the interview and member checking process. In qualitative research, member checking, and transcript review improves the accuracy, credibility, and validity of the study (Castillo-Montoya, 2016; Fusch & Ness, 2015 & Yin, 2014). The member checking process includes conducting a follow-up interview with the participant to ensure synthesis is correct and represents a participant's response to the interview questions. Data saturation occurs when the follow-up member checking interviews with participants and document review reveals no new additional information or themes from participants (Fusch & Ness, 2015).

Data Organization Technique

Organizing and storing research data is a challenge but is a necessity in research to protect participant information (Xie, Liu, & Guo, 2014; Shapiro, 2013). Data were collected using an interview protocol administered to three subjects (Jiggins & Evans, 2016). The interview questions are located in Appendix C and Section 1. I scheduled each interview and the interviews took place at the participants' desired location. Participants were notified about confidentiality, signing the consent forms, and information on recording the interview before the interviews were conducted. After completing the interviews, I reaffirmed the information and told each participant the discussion was confidential. This reminder ensured consistency of the process and ensured that the answers provided are accurate (Hashimov, 2015).

Three files were created to store information from each interview. Notes from each interview will be inserted in each respondent's file, as suggested by Xie et al. (2014). Data will be stored using an alphanumeric format. This format will enable the researcher to have all files in alphabetical order (Ortman et al., 2014). All of the files will be stored in a file cabinet for 5 years with a lock, as suggested by Jiggins and Evans (2016). After the three interviews took place, I transcribed each interview and created a summary interpretation of the entire interview for each participant. I then used member checking to verify the information is correct. After receiving a positive reply from each participant, I looked for common themes derived from the three interviews. My field notes from each interview are stored in a separate file. After 5 years, I will purge the field notes. Lastly, my archived data from their website and social media websites will be printed and stored. After five years, information from websites and social media purged.

Data Analysis

For data analysis, I used methodological triangulation to compare the raw data obtained from each interview, field notes from my observations, and archival data from websites regarding job postings for RN roles. In case study designs, Jack and Raturi (2006) promoted using methodological triangulation. I processed the data received and obtained for analysis. I uncovered codes and themes using a review of the interview recordings. After completing the data collection and organization process as described in the previous subsections, I used the guidelines provided by Moustakas (1994) to analyze the data. I focused on key themes and theme correlation by conducting the literature review, analyzing the participant data, and using my conceptual framework. I compared

themes identified with the conceptual framework and any new studies published since beginning my study. I recorded the interviews and transcribed in Microsoft Word using NVivo software.

Data were evaluated from the interviews using NVivo 12 software. NVivo 12 is a qualitative software that organizes and analyzes unstructured data and assists researchers in identifying common themes and trends. The NVivo program assists with the laborious, difficult task of codebook formation, sorting, and arranging data (QSR International, 2018). The program will help in linking the interview documents together to analyze common themes located with different interview questions (Zachariadis et al., 2013). Similar information sections may belong to several different categories. The NVivo software can capture accurate information and determine trends in other interview responses (QSR International, 2018).

Once data were transcribed, I used the following steps for data analysis as recommended by Gaya and Smith (2016). First, I transcribed the data and visually screened information for consistency of answers or trends between the interviews. Next, I summarized divergent perspectives and made a note of recurring themes. In addition, I grouped relationships among themes and interpreted data as recommended by Mestre et al. (2013). Yin (2014) suggested analyzing data obtained from my interviews and comparing the data to the literature review to confirm or contrast the research question: What are the recruiting strategies used to fill RN positions in a nonprofit health care facility?

I used member checking after each interview to ensure the information transcribed from each interview was correct. I sent my narrative of the script to the participants and ensured that what I interpreted was correct. The company website was analyzed to see how recruiters post RN roles. I reviewed social media sites to view how they advertise RN roles on the websites.

Von Bertalanffy's (1968) general systems theory relates to this study because I analyzed the interviews from the participants to determine if there were common strategies for overcoming challenges in recruiting RNs. The focus of the qualitative single case study was to explore strategies to recruit and employ qualified RNs in a nonprofit health care facility. Data collected for my study obtained from interviews were analyzed as a whole, rather than just analyzed for each interview (Gaya & Smith, 2016). Recruiters must understand their organization to recruit for qualified RNs that fit the nonprofit health care facility (Yazan, 2015).

Reliability and Validity

Reliability

In qualitative research, a study's reliability is the degree to which future researchers can achieve uniformity of results when following the same methods and procedures (Venkatesh, Brown, & Bala, 2013). I measured reliability by using the internal consistency method suggested by Noble and Smith (2015). This type of reliability assists researchers in measuring the consistency of all of the results of a test; in this case, the questions chosen to ask all participants. If the researcher processes all the collected responses and codes them the same way, the internal consistency method will

support the information for validity. I reviewed the transcripts of each interview to ensure that I interpreted the correct data. By listening to the interviews again, I was able to pick up nonverbal cues, not included in the verbatim transcript.

To improve reliability, a researcher can determine the clarity of expressions through the responses in the interview submitted. I asked each participant questions, and it was clear when the information needed coding after member checking was completed for each participant. Future scholars can use the transferability of data in this study to compare recruiting strategies to recruit RNs to other regions domestically or internationally (Moustakas, 1994; Ya-Hsuan, 2014). I provided my contact information in the consent form if future scholars would like to contact me in regard to recruiting strategies to recruit RNs. This doctoral study may lead to improving or increasing patient outcomes, job satisfaction, or reducing nursing turnover, that can lead to improved profits in other areas of the country or world. Transferability, dependability, creditability, and confirmability followed to capture the data correctly.

To maintain the quality of the doctoral study, I followed the criteria of dependability, creditability, and confirmability, as suggested by Venkatesh et al. (2013). The researcher must ensure the quality of the doctoral study and maintain the concept of trustworthiness in the doctoral study (Moustakas, 1994; Ya-Hsuan, 2014). The goals of integrity ensure readers can trust a qualitative single case study (Venkatesh, 2013).

I sought reliability through the conceptual framework for understanding the strategies used by three recruiters recruiting for RN positions for a nonprofit health care facility. Characterizing each recruiter's perspective included aggregating common themes

emanating from the participant's interviews. The reliability process included checking transcripts, avoiding drift in the interpretation of codes, and crosschecking for similarities.

I used member checking with follow-up interviews to ensure the data gathered was correct. In addition, I reviewed field notes from each interview and reviewed the company website. The follow-up interviews I conducted for member checking helped me reach data saturation by obtaining in-depth information which also included historical archival data of which websites had open positions for RN roles posted. Member checking enhanced the academic rigor of my study.

