

2019

The Benefit of Leadership Using First Choice for New Graduate Nurse Retention

Jodie Marie Lyons
Walden University

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Walden University

College of Management and Technology

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Jodie M. Lyons

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Walden University
2019

Abstract

The Benefit of Leadership Using First Choice for New Graduate Nurse Retention

by

Jodie M. Lyons

MSN, Walden University, 2011

ASN, Valencia Community College, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management

Walden University

May 2019

Abstract

The United States has a nursing shortage that is projected to grow to over 500,000 by the year 2030. This is an issue for leaders because the nursing shortage affects health care organizations sustainability. The purpose of this qualitative descriptive phenomenological study was to identify and report the lived experiences of new graduate nurses (NGNs) in oncology and whether unit of first choice (UFC) effected their intention to remain after 2 years of practice. The research question considered the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though oncology was not their UFC during their first 2 years. The framework theories that provided a lens were Herzberg's motivational hygiene, Burns' transformational leadership theory and von Bertalanffy's general systems theory. Data were collected from semistructured interviews attaining data saturation with 10 NGNs in Central Florida. Data analysis involved using hand-coding and NVivo 12 Plus. The findings revealed the negative impacts of the nursing shortage, cycle of nurse turnover in oncology, positive and negative experiences in oncology, and reducing turnover and increasing NGN retention in oncology. Application of the findings of this study by nursing leaders may improve new graduate nurse hiring practices and retention, as leaders consider the result that unit of first choice has on NGN retention. Retaining NGNs could result in a positive social impact by lowering hospital employment costs, improving community stability, making health care more affordable to the community, and reducing medical errors.

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Dedication

This dissertation is dedicated to the memory of my beloved mother, Sharon E. White, who passed away before I could complete it. I didn't walk for my master's degree because I wanted her to see me walk for my PhD. I will forever regret that decision. I promise this time I will walk. I wish you were still alive today to share with me in the celebration of my success in graduating with my PhD.

I also dedicate this to my amazing husband, Steve, for your endless support and encouragement throughout this doctoral journey. We have been through a lot during this journey, met, got married, and had two amazing children. Also, to my wonderful boys, especially Joshua (my oldest of three), thank you for understanding why Mom wasn't always free to play. Please learn from my experience and make learning a priority in your lives.

I also want to thank my father. You have always encouraged me to be the strong person I am. Without you, I don't think I would have had the determination it took to get this study completed. Thank you for always being there when I needed you.

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Chapter 1: Introduction to the Study

By the year 2030, the United States is projected to have a nursing shortage of nearly 500,000 (Zhang, Tai, Pforsich, & Lin, 2018). New graduate nurses (NGNs) are likely to fill these open positions (Anderson, Linden, Allen, & Gibbs, 2009; Little, Ditmer, & Bashaw, 2013). NGNs are defined as nurses who have 2 years or less experience providing direct clinical care to patients (Wolff, Pesut, & Regan, 2010). The turnover rate for NGNs in the first 2 years of practice ranges from 37% to 61% (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2011; Hickey, Harrison, & Sumsion, 2012). Regardless of business or organization type, turnover is a leadership problem because the costs associated with turnover have a direct impact on an organizations business and sustainability strategies (Whelan & Fink, 2016). High turnover impairs a leader's ability to do his or her job as there are fewer experienced nurses and the constant influx of new staff drags down the experience level of nurses, staff morale, and engagement within an organization (Whelan & Fink, 2016). Although there has been research conducted to discover ways to improve NGN retention, NGN turnover continues to be high (Hofler & Thomas, 2016).

The results of this qualitative study add to existing knowledge about NGN hiring, placement, and retention to assist with leadership organizational strategies. I used a descriptive phenomenological design to study the lived experiences of NGNs on oncology units, with the aim of understanding how being hired to a unit of first choice (UFC) affects NGN retention. The findings of this study have positive social implications by providing knowledge of whether placement of a NGN's UFC affects retention.

Increasing NGN retention may improve nursing quality, decrease staff stress, increase patient safety, and decrease hospital-associated deaths (American Nurses Association, 2015; Neff, Cimiotti, Sloane, & Aiken, 2013; Umansky & Rantanen, 2016).

Chapter 1 consists of a background on the topic of study as well as the purpose of the study. The research questions and the theoretical and conceptual frameworks that guided the study are also presented. Information about the nature of the study and definitions of important terminology are also included in Chapter 1. The study's assumptions and limitations, as well as scope and delimitations, are outlined. I also include the study's significance and contribution to the literature.

Background of the Study

The United States has a nursing shortage that is projected to grow by 15% through the year 2025 (U.S. Bureau of Labor Statistics, 2015). This is an issue for leaders because the nursing shortage affects health care organizations sustainability (Huber, 2018). Organizations are affected by the shortage as issues related to cost, care delivery, and the ability to deliver safe, effective, and cost efficient care (Huber, 2018). A cause contributing to the nursing shortage is the aging baby-boomer population (U.S. Bureau of Labor Statistics, 2015). Baby boomers are reaching retirement age and living longer lives, increasing the need for health care services (U.S. Bureau of Labor Statistics, 2015). Almost 500,000 nurses are part of the baby-boomer population and are likely to retire by 2022 (American Nurses Association, n.d.-b; Morin, 2018). Increased rates of chronic conditions such as diabetes and obesity, and a greater demand for preventive health care

services, is adding to the need for more health care staff (U.S. Bureau of Labor Statistics, 2015).

A chronic shortage of nurses can lead to serious concerns for both nurses and patients (Umansky & Rantanen, 2016). A nursing shortage usually leads to higher patient-to-nurse ratios, leading to an increase in nurse burnout and can decrease patient safety (American Nurses Association, 2015; Neff et al., 2013; Umansky & Rantanen, 2016). Hospitals and other health care organizations recruit NGNs to fill their open positions (Anderson et al., 2009; Little et al., 2013). The turnover rate for NGNs in their first 2 years of practice ranges from 37% to 61% (Brewer et al., 2011; Hickey et al., 2012). Over the next decade, NGN turnover could reach as high as 75% within the initial months of employment, with 17.5% of NGNs estimated to leave the profession within their first year of employment (Fiester, 2012; Trepanier, Early, Ulrich, & Cherry, 2012).

A literature review identified a gap in the literature. Although previous authors have investigated many aspects of NGN retention and turnover, NGN turnover continues to be a problem for health care providers. Very little research has been done to explore UFC hiring as a means of improving NGN turnover.

Increased NGN retention may improve nursing quality over time by retaining more experienced nurses, decreasing staff stress, and decreasing hospital-associated deaths (American Nurses Association, 2015; Neff et al., 2013; Umansky & Rantanen, 2016). Although the American Academy of Colleges of Nursing (AACN) has offered several recommendations for increasing NGN retention, difficulty continues in retaining NGNs in their initial position of hire (Friday, Zoller, Hollerbach, Jones, & Knofczynski,

2015; Laschinger et al., 2016; Rogers, 2016; Rosseter, 2014). With the recent changes in health care, including more inclusive health insurance coverage and reimbursement for meeting quality measures, the demand for nurses is expected to increase (American Nurses Association, 2014; U.S. Bureau of Labor Statistics, 2015).

Problem Statement

By the year 2030, the United States is projected to have a nursing shortage that may increase to a critical shortfall of more than half-a-million nurses (Zhang et al., 2018). The general management problem is the nursing shortage has already led to a decrease in the quality of patient care, an increase in deaths related to medical errors, and inefficiencies and ineffective health care delivery (Ball et al., 2018; Cho et al., 2015; Neff et al., 2013). The inability to meet demands negatively affects the quality of patient care, nurses' performance efficiency, and nurse turnover (Cho et al., 2015).

The reasons for NGN turnover in oncology units may be discovered by interviewing nurses who were NGNs on oncology units. The specific problem addressed in the current study was the ineffective management of oncology NGN retention is a primary contributor to the nursing shortage and increased turnover costs (Goode, Reid Ponte, & Sullivan Havens, 2016). Although nurses with varied levels of experience can be recruited, NGN recruitment is the largest source of nurses readily available (Little et al., 2013). NGN turnover has been studied since 1930; however, despite multiple recommendations from scholars, NGN turnover and retention continues to be a challenge (Spence et al., 2016; A. Wolf, 1928). Although NGN residency and orientation programs have recognized improved retention rates, the cost and inconsistency of hospitals

implementing NGN residency programs, including mentoring programs, have prevented the management problem from being solved (Eckerson, 2018; Goode et al., 2016; Rogers, 2016; F. S. Williams & Scott, 2018). An emerging management model of shared governance has improved retention within hospital organizations; however, high NGN turnover rates continue to be a problem (McClarigan, Mader, & Skiff, 2019; Reich, Ruggiero, & Triantos, 2018).

Purpose of the Study

The purpose of this qualitative descriptive phenomenological study was to identify and report the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit although oncology was not their UFC during their first 2 years of employment in Central Florida. Data was collected through open-ended questions in semistructured interviews with 10 NGNs (Van Rijnsoever, 2017). The population of nurses in oncology units was chosen because oncology units hire both NGNs who have oncology as a UFC, and NGNs who do not have oncology as a UFC (Human Resources Representative, personal communication, November 17, 2016). Because sample selection for qualitative research has an effect on the quality of the study, using a purposeful sample allowed me to identify nurses who have the lived experiences of working on a unit that was either their UFC or was not their UFC during their first 2 years of employment on an oncology unit in Central Florida (see Coyne, 1997). Describing the lived experiences of NGNs during their first 2 years of employment may improve the understanding of factors that affect NGN retention (Van Manen, 2017).

Nature of the Study

Research Method

According to Edmonds and Kennedy (2017), the research method provides the framework for a researcher to answer a specific research question. Researchers use qualitative research methods to better understand the meaning of an individual's or group's association with a particular problem or phenomenon (McCusker & Gunaydin, 2015). Collection of data regarding NGNs' perceptions and beliefs during their first 2 years on an oncology unit (either as UFC or not as UFC) may assist leaders in developing more effective hiring and placement practices and increasing retention of NGNs beyond 2 years (Van Manen, 2017). I also collected data on the 10 (100%) participants' UFC, age, whether they participated in a formal NGN residency program, and retention history to determine whether these characteristics helped to define NGN's experiences.

Previous researchers who addressed UFC used a quantitative methodology (Beecroft, Dorey, & Wenten, 2007). Researchers who use quantitative methods emphasize statistical information over the perceptions of groups or individuals (McCusker & Gunaydin, 2015). Beecroft et al. (2007) found that older nurses were more likely to intend to leave their jobs if they did not get their UFC. NGNs were more likely to intend to stay if they perceived a good work environment; however, Beecroft et al. (2007) did not address other possible motivators for retention. This qualitative research has helped generate more insights about NGN retention. Van Manen (2017) suggested that insights are not derived through technical or methodical means; rather, insights are discovered through the reflection of lived experiences. Using a qualitative method was

appropriate because I was looking to gain greater insight into the experience of UFC and whether getting UFC affects NGN retention rates after 2 years.

Research Design

Qualitative descriptive phenomenological research is used to obtain broad and rich information on how individuals construct reality (Kim, Sefcik, & Bradway, 2017; Van Manen, 2017). According to Van Manen (2017), researchers using phenomenological principles explore the lived experiences of participants to get the essence of their experiences and determine the context and value of a specific phenomenon. The themes collected in phenomenological reflection reveal insights which, according to Van Manen, provide richness and fullness to the understanding of a phenomenon. I chose a descriptive design because I was interested in whether a certain life event (whether a nurse was hired to his or her UFC) impacted the nurse's choices to remain with a specific job (see Kim et al., 2017). Although an interpretive approach might have been beneficial, determining whether the phenomenon exists was foremost in my thoughts, and an interpretive approach could be considered for future research (Lopez & Willis, 2004).

Other qualitative designs considered were narrative and case study. Although both designs provide researchers insight into the research phenomenon, descriptive phenomenology offered the ability to obtain a richness and insight narrative and case study designs do not (Kim et al., 2017). Researchers use narrative designs to focus on the stories and the message disseminated through the story of study participants (Kim, 2010; Meier & Stremmel, 2010). A possible limitation of a narrative design is the ability for

researchers to generalize the results to other groups. Unless multiple interviews are carried out, the researcher's interpretations cannot be verified, leaving the results open to bias (Pringle, 2016; Tretteteig, Vatne, & Rokstad, 2017). Researchers who use a case study design want an in-depth look at a specific case, situation, or event (Yazan, 2015). Researchers using case studies are often restricted to a time and/or activity, and often use quantitative data as well as qualitative data (an embedded case study design) (Yazan, 2015; Yin, 2002).

Research Question

The overarching research question was: What are the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though oncology was not their UFC during their first 2 years of employment in Central Florida?

Conceptual Framework

A way of viewing a conceptual framework is as a study's theoretical tenets (Ravitch & Riggan, 2012). A second way of looking at conceptual frameworks is to view them as similar to or interchangeable with a theoretical framework (Ravitch & Riggan, 2012). A third way to look at a conceptual framework is as a way of connecting all of the parts of a research project (Ravitch & Riggan, 2012). Using Herzberg's motivational hygiene (or two-factor) theory, transformational leadership theory, and general systems theory as conceptual frameworks, I followed the third way of applying conceptual frameworks.

Herzberg developed his motivational hygiene (or two-factor) theory in 1959 (Alshmemri, Shahwan-Akl, & Maude, 2017; Herzberg, Mausner, & Bloch-Snyderman, 1959/2017). According to Herzberg's theory, the satisfaction or dissatisfaction with a job is associated with two different sets of factors (Alshmemri et al., 2017; Herzberg et al., 1959/2017). These factors are motivating (intrinsic) factors and hygienic (extrinsic) factors (Alshmemri et al., 2017; Herzberg et al., 1959/2017). Herzberg's theory was used as a conceptual framework for the study and added to the understanding of whether getting, or not getting, UFC affects turnover (Alshmemri et al., 2017; Herzberg et al., 1959/2017). According to Herzberg et al. (1959/2017), employees who have dissatisfying factors will consistently experience more job dissatisfaction. Considering NGNs' UFC in their placement is an important hygiene factor for predicting their retention decision.

Burns developed the transformational leadership framework in 1978 (Bass & Avolio, 1994; Burns, 2010; Hutchinson & Jackson, 2013). Bass and Avolio further developed the transformational leadership concepts in 1988 and 1994 (Bass & Avolio, 1994; Hutchinson & Jackson, 2013). According to Burns (2010), leaders influence followers in one of two ways, either as a reward for performance (transactional) or as a way to meet higher order needs (transformational). Transformational leaders help their followers develop stronger identification with their employers and convince employees to rise above their self-interests (Burch & Guarana, 2014; Hutchinson & Jackson, 2013). Learning the causes of turnover may help organizational leaders develop strategies, such as assigning NGNs to their UFC, as a way of minimizing NGN turnover (Burch & Guarana, 2014).

Von Bertalanffy's general systems theory was introduced in 1937 (Pouvreau & Drack, 2007; von Bertalanffy, 1972). General systems theory explores the concept of wholes and wholeness and how a system is a set of corresponding objects and their environment (von Bertalanffy, 1972). General systems theory is often used to look at a system according to its parts and as a whole, and how whole systems interact with their subsystems (Bertalanffy, 1969/2015). General systems theory, as a conceptual framework for the study, was used to understand the dynamics between the hospital system, hiring practices, and NGNs' retention within the hospital system so leaders can develop better engagement strategies to retain NGNs and meet organizational goals.

Definitions

Employee retention: An organization's ability to retain employees it wishes to keep employed (Gurbuz & Mert, 2011).

Employee turnover: Individuals who switch their place of employment from one organization to another, as well as individuals who leave the nursing career completely (Rosen, Stiehl, Mittal, & Leana, 2011).

Registered nurse: A nurse who has graduated from a nursing school and has passed the National Council Licensure Examination (NCLEX) in the state he or she wishes to practice (Carnevale, Smith, & Gulish, 2015; NCSBN, n.d.).

Unit of first choice (UFC): The unit an NGN would choose if he or she had a preference, and the first unit he or she would work on.

Assumptions, Limitations, and Delimitations

Assumptions

There are four assumptions identified for this study. The first assumption was that participants were honest when answering the interview questions. The first assumption was necessary because without honest responses, the results of the study would be inaccurate. The second assumption was that retention of NGNs continued to be important to the leadership of health care organizations. If NGN retention was not important, there was no reason to continue with the study. The third assumption was that the interview questions were relevant to the research problem being studied. Without relevant questions, the data may not reveal findings related to the phenomenon being studied. The final assumption was the data analysis resulted in valid and reliable findings.

Limitations

There were four limitations identified for the study regarding the oncology nurses who participated. The first limitation was the difficulty in securing qualified participants. Over 6,000 NGNs from 2014 and 2015 live in the Central Florida area. All of these were contacted via email invitation. There were 32 responses and only 13 met inclusion criteria. Three declined to do the interview.

I was both the primary data collector and analyst; consequently, there might have been unintended biases. My lack of experience in conducting qualitative interviews and data analysis was also included as part of this limitation. This was addressed in three ways: (a) the interview tool used was field tested with four research experts, (b) after three interviews, I hand-coded the transcripts to ensure the data aligned with the research

question, and (c) I hired a data analysis specialist to recode and analyze my data so I verify my coding was aligned with an experts.

Another limitation was the purposive sampling used to identify participants for the study was an additional limitation. I chose oncology because it is a unit that is both a UFC and also has NGNs who are placed there even though it is not their UFC. This limited the participant population significantly. Although all of the units that participants started in were defined as oncology units, hospital location, size, patient population, and type of unit increase the differences in answers. However, these differences may increase the transferability of the findings to other units or organizations.

Finally, the fourth limitation for the study was the study was limited to Central Florida including Brevard, Lake, Orange, Osceola, Polk, Seminole, and Volusia counties. Transferring the study's results to other locations is a limitation due to mandatory staffing ratios and other regulations that exist in some states. The inclusion criteria required participants to have graduated in 2014 and 2015. These criteria may limit the generalization as time passes and more hospital implement nurse residency programs.