Validity

In qualitative research studies, (a) credibility, (b) transferability, and (c) confirmability are criteria for assuring validity (Castillo-Montoya, 2016). In a qualitative study, the verification and confirmation of collected data assist in ensuring the credibility of the research (Yin, 2014). Strategies to ensure credibility in this doctoral study included member checking and methodological triangulation. The process of member checking includes confirming collected data, thematic categories and the researcher's interpretation of data and conclusions with participants to ensure accuracy (Harvey, 2015). I provided transcripts from the participant interviews along with interpretation of participant's responses to all questions during the interviews. The follow-up member checking process gave the participants an opportunity to add more details, clarify information, and ensure the researcher's interpretation of the data were correct. Harvey (2015) suggested that member checking enhances qualitative claims of accuracy and research creditability.

Applying member checking enhanced the validity of this study. Another method for enhancing this study was methodological triangulation.

Methodological triangulation refers to using multiple methods to gather data such as interviews and field notes (Duffy, 1987). In qualitative research, methodological triangulation allows for the collection of in-depth data from multiple sources (Yin, 2014). Researchers use methodological triangulation to collect comprehensive data to improve the understanding of the phenomena and increase the validity of the findings (Harvey, 2015). Using methodological triangulation helps the researcher to reduce biases that sometimes may arise from using one data collection method (Yin, 2014).

Credibility ensures that the researcher provides an accurate interpretation of the participants' successful experiences (Venkatesh et al., 2013). To enhance the credibility of a study, scholars use member checking to validate data provided through the interview process (Harvey, 2015; Heale & Twycross, 2015; Noble & Smith, 2015). For data interpretation, member checking was used as a process to help ensure trustworthiness and credibility. I used member checking to enhance the credibility of the study, including data interpretation, and I ensured that I addressed the findings from the viewpoint of each recruiter.

Transferability is the possibility of the findings or results being applied to a broader or different populations and concepts (Yin, 2014), or when a reader and future researchers decide to transfer the details of the study to a new study (Marshall & Rossman, 2015). To establish transferability, I provided a detailed description of the single case study and participant data to allow readers the ability to understand the study.

Confirmability and member checking are important for future scholars to refer to my doctoral study. Confirmability is establishing truth, accuracy, and validity in a study (Heale & Twycross, 2015; Noble & Smith, 2015). Yin (2014) asserted that using an audit trail was a strategy to ensure confirmability in qualitative research. Instead of using an audit trail, I confirmed the results of the study by providing supporting evidence in the form of analyses of performance outcomes discussed later in Section 3. I also used a member checking approach to confirm the information. Using a member checking approach allows scholars to confirm the validity of participant data (Anney, 2014; Harvey, 2015). Using confirmability and transferability assisted in obtaining data saturation in my doctoral study.

Data saturation is a guiding principle in qualitative research (Denzin, 2014; Fusch & Ness, 2015). I interviewed three recruiters for this doctoral study using a single case study design. Researchers reaching data saturation have gathered enough information to reach a point where no new additional data would yield new information (Denzin, 2014; Fusch & Ness, 2015; Harvey, 2015). In addition to conducting three interviews with the participants, I provided observation and field notes from each interview. I used a member checking approach and after each interview, sent a narrative of the script with what I thought was the participant's answers. I repeated the process with all of the participants. If my member checking process was not accurate, I gathered the participant's thoughts and rewrote their ideas until the participant agreed with my synopsis. Lastly, I reviewed the company's website to see how recruiters post RN roles and reviewed various social media sites to view how recruiters posted on those websites.

Transition and Summary

General systems theory, as von Bertalanffy (1968) identified, hypothesized a system is more comprehensive when the researcher examines all parts as a system. Mockler (1968) mentioned that the holistic aspect of the theory focuses on the complete system rather than the individual parts. This recruiting strategy is the reason why I interviewed three recruiters and then used the results and analyzed the system.

In Section 2, I discussed how I collected, interpreted, and transcribed data. In addition, the method and research design were presented. I determined the questions for each interview with participants. The effect of reliability and validity was discussed. Each interview must have a consistent process. To obtain consistent information, the participants must understand and answer the interview questions for the study to succeed. Data collected must relate to the conceptual framework. In Section 3, a discussion of the results of the interviews, data coded, and recommendations to answer the research question are presented. In addition, applications to professional practice, indications for future studies, and reflection or experiences with the participants are presented.

Section 3: Application to Professional Practice and Implications for Change

Introduction

The purpose of this qualitative, single case study was to explore the strategies human resources staffers use to fill RN positions. I conducted three semistructured interviews with three recruiters who have experience recruiting RNs for over 1 year in a nonprofit health care facility. I collected data using transcribed participant interviews, field notes from interviews, reviewing job boards, and company website with data collection protocol approved by the Walden University IRB (08-09-18-0282863).

The interviews were recorded with a digital recorder, transcribed, and coded. In addition, four themes emerged from the analysis (a) partnering with colleges and lack of a nursing license to recruit RNs, (b) benefits and perks, (c) partnering with professional organizations to recruit RNs, and (d) updating the website and using multiple job boards to promote RN roles. Participants recommended continuing to partner with colleges and the lack of a nursing license to recruit new RNs. Participants emphasized negotiating salary with new RNs. Participants aided and facilitated understanding for new RNs the long-term impact on career and building experience. Participants identified the need to partner with more professional organizations to recruit RNs.

Presentation of the Findings

The overarching research question was: What are recruiting strategies for some recruiting RNs in a nonprofit health care facility? Participants in the study explained from their experience the strategies recruiters used to recruit RNs. I conducted semistructured interviews with three recruiters from a nonprofit health care facility located in New York,

NY. The three interviews were in an office located in the nonprofit health care facility. I also took field notes from each interview with the participants and reviewed the company website. I reviewed several job boards when RN roles posted for the nonprofit health care facility. I used NVivo 12 to assist in coding, identifying themes, and analyzing the transcribed interviews. The participants are labeled as Participant 1, Participant 2, and Participant 3. I interviewed three participants using semistructured interviews consisting of six questions to collect data from each participant. The average interview time was approximately 30 minutes. I reached data saturation when no new information emerged from the interviews, field notes, review of the website, and job boards. In addition to the interviews conducted, field notes were taken during interviews, job boards and the company website were reviewed for RN positions posted online with the nonprofit health care facility. Upon completion of interviews with participants, I transcribed the recordings of interviews. I e-mailed the narrative of the scripts to all participants for their review. The participants provided feedback on the narrative of the script to ensure that the interviews were transcribed correctly and had no errors.

I imported the data into NVivo 12 for coding. I used codes to identify each participant (P1, P2, and P3) and each field note (D1, D2, and D3) from each interview. Through a thorough data analysis, four themes emerged: (a) partnering with colleges, (b) benefits and perks, (c) professional organizations, and (d) websites and use multiple job boards (Table 2).