Delimitations

In research, delimitations help the researcher define a study's boundaries (Yin, 2002). There were four delimitations identified for the study. The first delimitation was that the participants in the study were NGNs who graduated in 2014-2015 with a 2- or 4-year degree and are in Central Florida. The second delimitation was the purposeful selection of NGN participants. The third delimitation was the interviewing of NGNs who were employed in a hospital setting oncology unit in Central Florida. The final

delimitation was that the participants were volunteers who could withdraw from the study at any time.

Significance of the Study

The findings of the study may contribute to the existing body of knowledge by providing data related to common themes generated from interviews with oncology nurses with 2 years post graduate time. The current body of knowledge has only a single study where the researchers examined the relationship between UFC and nurse retention. Identifying common themes may help leadership develop hiring practices, taking into consideration UFC as a potential means of increasing NGN retention. This study may warrant the replication of similar studies to other hospital units as well as prompting the reexamination of previous research related to NGN studies with the inclusion of the UFC study variable. The results of this qualitative study may also generate insights that can be used as hypotheses in quantitative or mixed-methods studies.

Significance to Practice

The potential contribution to nursing management practice is that, by reporting the lived experiences of NGNs, hiring managers may be able to modify hiring practices in a way to help reduce NGN turnover. Although decreasing NGN turnover will not completely prevent a nursing shortage, decreasing the rapid turnover of staff will help to increase staff experience that, in-turn, increases patient safety outcomes. According to Silvestre, Ulrich, Johnson, Spector, & Blegen (2017), rapid turn-over of staff changes the skill mix of a unit, causing higher rates of adverse patient outcomes. Increasing NGN retention will significantly reduce the cost of hiring and training nurses, the money saved

can then be invested into additional training programs for NGNs as well as experienced nurses (Liu et al., 2018; Silvestre et al., 2017).

Significance to Social Change

The results of the study may affect social change by helping leaders understand and identify hiring strategies that results in hospitals and health care organizations retaining NGNs. Retaining NGNs would lower employment costs and decrease the financial impact of NGN turnover on hospitals (Huddleston & Gray, 2016). Financially stable hospitals and health care organizations may improve community stability and may make health care more affordable to the community (Bridger, Smith, & Saunders, 2017). Increased NGN retention would also improve nursing quality over time by providing more experienced nurses, decreasing staff stress, and decreasing hospital-associated deaths (American Nurses Association, 2015; Neff et al., 2013; Umansky & Rantanen, 2016).

Summary and Transition

The context of the study is outlined in Chapter 1. NGN are being utilized to fill the positions being created both by the changes in health care as well as nurses who are retiring (Anderson et al., 2009; Little et al., 2013). Unfortunately, the turnover rate among NGNs in their first 2 years of practices is high (Fiester, 2012; Trepanier et al., 2012). In addition, the poor staffing mix, increases in inexperienced nurses, poor patient outcomes, and general job dissatisfaction for the nurses left behind can be avoided or minimized (Silvestre et al., 2017). To help decrease NGN turnover, I was interested in recognizing and identifying whether obtaining UFC or not obtaining UFC affects NGN

turnover rates. Chapter 2 of the study reviews the current literature on NGN turnover and UFC. In Chapter 2 UFC is examined using descriptive phenomenology as the qualitative method for the study.

Chapter 2: Literature Review

The nursing shortage and NGN turnover have been the focus of research since before the 1930s (Wolf, 1928). Yet, the United States is still projected to have a nursing shortage of nearly 500,000 by 2030 (Zhang et al., 2018). The purpose of this descriptive phenomenological study, was to answer the research question: what are the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though oncology was not their UFC during their first 2 years of employment in Central Florida?

Studies have been conducted to assess diverse aspects related to these topics. Chapter 2 presents an evaluation of some of the elements that have led to the current nursing shortage and high NGN turnover rates. The conceptual theories used in the study are also presented. Articles included in this review focus on the causes of NGN turnover, retention, and hiring strategies.

Walden University's Library, Google Scholar, and HCA Full Text were used as sources for the literature review. Searches of multiple databases were used to locate studies related to the research topic. This literature review consists of peer-reviewed articles published between 1928 and 2018. Although the focus of this review is the current nursing shortage, articles published before 2014 were included if they contributed to the historical or theoretical background for the study. Articles were located using the following databases: EBSCOhost, ProQuest, SAGE Premier, Thoreau, CINAHL Plus, and Google Scholar. Search terms included *baby boomers*, *healthcare reform*, *nurse faculty shortage*, *nursing shortage*, *projected nursing shortage*, *value-based medicine*,

affordable care act (ACA), Herzberg's motivational hygiene theory, transformational leadership, general systems theory, nurse-patient ratios and patient safety, reasons for nurse shortage, shortage of educators, patient acuity, nurse graduate turn-over, registered nurse (RN replacement costs, impact of turnover on nursing units, GN role transition, GN reality shock, lack of educational readiness, nurse work stress, nurse burnout, nursing work environment, nursing culture, nurse support systems, nursing schedules, nurse compensation, job satisfaction, lateral violence, organizational commitment, residency and transition programs, sign-on bonuses, preceptor and mentor, magnet programs, shared governance, interviewing, job shadowing, and unit of first choice.

Nursing Shortage

Current and Projected Shortage

In 2018, the United States is estimated to have 581,000 unfilled nursing positions (U.S. Bureau of Labor Statistics, 2015). By the year 2020, 1.6 million job openings are expected for RNs (American Association of Colleges of Nursing, 2017; Carnevale et al., 2015; U.S. Bureau of Labor Statistics, 2015). Carnevale et al. (2015) used the clinical specialty supply and demand model (CSSDM) to project the supply of available nurses in the year 2020; this model was developed by the National Center for Health Workforce Analysis, a division of the Health Resources and Services Administration (HRSA) in the U.S. Department of Health and Human Services (HHS) (Auerbach, Staiger, & Buerhaus, 2017; Carnevale et al., 2015).

To determine the supply of nurses, Carnevale et al. (2015) projected the number of graduates by using data from the National Center for Educational Statistics (NCES), the U.S. Census Bureau, and the Social Security Administration. The researchers then subtracted the total number of nurses who were projected to retire, leave the profession, decide not to actively participate in the profession, die, or become permanently disabled (Carnevale et al., 2015). They determined an available supply of around 3.2 million RNs, leaving a shortage of nearly 200,000 by 2020. Since the Carnevale et al. study, Zhang et al. (2018) has proposed a shortage of 500,000 by 2030.

Although nursing employment has stabilized over the past decade, Snavely (2016) suggested that a substantial nursing shortage is still likely. The current stabilization in the labor market is likely related to the 2008 economic recession (Carnevale et al., 2015; Snavely, 2016). The recession postponed the predicted nursing shortage because some nurses became the primary financial support for their families and did not retire or leave the profession as predicted (Carnevale et al., 2015; Snavely, 2016). With the recovery of the economy, however, nurses who either postponed retirement or returned to the profession will likely begin to leave the profession, setting nursing back on the path towards a substantial shortage (Snavely, 2016). In this vein, Spetz, Coffman, & Bates (2018) reported that the demand for nurses is likely to grow by at least 35% by 2030.

Reasons for Shortage

A number of factors are contributing to the current and projected shortage of nursing personnel in the United States. Along with graduate nurses, some of the major contributors to the nursing shortage include; the availability of educators, increased

medical demands, and the aging nurses. Increased medical demands such as the aging population, increased patient acuity, inclusive health care and value based medicine all require more nurses to care for patients.

Availability of Educators

A challenge affecting the number of nurses available for hire, is the shortage of nurse educators (Bittner & Bechtel, 2017; Vandyk, Chartrand, Beké, Burlock, & Baker, 2017). According to the AANC, more than 64,000 qualified potential nursing students were turned away in 2016 due to this shortage (American Association of Colleges of Nursing, 2017). In a study of 182 nursing faculty, Bittner and Bechtel found that 51% reported an increase in workload related to a faculty shortage. Faculty age varied from over 50 (67%) to under 40 (13%). Nurses in the 45-55 age range indicated a reason they may leave their current faculty position was a lack of work-life balance (Bittner & Bechtel, 2017). There are multiple causes for the lack of available nurse faculty, including faculty retirement, increased demand for Bachelor of Science in Nursing degrees (BSN), and lack of credentialed faculty (Bittner & Bechtel, 2017).

Vandyke, Chartrand, Beké, Burlock, and Baker (2017) focused their research on the faculty shortage from the perspective of higher education leadership. They interviewed 12 deans and directors of Canadian nursing schools. These leaders reported 30 or more vacant positions with a projection of nearly 60 in 5 years (Vandyk et al., 2017). The increase in vacancies was related to the high number of staff projected to retire in the next decade (Vandyk et al., 2017). Vandyke et al. suggested that if the

expected doubling in the need for nursing faculty materializes and those positions are not filled, the consequences for the nursing profession will be devastating.

Increased Medical Demands

Aging population. The aging population is having a cascade effect on the nursing industry. Baby boomers are individuals born between 1946 and 1964; approximately 76 million people are considered to be part of this generation (Boveda & Metz, 2016). By the year 2030, more than 70 million baby boomers, also known as “boomers,” will have reached the age of 65 (Carnevale et al., 2015). Anderson (2014) reported that seniors will account for 21% of the population by 2050, a substantial increase from the current 12% of the population. In their examination of the RN workforce, Buerhaus, Auerbach, Skinner, and Staiger (2017) found that boomers have an increasing need for medical care. Three out of four boomers over the age of 65 have multiple chronic diseases, need more surgical procedures, and make more frequent visits to the doctor than people younger than age 65 do. Ultimately, members of this population are more likely to become nursing home residents (Buerhaus et al., 2017). Boomers’ increasing demand for medical care means there is a need for more nurses to meet that demand (Carnevale et al., 2015; Morgan & Somera, 2014).

Increased patient acuity. Patient acuity is both a term and a tool used to describe the level of care required for a patient (Anderson, 2014; Hayward, Bungay, Wolff, & Macdonald, 2016). In their research study, Hayward et al. (2016) interviewed 12 registered nurses and discovered that the increased workload and higher patient acuity were contributing to nurse burnout and higher turnover rates. Operational features such as

chronic understaffing and high patient-to-nurse ratios were often associated with increased nurse turnover as well (Hayward et al., 2016). Typically, as patient acuity increases, the number of medical professionals involved in the patient's care also increases (Anderson, 2014). Furthermore, a sicker patient requires more of a nurse's time, so a nurse is limited in the number of patients he or she can manage. As the population ages, the acuity of patients will also increase significantly, leading to the need for more nurses to ensure patient care needs are met (Beach et al., 2018; Bone et al., 2018; Spetz et al., 2018).

Inclusive health care. Several changes have occurred in the health care system in the last 8 to 10 years that will continue to influence the need for nurses and increase the nursing shortage. In 2010, Congress passed the Patient Protection and Affordable Care Act (ACA). The ACA has expanded the number of people covered by insurance by an estimated 20 million, either through Medicaid programs or state and federal insurance exchanges (Buerhaus et al., 2017). Previously uninsured patients have flooded hospital systems, causing longer wait times, shorter patient time spent with providers, and decreases in the ability of doctors, nurses, and other healthcare staff to provide proper care (Anderson, 2014; Carnevale et al., 2015). Thus, the sizeable influx of new patients has stressed an already taxed healthcare system. The demand for medical services by the more than 20 million newly covered patients could create a catastrophic shortage over time (Anderson, 2014; Carnevale et al., 2015).

Value-based medicine. Spetz, Coffman, and Bates (2018) suggested that a change affecting healthcare organizations has been the move from fee-for-service

reimbursement to value-based reimbursement for healthcare providers. Value-based purchasing is the practice of reimbursement for Medicare inpatients based on efficiency and other related benchmarks used to improve patient outcomes (Lowe, 2018). For 2018, the Centers for Medicare & Medicaid Services (CMS) have estimated that \$1.9 billion will be available for value-based incentives, with approximately 57% of the 2,808 hospitals receiving bonuses (Advisory Board, 2017).

Under most value-based reimbursement models, 25% of the incentives are determined by a facility's Hospital Consumer Assessment of Health Care Provider and Systems (HCAHPS) scores (Advisory Board, 2017; Niederhauser & Wolf, 2018). According to Niederhauser and Wolf (2018), patient satisfaction is tied directly to nursing care, and good physical outcomes do not necessarily equate to a good patient experience and high HCAHPS scores. Furthermore, the authors found that HCAHPS scores and value-based purchasing scores were most affected by nurse communication scores.

Aging Nurses

According to Carnevale et al. (2015), a factor contributing to the nursing shortage is the 880,000 nurses expected to retire by the year 2020. The average age of RNs is 45, representing the majority of nurses in the field (Carnevale et al., 2015). Because of the large size of the baby boomer cohort, their retirement will have a significant impact, not just in nursing but on the economy as well (Boveda & Metz, 2016). As boomers retire, the economy will suffer because fewer people will be contributing to tax revenues and programs such as Social Security (Boveda & Metz, 2016). This, in turn, might negatively

affect the ability of governmental programs to cover the costs of nursing care without a significant tax increase.

Conceptual Frameworks

Herzberg's Motivation-Hygiene Theory

Motivational hygiene theory is commonly used in healthcare satisfaction research (Alshmemri et al., 2017). Herzberg's theory may help leaders identify and understand whether hiring directly into an NGN's UFC affects turnover; moreover, understanding motivational factors may help leaders develop strategies to reduce employee, specifically, NGN, turnover in hospitals (Alshmemri et al., 2017; Herzberg et al., 1959/2017).

Herzberg developed his motivational hygiene theory, also known as two-factor theory, in 1959 (Alshmemri et al., 2017; Herzberg et al., 1959/2017). In an early published article using the theory, Herzberg et al. (1959/2017) interviewed 203 employees. The goal of their research was to determine factors related to employees' satisfaction with their jobs (Herzberg et al., 1959/2017). Based on their findings, they developed the two-factor theory: they found two sets of factors associated with satisfaction, identified in subsequent research as either motivating or hygienic (Alshmemri et al., 2017; Herzberg et al., 1959/2017).

According to Herzberg et al. (1959/2017), motivating factors are intrinsically, or experienced internally as, rewarding (Alshmemri et al., 2017; Herzberg et al., 1959/2017). Factors considered to be motivating, such as recognition and increased responsibilities, enhance job responsibilities and growth potential (Alshmemri et al., 2017; Herzberg et al., 1959/2017). The absence of such factors can result in

dissatisfaction (Alshmemri et al., 2017; Herzberg et al., 1959/2017). On the other hand, hygienic factors such as working conditions, salary, status, and policy cannot increase employee satisfaction, but when such factors are absent, employees often experience increasing dissatisfaction (Alshmemri et al., 2017; Herzberg et al., 1959/2017).

Considering NGNs' UFC in their placement is a significant hygienic factor that could be predictive of their retention decisions. UFC is similar to hygienic factors such as working condition or status; hiring directly into an NGN's UFC may not increase satisfaction, but not being hired into his or her UFC may increase an NGN's dissatisfaction.

Because of the opposing nature of the theory, the two factors are not direct opposites (Alshmemri et al., 2017; Herzberg et al., 1959/2017). The opposite of job satisfaction is not dissatisfaction; instead, it is no job satisfaction (Alshmemri et al., 2017; Herzberg et al., 1959/2017). The opposite of job dissatisfaction is not job satisfaction; instead, it is no job dissatisfaction (Alshmemri et al., 2017; Herzberg et al., 1959/2017).

In a qualitative study of 25 mental health nurses, researchers sought to gain a deeper understanding of how Herzberg's two-factor theory related to their job satisfaction (Holmberg, Caro, & Sobis, 2018). In this study, being assigned to their UFC might not increase NGNs' satisfaction, but not securing their first choice might increase their dissatisfaction. Considering an NGN's UFC in his or her placement is a key hygienic factor for predicting his or her retention decision.

Burns' Transformational Leadership Theory

Burns posited that there are two types of leadership style related to employee motivation: transactional and transformational leadership (Burns, 1978/2010; Park,

2016). Transactional leaders motivate employees through an exchange; employees are taught what they need to do and understand the reward for completing their responsibilities (Bass, 1990; Burns, 1978/2010). In contrast, transformational leaders motivate employees by showing an interest in them and helping them understand and accept the purpose and mission of the employer or organization (Bass, 1990).

According to Alharbi (2017), transactional leadership uses reward and punishment as a means of encouraging staff to do what is expected for their jobs. In nursing, this means that the nurse manager focuses on the tasks of staff nurses, looks for errors or deviations from organizational policies, and then follows through with a punishment to fix the deviation (Alharbi, 2017). Although this style of leadership may appear effective, Alharbi suggested that it may contribute to patient safety issues such as medical errors because nurses are not internally motivated to improve their own performance.

Bass (1990) expanded on Burns' transformational leadership theory. He suggested four characteristics exhibited by transactional leaders: contingent reward, management by exception (active), management by exception (passive), and laissez-faire (Bass, 1990). Bass (1990) also identified four characteristics exhibited by transformational leaders: charisma, inspiration, intellectual stimulation, and individualized consideration. Transformational leaders help their followers develop stronger identification with their employers, and convince individuals to rise above their self-interests (Burch & Guarana, 2014; Hutchinson & Jackson, 2013). Transformational leaders can elevate their employees by showing interest in them (Bass, 1990).

Bass and Avolio (1994) further expanded on Burns' original transformational leadership theory. Transformational leaders employ one to four Is to achieve superior results from their employees: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (Bass & Avolio, 1994). Leaders who implement idealized influence behave in a way that invites followers to admire, respect, and trust them (Bass & Avolio, 1994). Leaders who use inspirational motivation inspire their employees by challenging them and providing meaning in the work they do (Bass & Avolio, 1994). Leaders who use intellectual stimulation provide their followers with the opportunity and encouragement to be innovative and creative in approaching problems and situations so they can view them in a new way (Bass & Avolio, 1994). Finally, leaders who implement individualized consideration look at each employee's needs so he or she can achieve and grow (Bass & Avolio, 1994).