Table 2

Table 2 Summary of Themes to Recruit RNs in a Nonprofit Health Care Facility

	Theme	%
Theme 1	Partnering with colleges	10.12
Theme 2	Benefits and Perks	31.89
Theme 3	Professional Organizations	4.63
Theme 4	Update website and use multiple job boards	18.47

Key Words

After analyzing the data, I generated a list of key words (Table 3) from interview responses, field notes, reviewing nonprofit health care facility website, and various job boards nonprofit health care facility used to post RN roles. The term *Recruiting RNs* and *colleges* occurred the most frequently, and all participants used both words. P1 (Recruiter 1), P2 (Recruiter 2), and P3 (Recruiter 3) also used *salary* six times during his or her interview. The phrases *lack of certifications* and *website* occurred more than five times during participant interviews. Other keywords or phrases included *experience* and *benefits*. Each keyword and phrase reflected an emphasis or process in recruiting RNs in a nonprofit health care facility. Each participant connected strategies to recruit qualified RNs by partnering with colleges, and universities.

Table 3

Table 3 Keyword Frequency: Top 8 Keyword and Phrases

Keyword/Phrases	Frequency
Recruiting RNs	9
Colleges	7
Salary	6
Lack of Certifications	5
Website	5
Experience	4
Benefits	3

Theme 1: Partnering with Colleges and Universities

The first theme in recruiting strategies for recruiters in a nonprofit health care facility was partnering with colleges and universities. Recruiters need to attract and recruit RNs with the diverse background from colleges, and universities (Keita et al., 2015). Organizations should have access to recruit for RNs from colleges and universities to effectively achieve the supply of nurses required to meet the needs of health care facility leaders (Hofler, 2016). All of the participants confirmed that continuing to partner with colleges will assist in recruiting qualified RNs for their health care facility. All participants agreed that partnering with colleges provides recruiters the opportunity to participate in career fairs, guest speaking opportunities, and open houses. P2 stated “Monroe, Hostos, Berkeley College, Brooklyn College definitely, CCNY, and probably

Hunter.” P2 partnered with these colleges for career fairs and information sessions. P1 stated,

They take it a couple times a year. And so, I'll be invited to NYU like say in January, and then they're taking this exam in March/April. And they get the results a month later. So, I meet with them beforehand and try and explain the benefits of working with us. But they're not licensed yet, so there's nothing I could do with them except just gather information.

P1 was referring to the RN license with the NYSED. In order for eligibility for the exam, nursing students should meet educational requirements, meet examination requirements, and apply for RN license with NYSED (NYSED, 2018). P3 stated, “so Berkeley College is definitely one, Yeah. I know that there's a few locations that we're actually going to go see. I think it's City College.” In addition to City College, P3 also mentioned partnering with Hostos Community College. P1, P2, and P3 shared similar viewpoints of partnering with colleges to apply for RN roles with the nonprofit health care facility.

The participants understood that partnering with colleges can assist in several ways. Recruiters can meet new RNs at various career fairs. Career fairs at the colleges are beneficial because attendance at career fairs gives recruiters a chance to interact with the RNs. All of the participants shared while they attend career fairs with potential RN candidates, these candidates have not passed the nursing exam and are not licensed yet by the New York State Education Department (NYSED). Participants cannot hire RNs who are not licensed by the State of New York. All participants collected resumes and tried to stay connected with candidates. P1 stated,

Yeah. So, it's just one of those things that we just want to get some exposure, so I'll go and pass out business cards and tell them about our population and the opportunity. And every now and then you'll find one or two that's really excited about working with our population.

P1 also stated,

They go, 'Oh, my brother, or our family member, or- and I want to work with this developmentally disabled population. As soon as I graduate I'll give you a call.' You know, something like that. But it's not like- they're not beating our door down saying, 'Okay, we need you to come work for us.'

P1 also stated,

Most RN students are probably looking to get into hospitals. And with hospitals it's my understanding- I have a friend that works on Sloan Kettering. He recruits for Sloan Kettering. And her nurses, they start them at 90. And we're starting our nurses at 65, I think.

All participants understood when recruiting for RNs for the nonprofit health care facility, RNs should understand the population the nonprofit health care facility serves, which is the developmentally disabled population. All participants also understood to mention the benefits, tuition assistance, and other perks to RNs when they apply for RN roles with the nonprofit health care facility. Participants understood that career fairs are not the only way to recruit RNs graduating from college.

All of the participants agreed that open houses or guest speaking opportunities provide visibility for the nonprofit health care facility. P2 mentioned that it is important

for new RNs to understand the mission of the organizations and if hired, RNs aligned with the mission of the organization. Participants explained to students or RN graduates at college-related events about the mission of the nonprofit health care facility. P1 and P3 mentioned that when meeting with RN candidates, they try to assist candidates in understanding the long-term effect on the RNs career of starting with a nonprofit health care facility. As opposed to using salary to accept a role as an RN, the participants tried to assist new RNs in understanding that salary, perks, and experience is just as important in the long-term than just salary.

Speaking at open houses or guest speaking in a classroom provided the nonprofit health care facility recruiters the ability to promote the nonprofit health care facility. Speaking at open houses or guest speaking in the classroom also provided the recruiters with an opportunity for student understanding of the mission of the nonprofit and if the student fit with the mission of the organization. Lastly, speaking at open houses or in the classroom provided the participants an opportunity to interact with prospective RNs and maintain contact with the student, after the student graduates and passes the nursing exam, and becomes licensed by the State of New York.

Theme 2: Recruiters Promoting Benefits and Perks

The second theme was recruiters promoting benefits and perks to prospective RNs. In addition, participants discussed negotiating salary with new RNs once a hiring offer is made to the prospective RN. The development of future nurse leaders is important (Dyess et al., 2016). All participants agreed that salary was a challenge in recruiting RNs for the nonprofit health care facility. P1 stated,

You know, the salaries too low, can you take a look at it and I'll sit and talk with our committee and see if we could probably do something and explain. This person did this, they did that, and we're in desperate need, and I think they'd be a good fit. What are your thoughts? And they'll let me know, 'Okay, we can move it up just a little.' Or, 'No, that's the best we can do because we have an RN that's there, that's making less than that, and has more experience than her.' You know, and then we have one of those problems. So, we have to look at those things in order to make a decision.

New hire orientation for new hires is every Tuesday, Wednesday, and Thursday. Ideally, the decision-making process is fast. P1 stated,

I mean, you just have to contact them, and you want to just make sure that they go through the whole process in a short period of time. So, if I speak to someone on the phone today, I want to try to get them in front of the hiring manager in another day or so, maybe tomorrow. And have the hiring manager make a decision that next day. So if I met them on Monday and they're interviewing on Tuesday, Wednesday a hiring manager can make a decision, and then I'm inviting them in for paperwork on Thursday. That would be ideal.