Lavoie-Tremblay, Fernet, Lavigne, and Austin (2016) studied the influence of leadership styles on NGNs' intention to leave their jobs. Using a cross-sectional design, they interviewed 541 nurses with less than 5 years of nursing experience. The focus of the interviews was the influence of the leadership style on nurses' intention to stay or leave their employment positions (Lavoie-Tremblay et al., 2016). Lavoie-Tremblay et al. reported that transformational leadership practices were a predictor for an NGN's intention to stay in or leave his or her current position.

Cheng, Bartram, Karimi, and Leggat (2016) used transformational leadership as a framework for their cross-sectional research on burnout and turnover intention among nurses. Their study examined 201 registered nurses in Australia to determine the role of

transformational leadership in the development of nurses' social identity (Cheng, Bartram, Karimi, & Leggat, 2016). Furthermore, the authors also studied the impact of transformational leadership on intention to leave, the overall team, nurse burnout, and patient quality of care. The researchers suggested that transformational leadership is essential in creating a healthy work environment and in improving nurse retention (Cheng et al., 2016).

Von Bertalanffy's General Systems Theory

Von Bertalanffy (1969/2015) developed his general systems theory in the 1970s; he suggested that systems exist in all aspects of business, science, and industry (Pouvreau & Drack, 2007; von Bertalanffy, 1972). A reason organizational researchers accepted general systems theory was that the concept of systems was not new (von Bertalanffy, 1972). Before the 1970s, there was no language available within existing classical models to account for complex organizational behaviors (Lai & Huili Lin, 2017; von Bertalanffy, 1972). For almost 40 years, general systems theory has been used in healthcare research to understand the dynamics between the hospital organization, hiring practices, and NGN retention so leaders can develop better engagement strategies to help retain NGNs to meet organizational goals.

General systems theory can be applied to the medical field and the study of NGN retention on multiple levels. Anderson (2016) suggested that the application of systems theory should be intuitive for healthcare professionals because their jobs necessitate evaluating patients as whole systems and looking at each organ system and how the environment of the human body influences individual organs. However, healthcare has

been slow to adopt systems theory (Anderson, 2016). Hospitals and healthcare organizations often operate in silos based on clinical specialty (Edmondson, 2015).

In Edmondson's (2015) review, each specialty functioned well within its department, but the system broke down between specialties because units could not see how they fit within the larger picture. Patients often interacted with multiple caregivers, often as many as 60 in a single stay, each operating in the silo of his or her specialty (Edmondson, 2015). Hence, healthcare, a complex industry, is a system that could benefit significantly from the application of general systems theory (Edmondson, 2015).

Montgomery and Oladapo (2014) used general systems theory to study the impact of management activities on global healthcare value chains. Applying general systems theory allowed the authors to show how health care operates as a global system. Using a thematic literature review, Montgomery and Oladapo suggested that countries with nursing shortages, such as the United States, often recruit nurses from other countries as a possible solution to their labor shortages. However, as a system, foreign recruitment drains domestically trained healthcare staff from other, less developed countries (Montgomery & Oladapo, 2014).

New Graduate Turn-Over

High NGN turnover rates of 37% to 61% within the first 2 years of practice (Brewer et al., 2011; Hickey et al., 2012; Hofler & Thomas, 2016) are a constant challenge (Advanced Practice Strategies, 2017). Turnover for NGNs has a financial impact (Advanced Practice Strategies, 2017), but also goes beyond economic costs and

includes the increased burden on remaining nurses and patient safety (Advanced Practice Strategies, 2017). The challenges of NGN turnover are summarized below.

The Rate of NGN Turn-Over

The NGN turnover rate varies greatly depending on multiple factors such as location (urban or rural), size of facility, accreditations, and university affiliation (Blegen, Spector, Lynn, Barnsteiner, & Ulrich, 2017). Colosi (2016) reported a turnover rate of 28.9% for NGNs within the first year of practice and found that NGNs with less than 1 year of experience represented 51.4% of hospital turnovers. That number increased to 83.3% for nurses with less than 2 years' experience. Blegen et al. (2017) sampled 97 hospitals with 25-932 beds. Depending on the state where the hospital was located and whether it was in a rural or urban setting, the retention rate after 1 year ranged from 75% to 86%. Other factors affecting turnover rates were transition to practice programs, hospital size, Magnet accreditation, university affiliation, and the nurses' degree level (Blegen et al., 2017).

RN Replacement Cost

The cost to replace an NGN is the same as the cost to replace an experienced RN. In a study of 138 hospitals, Colosi (2016) reported replacement costs ranging from \$37,700 to \$58,400. The cost translated to an average hospital loss of \$5.2M-\$8.1M depending on the size of the organization (Colosi, 2016). Furthermore, Colosi suggested that a change of 1% in RN turnover would cost or save a hospital on average \$373,200.

Impact of Turnover on Patients

When there is a shortage of nurses, hospitals often use non-US-educated nurses as a solution to fill open positions (Neff et al., 2013). Neff et al. (2013) studied the nurse workforce of 665 hospitals in four states. Hospitals with higher patient-to-nurse ratios (greater than 4:1) had higher mortality and failure-to-rescue rates if they had 25% non-US-educated nurses (Neff et al., 2013).

In a study of 894 patients, researchers reported a 95% probability of a patient surviving when the workload-to-nurse ratio was < 40 (Lee et al., 2017). When the ratio was increased to 52, the likelihood of death was more than 95% (Lee et al., 2017). In a study of 422,730 surgical patients and 26,516 nurses, researchers reported that increasing a nurse's workload by one patient led to a 7-16% increase in likelihood of a patient dying within 30 days of admission (Ball et al., 2018). As the nursing shortage increases, fewer nurses take care of sicker patients, and the nurse-to-patient ratio is often higher than recommended, thereby increasing the risk for adverse outcomes, such as injury and mortality, for the patient (Carlson, 2018).

Causes of NGN Turnover

Role Transition

The transition period for NGNs from school to practice can be a stressful experience (Laschinger et al., 2016). NGNs are particularly vulnerable to bullying, burnout, and incivility in the work environment, all of which affect their transition to practice (Laschinger et al., 2016). Some of the challenges revealed in studies about NGN

turnover include reality shock, issues with leadership and leadership styles, level of education, organizational commitment, and job satisfaction.

Reality shock. A significant challenge NGNs face is reality shock, that is, a practice reality that is different from what they expected when entering the nursing practice (Al Awaisi, Cooke, & Prymachuk, 2015; E. Kim, Hee, Park, Mi, & Jones, 2018; Kramer, 1974). Some of the areas that are shocking to NGNs are the schedules, salary, benefits, education readiness, stress, workload, and the environment and social atmosphere (the tendency for bullying) (Wong et al., 2018). Likewise, in a qualitative descriptive study, Wong et al. (2018) identified eight themes that challenged NGNs in their transition to practice: workload, knowledge, expectations, change in role, atmosphere, support, and culture (Wong et al., 2018). Wong et al. suggested that an NGN's attitude was crucial in overcoming the challenges they faced in transitioning to practice.

Furthermore, nurses who accept positions in non-native countries often experience culture shock (Al Awaisi et al., 2015). In a study in Oman, Al Awaisi et al. (2015) used a qualitative case study to explore the experiences of 214 NGNs during their initial transition to practice. Oman has a high number of expatriate nurses to alleviate the nursing shortage there (Al Awaisi et al., 2015). This is problematic because nurses who are trained and hired in Oman may expect to be given leadership roles (Al Awaisi et al., 2015). Some NGNs imported to provide nursing services experience culture shock once they begin their jobs in Oman; this is mostly due to some nurses facing challenges in caring for the physical needs of patients as cultural proscriptions around opposite sex

modesty cause embarrassment and conflicts for both nurses and patients (Al Awaisi et al., 2015).

Lack of educational readiness. The transition from student nurse to NGN can be a stressful time (El Haddad, Moxham, & Broadbent, 2017; Missen, Mckenna, & Beauchamp, 2015). Using an exploratory qualitative study of 16 graduate nurse program coordinators, Missen et al. (2015) investigated the perceptions of the coordinators on the readiness of NGNs. The authors discovered three themes that posed difficulty for NGNs in their first job: clinical knowledge, communication, and transition from enrolled nurse to registered nurse. Each of the 16 coordinators reported that NGNs were not adequately prepared for the clinical aspect of their NGN roles (Missen et al., 2015). Coordinators felt the level of preparedness depended on individuals and on the university from which they graduated (Missen et al., 2015).

An issue highlighted by coordinators was a lack of time management skills; however, all coordinators agreed that this often improved with experience (Missen et al., 2015). Furthermore, 14 out of the 16 participating coordinators reported that NGNs had poor communication skills (Missen et al., 2015). NGNs struggled to communicate effectively with leadership and physicians, and also faced challenges in adequately documenting within electronic medical records (Missen et al., 2015). Finally, Missen et al. (2015) noted that the coordinators felt the ability to communicate was dependent on an NGN's personality and confidence levels.

Haddad, Moxham, and Broadbent (2017) used a grounded theory study to examine NGNs' perception of practice readiness. Their study involved a total of 16 unit

managers and NGN program coordinators. According to these authors, there is a disparity between what students learn in schools and what hospitals need/expect them to learn. There was also a consensus among participants that the amount of time spent in clinical practice should be extended to improve clinical competence, because NGNs are expected to be ready to begin work with the same caseload as nurses with more experience (El Haddad et al., 2017).

Workload. Depending on the area of employment, the nurse-to-patient ratio ranges from 1:1 to 1:21 (Wong et al., 2018). In their study, Wong et al. reported excessive workload as a challenging aspect of NGNs' transition. Seven of the participants in their study indicated that most shifts, NGNs are required to stay 15-90 minutes overtime to complete nursing tasks. A 2016 qualitative study of 18 healthcare workers found a shortage of staff and more critically ill patients increased nurse workload (Ebrahimi, Hassankhani, Negarandeh, Azizi, & Gillespie, 2016).

In this study, Ebrahimi et al. (2016) examined experienced nurses and found that an increased workload for all staff decreased the time that experienced nurses had to support NGNs. In another study, 94% of NGN participants reported that their workload was heavy, and 93% indicated that their work was physically demanding; furthermore, 20% of NGNs felt they were least satisfied with their workload (Parker, Giles, Lantry, & Mcmillan, 2014). If employees feel that they perform more than their share of job duties, or if there is a shortage of staff, they are more likely to leave a job (Hwang, Lee, Park, Chang, & Kim, 2014).

Work stress and burnout. Several researchers have reported that stressful work environments contribute to NGN burnout and an increased decision to leave their jobs (Boamah & Laschinger, 2016). Burnout is defined as prolonged exposure to on the job stressors such such as emotional or interpersonal stresses (Maslach, Schaufeli, & Leiter, 2001). Chronic on the job stressors include weariness, pessimism, and inefficiency (Maslach et al., 2001). Boamah and Laschinger examined whether work negatively impacted other aspects of a nurse's life, leading NGNs to leave their jobs. In a two-part nonexperimental survey study of first 215 NGNs and a second round of 1,015 NGNs, 81% reported that work had interfered with their personal lives (Boamah & Laschinger, 2016). Boamah and Laschinger suggested that when burnout at work was perceived as interfering with one's personal life, intent to leave increased.

Stress is defined as an individual's response to challenging situations (Wong et al., 2018). Stress as an influential factor in an employee's turnover intention is not specific to nursing; for instance, in a study of 288 luxury hotel employees, researchers reported stress as the highest factor in an employee's intention to leave (Hwang et al., 2014). Nevertheless, due to the relatively high NGN turnover, work stress among this group continues to be an area of research. Flinkman and Salanterä (2015) used a qualitative descriptive study of 15 NGNs who had left their positions to discover why they had left their organization and why they intended to leave the nursing profession. The authors reported that the responsibility of caring for patients and fear of making medical errors caused anxiety and stress for NGNs. Not feeling supported by their units

was another factor that increased their stress and feelings of being overwhelmed (Boamah & Laschinger, 2016; Flinkman & Salanterä, 2015).

Negative work environment. Work environment is defined as the setting and circumstances that influence the performance and duties of an employee (Lee & Cha, 2015; Shrivasti & Bhola, 2015). Ensuring a positive work environment can influence a nurse's intention to stay (Atefi, Abdullah, Wong, & Mazlom, 2014). Atefi et al. (2014) used a qualitative descriptive study of 85 nurses to determine factors that influence job satisfaction. They found that nurses were often satisfied with their patients and the teams with which they worked, but dissatisfied with environmental factors such as workload, leadership, benefits, and shortages of staff nurses (Atefi et al., 2014).

The results of the 2013 American Association of Colleges of Nursing (AACN) Critical Care Nurse Work Environment Survey suggest that there has been a decline in nurses' work environments (Ulrich, Lavandero, Woods, & Early, 2014). This survey was administered to 8,444 AACN members and consisted of a Likert-type 32-item questionnaire about healthy work environments in nursing units (Ulrich et al., 2014). The purpose of the study was to examine the relationship between nurse work environments and nurse and patient outcomes (Ulrich et al., 2014). According to Ulrich et al. (2014), healthy nurse work environments are those where nurses are valued and treated with respect. In this study, a decline in work environment included a decrease in scores for communication, collaboration, decision-making, staffing, meaningful recognition, authentic leadership, and physical and mental safety.

Spence-Laschinger and Fida (2014) studied the influences on NGN burnout in the first year of employment, using a two-wave survey of 907 NGNs in Ontario. Based on their research, Spence-Laschinger and Fida suggest that burnout lowers job satisfaction and impacts employee turnover intentions. Furthermore, workplace conditions of emotional exhaustion can leave NGNs dissatisfied with their jobs as well (Spence-Laschinger & Fida, 2014).

Lack of support. According to Hwang et al. (2014), a lack of support is a significant factor contributing to stress and negatively influences turnover intention. In Flinkman and Salanterä's (2015) study, NGNs indicated that they did not receive adequate orientation and felt a sense of abandonment when they entered the workplace. NGNs also felt their education focused on theory rather than practical experience, so they were left to find support, if possible, from managers and colleagues (Flinkman & Salanterä, 2015).

In a meta-analysis of 106 primary studies, Nei, Snyder, and Litwiller (2015) reported that both organizational climate and low team cohesion were highly related predictors of turnover intention. Organizational climate refers to the perception of the workplace as supportive and positive (Glisson, 2000). Factors highly associated with actual turnover were related to supportive and communicative leadership (Nei et al., 2015). According to Nei et al., their findings demonstrated that a supportive environment, and specifically leadership, had a positive effect on actual turnover.

Negative culture. Culture can be related to overall organizational culture, or to a specific unit culture (Hwang et al., 2014). If employees perceive unfair treatment, they

are more likely to voice an intention to leave (Hwang et al., 2014). Workplace incivility can also be an influencing factor for turnover intention (Sguera, Bagozzi, Huy, Boss, & Boss, 2016). In a time-lagged two-wave study of 618 nurses, Sguera et al. (2016) found that workplace incivility could have a strong influence on turnover intention, even after a period as short as five months. Their results suggested that incivility was more common on the night shift, and more likely to lead to role ambiguity. The researchers posited that lack of managerial supervision on the nightshift was probably the cause of this increased incivility. Nurses who experienced workplace incivility over time were more likely to see exiting the organization as their best alternative (Sguera et al., 2016).

Challenging work schedule. Other aspects affecting turnover intention include schedule, and salary and benefits. Nei et al. (2015) found that challenging work schedules led to lower job satisfaction. In a descriptive, correlational, and longitudinal design of 206 NGNs, Cheng, Liou, Tsai, and Chang (2015) reported that less than half of NGNs were satisfied with their work schedules. Those working 8 hour shifts were less satisfied with their jobs than those working 12-hour shifts (Cheng et al., 2015). Shift work is any shift that is not between 7 a.m. to 6 p.m. (Caruso, 2014). Individuals who work night shifts have an increased risk of shorter sleep duration and sleep disturbances (Caruso, 2014). Caruso found that 32% of nurses reported not sleeping enough.

Not all nurses view shift work negatively: past research has found that some nurses can view it positively (Gifkins, Loudoun, & Johnston, 2017). In a case study of 21 nurses who were both experienced ($n = 12$) and newly graduated ($n = 9$), Gifkins et al. (2017) reported that experienced nurses had better work-life balance when working the

night shift, although NGNs stated that they preferred not to work those shifts. Shift work was a factor linked to an increase in turnover rates (Gifkins et al., 2017).

Salary and Benefits. In past studies, salary and benefits have been found to be significant factors in employee retention (Tourangeau, Patterson, Saari, Thomson, & Cranley, 2017). Tourangeau et al. (2017) used a mixed methods study to evaluate factors that influenced home care nurses' intention to remain in their jobs. These authors identified both income stability and satisfaction with salary and benefits as predictor variables for nurses' intention to remain. Hence, they suggested that nurses are more likely to remain in their position when they are satisfied with their salary and benefits.

Research is mixed with regard to whether salary affects nurse retention. Nei et al. (2015) reported that salary had no significant effect on nurse retention. On the other hand, in a qualitative case study to explore strategies to reduce employee turnover in hospitals, Kirk (2017) found that although participants did not report salary as a primary motivator for intention to remain, each of the five participants did mention salary and benefits as a motivator to stay in their positions (Kirk, 2017).

Lack of job satisfaction. Many factors affect a nurse's level of job satisfaction (Tomažević, Seljak, & Aristovnik, 2014). Loche (1969) defined job satisfaction as the feeling employees have when they compare what they expect from their job versus what they experience in their job. Many factors affect both job satisfaction and nurse turnover, such as leadership style, lateral violence, and staffing ratios (Gillet et al., 2018).

Using a cross-sectional questionnaire, Gillet et al. (2018) examined the effects of supervisor support, staffing ratios, and relationship factors on turnover intentions. They

discovered both a positive and negative link between a nurse's job satisfaction and quality of care and nurse turnover intentions (Gillet et al., 2018). Gillet et al. suggested that there is a need to support job satisfaction initiatives to reduce nurses' turnover intentions.