P3 stated,

Yeah. Salary definitely. What I find is that people with this particular organization, this particular non-profit, people who are driven towards helping individuals with disabilities, they don't mind the salary. But people who are more salary driven, they would go to the hospitals. Because in negotiating salaries what

people do they tend to look at the market as a whole and then they look to see what's the immediate pay. And then they try to base their salary off that immediate pay.

P1, P2, and P3 shared similar standpoints that salary was a challenge when recruiting for RN roles with the nonprofit health care facility.

However, all participants also agreed that as supposed to salary, participants can promote benefits, perks, and room for career advancement as other reasons to take the offer as an RN with the nonprofit health care facility. Organizational recruiters should be strategic in recruiting RNs (Richards, 2016). Recruiters should promote not just salary, but promote room for career advancement, paid time off, and benefits when speaking to prospective RNs.

The timing of participating in career fairs are important. Participants should ensure that when attending career fairs that the RN graduates have passed their examination requirements and are licensed RNs in the State of New York. All of the participants understood the challenges in filling RN roles for the nonprofit health care facility. The challenges included salary, how much can the nonprofit increase the salary offer ,and whether the new RN can onboard on certain days. In some situations, the onboarding schedule may not work for either human resources or onboarding may not work for the newly hired RN.

Benefits continue to be a determining factor in recruiting RNs (Pittman et al., 2013). All of the participants understood that the nonprofit health care facility pays less than working for a hospital. However, getting hired as an RN in a hospital is competitive

as mentioned by all participants. The participants continued to emphasize vacation time, retirement, tuition assistance, and a discount on certain items such as movies and recruiting discussion points.

All of the participants agreed that recruiting for a day school is different than recruiting for a residence. Day school nurses work 8:45 AM to 4:45 PM. RNs leave at 4:45PM and are not on call in the evening and weekends. An RN working at a residence, however, must work a weekend day of the week, either Saturday or Sunday. RNs work at residence either Saturday through Wednesday or Sunday through Thursday. RNs that work at the residence are required to be on call 24 hours a day, 7 days per week and they are not paid for being in an on-call status. Sometimes, RNs can consult over the phone and guide the client through the process. Other times, the client must dial 9-1-1 and the RN will meet a client at the hospital. All of the participants understood that when hiring for either role, recruiting the right candidate for the position is vital.

Common themes emerged from all participants; all participants mentioned salary was a challenge in recruiting RNs. In addition, all participants identified that it is important to continue promoting benefits when recruiting RNs. Whether RNs are recruited for the day school or residence, the participants all agreed to be strategic and recruit the best candidate possible for the RN role. Recruiting for each RN role with the nonprofit health care facility is not the same. Recruiting someone right out of college with little or no experience is different than recruiting someone with years of experience. Work benefits and retirement benefits are important for the experienced RNs. Experienced RNs have different expectations compared to RNs who are coming right out

of college, where experience and room to grow can be determining factors in taking the offer as an RN with the nonprofit health care facility

Theme 3: Partnering with Professional Organizations

The third theme was partnering with professional organizations to recruit RNs. Barriers exist in recruiting RNs (Grady, 2014). Marquand (2013) mentioned the importance of partnering with organizations such as the National Association for Hispanic Nurses, where nurses connect with nurse leaders for the advancement and professional development of the nursing industry. P2 mentioned that the nonprofit health care facility does partner with the New York City Department of Aging. The New York City Department of Aging assist those individuals retired in reentering the workforce. P2 partners with the New York City Department of Aging to hire experienced RNs. P2 also partners with several colleges to recruit RNs for the nonprofit health care facility. P2 stated,

In the nonprofit space is I think as the workforce changes with even salary changes and minimum wage changes, the expectations of all candidates change as well. With RNs, because they have such a hands-on job and their role is very important, they just really want to be valued compensation-wise with whatever company they work for. So, in a nonprofit sector, it's just reminding them that we are mission based but they are part of that mission, and we need them just as much as they need the job as well.

P2 stated when recruiting for RNs for the nonprofit health care facility, it is important to emphasize that the RNs role is part of the mission of the nonprofit health care facility. P1,

P2, and P3 shared similar standpoints to partner with professional organizations with a similar mission. P1 stated,

I don't think I have. I mean, it's been just a few, I mean, like Work Force One is they're a staffing, they help provide jobs. So, Work Force One, and a few other agencies. But we haven't used agencies; we got away from using agencies because it was a cost-cutting exercise. So, we are providing nurses ourselves now, with our own efforts, recruiting efforts.

P3 did not partner with any professional organization. However, P3 did think that recruiters should consider partnering with professional organizations to assist in recruiting RNs for the nonprofit health care facility.

P1 partnered with Workforce 1 in New York City. Workforce 1 is a service provided by the NYC Department of Small Business Service that prepares and connects qualified candidates to career opportunities in New York City (Workforce1 NYC, 2018). P1 has partnered with Workforce 1 in the past to recruit RNs and other positions. P1, P2, and P3 shared similar standpoints and understood the importance of partnering with colleges and professional organizations. The participants understood that partnering with colleges or professional organizations establishes relationships and when needed, the participants have access to recruit from either professional organizations or colleges. P3 mentioned partnering with more professional organizations is strategic. P3 also mentioned that he does partner with several colleges to recruit RNs however, no professional organizations. P1 emphasized that the nonprofit health care facility has used staffing agencies in the past to fill RN roles, but due to budget cuts, the nonprofit health

care facility no longer uses staffing agencies to recruit RNs. P3 stated, “Yeah. It's good face-to-face. Social media is always a good one. Not the normal job route; but, like through the organization Facebook page. Posting on there. Just being in a lot of groups.” P3 emphasized posting the RN roles on various groups such as Facebook for RNs who participate in various discussions about the latest trends or topics in the nursing field or the nonprofit sector. Using social media such as Facebook enables interested candidates to click on the link and go directly to the application to apply for the RN role. P3 accentuated that even if not interested in the RN role, members of the Facebook group can share the posting and providing exposure to the RN role, thereby making the job opening visible for qualified candidates to apply for RN role.

Reviewing the various job boards, I did not see any of their open positions in the nonprofit health care facility. I only saw open positions posted on the company website. P1 confirmed that that the nonprofit health care facility has partnered with staffing agencies and job boards in the past. Due to budget constraints, the nonprofit health care facility currently is not posting on various job boards as much or partnering with staffing agencies at present according to P1. All of the participants agreed that continuing to partner with professional organizations will assist in filling RN roles with the nonprofit health care facility.

Theme 4: Leveraging Website and Using Job Boards to Promote RN Roles

The fourth and final theme is leveraging the website and using job boards to promote RN roles. Promoting open RN roles is important in the transition of new RNs who have graduated from college and are ready to enter the workforce (Hofler, 2016).