Leadership practices. The study of leadership styles and their impact on both organizational commitment and job satisfaction has been ongoing for many years (Gatling, Kang, & Kim, 2016; Girma, 2016). Management's leadership style has a marked impact on job satisfaction and organizational commitment (Gatling et al., 2016; Mehrad & Fallahi, 2014). Supervisees' perceptions of management practices can impact their commitment to their jobs and organizations (Dabke, 2016; Effelsberg, Solga, & Gurt, 2014; Spano-Szekely, Quinn Griffin, Clavelle, & Fitzpatrick, 2016). A study of 541 Canadian nurses showed that transformational leadership practices were associated with an improved/higher quality of patient care and a decreased intention to quit (Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2016).

Lavoie-Tremblay et al. (Lavoie-Tremblay et al., 2016) reported that managers who used abusive leadership practices led nurses to report higher intentions to quit and had a negative impact on the quality of care patients received. Abusive leaders put their interests before the needs and desires of nurses and often contradicted the values outlined by an organization (Lavoie-Tremblay et al., 2016). This type of leadership does not create a work environment that is supportive of NGNs, causing an increase in NGN turnover (Lavoie-Tremblay et al., 2016).

Lateral violence. Lateral violence includes behaviors such as talking behind a person's back (so-called backstabbing), bullying, nonverbal physical displays of displeasure such as rolling of the eyes, and verbal expressions of displeasure such as snide comments (Nemeth et al., 2017). In 2015, the American Nurses Association (ANA) developed a position statement regarding lateral violence and bullying in the workplace (American Nurses Association, n.d.-a), defining lateral violence, bullying, incivility, or violence. Bullying refers to repeated (more than twice a week), unwanted attention that may be harmful, where the intent behind the action is to humiliate the recipient (American Nurses Association, n.d.-a).

Purpora and Blegen (2015) studied 175 nurses using a cross-sectional mediational model to describe the association between lateral violence and job satisfaction. In the study, nurses working in teaching hospitals reported higher job satisfaction (Purpora & Blegen, 2015). Horizontal violence was inversely related to both job satisfaction and peer relationships, whereas peer relationships were positively related to job satisfaction (Purpora & Blegen, 2015). In other words, when there was an increase in horizontal violence, nurses in the study reported that peer relationships were less supportive and job satisfaction decreased (Purpora & Blegen, 2015).

Organizational commitment. Organizational commitment has become a topic of interest in recent years (David, Gidwani, Birthare, & Singh, 2015). Its study is essential because it is generally assumed that increasing organizational commitment decreases deserter behaviors including turnover (David et al., 2015). Organizational commitment is defined as an employee's intensity and attachment and his or her acceptance of the

objectives and values of an organization as they relate to his or her dedication to remaining with an organization (David et al., 2015).

David et al. (2015) examined factors that influence job satisfaction and organizational commitment using a self-designed Likert-scale questionnaire; they interviewed 121 participants. The authors described three models of organizational commitment: affective, continuance, and normative commitment. According to David et al., wanting to stay is equal to affective commitment, needing to stay is to equal continuance commitment, and feeling that they ought to stay equals normative commitment (David et al., 2015). David et al. reported that there was no significant influence of gender on organizational commitment in their study.

Level of education. Although level of education (bachelor versus associate degrees of nursing) may not contribute to NGN turnover, a nurse's level of education does impact both earning and hiring potential (Auerbach, Buerhaus, & Staiger, 2015). Auerbach et al. (2015) reported that the highest level of education of around 40% of registered nurses in the United States is an associate degree (ADN). ADN-prepared RNs are more likely to be unemployed than BSN-prepared nurses (Auerbach et al., 2015). This is due to hospitals' preference for RNs who have a BSN or higher level of degree (Auerbach et al., 2015). In turn, this preference for BSN is due to a predominance of evidence suggesting a higher mortality rate associated with ADN- or lower prepared caregivers (Auerbach et al., 2015).

Retention Strategies

Residency and Transition Programs

In conjunction with the University Health System Consortium, the AACN included 679 participants at 12 healthcare sites in a study of NGNs' self-perception of nursing skills, overall practice, support on the job, and job satisfaction (C. A. Williams, Goode, Krsek, Bednash, & Lynn, 2007). All participants had attended a 1 year post-baccalaureate nurse residency program. The researchers found that turnover in the sample was 12%, which was much less than the national average of 35%-55% (C. A. Williams et al., 2007). Based in part on this study, the Institute of Medicine recommended that employers institute a nurse residency program for NGNs when transitioning from school to professional practice. Furthermore, in a comprehensive review of the literature, McDonald and Ward-Smith (2012) outlined several effective methods to facilitate retention of NGNs, including transition programs, intern and preceptorship programs, externship programs, post-orientation programs, and residency programs (McDonald & Ward-Smith, 2012).

Nurse residency programs are designed to ease the transition from student to NGN by developing time management skills and increasing confidence and overall practice skills before independent practice (Hosking et al., 2016; Lin, Kreider-Viscardi, & McHugh, 2014). Preceptorship and internship programs vary in length from as few as three months to 18 months (Van Camp & Chappy, 2017). According to Van Camp and Chappy (2017), preceptorship, or the matching of an NGN with an experienced nurse, is commonly used for NGN transition programs.

Twigg and McCullough (2014) performed a longitudinal study of six academic health centers that utilized a consistent curriculum within their nurse residency programs. The researchers evaluated the NGNs twice during the program, and noted that both job satisfaction and retention increased significantly during the first year of practice (Twigg & McCullough, 2014). Twigg and McCullough suggested that awareness of the challenges that NGNs encounter in their first years of practice can positively affect their job satisfaction. Nurses who are supported through proper staffing, adequate resources, and collegial relations are often more satisfied and, as a result, provide higher-quality and safer care (Twigg & McCullough, 2014).

Younger NGNs have grown up with a strong influence from social media (Friday et al., 2015). NGNs who have less experience with face-to-face personal interactions benefit from residency programs to learn about the intangible culture of the healthcare workplace (Friday et al., 2015). Friday et al. (2015) suggested that learning about both the nursing care environment and real-time human communication can be a challenge for the social-media generations.

Sign-on Bonuses

A strategy to improve retention for more experienced nurses has been sign-on bonuses (May, Bazzoli, & Gerland, 2016). A search for sign-on bonuses for NGNs did not yield any related studies. Typically, no such bonuses are offered to NGNs due to the amount of training needed to qualify for them. NGNs are also required to sign training contracts if their position requires any specialty training (L. Archer, Human Resources Representative, personal communication, November 17, 2016). May et al. (2016) used

round 5 of the Community Tracking Study (CTS) to examine issues related to retention including sign-on bonuses. They found that 44% of the hospitals used sign-on bonuses to retain experienced staff; however, nurses at those hospitals reported that if the hospital or work environment was unpleasant, financial incentives such as sign-on bonuses were not sufficient for them to remain (May et al., 2016).

Preceptor and Mentors

Regan et al. (2017) conducted a study of 24 NGNs and 28 nurse leaders from seven Canadian provinces about NGN transition experiences. According to one participating nurse leader, there is little training support for NGNs after their initial orientation (Regan et al., 2017). Support for NGNs typically falls off dramatically after the initial orientation of two to three months (Regan et al., 2017).

A recent method used to retain NGNs in the workforce is to provide a successful transition to practice program, where experienced nurses are matched and used as mentors for NGNs, so that NGNs have someone to go to for help (Regan et al., 2017). Mentors promote confidence and help with team building; they also act as role models for the rest of the unit (Regan et al., 2017). NGNs who participated in the study reported poor transition experiences when they did not have a mentor or preceptor to help with their transition (Regan et al., 2017).

In a two-wave study of 3,906 NGNs (Laschinger et al., 2016), 90% of participants reported having a preceptor help them in their transition to practice. Job turnover was negatively correlated with NGN support and support for professional practice (Laschinger et al., 2016). In their study of 82 hospitals, Blegen et al. (2015) found that

hospitals with preceptor-specific support for NGNs had an 86% retention rate, versus an 80% retention rate for those without a preceptor support program. Both preceptors and NGNs rated the preceptor/NGN experience higher in hospitals with more preceptor support than in hospitals without preceptor support programs (Blegen et al., 2015).

Positive Practice Environments

In a study of 318 Finnish nurses, Numminen et al. (2016) explored how NGNs' perceptions of their practice environment related to turnover intention and job satisfaction. Positive practice environments included those that supported and encouraged new nurses, for instance through leadership, autonomy, professional relationships, team work, motivation, and a positive culture (Numminen et al., 2016). Numminen et al. (2016) reported that NGNs mostly found their practice environments to be positive. When NGNs rated their practice environments as positive, they had a higher competence and quality of care, and expressed a higher intention to remain in their position.

Career Development and Advancement

Clinical ladder programs are advancement programs that are used to provide bedside nurses with opportunities to grow their clinical expertise while remaining at the bedside (Zehler et al., 2015). Among the benefits of clinical ladders is an increase in staff retention; such programs are thought to be more cost effective than having to replace RNs (Zehler et al., 2015).

Magnet Programs

According to the American Nurses Credentialing Center (ANCC), organizations that demonstrate attributes of nursing excellence, both for nurses and for improved

patient outcomes, can earn Magnet recognition (American Nurses Credentialing Center, 2018). The ANCC began the Magnet Recognition program in 1994 (Kutney-Lee et al., 2015). Magnet recognition is beneficial to nurses because hospitals that want to obtain Magnet status must provide education and development programs that create greater autonomy for nurses (American Nurses Credentialing Center, 2018). Five components, called the Forces of Magnetism, are the basis for Magnet recognition: (a) structural empowerment; (b) exemplary professional practice; (c) new knowledge innovations and improvements; (d) transformational leadership; and (e) empirical outcomes (American Nurses Credentialing Center, 2018).

In a secondary analysis of data for 1,464 NGNs employed at 97 hospitals in three states, Blegen et al. (2017) reported that hospitals with a Magnet designation had an average rate of retention of 92%, compared to non-Magnet hospitals with an average of 77%. Retention rates across all three states was similar for Magnet-designated hospitals, ranging from 89% to 94%, whereas non-Magnet hospitals in the three states had different retention rates, ranging from 64% to 89% (Blegen et al., 2017). Non-Magnet facilities in rural areas had the lowest retention rates overall (Blegen et al., 2017). According to Blegen et al., the greatest influence on NGN retention in their study was whether a hospital had a Magnet designation or not.

Shared Governance

Shared governance is a process in which nurses in healthcare organizations are empowered to participate in the organization's decision-making process (Meyers & Costanzo, 2015). Hospitals have had shared governance practice programs since the late

1970s (Meyers & Costanzo, 2015). Involvement in decision-making processes allows nurses to develop processes and workflows that meet their needs to improve outcomes (Ong, Short, Radovich, & Kroetz, 2017). In their study of 50 nurses on a 25-bed medical intensive care unit (MICU), Ong et al. (2017) evaluated the effect of implementing a shared governance process on nurse turnover. Using vigor, dedication, and absorption as their key measures, the authors did not find statistical significance in their study results, but they did note a change in the level of engagement of staff during the time of the study (Ong et al., 2017).

Hiring Strategies

Interviewing Methods

Interviewing for a job is regarded as stressful for job applicants (Orsolya, 2016). Traditionally, interviews were conducted face to face (Orsolya, 2016; Torres & Mejia, 2017). However, the use of preliminary interviews administered over the internet has grown as web-based communication has increased (Torres & Mejia, 2017). Today, the use of synchronous and asynchronous video interviews are beginning to be used more commonly (Torres & Mejia, 2017).

Job crafting, or optimizing the fit of a person to the correct job, includes the interviewing process (Bakker, 2017). Peer interviewing is a technique for interviewing new candidates using members of the current organizational staff, and is related to team building and improving retention and turnover (Uteam, n.d.). Peers who interview and make recommendations for hiring typically select individuals who both enhance the

organization and are team players, improving work environments and employee retention (Uteam, n.d.).

Job Shadowing

In nursing, job shadowing usually involves a nurse observing the professional duties of RNs on a particular unit to determine potential work environments and how well he or she believes he or she will fit within an organization (Morrell & Detty-Gin, 2016). Nurses who are job shadowing do not do patient care; instead, they observe the unit and the nurse to which they are assigned (Morrell & Detty-Gin, 2016). Morrell and Detty-Gin (2016) studied the effects of shadowing on the plans of future nurses. In the study, 42 out of 105 possible participants responded (Morrell & Detty-Gin, 2016). Participants who job shadowed were more likely to both attend nursing school and seek employment within a hospital (Morrell & Detty-Gin, 2016).

Job shadowing is an opportunity for potential nurse applicants to become familiar with the unit and the staff and learn about the patient population with which they would be working first hand (Shermont & Murphy, 2006). Applicants for job shadowing are typically referred to the units by the hospital's recruiter (Shermont & Murphy, 2006). Shermont and Murphy (2006) studied 12 nurses who showed an interest in the first phase of the shadowing program; six participated, and three were hired (Shermont & Murphy, 2006). The researchers learned that shadowing is also valuable to the hiring unit as they can see the candidate's communication style, how he or she interacts with other nurses and patients, and how interested he or she is in the available position (Shermont & Murphy, 2006). Following the original study, Shermont and Murphy returned to the

hospital and found that, of 53 nurses hired into medical-surgical units, 42% of them responded to a survey about shadowing. Among these participants, 91% stated that job shadowing helped them to decide to work on a unit (Shermont & Murphy, 2006).

Related Studies

Unit of First Choice

This study focused on the lived experiences of NGNs and whether UFC affects their intention to remain after 2 years of practice. Hewitt, Lackey, and Letvak (2013) conducted a similar study, focusing on what led NGNs to their first position and the factors that influenced them. Hewitt et al. (2013) had 159 NGN respondents to their 38-item self-developed survey. There were significant differences regarding the unit in which NGNs were interested before nursing school and after graduation (Hewitt et al., 2013). Hewitt et al. (2013) noted that a considerable portion of NGNs are hired by intensive care units for their first positions. Unfortunately, many new nurses do not stay long enough to cover the cost of their orientation for the units (Hewitt et al., 2013).

Hewitt et al. (2013) also reported that a common reason for choosing a work area was the patient population. Another common reason was that there was a job opening. In their study, Hewitt et al. designated units such as renal, med-tele, oncology, and women's health as medical-surgical units, and listed them as general medical units, though many respondents considered these types of units to be specialty units. NGNs are interested in finding a unit that matches their interests, but the Hewitt et al. study suggested that finding any open position was more important to NGNs. The researchers also noted that there was a difference in the factors that caused nurses to stay in their positions

depending on how long they had been employed (Hewitt et al., 2013). Newer nurses were more interested in any available position, whereas nurses who had been there longer reported schedules/flexibility/shifts as factors that helped them remain in their current position (Hewitt et al., 2013).

In an earlier study, Bowles and Candela (2005) surveyed 352 NGNs who had graduated in the previous 5 years. Subjects in their first year had a 30% turnover rate, whereas after 2 years the turnover rate was 57% (Bowles & Candela, 2005). Their study focused on NGNs' perceptions of their first nursing position and, if they left the position, why (Bowles & Candela, 2005). In the study, one-third of the sample population's first hiring units were medical-surgical unit (Bowles & Candela, 2005). The primary reasons reported for turnover were patient care issues, stressful job situations, inadequate staffing, and unsafe working conditions (Bowles & Candela, 2005).

In a 1969 study, De Lora and Moses examined the preferences of NGNs for different nursing specialties; the study included 204 NGNs in a baccalaureate program in San Diego. Obstetrics-pediatrics was found to be the unit with the most interest, followed by surgery, public health, and general medical-surgical environments (DeLora & Moses, 1969). In contrast, geriatric nursing was the lowest rated for a first-choice environment (DeLora & Moses, 1969). DeLora and Moses suggested that knowing the preference of NGNs may assist nursing schools in educating and encouraging these nurses with regard to less popular units to help meet the demands of the profession (DeLora & Moses, 1969).

Beecroft et al. (2007) studied the relationship between NGN turnover intent and character, work environment, and organizational factors; their study population included 889 NGNs employed between 1999 and 2006 . This was the only study found in a search of the literature that examined turnover intent in relation to UFC. Beecroft et al. (2007) reported that older nurses who were not hired into their UFC were more likely to leave their position in the first 2 years. The authors concluded that if nurses were satisfied with their job, the compensation, and the organization, they were less likely to leave their position.

Gap in Literature

The purpose of this qualitative descriptive phenomenological study was to identify and report the experiences of NGNs in oncology units who either did or did not have oncology as their UFC. The study focused on NGNs during their first 2 years of employment in Central Florida. This literature review examined research focused on NGN turnover; retention and hiring strategies such as residencies programs; leadership styles; and support systems such as preceptor and mentor programs.

However, this review revealed a gap in the literature. Previous authors have investigated many aspects of NGN retention and turnover to try to decrease turnover rates and associated costs. Although some of the recommendations, such as NGN residency programs, have resulted in progress in NGN retention, NGN turnover continues to be a problem for health care providers. Very little research has been done to explore UFC hiring as a means of improving NGN turnover.

Summary

This literature review focused on NGN turnover. NGN turnover and retention are a problem for health care providers due to the current and projected nursing shortage. This review also examined potential causes of NGN turnover, conceptual frameworks for examining the problem, and research on retention and hiring strategies. Only a single study was found that examined hiring into one's UFC in relationship to NGN retention. Although UFC was not the focus of the study, it did note the role that UFC played in the turnover intention of the group (Beecroft et al., 2007). Furthermore, a few studies have examined UFC as a reason for initially accepting a nursing position (Bowles & Candela, 2005; DeLora & Moses, 1969; Hewitt et al., 2013). This study fills a research gap by helping leadership understand NGNs' experiences and UFC as it affects NGN retention. In this way, this research assists both NGNs and hospital leadership in understanding the possible need to modify hiring practices to best meet the needs of the profession.

Chapter 3 focuses on the rationale for the research design and the methodology of the study. There is a detailed description of the methodology presented, focusing on the population, sampling method, recruitment, and instrumentation. The chapter continues with a discussion on the threats to validity and ethical procedures for the study.

Chapter 3: Research Method

In a review of the literature, a gap was identified regarding whether UFC affects NGN retention. Therefore, the purpose of this qualitative descriptive phenomenological study was to identify and report the experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit although this was not their UFC during their first 2 years of employment in Central Florida. For the purpose of this study, Central Florida is defined as including Brevard, Lake, Orange, Osceola, Polk, Seminole, and Volusia counties. The information generated from this research study revealed NGNs' perceptions and enabled an understanding of whether UFC precipitates retention.

This chapter covers the main points supporting the research construct. Although many methods could have been used to study NGNs' experiences in their first unit of practice, in this chapter I explain why a descriptive phenomenological study was chosen. Furthermore, I present the research questions, my role as the researcher, and the methodology and instrumentation. I then explain how the study was conducted and describe the participant selection and recruitment process. In addition, the data collection and data analysis plans are outlined. Finally, the chapter includes a discussion of trustworthiness and reliability; transferability, dependability, and confirmability; and any ethical issues.

Research Question

According to Ary, Jacobs, Sorensen Irving, and Walker (2019), the purpose of the research question is to clarify the problem by specifying the variables and the population

of interest. The research question helps orient the researcher towards the task at hand and determine how to answer that question (Ary et al., 2019). The research question in this qualitative descriptive phenomenological study was: what are the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though this was not their UFC during their first 2 years of employment in Central Florida? The research question helped direct the study to fill the gap in knowledge regarding UFC and NGN retention.

Research Method and Rationale

The research method chosen for this study was qualitative with a descriptive phenomenological design. According to Edmonds and Kennedy (2017), the research method provides a framework for the researcher to better understand a specific research question. Van Manen (2017) suggests that creative insights are often revealed through the contemplation of lived experiences rather than technical or methodical research. A qualitative method was more appropriate than a quantitative one because the aim was to obtain greater insight into the experiences of NGNs in their first unit assignment and whether being given their UFC affected NGN retention rates in the first 2 years.

In a previous study, Beecroft et al. (2007) used a quantitative methodology to address the relationship between NGN turnover intention and characteristics such as UFC. Quantitative methods focus on statistical information rather than the perceptions of groups or individuals (McCusker & Gunaydin, 2015). Such a methodology was not chosen for the present work because previous quantitative studies have not identified

UFC or other motivators that might assist in understanding NGN turnover and retention (Beecroft et al., 2007).

According to Edmonds and Kennedy (2017), mixed methods research combines multiple aspects of both qualitative and quantitative methods. These authors suggest that a researcher must have a strong understanding of both types of methods and their subtleties, and they must know how to apply them in a mixed methods study. Because of my personal inexperience with research and because many of the standard mixed methods approaches do not cover the needs of some research scenarios, I chose to use a more general qualitative research method. The goal was to generate more creative insights into the issue of interest.

Research Design and Rationale

A qualitative descriptive phenomenological design was considered appropriate for this study because this type of design is used to gain a broad and rich understanding of how individuals construct their reality (see H. Kim et al., 2017; Van Manen, 2017). According to Van Manen (2017), when researchers use a phenomenological design, they seek to understand the essence of the participants' lived experiences and interpret the context and value of a specific phenomenon; this design is used to reveal themes and insights that provide a richness and fullness in comprehending that phenomenon (Van Manen, 2017).

A descriptive design was chosen because the aim was to learn whether being hired into their UFC impacted nurses' intention of remaining with their original hiring unit. An interpretive approach was considered, however, determining whether the

phenomenon exists was the primary focus of this study (see Lopez & Willis, 2004). Such an approach might be used in future research.

Narrative and case study designs were also considered for this study. Although these might have provided insight into the research question, the descriptive phenomenological design offered greater richness and insight than a narrative or case study design would have (see Kim et al., 2017). A narrative design allows researchers to focus on the participants' story and the messages that are disseminated through them (Kim, 2010; Meier & Stremmel, 2010). However, this design may limit researchers' ability to generalize their results to other groups. Furthermore, unless multiple interviews are conducted, researchers cannot verify their interpretations, leaving an opening for bias (Pringle, 2016; Tretteteig et al., 2017).

Case study research can be used to answer "how" and "why" questions about a specific phenomenon and the real-life situation where it occurs (De Massis & Kotlar, 2014). A researcher using this design must choose which type of case study to employ, which is guided by the objective of the study (De Massis & Kotlar, 2014). A challenge of this design is that researchers are often restricted to a specific time and/or activity related to the topic being investigated (Yazan, 2015; Yin, 2002). All in all, although both methods could have been used in the present study, the aim was to generate deeper insight into NGNs' experience in their first unit and whether UFC affected their intention to stay in that position. I decided that this could best be achieved using a descriptive phenomenological study design.

Role of the Researcher

In this study, I was the primary instrument in collecting all data (see Koch, Niesz, & McCarthy, 2014). My role as the researcher was to create a data collection instrument, recruit and interview study participants, analyze the data from the interviews, address the research question based on the results of the analysis, and generate conclusions and recommendations for the study (see Vagle, 2018). My relationship with the 10 (100%) participants, and the research area, was only based on my career as a nurse and as a nursing professor, and my past experience as a nurse manager. I have never worked in oncology or on any of the units where any of the 10 (100%) participants worked. I did not focus on any specific hospital or hospital system, and the hospital where I worked during data collection did not have a dedicated oncology unit, although they did treat oncology patients. Furthermore, as I began instructing in 2017, none of my students qualified to be participants in the study.

From 2012 to 2014, I was a nurse manager of a high-risk obstetric unit. An issue with which I became familiar in this role was the hiring and retaining of staff, including NGNs. It was my experiences as a nurse manager of trying to balance a budget, retain nurses, and motivate my team in times of shortage that led me to want to find a solution to this problem.

Researchers of qualitative studies need to be aware of their own personal influence on all aspects of the data collection and analysis (Koch et al., 2014). To limit researcher bias, I only included participants with whom I had had no previous contact. Respondents were given the opportunity to share their experiences in their first units of

employment using their own words and without any pressure to do so. According to Stuckey (2013), interviewing is a method for researchers to learn about the thought processes that cause individuals to behave in the ways they do. Open-ended questions in particular allow a researcher to elicit unanticipated responses that are rich and explanatory in nature (Stuckey, 2013). Even though my original plan included using bracketing and bridling, due to my inexperience as a researcher, I found it difficult to apply the bracketing process and suspend my personal assumptions. To do my best to apply bracketing and bridling, I read the questions exactly as they were written and tried to set aside my beliefs related to the questions I was asking. In addition, I did not share my personal perspectives with any of the 10 (100%) participants and I used an outside analyst to help limit any personal bias (see Brod, Tesler, & Christensen, 2009).

Research Participant Selection Logic

Recruitment for the study began by identifying the population of potential participants: NGNs who had oncology as their first unit assignment. Oncology was chosen as the study unit because it included both NGNs who requested it as a UFC and those who did not. Multiple approaches were used to contact potential participants, including the Florida Nurses Association (FNA), the Oncology Nursing Society (ONS), and the Florida Board of Nursing's public record website (Florida Health, 2019). All interviewees were also asked for referrals to recruit additional participants via snowball sampling.

Thus, purposeful sampling was used for the selection of research participants in this study. This allowed me to select respondents who were information-rich regarding

the phenomenon under investigation (see Patton, 2014). According to Coyne (1997), in qualitative research, sample selection has an effect on the ultimate quality of the study. Using a purposeful sample allowed me to identify nurses who had the lived experiences of working on an oncology unit that either was or was not their UFC during their first 2 years of employment in Central Florida.

Sample and Population Selection

In this study, inclusion criteria were the following: the NGN had to be employed in a hospital in the Central Florida area as a nurse, the NGN had to have been employed for at least 2 years in a hospital setting, the NGN had to have graduated between 2014 and 2015, and the NGN had to have been employed on an oncology unit for his or her first unit assignment. There was no requirement regarding age, gender, or ethnicity. If participants had the necessary experience and met the above criteria, they were included in the study. Screening questions (see Appendix A) were used to establish whether participants met the criteria.

Instrumentation

According to Vagle (2018), important considerations in phenomenological research include the phenomenon and the research question; everything else follows as part of the process. Data was collected through individual face-to-face semistructured interviews, with open-ended questions designed to elicit meaning from NGNs regarding their experiences in their first unit assignment and their UFC. Researchers must keep in mind that a phenomenological study is not the study of an individual but of a phenomenon (Vagle, 2018).

I was the primary instrument in collecting all data (see Koch et al., 2014). Instead of using instruments such as surveys or tests, researchers are the primary collectors, analyzers, and interpreters of data on the studied topic in qualitative research (Koch et al., 2014). Interviews were audio-recorded and then transcribed. Subsequently, 10 (100%) participants were given the opportunity to review the transcription for accuracy before data analysis.

An interview guide was used to generate answers that were spontaneous and reflected the participants' feelings and stories, in the hope that new concepts would emerge (see van Manen, 2014). Based on the research question, a semistructured interview guide was formulated containing six questions; this guide was employed in each interview (see Appendix F). According to Van Manen (2014), an interview guide helps researchers focus their interview questions around the research question, and enables them to better understand the participants' lived experiences. If an interviewer uses a self-written instrument, the questions need to be field tested to ensure that they are not leading and that they are aligned with the central research question (Castillo-Montoya, 2016). Because I used a self-written instrument, a field test was conducted. The following section explains the field test used in this study.

Field Test

The questions in the interview guide were field tested using research and nursing experts. The purpose of a field test is to ensure that the interview questions align with the central research question (Castillo-Montoya, 2016). Such a test exposes the interview questions to three to five qualitative experts to assess whether they are appropriate,

aligned, and related to the research question (Louise-Barriball & While, 1994). The experts can provide feedback about question inclusion or exclusion, and question wording (Louise-Barriball & While, 1994).

In this study, the field test was conducted in two waves at Walden University's Atlanta Residency. There were four experts: two research quality experts and two subject matter (nurses) and methodology experts, one of whom was also a phenomenology expert. These experts were provided with a field test request letter and a printout of six interview questions along with the study's general problem, specific problem, research question, and the identified gap in the literature (see Appendix B and Appendix C). The experts were given time to review the questions before I met face to face with each of them. I recorded their comments for further review after our face-to-face meeting. They were asked to check for any concerns with wording and/or alignment with the research question.

Expert 1 was both a phenomenology expert and a nurse, experts 2 and 3 were research quality experts, and expert 4 was a qualitative research expert and a nurse. Experts 1, 3, and 4 reviewed the questions twice: once in the original format and once in the modified format. All four experts expressed a concern about there not being a question about the NGNs' experience on an oncology unit.

Research experts 1 and 3 both indicated that the wording in interview question 4 needed to be modified to be demographic dependent in terms of whether the NGN was still employed in his or her first unit. Experts 1 and 2 made suggestions on wording for interview questions 1, 2, and 3 to make them less leading. Furthermore, expert 3 voiced

concern about the use of the word “assumption” in question 5 and provided feedback on how to change this. Finally, experts 1 and 3 suggested ways to modify interview question 6 so that it was clearer. The interview questions were modified based on the feedback and then reviewed a second time by three of the four experts; the final interview question list is included in Appendix D.

Procedures for Participant Recruitment and Collection of Data

Participants were recruited for the study following Institutional Review Board (IRB) (10-19-18-0131363). They were solicited via purposeful sampling to ensure that the collected data was rich and that they met the four basic prescreening criteria (see Appendix A). Only Walden University IRB approval was required for the study because the FNA and ONS do not have an IRB protocol or process; however, they did require IRB approval from the educational institution before they distributed the study invitation.

There is no preset number of participants needed for a phenomenological study (Van Rijnsoever, 2017), but the general consensus is that a sample of between 20 and 30 should achieve saturation (Marshall, Cardon, Poddar, & Fontenot, 2013; Van Rijnsoever, 2017; Yin, 2014). I chose a target of 13 participants with a plan of checking for data saturation after interviewing 10. During data collection, I achieved and verified I had attained data saturation after 10 interviews.

Expression of Interest

The quest for qualified participants took place through various channels, including the FNA, the ONS, and the Florida Board of Nursing. All interviewees were recruited through an email invitation or private members only website for participation. The

invitation (Appendix E) included information about the research study, participation expectations, inclusion criteria, compensation information, privacy policy, and my contact information for those interested in participating. Inclusion criteria were as follows: (a) the NGN had to be employed in a hospital in the Central Florida area as a nurse, (b) the NGN had to have been employed for at least 2 years in a hospital setting, (c) the NGN had to have graduated between 2014 and 2015, and (d) the NGN had to have been employed on an oncology unit for his or her first unit assignment. In addition, an invitation to participate (including inclusion criteria) was posted on the FNA, FNSA, and ONS websites and Facebook pages.

Consent Form

Informed consent in research is the process of protecting individuals' right to choose regarding their participation by informing them of the process, risks, and rights concerning participation (Wolf, Clayton, & Lawrenz, 2018). Each potential interviewee was given a consent form outlining the process, the participation requirements, compensation practice, and the right to withdraw at any time. In addition, this form explained how the data would be collected and used, it also explained their right to privacy and confidentiality.

Data Collection

The data collection technique used in this study was semistructured interviews with transcripts. In addition, I took field notes of my observations during each interview. After IRB approval was obtained, potential interviewees who expressed an interest in participating were given a consent form. Participation was voluntary, and informed

consent, study protocols, and any ethical concerns were considered prior to data collection. Participants were then scheduled for a 45 to 60-minute audiotaped face-to-face interview. All interviews were recorded using a USB flash drive voice audio recorder, and then transcribed within 48 hours (see van Manen, 2014). Although 45 to 60 minutes were allotted for each interview, interviews ended when participants had answered all questions and indicated they had completed the interview process.

All 10 (100%) participants were provided with a transcript of their interview within 48 hours of finishing the interview. They were asked to review this transcript within 48 hours to verify its accuracy (member checking), and to notify me if any changes needed to be made. Respondents who did not respond within 48 hours were marked as having agreed with the transcript material. Finally, once their participation was complete (at any point in the study), interviewees were contacted and thanked for their willingness to be involved in the interview process.

Data collection for the study began after IRB approval on October 19, 2018. On October 29, 2018, the FNA sent out the first round of emails (Appendix E) to all members who had email addresses associated with their accounts. Membership in the FNA is by paid annual dues and does not include all licensed nurses in the state of Florida. In addition, an invitation was posted on both the FNA and the FNSA Facebook pages and websites. This invitation did not lead to any interested potential participants for the study.

After a month had passed and no potential participants had expressed interest, I joined the ONS and posted an invitation on their Advanced Nursing Research discussion

board (December 2, 2018). This board is only accessible to ONS members, and access requires membership and a password. I also contacted the presidents of the Central Florida ONS chapter, who posted the invitation on the chapter's private Facebook page. Access to this page is also for members only. Neither of these postings led to any interested potential interviewees.

On December 7, 2018, I used a database from the Florida Board of Nursing website to contact potential participants. The database included all licensed nurses in the state of Florida – for a total of 320,049 (Florida Health, 2019). The database includes those with active and inactive licenses and those with multistate (compact) licenses. I was able to filter the database by those who were first licensed in the years 2014 and 2015. This resulted in 38,564 NGNs. I then further filtered the list to include only nurses who listed Orange or Seminole counties as part of their address. This resulted in 2,733 NGNs. Of these nurses, 2,682 had emails listed in the database. On December 7, 2018, I emailed all 2,682 nurses, which led to three interviews. On January 14, 2018, I filtered the database to include nurses who had Brevard, Lake, Osceola, Polk, and Volusia counties in their address. This yielded 3,613 NGNs, of whom 3,545 had emails listed in the database. I emailed an invitation to all of them and was thus able to complete seven more interviews.

After seven interviews, I noticed that I was not seeing any new themes or experiences emerge. I hand-coded and entered these first seven interviews into NVivo 12 Plus. I subsequently did the same for the remaining three and found that I had achieved data saturation.

Saturation

According to Marshall, Cardon, Poddar, and Fontenot (2013), determining saturation is related to replication or redundancy of participant responses to interview questions. Yin (2014) reports that to achieve data saturation, rich and detailed data needs to be collected, especially when using small, qualitative research samples. For this study, data was collected through open-ended questions in semistructured interviews with 10 NGNs, until data saturation was achieved (see Van Rijnsoever, 2017). I followed the recommendation by Ary et al. (Ary et al., 2019) and considered saturation to have been reached when no new themes emerged. I gathered data from 10 interviews, because the final three did not produce any new themes. If new themes had appeared, I would have added three more interviews at a time until no new themes appeared, and data saturation was attained.

Data Analysis Plan

According to Vagle (2018), separating the collection and the analysis of phenomenological data can be difficult as they are so intertwined. The focus of this study was on eliciting the lived experiences of NGNs in relation to their unit of first practice, whether it was their UFC, and how it affected their retention during the first 2 years. Interview questions needed to be broad to allow participants to expand on their viewpoints (see Jacob & Furgerson, 2012). For data analysis, I used both NVivo 12 Plus and Vagle's (2018) whole-parts-whole process guidelines (shown below). The latter would have allowed me to follow up with participants to address any identified discrepancies or gaps.