Organizations should be strategic in recruiting RNs (Richards, 2016). Open job positions for RNs should be posted on the company website. P3 mentioned that the company engages applicants through the nonprofit health care facility's Facebook page. In addition, P3 stated,

I mean, if you had post something on like a job board, and then have the option to either refer a friend. So that an applicant may not think that it's for that person. But just from seeing that post, that person can send it over to someone else that they think is qualified. And that could just lead to a lot of different hire just looking at that one post. So, and out of those people who look at the post, at least a few of them would be interested in it.

P3 emphasized that if the RN is not interested in the role, the RN can share with a classmate who might be interested in the role. P1 also stated, "Yeah. Yeah. We use ZipRecruiter but we stopped using them, I think that it was the cost was an issue. And we used CareerBuilder and at one time, not any more, CareerBuilder, Monster, and Zip, we were using. We may have to revisit that." P1, P2, and P3 shared similar viewpoints of posting openings on various job boards to recruit for their RNs.

Reviewing the company's website and various job boards, I found that the open positions were posted only on the company website. Participant 1 informed me that due to budget constraints, the nonprofit health care facility is not using any job boards to post any of their open roles. I reviewed the nonprofit health care facility's LinkedIn page. The nonprofit health care facility's LinkedIn page has general information about the nonprofit health care facility, but it does not have any information about open positions.

P3 mentioned that referrals have been successful in recruiting RNs. P3 stated, "Yeah. Because there's no better place than getting it from a candidate that we're already looking at. Because they're already in that industry, in that field. So they have friends who are nurses. They did their internship at places who people have nurses. So, they have a lot of connections."

P3 specified, "Yeah. So, for example, discussed a little bit before-- nurse or recently new nurse. Yeah, like you said, and those classmates. And then they can refer them. And plus you have certain perks or incentives from referring individuals." P3 mentioned that RNs applying for RN roles could refer classmates or individuals they met at their internship site. In addition, the nonprofit health care facility provides perks or incentives for current staff to refer RNs candidates hired as RNs for the nonprofit health care facility.

RNs who have recently graduated from college know classmates and RNs can encourage application for open RN roles in the nonprofit health care facility. P3 emphasized that if a person leaves the option to refer a friend in an open position on a job board, a candidate can send the job to the person who may be more qualified for the open role. P2 mentioned that the challenge is not the lack of RNs that apply for open RN roles for the nonprofit health care facility. The challenge is to get qualified candidates to go through the hiring process of interviewing, negotiating salary, accepting the offer, and determining the time to begin the onboarding process once hired. Partnering with colleges for tuition assistance will assist hospital health care leaders in having qualified RNs apply for roles in organizations (Sarver et al., 2015). All of the participants understood that salary is a challenge in recruiting qualified RNs. However, all of the

participants also understood the importance of promoting benefits, retirement, tuition assistance on the company website and other job boards when permitted.

P1 stated that the nonprofit health care facility uses Indeed and Idealist to post open positions. P1 emphasized how Idealist is used by nonprofit organizations to post their open positions. P3 mentioned that his most successful technique had been referrals. RNs who graduated recently from college can refer other qualified RNs to apply for roles with the nonprofit health care facility. RNs know classmates or colleagues from their internship. P2 stated,

I think the RNs specifically, the best way to recruit them is through face to face whether it be at college events or career fairs or open houses just because with job boards, it's definitely easy to recruit everyone but being a nonprofit, you want them to understand the mission, and you want them to have that personal touch and remember you going forward. Whereas with job boards, it's way more impersonal and it's easier for them to forget you when you're competing with others, so.

P3 emphasized although job boards are great, but face-to-face contact ensures that as a nonprofit health care facility recruiter they can discuss the mission of the organization with RN candidates to determine if working with the nonprofit health care facility is a good fit for the RN candidate. Richards (2016) noted that recruiting RNs is competitive and recruiters have to be strategic in recruiting RNs. In the end, P3 mentioned being engaged with connections on Facebook. That means posting RN job opportunities,

sharing articles, and responding to comments made by members of the group or Facebook page.

General systems theory by Ludwig von Bertalanffy is a general science of wholeness (Bertalanffy, 1968). In addition, Bertalanffy's general systems theory has a general tendency towards integration in the various sciences, natural, and social (Bertalanffy, 1968). All participants understood that when recruiting a qualified RN, the RN should meet the examination requirements and apply for the RN license in the state of New York (NYSED, 2018). All of the participants emphasized the importance of the RN applicant being the right fit for the nonprofit health care facility. RNs, whether working in the day school or residence, should be comfortable working with the developmentally disabled.

General systems theory is not just a some of all parts. However, all parts should have synergy or emergent behavior (Bertalanffy, 1968). All participants understand that the RNs hired for the nonprofit health care facility should be a right fit and collaborate with colleagues to achieve the mission of the nonprofit health care facility. Changing one part of the system usually affects other parts and the entire system (Bertalanffy, 1968). All participants understood that when new RNs are hired, the RN transition should be as seamless as possible to not impact the synergy of the department or the nonprofit health care facility as a whole. Homan (2016) emphasized the challenges of recruiting RNs. Partnering with colleges for tuition assistance will assist in having qualified RNs to apply for roles with organizations (Sarver et al., 2015). All of the participants understood that salary is a challenge in recruiting qualified RNs. However, all participants also

understood the importance of promoting benefits, retirement, and tuition assistance on the RN positions posted on the company website and other job boards.

P1 stated that the nonprofit health care facility does use Indeed and Idealist to post open positions. P1 emphasized how idealist is used by nonprofit organizations to post their open positions. Richards (2016) noted that recruiting RNs is competitive and recruiters have to be strategic in recruiting RNs. In the end, P1, P2, and P3 shared similar viewpoints about leveraging current applicants to refer candidates to apply to RN roles with the nonprofit health care facility, leveraging current employees to refer RNs through referral fee or perk, and being engaged with nonprofit health care facility Facebook page or in groups with similar mission on Facebook as well.

Recruiters at the nonprofit health care facility employed strategies to recruit RNs by partnering with colleges, using various job boards, partnering with professional organizations, and leveraging social media websites to recruit RNs. Through data analysis, I revealed that expanding on partnering with professional organizations, colleges, using job boards, and leveraging social media should increase the number of applicants for RN positions with the nonprofit health care facility. Recruiters can measure recruiting efforts by monitoring results of various recruiting initiatives (Houghton et al., 2013). The findings of this doctoral study support the existing literature found in the literature review and conceptual frameworks on recruiting strategies for recruiters in a nonprofit health care facility.

Applications to Professional Practice

The purpose of this qualitative single case study was to explore strategies human resources staffers use to recruit RNs in a nonprofit health care facility. For recruiters, recruiting strategies to recruit qualified RNs to fill RN roles are challenging. My review of the available literature centered on several components assisting with my study's research question. Four themes emerged from conducting the research: (a) partnering with colleges, (b) partnering with professional organizations, (c) being strategic in recruiting RN role, and (d) promoting the benefits and using the website or job boards to promote open RN positions.