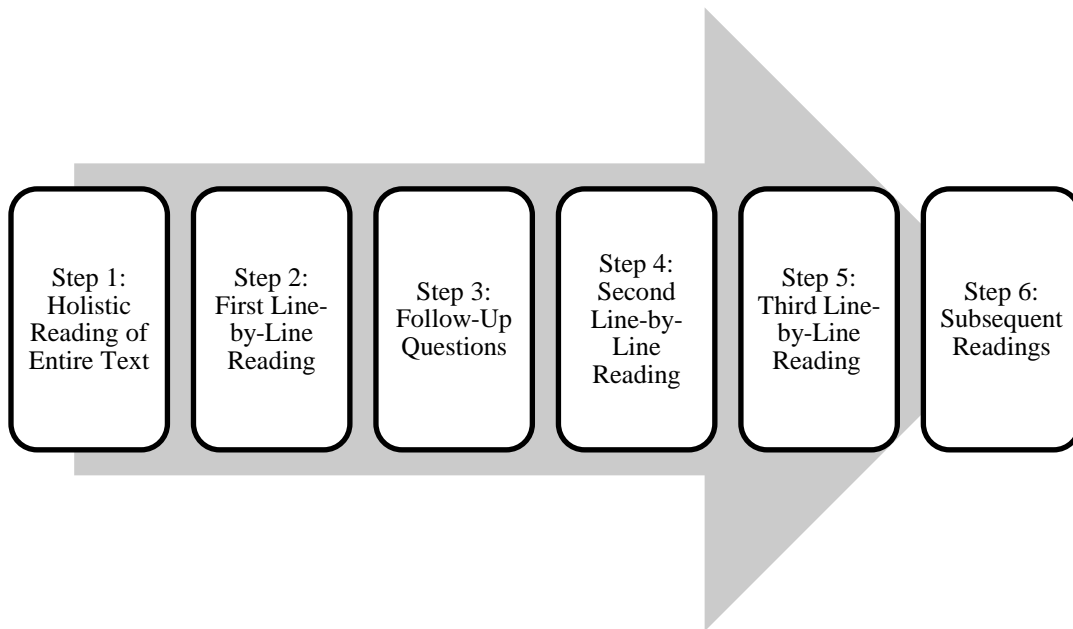


Figure 1. Whole-Parts-Whole Process Analysis Method.

Content Validity

Content validity was established by using member checking and clarifying researcher bias. Member checking is the process of giving participants an opportunity to review the transcript of their interview to make additions and corrections as needed (Ary et al., 2019; Lincoln & Guba, 1985; Morse, 2015). Researcher bias can be clarified by field testing questions to avoid leading interviewees towards the desired response (Morse & Mitcham, 2002). In addition, an outside analyst was used to help limit any personal bias (see Brod, Tesler, & Christensen, 2009).

Issues of Trustworthiness

Professionals need to be able to assess the strengths and limitations of the literature when reviewing it (Cope, 2014). How an article is critiqued is based on the

methodological approach; in qualitative research, credibility and trustworthiness are key (Cope, 2014). Lincoln and Guba (1985) and Ary, Jacobs, Sorensen, and Razavieh (2019) outline four criteria for establishing trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability.

Credibility

According to Ary et al. (2019), credibility relates to the integrity or truthfulness of qualitative research. Triangulation of data, member checking, and data saturation are possible methods of establishing credibility (Lincoln & Guba, 1985; Van Rijnssoever, 2017). Triangulation is established by using data from multiple sources to ensure the researcher has captured the phenomenon accurately (Ary et al., 2019). Member checking is the process of having participants review the interview transcript to ensure that the data has been transcribed accurately and to allow participants to make additions and corrections as needed (Ary et al., 2019; Lincoln & Guba, 1985; Morse, 2015). Data saturation is achieved when there is replication or redundancy of participant responses and no new themes emerge during interviews (Ary et al., 2019; Marshall et al., 2013).

Triangulation, member checking, and data saturation were used to confirm the credibility of this study. I used NVivo 12 Plus, my interview notes, hand-coding, and NVivo coding by an external party as data sources for triangulation. All 10 (100%) participants were sent their respective transcript within 72 hours of their interview and asked to review it to ensure the accuracy of the collected data (member checking). None of the 10 (0%) interviewees made any changes or additions to their transcript. Data saturation was established by hand-coding the first seven interviews and then checking

three additional ones for any new themes or concepts. When no new concepts emerged, it was determined that data saturation had been achieved. Data saturation was further confirmed by using an expert data analyst to conduct coding of the data to ensure data saturation had been achieved (Brod et al., 2009; Fusch & Ness, 2015).

Transferability

In qualitative research, transferability is the ability to apply the findings of one research study to another group (Ary et al., 2019; Lincoln & Guba, 1985). For this study, 10 participants were interviewed, and data saturation was achieved. According to Guest (2006) when looking for shared perceptions or experiences, smaller sample sizes (12) are sufficient. However, Lincoln and Guba (1985) suggest that even with the best of intentions, transferability must be checked and double checked in every situation in which a transfer is proposed. Hays et al. (2016) listed detailed description as another strategy for establishing transferability. The detailed description of the data collection and coding process included in Chapter 3 and Chapter 4, and the research results from Chapter 5 should facilitate transferability of this study (see Hays et al.). In addition, the four themes that were developed align with previous researchers' data and the conceptual frameworks presented in Chapter 2. Consistency of data between the themes developed from data collected in this study and that of previous researchers' findings support the transferability of these findings. These findings are further explained in Chapter 5.

Dependability

According to Ary et al. (2019), qualitative studies do not have the tight controls related to replicability that are seen in quantitative research; instead, a certain amount of

variability is expected. In this vein, dependability is the ability to track or explain any variability in replicability (Ary et al., 2019). For this study, the three methods used to establish dependability, as described by Ary et al. (2019) and Lincoln and Guba (1985), were creating an audit trail, code-recoding, and triangulation.

Documentation of the research process and validation of the data by participants, along with the raw data from the interviewer's notes of observations taken during the interviews, provide an audit trail (see Ary et al., 2019). Coding-recoding, along with the whole-parts-whole-process analysis methods were used to evaluate and code the interview data (see Ary et al., 2019; Vagle, 2018). For this study, dependability was established when hand coding, NVivo 12 Plus coding, and an outside analyst's coding were found to be similar. Multiple types of data, such as interviews, observations, field notes, and an outside analyst coding of data, were used for triangulation. Triangulation compared the data and ensured that I accurately captured the phenomenon (see Ary et al., 2019). The complete process used for coding-recoding and the results are described in detail Chapter 4.

Confirmability

Confirmability concerns the extent to which the research is free of bias in both the process and the interpretation of data (Ary et al., 2019). In qualitative studies, confirmability focuses on whether the collected data and its interpretation could be confirmed by another individual studying the same phenomenon (Ary et al., 2019). This study used an audit trail, triangulation and reflexivity as methods of confirmability (see Ary et al., 2019), Reflexivity entails taking into account a researcher's personal bias and

personality in the study process (Ary et al., 2019). An outside analyst and a field test of the interview questions were used as methods of limiting any personal bias (see Ary et al., 2019; Brod et al., 2009).

Ethical Procedures

Adhering to high ethical standards during the research process is crucial. I obtained IRB approval and abided by all procedure guidelines. Recruitment of participants was done through the FNA, the FNSA, the ONS, and the Florida Board of Nursing, and there were no ethical concerns in this regard. I did not interview anyone I knew directly prior to starting the study; therefore, there was no conflict of interest or concern regarding power differentials. According to Ary et al. (2019), all researchers have an obligation to maintain high ethical standards for their own integrity, their subjects, and their profession. Ethical standards are established by rigorous honesty, obtaining informed consent, and maintaining subject anonymity and confidentiality (Ary et al., 2019). In addition to the recommendations outlined by Ary et al., participants were informed of their right to withdraw from the study at any time without any pressure.

Ary et al. (2019) state that researchers are obligated to plan, perform, and present the findings of their study in such a way that the results are not misleading. Conducting and/or reporting research in a misleading way, either on purpose or unintentionally, is an abuse of a researcher's position (Ary et al., 2019). Per Ary et al.'s recommendation, I conducted a field test of my interview questions to look for potential sources of leading or misleading outcomes. Data storage, dissemination, and destruction followed IRB protocols.

Summary

In this chapter, I described my role as a researcher and the method, design, and approach used in this study, including participant selection, recruitment, and data collection and analysis. I further presented the interview instrument and the field test process used to confirm that the interview questions were aligned with the research question. Finally, issues of trustworthiness and ethical procedures were addressed. Next, Chapter 4 covers the results of the study.

Chapter 4: Results

The purpose of this qualitative descriptive phenomenological study was to identify and report the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit although it was not their UFC during their first 2 years of employment in Central Florida. This chapter provides the results of the analysis of the data collected from interviews with 10 NGNs who started practicing between 2014 and 2015 and who were hired into oncology units in the Central Florida area as their first unit of practice. Participants were asked three demographic and six interview questions designed to identify and report aspects of the NGNs' experiences in oncology in Central Florida. The data were analyzed to answer the following research question: What are the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though it was not their UFC during their first 2 years of employment in Central Florida?

This chapter presents the study's research results based on the experiences of the participants. It includes information on the research setting of the qualitative study, participants' demographic information, and characteristics relevant to the study. In addition, the chapter includes an overview of the data collection process, the procedure used for coding, the emerging themes used in the analysis process, and evidence of trustworthiness. The chapter concludes with a summary of the study's results and a transition into Chapter 5.

Research Setting

This qualitative phenomenological study was implemented using one-on-one interviews based on the interview guide provided in Appendix F. I interviewed a total of 10 participants who met the inclusion criteria as outlined in Appendix A. All interviews were conducted in person except for one, which was held over the telephone due to the respondent's location. All interviews were recorded for later transcription. Recruitment, interviews, transcription, and member checking commenced on October 19, 2018 and ended on March 13, 2019.

Participants were recruited from the Central Florida area, including Brevard, Lake, Orange, Osceola, Polk, Seminole, and Volusia counties. Interviews were conducted at the respondents' convenience and ranged from early morning to late afternoon. The location of the interviews was also determined by the participant and included tables in restaurants away from other patrons to ensure participants' privacy. Interviewees who met face-to-face were offered space in a secluded room at a library to ensure privacy, but all declined.

Demographics

This study included a total of 10 participants. All participants worked on an oncology floor as their first hospital assignment. Five (50%) of the participants requested oncology as their UFC, whereas the other five (50%) wanted the emergency department (10%), pediatrics (10%), hospice (10%), medical/surgical (10%), or labor and delivery (10%). One participant indicated that she wanted either oncology or the neonatal intensive care unit (NICU) and was counted as having received her UFC in oncology.

Half (50%) of the nurses were hired into oncology as their first choice, whereas the other half (50%) were not.

Three (30%) of the participants remained on their first unit of hire, whereas seven (70%) did not. Furthermore, of those who no longer work on their original unit, three (30%) of the interviewees stayed less than 1 year; two (20%) stayed for more than a year but less than 2 years; and two (20%) stayed longer than 2 years. When asked about participating in a formal graduate nurse residency program, two (20%) indicated that they had done so, whereas seven (70%) had not. One (10%) respondent was not asked this question. In addition to the information described above, Table 1 has demographic information on gender, and age.

Table 1

Demographic Information of Participants

Participant ID	Gender	Age	UFC	Hired into UFC	Still working on 1 st unit	Years on 1 st unit	Participated in residency program
P1	Male	>30	Oncology	Yes	No	>1 but <2	Yes
P2	Female	≤ 30	Pediatrics	No	No	<1	Unassigned
P3	Female	≤ 30	Oncology	Yes	No	>2	No
P4	Male	≤ 30	Med/Surg	No	No	>1 but <2	No
P5	Female	≤ 30	Oncology	Yes	Still there	Still there	No
P6	Female	>30	Hospice	No	No	>2	No
P7	Female	≤ 30	Oncology	Yes	Still there	Still there	Yes
P8	Female	>30	Labor & Delivery	No	No	<1	No
P9	Female	≤ 30	Oncology	Yes	Still there	Still there	No
P10	Female	≤ 30	Emergency Room	No	No	<1	No

Data Collection

Data for this study was collected using a semistructured interview technique. Interviews were completed in a single meeting with each participant and data collection lasted approximately six months. Purposeful sampling was the primary method used to

identify possible participants for recruitment; snowball sampling was also attempted but did not yield any results. Purposeful sampling was used to ensure that those who were invited to join the study were information rich regarding the phenomenon under investigation (see Patton, 2014).

The primary methods of contacting participants were via email and via professional practice websites. A total of 6,227 direct emails were sent out to nurses with addresses listed in a publicly available database on the Florida Board of Nursing's website (Florida Health, 2019). There was approximately a 1% email delivery failure rate. A total of 32 nurses (0.5%) responded to the email invitations. Of those who responded, only 13 met the inclusion criteria, and three decided not to participate prior to being interviewed.

To maintain anonymity, participants were assigned and referred to by a number (P1, P2, P3, and so forth) to identify them throughout the study. All data was stored and associated with the respective participant number. Respondents signed a consent form for participation prior to being interviewed. All participants were offered the opportunity to meet at a local library near their location to ensure privacy, but all declined. Interviews were conducted at tables away from other patrons in a restaurant of the interviewee's choice. One participant was unable to meet in person, and her interview was therefore conducted over the telephone.

Interviews were conducted from December 10, 2018 to March 10, 2019 and lasted an average of 32 minutes. All interviews were recorded using a USB recording device. After the interviews, the recordings were saved and transcribed onto a personal laptop.

Transcripts were then emailed to the participants for member checking to increase the credibility of the study (see Ary et al., 2019; Lincoln & Guba, 1985; Morse, 2015). After data collection and analysis, all information related to the study was downloaded to an external drive and placed in a fireproof home safe.

Data Analysis

Each interview included nine questions: three demographic and six open-ended questions. These were used to answer the research question: What are the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though it was not their UFC during their first 2 years of employment in Central Florida? Data from 10 transcripts was coded and analyzed to address this question.

According to Saldaña (2016), coding is used to capture the essence of a research story, and when clustered together based on patterns, codes can facilitate the development of categories and themes. I hand-coded the transcripts after the first three interviews to ensure that the data was in line with the research question. I then continued to collect data. After four additional interviews, no new themes emerged, and data saturation appeared to have been reached.

All seven interviews were hand-coded, and the data was then processed using NVivo 12 Plus to confirm the coding and ensure the credibility of the identified codes. While processing the data, I continued to recruit participants, and completed and hand-coded three additional interviews. The last three interviews did not reveal any new themes, so the data collection was concluded because data saturation had been attained

(see Marshall et al., 2013). As an additional check of the coding, transcripts were sent via secure email to a data analysis company after a confidentiality agreement was signed.

Coding Process

Coding is a way to make sense of text data collected during research. It helps to map out and provide an overview of the data so the researcher can relate it to the research question (Elliott, 2018). In this study, three rounds of coding were used to interpret the data. The coding process is described below.

Hand coding. During the data collection process, the first three interviews were hand-coded to ensure that the interview questions were collecting data that aligned with the research question. After seven interviews it appeared that no new themes were emerging, so the first seven interviews were hand-coded. The final three interviews were hand-coded to check for data saturation. Once data saturation had been achieved, I began the process of importing data into NVivo 12 Plus.

Round one of coding. Before any data was imported into NVivo 12 Plus, all 10 interview responses were read through and preliminary codes were developed. During the first round of coding, the researcher looks for distinct concepts in the data to form basic categories of analysis (Elliott, 2018). Once this process was complete, the 10 interview transcripts were imported into NVivo 12 Plus for further coding.

Open coding was conducted using line-by-line and sentence analysis. Primary, first level codes were generated from the research questions and by coding and indexing the transcripts. The names of the codes were based on the interview questions to ensure consistency in the coding and to directly relate the answers in the transcripts to the

appropriate first level code. For example, a question asked participants to state their UFC when they applied for their first position after graduating from nursing school. The code or label for this question was “First unit of choice.” This process identified 13 primary codes (based on the interview questions). First level codes are primarily descriptive codes used to summarize data and provide a platform for later, higher order coding (Punch, 2014).

Table 2

First Level Codes

First Level Codes	Files
Age	10
Gender	10
Time Employed on First Unit	10
First Unit of Choice	10
Reason for First Unit of Choice	9
Reason for Leaving Oncology	5
Reason for Staying in Oncology	5
Formal Internship or Residency program	10
Perception of Nursing Shortage	10
Perception of GN Turnover	10
Insights	2
Experience in Oncology	10
Progressive Education Career Path	10

Round two of coding. The second round of coding consisted of rereading each transcript and then open coding the data again. Second level codes were generated by associating and coding each participant’s answers to the 13 first level, primary codes. The coding labels were assigned using words that participants themselves had used in the interviews; codes or labels were developed directly from a word, words, or phrases from the coded passages of text. For example, an answer to the question about the

interviewees' UFC was "hospice," so the NVivo 12 Plus code assigned to this passage of text was "Hospice." All the data was coded and grouped according to similarities.

Round three of coding. A third and final review of the coding was completed to ensure that NVivo 12 Plus codes were properly assigned. In addition, any highly similar codes were collapsed together. The coding process in NVivo 12 Plus produced 13 first level, 99 second level, and 1 third level code. Thus, a total of 113 codes emerged from the data. Four themes were developed from the coding (see Table 3).