A review of the literature revealed recruiters should be strategic in recruiting qualified RNs. Beale (2016) mentioned mentoring new RNs is important. Pairing a new RN with an experienced RNs will assist in growing nurse leaders (Dyette et al., 2016). Nurse leaders can mentor new RNs and assist them in understanding the potential for growth within an organization. A review of the literature also revealed partnering with colleges and universities to recruit for qualified RNs.

Partnering with colleges is important in working with new RNs who have recently graduated from college and are entering the workforce (Hofler, 2016). Organizational leaders should partner with colleges for tuition reimbursement (Sarver et al., 2015). After interviewing the selected participants of the nonprofit health care facility, I now understand that many nonprofit health care facilities recruiters cannot compete for qualified RNs based on salary. However, recruiters for nonprofit health care facilities should emphasize the importance of promoting benefits and perks such as health insurance, retirement, and tuition assistance. Recruiters should assist new RNs in

understanding the importance of gaining experience and leveraging tuition assistance programs to advance their careers and become a nurse supervisor or nurse manager. In addition, recruiters should be direct with the population RNs will be serving. For example, the nonprofit health care facility I selected for the new research serves the developmentally disabled. New RNs who are fresh out of college should be comfortable working with that population if RNs want to succeed. New RNs out of college should align with the mission of the nonprofit organization.

All of the participants mentioned the timing of some of the career fairs. Many of the candidates that approached a nonprofit health care facility at career fairs were not licensed RNs. Recruiters should stay in touch with some of these candidates. However, many do not end up applying for RN roles with the nonprofit health care facility after graduating from college. In addition to having good moral character, be 18 years of age, and have the proper education requirements, RN graduates should pass examination requirements and apply for an RN license with the state of New York (NYSED, 2018). Nonprofit health care facility recruiters should work with colleges to come on campus and interview qualified RNs once they pass their RN exam and are licensed by the state of New York.

The availability of RN roles is important in getting RN positions filled. The average age of an RN in the United States is 55 years of age (Martinez et al., 2015). With the aging nursing population, recruiters should understand hiring with a more diverse nursing staff (Dolan, 2015). Open communication is important between the nurse and the patient (Gogin et al., 2016). Recruiters should understand that recruiting RNs is

competitive and recruiters should be strategic in recruiting RNs (Richards, 2016). For the nonprofit health care facility, the open RN roles should be available where RN roles posted. The company website is a good place to post open roles. The engagement on social media as mentioned by Participant 3 during the interviews will guide candidates to apply for RN roles on the company website. Recruiters should be strategic in filling RN roles (Richards, 2016). Social media engagement will drive applicants to the company website to apply for open RN roles.

Implications for Social Change

Recruiters need to recruit a diverse nursing staff to meet the demand of the increasing number of Hispanics in the United States (Dolan, 2015). For a health care facility to diagnose a patient for treatment or disease, open communication is important between the patient and nurse (Gogin et al., 2016). Having new RNs mentored by established RNs will increase the amount of nurse leaders in the future (Dyette et al., 2016). Mentoring new RNs will establish leadership qualities and help fill gaps in experience for RNs to become nurse leaders in their organizations and their communities (Beale, 2016). By addressing these gaps, RNs may understand how leaving organizations frequently impacts the organization trying to fill the RN role, impacts business, and adversely impacts patient outcomes.

New RNs straight out of college must establish experience and encounter scenarios to better serve patients for years to come. Mentoring new nurses out of college is important in the success of new RNs entering the workforce (Hofler, 2016). The findings of this doctoral study may assist other nonprofit health care facility recruiters in

recruiting qualified RNs at their organizations. Recruiters should hire RNs that are the right fit for their organization and for the community the RNs serve. The organizational leaders should understand the reasons for RN turnover and be able to address RN turnover issues.

The implications for positive social change include the potential to increase the number of positive recruiter and college relationships or professional organizations resulting in an increased number of RN applicants for nonprofit health care facilities, which may contribute to the financial stability and prosperity of RNs community and families. The findings, conclusions, and recommendations from this doctoral study may provide recruiters from a nonprofit health care facility with an understanding of strategies to recruit RNs more effectively. By sustaining positive relationships between the nonprofit health care facility and colleges or universities, more candidates may apply to RN positions. In addition, with additional positive relationships with professional organizations, more candidates may apply for RN positions and more people may be employed in the communities where RNs live (Beale, 2016).

Recommendations for Action

Homan (2016) mentioned recruiting RNs is challenging. Recruiters should understand when recruiting for RNs and be mindful of the transition of new RNs from college into the workforce (Hofler, 2016). Partnering with colleges to promote benefits, such as tuition assistance, will assist recruiters in attracting RNs to apply for RN positions with organizations (Sarver et al., 2015). Pairing new RNs with experienced RNs or nurse leaders in a mentoring relationship may assist in the growth of new RNs entering

the workforce and the new RNs may gain experience to become nurse supervisors or managerial roles in the future (Beale, 2016; Dyesse et al., 2016). Richards (2016) mentioned recruiting RNs is competitive and recruiters should be strategic in recruiting RNs.

This study has the potential to address concerns about challenges in recruiting qualified RNs in a nonprofit health care facility. All of the participants understood that RNs hired for RN roles with the nonprofit health care facility should be comfortable working with the developmentally disabled. RN applicants should understand not just the salary of the position, but also the benefits and perks of the RN position. Barriers exist in recruiting RNs (Grady, 2014). Marquand (2013) mentioned that organizations should partner with professional organizations to recruit RNs. The following recommendations might assist recruiters in recruiting RNs in a nonprofit health care facility.

Recommendation 1

Recruiters find recruiting for RNs competitive and challenging. I recommend recruiters partner with professional organizations, such as the National Association of Hispanic Nurses, to have the opportunity to recruit Hispanic nurses. The nursing shortage is expected to reach 260,000 by 2025 (Keita et al., 2015). The National Association of Hispanic Nurses provides mentorship, monthly meetings and opportunities to connect with nursing professionals. By connecting with nursing professionals, recruiters for the nonprofit health care facility may increase their pool of candidates when RN roles become available for the nonprofit health care facility. Recruiters can participate in monthly meetings, speak at these monthly meetings, or partner with professional

organizations for their mentorship program. Speaking at these monthly meetings, recruiters can promote the nonprofit health care facility and nursing professionals in the audience can understand the mission of the nonprofit health care facility. Nursing professionals can either appeal to new RNs or existing RNs looking to transition from their current roles.

The National Association for Hispanic Nurses also has a mentoring program. I recommend that experienced RNs mentor new RNs hired by a nonprofit health care facility from the National Association for Hispanic Nurses and make RNs comfortable in their transition into the workforce. New RNs can network with other nursing professionals. In addition, new RNs can understand the expectations of an RN. New RNs can take these ideas and implement these ideas at the nonprofit health care facility. New RNs working in the nonprofit health care facility can be referred by the mentor to work on certain soft or hard skills to prepare them to become a better RN.