Table 3

Text Used to Develop Codes & Themes

Themes	Text Used to Develop Codes & Themes
Theme 1: Cycle of NGN turnover in oncology	Tied to onboarding, more skills learned on the job, burnout, GNs need support, imbalance of work and pay, emotional strain, may have interest but not first choice, high workload, lack of preparation/training, hospital is training ground, gain experience, nurses don't stay long, shift cuts, wanted to be in pediatrics, wanted to be in med/surg, moved out of state, wanted to be in labor & delivery, wanted to be in ER, left after a year 8 months, left after 9 months, left after 1 year, still employed in same unit, left after 3 years, left after 7 months, left after 8 months, still in oncology, no hospice position available, to work with children, wasn't sure of specialty, needed basic education before going overseas, was advised to get med/surg exp, emotional/spiritual/mental aspects, bad experience during labor & delivery, grandmother died of cancer, needed experience on a medical floor
Theme 2: Reducing Turnover and Increasing NGN Retention in Oncology	Nurses may not be sure of specialty, important to get background of units, Oncology was tied to passion, nurses may leave to be in specialty, would work for units needing experienced nurses, would not have made a difference, gives nurses a goal, nurses may stay longer, reinforce passion, Oncology not first choice for some, Would have been better or made a difference, Oncology used to gain experience, higher retention, interest in Oncology, constantly learning, location of hospital, learning, leadership experience, good co-workers, manager fights for team, likes Oncology, liked patients, leaders can help with retention, GN need support
Theme 3: Negative Impacts of the Nursing Shortage	Hard to get charting done, hired new nurses, not as bad in pediatrics, difficult to provide care, more chances for accidents, affects patient health outcomes, shortage getting worse, exists in busiest units, nurses leave for what they really want, staff are being floated, overwhelmed staff, lower quality care, patient overload
Theme 4: Positive and Negative Experiences of Working in Oncology	Practicum made it easier, short staffed, difficult management assignments, not true oncology floor, loves staff teamwork, took emotional toll, hated and liked it, good training ground, great mentors, doesn't feel like Oncology unit, stressful, high workload

Evidence of Trustworthiness

How trustworthiness was addressed in this study was outlined in Chapter 3. Credibility, transferability, dependability, and confirmability are all recommended criteria to establish trustworthiness in qualitative research (Ary et al., 2019; Lincoln & Guba, 1985). Researchers are obligated to present their study findings in a way that is not misleading (Ary et al., 2019). According to Ary et al. (2019), credibility relates to the integrity or truthfulness of qualitative research. To ensure credibility, triangulation, member checking, and data saturation were used. NVivo 12 Plus, interviewer notes, hand coding, and NVivo coding by an external analyst were all used as data sources for triangulation. To do my best to apply bracketing and bridling, I read the questions exactly as they were written and tried to set aside my beliefs related to the questions I was asking. All 10 (100%) participants were given an opportunity to review their interview transcripts to ensure accuracy of data collected (member checking). Finally, data saturation was achieved by hand coding the first seven interviews and then checking three additional interviews for any new themes or concepts. When no new concepts emerged, data saturation had been achieved. Data saturation was confirmed by an outside analyst who also coded the data (Brod et al., 2009).

In qualitative research, transferability is the ability to repeat the research study in another group (Ary et al., 2019; Lincoln & Guba, 1985). Evaluation of the 10 (100%) interviews identified four common themes that aligned with previous researchers' data and the conceptual frameworks as presented in Chapter 2. This alignment, along with the detailed description of the data collection and coding process included in Chapter 3 and

Chapter 4, and the research results from Chapter 5, should allow transferability of this study to other oncology units across the country or to other nursing units (see Hays et al., 2016; Lincoln & Guba, 1985).

This study used three methods to ensure dependability: creating an audit trail, code-recoding, and triangulation. In addition, the instrument used for the interviews was field tested to ensure that the interview questions were in line with the central research question (see Castillo-Montoya, 2016). The audit trail for this study included documentation of the research process and validation of the data by participants, along with the raw data from the interviewer's notes of observations taken during the interviews (see Ary et al., 2019). Coding-recoding, along with the whole-parts-whole-process analysis methods were used to evaluate and code the interview data (see Ary et al., 2019; Vagle, 2018). For this study, dependability was established when hand coding and an outside analyst's coding were found to be similar (see Brod et al., 2009). The complete process used for coding-recoding and the results were described previously in Chapter 4.

Finally, confirmability is the extent to which the research is free of bias in both the process and the interpretation of data (Ary et al., 2019). This study used an audit trail, triangulation and reflexivity as methods of confirmability (see Ary et al., 2019), Reflexivity entails taking into account a researcher's personal bias and personality in the study process (Ary et al., 2019). An outside analyst and a field test of the interview questions were used as methods of limiting any personal bias (see Ary et al., 2019; Brod et al., 2009).

Study Results

In this study, I examined the problem of the ineffective management of oncology NGN retention and how it is a primary contributor to the nursing shortage and increased turnover costs. This was addressed using the following research question: What are the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though it was not their UFC during their first two years of employment in Central Florida? Participants shared their experiences in this regard. All the interviewees had been assigned to oncology as their first unit after graduating from nursing school.

Coding of the participants' responses revealed the following four themes: the cycle of NGN turnover in oncology, reducing turnover and increasing NGN retention in oncology, the negative impacts of the nursing shortage, and positive and negative experiences of working in oncology. The order is based on the number of aggregate references (level 2 and level 3 codes) from NVivo 12 Pro. Themes were supported using quotes from the interviewees.

Table 4

Study Themes

Theme Number	Theme	Aggregate References
Theme 1	Cycle of NGN turnover in oncology	73
Theme 2	Reducing turnover and increasing NGN retention in oncology	35
Theme 3	Negative impacts of the nursing shortage	30
Theme 4	Positive and negative experiences of working in	27

Participants were asked what their UFC was when they entered the nursing employment market immediately after graduating from nursing school. Five of the 10 (50%) participants reported that oncology was their UFC, while the other five (50%) reported that they had been assigned oncology even though their UFC was a different specialty unit. Theme 1 (the cycle of NGN turnover in oncology) and Theme 2 (reducing turnover and increasing NGN retention in oncology) were both directly related to UFC. Regarding Theme 1, 7 of the 10 (70%) participants reported a cycle of NGN turnover on their units. On the other hand, 9 out of 10 (90%) interviewees reported positive and negative experiences as NGNs on oncology units in Central Florida (Theme 4).

Theme 1: Cycle of NGN Turnover in Oncology

Out of the 10 participants, six (60%) expressed the belief that there is a cycle of NGN turnover in oncology; this cycle is related to placing, training, and turnover of NGNs. According to five (50%) of the 10 respondents, many NGNs do not want to be placed in oncology but will begin in this unit to gain the experience they need to move to another unit or will stay until their UFC has a position available. Two (20%) of the respondents were told by human resources (HR) or during nursing school that they needed to get general medical experience before going to their specialty. Furthermore, six (60%) of the participants described their experience in oncology as stressful or overwhelming, and two (20%) suggested that this led to NGN turnover.

For the nurses who participated in this study, turnover in the first year was 30% and 50% in the first 2 years. Of the 10 interviewees, five (50%) reported oncology as their UFC, whereas the other five (50%) had a different UFC. Three (60%) of the five

who indicated oncology as their UFC were still employed on that first unit after more than 4 years. One (20%) of remaining two, of the five with oncology as their UFC, stayed for more than a year but less than 2 years, and the other one (20%) stayed for more than 2 years but left the job when she moved. However, she did find employment on another oncology unit. Of five (50%) of the 10 participants who listed other units as their UFC, all five (100%) left oncology for other units within 3 years of being hired. Three (60%) of these five left in less than 1 year, one (20%) left after a year, and one (20%) left after 2 years and went into hospice.

Theme 1: Cycle of NGN turnover in oncology, is related to the turnover in oncology due to the hiring of NGNs into this specialty for the sole purpose of gaining experience, even though it was known that the nurse would later leave. P5 said, “It is definitely a training ground to send them on to the things they want to do – ICU, PCU, ER – wherever they want to go, even to mother/baby.” P7 shared her perceptions of the cycle of turnover, “Most of them, I think, come here for experience, and they want that year experience and then they are ready to go elsewhere.” Whereas P8 related his own experience to the cycle of turnover, “like me, they were there to put in their time before they moved on to a unit they liked or wanted more.” P8 continued by saying, “that was the sad part because they just came and did their time and then left.” P10 also shared his experience and thoughts on turnover, “I am sure that there are a lot of other nurses like me who just go to a unit to get the experience they need and then leave.”

Another aspect of the cycle of turnover revealed by the data was the perceived lack of preparation of NGNs. Of the 10 interviewees, 5 (50%) mentioned that NGNs were

not prepared for their experience when they came out of nursing school. P1 talked about his perceptions of the lack of preparation of NGNs:

I do not think they are adequately prepared for the different situations that they encounter. You know, I think a lot of it [their knowledge] is based on textbooks and what they see and their teaching environments, and then when they get out in the real world and encounter everything that could possibly happen to them and that scares them. . . . I think, for a lot of them, they are not adequately prepared for what they encounter. You know, people die, not everyone can handle that.

P2 also expressed her own experience related to not feeling prepared when she got to the unit as an NGN:

When I was a new nurse, I did not feel like anything I learned in school applied to what I was doing. It was just so overwhelming. Nursing school does not really prepare you for the real job and how hard it is.

P3 shared his thoughts on how nursing schools may mislead NGNs and what they should expect when they start working:

A lot of times when you are in nursing school, they kind of build that perfect picture – ‘yeah, you will have four to five patients...’, so and so will happen – and you end up graduating and you realize that is not what it [nursing] is.... I precept a lot of GNs who are just like ‘oh I cannot do this; this is just too much’.

P4 and P9 also shared their perceptions on how underprepared NGNs are when they graduate. P4 shared, “I think that new graduates are not prepared for the floor; they

do not realize how high the stress can be, and how demanding the job is.” Whereas P9 stated,

I think it is great that they hire new graduate nurses, but I do not think they are ready when they come out of school. I mean, they know the book stuff, but they do not know what the real job is like, so I think they get overwhelmed by it all.

Theme 2: Reducing Turnover and Increasing NGN Retention in Oncology

When asked, all 10 (100%) of the participants shared their reasons for staying or leaving their first position as nurses in oncology. Their first hand experiences of staying in or leaving oncology can shed light on both turnover and retention. For the five (50%) out of 10 participants who stayed on their original oncology unit for more than 2 years, three (60%) of those five noted a general interest in oncology and two (40%) of five liked the variety in what nurses do on the unit. Two (40%) of five of the participants reported an affinity for the patient population, two (40%) of the five listed opportunities for learning, and one (20%) reported liking their colleagues as reasons for staying. P3 commented on her personal experiences,

I just really like the patient population and I feel like oncology interests me, I feel like it [oncology] is always something different and I like that there are constantly new things to learn about it. There is always new research, there are always new medications out there that you have to learn. I like oncology because there is so much you can do in it and I feel like I am constantly learning something new.

P5 and P6 also shared their personal reasons for staying in oncology for more than 2 years. P6 described her thoughts on the patients saying, “Cancer patients are special.

They stare death in the face and dare to be healed. I was so inspired by my patients and their families.” Whereas P5 explained,

I have a good rapport there; I am constantly looking for new things to learn and grow in. . . . I am learning and growing, and I love the staff that is there, we have a good team with a really good manager who, like, fights for us, and so I have not had a reason to go.

Five (50%) of the 10 participants left oncology after spending 2 years or less on the unit. All 5 (100%) of the five who left reported not wanting to work in oncology as their primary motivating factor for leaving. One (20%) of these five shared that he just needed a break and left to work in Hospice. Whereas four (80%) of these five stated that they had only accepted a job in oncology either to gain experience or to have a job while they waited for a position to open in the specialty they wanted. P2 stated, “I did not really want to be there. I knew I was not going to stay when they hired me. I was just putting in my time for when I could get a job in pediatrics.” P3 explained that she had a similar experience, “I really wanted a med/surg floor, so I left when I found an opening.” P10 also shared her thoughts, “I hated it. I really wanted the ER. I had friends who worked there, and they loved it. Oncology was really just a place for me to get the experience that HR said I needed.” P8 related her personal history,

I knew I wanted to work in L&D. I started looking for a job when I had been working about six months. I hated working in oncology, it was so sad with everyone so sick and dying. I really only did it because I needed the experience.

Nine (90%) of the 10 participants were asked to share their opinion on using a progressive career pathway in relation to the UFC as a method of increasing retention. Six of the 9 (67%) who answered the question thought this was a good alternative hiring practice. P8 offered her thoughts, “that is a great idea. I think more people would stay if they had something to work towards. A light at the end of the tunnel.” P1 shared his thoughts,

Yes, it would give them a goal, hope. I think a lot of these nurses, especially ones that start having a different position and they are told, ‘six months from now or a year from now, you know, once you finish your graduate nursing program, or six months after you have been a nurse, you can switch to a different position,’ I think that would give them hope. . . . So, some type of progressive teaching or promise where they can move to that position would definitely affect turnover in a positive manner.

P2 also shared her thoughts and personal opinions on the possible success of a career pathway on improving NGN retention:

I think that might make people stay longer. When I was working in oncology, I was always looking to get a job in pediatrics. If I knew I was going there [to pediatrics], I might have stayed in oncology longer, or at least at the hospital I first started working for. I liked the hospital I worked for when I first graduated, but I left there for this job.

Three (34%) of nine participants who answered this question did not think this would work. P7 shared her thoughts, “I think they might still look for a job in their

specialty when they can. Even now, they are not here even a year and they leave as soon as they get a job in their specialty.” P10 related a similar opinion, “I do not think that would have made a difference. . . Even if I knew that there was a job waiting for me, I think I would have started looking for a job in the emergency department right away.” P6 added her thoughts and added that nurses might feel trapped: “had I been hired to a neuro floor of a hospital, and realizing I hated it, would make me feel very trapped for the 2 years of working to get experience.”

Theme 3: Negative Impacts of the Nursing Shortage

When the 10 respondents were asked about their perception of the nursing shortage and its relation to patient care, four (40%) participants focused on both patient care and the effect of the shortage on the nursing staff. Six (60%) shared how they experienced the nursing shortage impacting patient care. Six (60%) reported a perceived decrease in the quality of care, and three (30%) shared a perceived increased risk of accidents or medication errors. According to P3: “you cannot provide the quality of care that you could be providing if you had less of a work load.” P8 shared her thoughts, “I think it affects the patients a lot. . . . I worry that the nurses have to stretch in their assignments so often that it could lead to mistakes.” P2 related her personal experience, “I feel like sometimes it is not really safe. I almost hung the wrong medication on one patient. . . . I know that happens a lot when we get really busy.” The nurse shortage impacts all areas of care according to P4, “when there is a shortage of nurses, patients do not get the care that they should. Medications get passed late, rounding does not happen,

and nurses do not spend as much time with their patients as they. . . [should].” P5 noted the consequences of the nurse shortage related to patient care:

Patients do not get up and moved, medications get late, there is not that extra set of hands to ask questions to and just check, so things like rapid response might take place later than they should because someone does not get in to put eyes on the patient or they [the nurse] are late rounding. Patients wait longer to get toileted. You are a little more frantic so maybe you are not actually giving good education or communication.

P9 shared a personal experience with how a shortage of nurses caused a medication error to occur:

I felt unable to provide the quality of care for my patients that they deserve because we were so short staffed. Our patients were usually not just cancer patients, so they required a lot of care. I remember one shift, a patient ended up in ICU because a critical blood pressure medication was missed. . . . I think that kind of thing happens more than people realize.”

All 10 (100%) of the participants generally perceived the impact of the nursing shortage of nurses as concerning patient acuity and/or increased patient ratios. Nine (90%) of the participants mentioned increased patient ratios and eight (80%) of the participants shared that the nursing shortage increased the workload and acuity of patient assignments. P4 explained how oncology patients require more care than other patients, “the patients are such high acuity, they have a lot of the same diseases as the patients on

med/surg, but then on top of the regular HTN, diabetes, etcetera, they have chemotherapy.” P5 also shared the acuity of the patients in oncology:

We also get sent all the isolation patients, all the patients that have difficult families that are going to be not good for a semiprivate room, a lot of drug addicts. All the hospice patients come to us. People who do have cancer and are having complications with their chemotherapy regimen – we get all those patients. We get bariatric patients; we get those patients with multiple illnesses going on all at once.

Theme 4: Positive and Negative Experiences of Working in Oncology

The final theme generated relates to the lived experiences, both positive and negative, of NGNs in oncology as discussed by the 10 (100%) participants. On the positive side of the 10 participants, seven (70%) interviewees reported that they learned a great deal. P10 said, “I have to say that I learned a lot. I actually think that oncology is a great learning environment because there is so much to learn, and patients were usually sick with more than one disease.” P5 shared how she found oncology to be a good learning experience:

It has been a really good training ground to understand how different diseases interact and it has also been a really good training ground for how to deal with really difficult patients. And how to deal with family members and how to coordinate between a team of doctors working on one patient. I have enjoyed it. It has been hard, but I have also really enjoyed the learning I have had there. I have enjoyed the team and learning different rolls.

Three (30%) of the 10 participants said they loved the patients. P3 stated, “I had a positive experience as a new nurse, I loved the oncology population as well, I loved the patients.” Whereas P6 described her thoughts about the patients as, “cancer patients are special. They stare death in the face and dare to be healed. I was so inspired by my patients and their families.”

Finally, two (20%) of the 10 participants stated that they had a good orientation/preceptor experience. P6 explained,

I was fortunate to have had wonderful mentors of what a GREAT nurse is. I felt supported by my organization and my managers, charge nurses, and fellow nurses. My preceptor was the best, she helped me see past tasks to the big picture. They taught me how to be a good nurse, through teamwork, honesty, compassion, hard work.

Similarly, P9 reported that she also had a good orientation experience and relates her experiences,

I had a great preceptor; she did a great job helping me learn to manage my time and my patients. There is so much to learn in oncology, even now I feel like I am still learning. It was interesting to see how different diseases affect the body and how we treat them.

Of the 10 participants in this study, six (60%) of them noted feeling stressed and/or overwhelmed. P8 stated, “It was so stressful. . . . I did my practicum in neuro/medical. It was a busy unit, but it was nothing compared to hematology-oncology. People were really sick.” P10 related her personal experiences and feelings of being

overwhelmed, “I was always so overwhelmed by everything that I could never keep up with my charting. It felt like I would run from one room to another doing vitals and then passing meds and doing assessments. In addition, P1 shared his personal experiences:

It was rough, I was stressed. And then on that particular unit they had a lot of initiatives, a lot of protocols that we had to follow. Most of our patients were coming in septic, we had a 30-minute initiative to do a blood work up on that patient, get blood cultures, we had to put a port needle in, and all that had to happen in the first 30 minutes of the admission. Most of the time we were told we would not have more than one leukemic patient, we usually ended up with two, maybe three. Again, all of that plus all of the other dynamics, dropping a needle if we had to, chemotherapy, then if we had chemotherapy, we had to follow certain protocols. Transfusions were a daily thing; we might have two or three patients with that. You then get tied up in a room because you could not leave a room. So very stressful, it was stressful.