Recommendation 2

The transition of new RNs into the workforce will determine whether their success is working in the nonprofit health care facility. Partnering with colleges may assist recruiters in recruiting the right candidate for the position (Sarver et al., 2015). I recommend the nonprofit health care facility partner with colleges and universities that offer programs to advance RN careers. The nonprofit health care facility can partner with these same colleges and universities to offer a tuition discount. Offering a tuition discount can entice RNs to advance their career. Depending on experience or undergraduate degree, certain classes at the beginning of the program can be waived, thereby saving the

RN time and money. Colleges and universities can consider transfer credits, an undergraduate degree, and work experience in determining how many credits are needed for a graduate degree to further advance the career of the RN. Some of the graduate degrees include a Master of Science in Nursing or a Master of Business Administration degree.

Recruiters for nonprofit health care facilities can also partner with different career services offices of colleges and universities offering nursing programs. Recruiters can stay in touch with career counselors when RN students pass examination requirements and have applied for a nursing license in the state of New York. Career counselors can then set up a date for recruiters of nonprofit health care facilities to come on the college campus to interview RNs. Recruiters can then determine if RNs are a good fit for the nonprofit health care facility. Some career services offices have job boards for their students, graduates, and alumni to application to various employment opportunities. Recruiters for nonprofit health care facilities can post open RN roles in these job boards for graduates and alumni. Lastly, recruiters for nonprofit health care facilities should guest speak in several senior-level courses. By doing this, recruiters expose the nonprofit health care facility to students and these students can then do research and determine if they fit the mission of the nonprofit health care facility and apply for work in the organization.

Recommendation 3

Another recommendation is continuing to post open RN roles on the company website. I recommend continuing to use Facebook and Facebook groups to promote open

RN roles, and any qualified candidates should apply online. Facebook and Facebook groups could drive qualified RNs to apply for RN roles on the nonprofit health care facility website. If the budget allows for recruiters in a nonprofit health care facility, I would also continue to post on Indeed and Idealist. On Idealist it is common to find positions in the nonprofit sector. The more places RN positions are posted, the more applications for RN roles recruiters will receive, and then recruiters can determine if the applicant merits a phone call or contact. Job seekers may not go to Idealist but will start a job search with Indeed. While RN roles may not work for one job seeker, the RN role may work for a friend or relative. The more exposure of job opportunities, the better for the nonprofit health care facility.

More professionals are using LinkedIn. I would recommend recruiters use LinkedIn, similar to how people use Facebook. Recruiters should join different groups, share articles, and also share information about upcoming open houses or RN positions that are open. Job seekers can view information and determine if the open RN role in the nonprofit health care facility is an appropriate fit for them to apply them. If the budget allows it, recruiters should post the open RN roles on LinkedIn. Recruiters can review resumes and LinkedIn profiles. Recruiters for nonprofit health care facilities can also ask for recommendations on their LinkedIn profile. Recommendations are important on LinkedIn because job seekers can view the recommendations and RN applicants can view how serious recruiters are in their profession. Nursing professionals can partner with the recruiters to recruit for RN roles for the nonprofit health care facility. Nursing professionals can stay in touch with recruiters in the human resources department for

nonprofit health care facilities to provide recommendations for a mentoring program for onboarding of new RNs.

Recommendation 4

The final recommendation is having a mentorship program when onboarding new RNs. Pairing new RNs with experienced RNs may assist RNs with the transition from college into the workforce. Experienced RNs can guide new RNs to better understand the company culture. New RNs hired by nonprofit health care facilities can better understand systems or software if paired with an experienced nurse. A mentoring program can last 3 to 6 months. The reason I recommend 3 to 6 months is so that the new RNs, hired by nonprofit health care facility can fully transition into the RN role. If new RNs have any questions, new RNs can refer to the experienced RNs for advice.

The findings for this study and the recommendations for action presented are strategies to recruit RNs in a nonprofit health care facility. The recommendations provided can reinforce or develop actions for change in recruiting qualified RNs for the nonprofit health care facility. Recruiters who embrace these recommendations may find ways to recruit qualified RNs for the nonprofit health care facility. Partnering with colleges and universities is important in implementing these changes. In addition, partnering with professional organizations may determine whether recruiters implement the recommendations. Lastly, a mentoring program for new RNs and RN job posting availability may also determine if recruiter implements the recommendations provided from this doctoral study.

Recommendations for Further Research

A qualitative single case study was used in this doctoral study to explore recruiting strategies for recruiters in a nonprofit health care facility. A limitation in the doctoral study was the boundaries established controlling the extent of the research to a single location (Marshall & Rossman, 2015). I interviewed recruiters for a nonprofit health care facility based out of New York, NY. Geographic restrictions impede the opportunities to explore other nonprofit health care facilities in other cities throughout New York State. The results of this doctoral study may apply to other similar nonprofit health care facilities and may be transferrable to other settings.

The first recommendation for future research is to replicate the study using a multiple case study approach. Broadening the doctoral study would permit the researcher entry into other nonprofit health care facilities and provide a richer perspective. My second recommendation for future research is to consider a mixed method study. Adding a quantitative approach would add an element of inconspicuousness and perhaps honesty from the participants. Lastly, a mixed method study might provide a richer perspective on a challenge within the industry.

Reflections

When I began my doctoral journey seven years ago, I did not know what to expect. I was excited but very confused at times. I was frustrated at times and almost gave up. My drive to succeed and continue to try to increase my salary for my family is the reason I have not given up completing my doctoral study. I have been working both as faculty and staff in higher education for about 10 years. I always wanted to give

myself an option to teach full-time. Many of the positions posted online require a doctorate. I did not pursue a Ph.D. because I felt that a Ph.D. was geared towards those who want to get into higher education. I was always intrigued about the DBA because I wanted to understand and further identify and solve business problems.

I always want to lead by example and influence communities to further pursue their education. I hardly know any Hispanics who have a doctoral degree. As a fellow Hispanic, I want to lead by example and inspire other Hispanics in the New York, New Jersey area to further their education. Working in the Walden DBA program, I discovered quantitative and qualitative tools that would enable for me to review challenges at work, interpret data, and make decisions for my department based on learning the methodologies from Walden University. I believe I am now more able to do something about social problems by leveraging my network on LinkedIn and working with leaders to influence change. As a DBA student/graduate, I can define, identify, and offer evidence-based scholarly recommendations for every stakeholder in an organization with confidence. I look forward to speaking to various audiences with the hope of influencing social change.

Conclusion

A study of this nature is critical for improving recruiting strategies for recruiters for a nonprofit health care facility. The findings of this doctoral study explored strategies recruiters use to recruit RNs in a nonprofit health care facility. Challenges exist in recruiting RNs (Homan, 2016). New RNs need assistance with the transition from college and into the workforce (Hofler, 2016). Recruiters should be strategic in recruiting RNs

(Richards, 2016). The findings in this study may contribute recommendations for recruiters in nonprofit health care facilities in implementing recommendations for recruiting RNs for the nonprofit health care facility.

Four themes emerged in the findings of this doctoral study (a) partnering with colleges and universities, (b) partnering with professional organizations, (c) understanding the benefits and perks, and (d) leveraging websites or social media to entice RN candidates to apply for RN roles with the nonprofit health care facility. These four themes support the existing literature relative to increasing partnerships with colleges and professional organizations to recruit qualified RNs for the nonprofit health care facility. The four emerging themes further support the general systems theory and conceptual framework.

Based on the findings, recruiters for the nonprofit health care facility should partner with professional organizations in recruiting qualified RNs. The National Association for Hispanic Nurses is one example of an organization I suggest for nonprofit health care facilities to partner with to recruit RNs. Partnering with colleges and universities for discounts on tuition assistance and recruiting RNs is an imperative to the success of recruiters in successfully hiring RNs. RNs can promote benefits and perks to the RN applicants to entice RN application at the nonprofit health care facility. The findings in this study support the need for recruiters to post open RN roles in several job boards including Indeed and Idealist.

Leveraging Facebook and LinkedIn is important to encourage RN applicants to apply for RN positions with the nonprofit health care facility. Lastly, this study revealed a

need for a mentoring program for new RNs hired from a nonprofit health care facility. Pairing new RNs with established RNs confirms the literature review and the need for mentoring programs suggested for implementation in the human resources department at the nonprofit health care facility. As mentioned in the literature review, benefits and room for growth are critical components in determining hiring RNs for the nonprofit health care facility.

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Appendix A: Data Use Agreement

This Data Use Agreement (“Agreement”), effective as of March 1, 2018 , is entered into by and between Jairo Borja (“Data Recipient”) and Adapt Community network (“Data Provider”). The purpose of this Agreement is to provide Data Recipient with access to a Limited Data Set (“LDS”) for use in research in accord with the HIPAA and FERPA Regulations.

Definitions. Unless otherwise specified in this Agreement, all capitalized terms used in this Agreement not otherwise defined have the meaning established for purposes of the “HIPAA Regulations” codified at Title 45 parts 160 through 164 of the United States Code of Federal Regulations, as amended from time to time.

Preparation of the LDS. Data Provider shall prepare and furnish to Data Recipient a LDS in accord with any applicable HIPAA or FERPA Regulations

Data Fields in the LDS. **No direct identifiers such as names may be included in the Limited Data Set (LDS).** The researcher will also not name the organization in the doctoral project report that is published in ProQuest. In preparing the LDS, Data Provider or shall include the **data fields specified as follows**, which are the minimum necessary to accomplish the research: Will only release responses and data interpreted for the purpose of recruiting strategies to recruiting registered nurses. .

Responsibilities of Data Recipient. Data Recipient agrees to:

Use or disclose the LDS only as permitted by this Agreement or as required by law;

Use appropriate safeguards to prevent use or disclosure of the LDS other than as permitted by this Agreement or required by law;

Report to Data Provider any use or disclosure of the LDS of which it becomes aware that is not permitted by this Agreement or required by law;

Require any of its subcontractors or agents that receive or have access to the LDS to agree to the same restrictions and conditions on the use and/or disclosure of the LDS that apply to Data Recipient under this Agreement; and

Not use the information in the LDS to identify or contact the individuals who are data subjects.

Permitted Uses and Disclosures of the LDS. Data Recipient may use and/or disclose the LDS for its research activities only.

Term and Termination.

Term. The term of this Agreement shall commence as of the Effective Date and shall continue for so long as Data Recipient retains the LDS, unless sooner terminated as set forth in this Agreement.

Termination by Data Recipient. Data Recipient may terminate this agreement at any time by notifying the Data Provider and returning or destroying the LDS.

Termination by Data Provider. Data Provider may terminate this agreement at any time by providing thirty (30) days prior written notice to Data Recipient.

For Breach. Data Provider shall provide written notice to Data Recipient within ten (10) days of any determination that Data Recipient has breached a material term of this Agreement. Data Provider shall afford Data Recipient an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to agree on mutually agreeable terms for cure within thirty (30) days shall be grounds for the immediate termination of this Agreement by Data Provider.

Effect of Termination. Sections 1, 4, 5, 6(e) and 7 of this Agreement shall survive any termination of this Agreement under subsections c or d.

Miscellaneous.

Change in Law. The parties agree to negotiate in good faith to amend this Agreement to comport with changes in federal law that materially alter either or both parties' obligations under this Agreement. Provided however, that if the parties are unable to agree to mutually acceptable amendment(s) by the compliance date of the change in applicable law or regulations, either Party may terminate this Agreement as provided in section 6.

Construction of Terms. The terms of this Agreement shall be construed to give effect to applicable federal interpretative guidance regarding the HIPAA Regulations.

No Third-Party Beneficiaries. Nothing in this Agreement shall confer upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities whatsoever.

Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

Headings. The headings and other captions in this Agreement are for convenience and reference only and shall not be used in interpreting, construing or enforcing any of the provisions of this Agreement.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf.

DATA PROVIDER

DATA RECIPIENT

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Print Title: _____

Print Title: _____

Appendix B: Prequalifying Interview Questions (Screening for Participant Selection) and Interview Protocol

Prequalifying Interview Questions

1. Are you a current a recruiter working for a nonprofit health care facility in New York?
2. Have you recruited for RN roles for at least one year?
3. If you are selected to participate in this doctoral study, are you willing to be audio recorded?
4. What is your current title/position?

Interview Protocol

- I. Introduce self to participant(s).
- II. Present consent form, go over content, and answer questions and concerns
- III. Give participant copy of consent form.
- IV. Turn on recording device.
- V. Follow procedure to introduce participant(s) with pseudonym/coded identification and note the date and time.
- VI. Begin interview with question #1; follow through to final question.
- VII. Follow up with additional questions.
- VIII. End interview sequence; discuss transcript review and member checking with participant(s).
- IX. Thank the participant(s) for his/her part in the study. Reiterate contact numbers for scheduling follow-up member checking interview, questions, and concerns from participants.
- X. End protocol.

Appendix C: Interview Questions

1. What challenges do you experience when filling RNs positions with the nonprofit healthcare facility?
2. What is the most effective strategy you use in recruiting RNs?
3. What barriers did you encounter in recruiting qualified RNs?
4. What professional organizations and colleges have you collaborated with in the past to recruit qualified RNs, if any?
5. What are the techniques or processes you have used that shorten the time to fill an RN position?
6. What additional information, if any, would you like me to consider?