A negative lived experience mentioned by six (60%) of interviewees was the emotional toll of oncology nursing, including patients dying, which other general medical/surgical floors may not have happened as often. P1 said, “you know, people die, not everyone can handle that.” P8 related, “we had seven patients die in one single month. . . . It was so hard to go in and see people dying from the drugs I was giving rather than the disease they had.” P9 also shared her experience with patient dying, saying, “probably the hardest part of the job is when a patient died. It was really hard, and then we have to deal with the family.” P4 expressed her dissatisfaction with oncology

related to patients dying, saying, “I never wanted oncology, so I did not like having to take care of patients who I knew were probably going to die of cancer.”

Summary

Chapter 4 presented an analysis of the data collected in this phenomenological study. Ten participants were recruited from the Central Florida area, including Brevard, Lake, Orange, Osceola, Polk, Seminole, and Volusia counties. All respondents graduated and were licensed as NGNs in 2014 or 2015. Participants were hired into an oncology unit in Central Florida as their first unit assignment. Demographic data included gender, age, UFC, whether the nurse had been hired into his or her UFC, whether the nurse was still working on the UFC, the length of time for which the NGN had worked on his or her first unit, and whether the NGN had participated in a formal transition or orientation program.

The interviews for the 10 participants provided 327 minutes of recorded data. The data analysis identified 113 total codes; four themes emerged from the data. These themes were consistent with the literature review as well as the conceptual frameworks presented in Chapter 2. Each theme was supported using quotes from participants. The last section of the chapter provided an explanation of the study’s trustworthiness, including credibility, transferability, dependability, and confirmability. Next, Chapter 5 discusses the findings of the data analysis, and relates the interpretation of each theme to the primary research question. Furthermore, the chapter outlines the study limitations and includes recommendations and considerations for future research related to NGN

retention and UFC. Finally, the chapter presents the implications for practice and how they could lead to positive social change, before concluding this research study.

Chapter 5: Discussion, Conclusion, and Recommendations

This study examined the problem of the ineffective management of oncology NGN retention and how it is a primary contributor to the nursing shortage and increased turnover costs. This was addressed using the following research question: What are the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though it was not their UFC during their first 2 years of employment in Central Florida? Phenomenological studies are designed to describe and interpret the lived experiences of participants. Phenomenology is not used to generalize the outcomes of a study; instead, the purpose is to help provide insights into the topic being studied. The results of the literature review in Chapter 2 revealed that the problem of NGN retention is a complex issue that will likely require change on many levels. The key findings of this study suggest that even though NGNs felt they had positive experiences; this did not cause the NGNs who did not get their UFC to remain with the original unit of hire. NGNs who participated in this study identified a cycle of turnover in oncology that impacts the remaining nurses by creating a shortage. Ultimately, this study suggests that UFC does affect NGN turnover and retention. The following interpretation of the findings of this study will consider in greater detail how results of this study suggest that UFC influences NGN retention.

Interpretation of the Findings

After conducting an exhaustive review of literature and presenting such in Chapter 2, this is the first known study to directly investigate UFC and the experiences of nurses working on oncology units in the Central Florida area using phenomenology as the

research methodology. The following four major themes were identified that expressed the lived experiences of the 10 participants of this study: the cycle of NGN turnover in oncology, reducing turnover and increasing NGN retention in oncology, the negative impacts of the nursing shortage, and positive and negative experiences of working in oncology.

Application of the Themes to the Conceptual Framework

The conceptual frameworks for this study were comprised of Herzberg's motivational hygiene (or two-factor) theory, transformational leadership theory, and general systems theory. These were chosen and applied as a way of connecting all parts of this research project (see Ravitch & Riggan, 2012), and served as tools to shape the research questions and direction of the study.

Herzberg's Motivational Hygiene Theory

Herzberg's motivational hygiene theory is used to examine how satisfaction or dissatisfaction with a job can be associated with either motivating (intrinsic) or hygienic (extrinsic) factors (Alshmemri, Shahwan-Akl, & Maude, 2017; Herzberg, Mausner, & Bloch-Snyderman, 1959/2017). Herzberg's theory was used as a conceptual framework in this study and added to the understanding of whether being assigned to one's UFC or not affects turnover (see Alshmemri et al., 2017; Herzberg et al., 1959/2017). According to Herzberg et al. (1959/2017), dissatisfying factors will lead employees to consistently experience more job dissatisfaction. Considering NGNs' UFC in their placement is an important hygiene factor for predicting their retention decision.

According to Herzberg's motivational hygiene theory, the absence of hygienic factors can increase job dissatisfaction (Alshmemri et al., 2017; Herzberg et al., 1959/2017). Of the 10 participants, five (50%) did not have oncology as their UFC. Of those five, three (60%) left after less than 1 year, one (20%) left after less than 2 years, and one (20%) left after 2 years. Overall, turnover among all 10 participants was 50% in the first 2 years, with only one (10%) with oncology as her UFC leaving her original unit due to a move, not dissatisfaction with oncology. The turnover rate of 50% in the first 2 years of practice supports earlier findings showing NGN turnover rates ranging from 37 to 61% within the same time frame (see Brewer et al., 2011; Hickey et al., 2012; Hofler & Thomas, 2016). The results of the present study suggest that, as a hygienic factor, not obtaining a position in UFC affects long term retention of NGNs.

Burns' Transformational Leadership Theory

According to Burns (2010), transformational leaders influence followers to meet higher order needs (transformational). These leaders help their followers develop stronger identification with their employers, and convince employees to rise above their self-interests (Burch & Guarana, 2014; Hutchinson & Jackson, 2013). Learning the causes of NGN turnover may help organizational leaders develop strategies to minimize it, such as assigning NGNs to their UFC (see Burch & Guarana, 2014).

Of the 10 participants in this study, five (50%) shared that they believed that many NGNs are hired into oncology for the sole purpose of gaining experience, even though it is known that this is not their UFC and that they are likely to leave. According to all 10 (100%) respondents, NGN turnover affects the remaining nurses by increasing

nursing ratios, and six (60%) participants shared the perception of a decrease in the quality of patient care. Three (30%) of the 10 participants shared a perception that there is an increased risk for accidents or medication errors as a result the nurse shortage and NGN turnover.

Transformational leaders help their followers develop stronger identification with their employers, and convince individuals to rise above their self-interests (Burch & Guarana, 2014; Hutchinson & Jackson, 2013). Transformational leaders also influence the behaviors of followers through respect and trust (Bass & Avolio, 1994). In this situation, hiring a continual stream of nurses who are known to simply be putting in their time, until a position in their UFC is available, does not align with transformational leadership practices.

Von Bertalanffy's General Systems Theory

General systems theory explores the concept of wholes and wholeness and how a system is a set of corresponding objects and their environment (von Bertalanffy, 1972). General systems theory is often used to examine a system according to its parts and as a whole, and how whole systems interact with their subsystems (Bertalanffy, 1969/2015). General systems theory was used as a conceptual framework in this study to understand the dynamics between the hospital system, hiring practices, and NGN retention within the hospital system. Leaders can then develop better engagement strategies to retain NGNs and meet organizational goals.

General system theory can be applied to the cycle of NGN turnover in oncology on several levels. Hospitals are multilayer systems in that each unit has multiple nurses,

then each department has multiple units, and each hospital has multiple departments (Edmondson, 2015). How all of these interact affects the overall hospital system. The 10 (100%) participants in this study shared their experiences of how a cycle of NGN turnover impacts several levels of the hospital system. Two (20%) of the NGN turnover reported a decrease in the number of experienced staff. According to these two interviewees, this limits employees' ability to deliver safe and timely care. In addition, two (20%) of the 10 participants shared that when a unit within the organization is extremely short staffed, another unit may be negatively impacted, having to float staff from their unit to the short staffed one. Both reported that floating is a strong dissatisfier and was related to one (10%) participant to leaving his position. Within the hospital as a system, nursing units often operate in an environment of silos (Edmondson, 2015). Only two (20%) participants attended formal residency/transition programs, that may have exposed them to NGNs from other departments and helped them see the greater systems picture outside of their unit (silo).

Interpretation of Themes

The following is a discussion of the four themes that were identified from the hand coding of the research data. These themes were verified using NVivo 12 Plus software and by an outside data analysis company. The order is based on the number of aggregate references from NVivo 12 Pro as described in Chapter 4.

Theme 1: The Cycle of NGN Turnover in Oncology

Six (60%) of the 10 participants expressed the belief that there is a cycle of NGN turnover in oncology. According to five (50%) of the 10 respondents, many NGNs do not

want to be placed in oncology but will begin in this unit to gain the experience they need to move to another unit or will stay until their UFC has a position available. These results support Theme 1 and suggest that NGN turnover is in fact a problem on oncology units, and that part of this problem is related to the current hiring practices of nurse leaders. According to five (50%) respondents, NGNs are often hired into units that are not their first choice. Although not stated directly by any participant (0%), a cycle of NGN turnover is problematic in that it has a direct impact on an organization's business and sustainability strategies (Whelan & Fink, 2016). Based on the study results, and the turnover rates from the 10 participants of this study, turnover in the first year was 30% and 50% in the first 2 years, NGN turnover in oncology is a cycle and continues to be a problem.

The results of this study disconfirm the findings in Beecroft et al. (2007). Beecroft et al. found that older nurses were more likely to intend to leave their jobs if they did not get their UFC. The findings of this study did not agree with the findings of Beecroft et al. When analyzing the data, all four (57%) of the nurses 30 years old or younger, who stayed at their original job more than 2 years, were hired to their UFC, while the three (43%) who left were not. For those older than 30 years old, only one, 33% stayed, and it was not the participants UFC. Of the remaining two (67%), one was hired to his UFC while the other participant was not. What this suggests is that UFC is a higher indicator of retention, regardless of age, than Beecroft et al. reported. The results of this study disconfirm Beecroft et al. study results, as 100% of participants <30 who did not get their UFC left their first unit of hire within the first 2 years.

Table 5

Unit Choice and Placement Related to Retention and Age

	Unit Choice and Placement Related to Retention and Age							
	<30 Stayed >2 Years		<30 Placed in UFC		>30 Stayed >2 Years		>30 Placed in UFC	
	Stayed	Left	Yes	No	Stayed	Left	Yes	No
P1						X	X	
P2		X		X				
P3	X		X					
P4		X		X				
P5	X		X					
P6					X			X
P7	X		X					
P8						X		X
P9	X		X					
P10								
	4	3	4	3	1	2	1	2
	57%	43%	57%	43%	33%	67%	33%	67%

Theme 2: Reducing Turnover and Increasing NGN Retention in Oncology

Theme 2 resulted from an analysis and interpretation of the data regarding whether the participant was still working on his or her original unit of hire. Five (50%) of the 10 participants remained on their first unit after 2 years, whereas five (50%) did not. A turnover rate of 50% confirms previous researchers' findings of turnover rates between 37% to 61% in the first two years of practice as discussed in Chapter 2 (Brewer et al., 2011; Hickey et al., 2012; Hofler & Thomas, 2016). When asked, all 10 (100%) of the participants shared their reasons for staying or leaving their first position as nurses in oncology.

Evaluating the reasons shared for staying or leaving by the participants, provides an insight into both turnover and retention. Further, when looking at which respondent stayed and which left, four (80%) of the five participants hired to their UFC were still employed in their first jobs after 2 years. Whereas, four (80%) of the five participants not

hired to their UFC had left their first job within the first 2 years. Turnover related directly to UFC builds on knowledge about NGN turnover presented by Beecroft et al. (2007).

The reasons described by five (50%) out of 10 participants who stayed on their original oncology unit of hire for more than 2 years were, three (60%) of those five noted a general interest in oncology and two (40%) of five liked the variety in what nurses do on the unit. Two (40%) of five of the participants reported an affinity for the patient population, two (40%) of the five listed opportunities for learning, and one (20%) reported liking their colleagues as reasons for staying. Beecroft et al. (2007) used a quantitative method in their study, therefore the results of this study add to the knowledge presented in their study. In addition, the findings of this study confirm the findings of Atefi et al. (2014), who found that nurses were often satisfied with their patients and the teams with which they worked, but dissatisfied with environmental factors such as workload, leadership, benefits, and shortages of staff nurses.

Five (50%) of the participants did not list oncology as their UFC. The reasons four (80%) of these interviewees left were all associated with not being happy with their first unit assignment. Furthermore, these four nurses all stated that they never intended to stay and began looking for a job in their UFC shortly after beginning to work on the oncology unit. One (20%) of the five who did not list oncology as his UFC had listed hospice, which he felt was closely related to the emotional aspects of an oncology unit. Although this NGN liked oncology, he eventually left because he was being floated to other medical floors due to short staffing across the hospital where he worked. Although Beecroft et al. (2007) found that UFC did affect turnover, the results of this study add to

the knowledge that NGNs will accept a position in a unit that is not their UFC for the sole purpose of gaining knowledge in preparation for their preferred specialty. These results support using UFC as a hiring practice to decrease NGN turnover and increase retention.

As an alternative method of improving retention, nine (90%) of 10 of participants were asked: what affect would a career pathway that let to your UFC have on NGN turnover and first unit assignment? This question was added to the study as an opportunity to evaluate an alternative hiring practice for future study. Eight of the 9 (89%) thought this was a good alternative hiring pathway. Two (22%) thought that NGNs might feel trapped and would still look for jobs elsewhere. The results of the data from this question suggests further investigation may add to the knowledge of hiring practices that may improve NGN retention.

Theme 3: The Negative Impact of the Nursing Shortage

Ten (100%) of respondents were asked about their perception of the nursing shortage and its relation to patient care. Theme 3 was derived when respondents answered the question in two ways: six (60%) shared how they experienced the nursing shortage impacting patient care, whereas 10 (100%) shared nursing issues rather than patient care issues related to the nursing shortage. The findings of the study suggest that according to six (60%) of the participants, the shortage impacts the quality of patient care and three (30%) of participants believe there is an increased risk of accidents and medication errors. The data from this study confirm previous researchers' findings. Neff et al. (2013) and Lee et al. (2017) both found that an increase in the patient to nurse ratio led to a higher mortality and failure-to-rescue rates.

Another impact of NGN turnover is the decrease in experienced staff. Two (20%) participants noted that the turnover of NGNs and constant influx of new staff affects the number of experienced nurses and perceived safety of patients. This confirms findings by American Nurses Association (2015), Neff et al. (2013), and Umansky et al. (2016), that having more experienced nurses would likely lead to a decrease in medication errors, hospital accidents, and hospital-associated deaths. Although not previously discussed in Chapter 2, the decreased level of experience related to high turnovers confirms previous researchers results. Faisy et al. (2016) reported that the ratio of nurses-to-patients and the level of inexperienced staff on a unit were independently related with hospital accidents and hospital-associated incidents.

Theme 4: Positive and Negative Experiences of Working in Oncology

The final theme for this study is: the positive and negative experiences of working in oncology. This theme was generated from the lived experiences of 10 (100%) participants. Nine (90%) participants reported both positive and negative experiences during their time as NGNs; only one (10%) shared only negative experiences from that time. Positive experiences reported by nine (90%) participants included: seven (70%) that said they had learned a lot, three (30%) who loved the patients, and two (20%) that had a good orientation/preceptor experience. These results confirm the findings of Numminen et al. (2016). Numminen et al. suggested that a positive practice environment increased a NGNs intention to remain in their position. However, this study adds to this the knowledge of what role UFC plays in respect to a positive practice environment.

A negative experience that was shared was associated with leadership. Four (40%) participants shared problems with leadership. This, however, was not a universal experience. Four (40%) of 10 participants reported positive experiences with their leadership, specifically their preceptors and educators. Both the negative and positive experiences revealed in this study confirm earlier researchers results. According to Gatling et al. (2016) and Mehrad and Fallahi (2014), leadership has an impact on job satisfaction and organizational commitment. Blegen et al. (2015) found that hospitals with preceptor-specific support for NGNs had a much higher retention rate than hospitals without preceptor support.

Of the 10 participants, six (60%) of them noted feeling stressed and/or overwhelmed. These findings confirm previous researchers' findings. Boamah and Laschinger (2016) suggested that stress and burnout were an indicator of a nurse's turnover intention. In addition, previous researchers found that the responsibility of caring for patients and fear of making medical errors caused increased anxiety and stress for NGNs (Flinkman and Salenterä, 2015).

Unanticipated Results:

Two things were revealed by the data that I did not anticipate. The reason that oncology was chosen as the unit for this study was because it included both NGNs who requested it as a UFC and those who did not. Due to the nature of the illness and acuity of patients, death is a common outcome for oncology patients. Something that I did not foresee was that the death of patients would affect the NGNs as much as it did. Six (60%) of the participants mentioned the deaths of patients as a stressor of working in oncology.

Another unanticipated result was the reaction of two (22%) of the nine participants who discussed a formal career pathway as a method of increasing NGN retention. The two participants stated that they think such a plan would have made them feel trapped. This was not an aspect of a career pathway that I had considered prior to their responses.

Limitations of the Study

The limitations of this study concerned participant recruitment, data interpretation and personal bias, the sampling method, and the geographic boundaries. The primary weakness of this study was the difficulty in securing qualified participants. Although over 6,000 possible participants were identified in the Central Florida area, the email invitations only resulted in 32 (0.5%) responses. Of those, only 13 (41%) met the inclusion criteria, and three (23%) of these decided not to participate prior to being interviewed. However, the recruitment and inclusion of additional respondents did not limit the interpretation of the data or the findings, as data saturation was achieved and verified after 10 interviews when no new themes emerged.

Another limitation was related to the interpretation of data. I was the primary data collector and analyst. However, I made every attempt to prevent unintended biases. My lack of experience in conducting qualitative interviews and data analysis was also part of this limitation. This was addressed in three ways: (a) the interview tool was field tested with four research experts, (b) after three interviews, I hand-coded the transcripts to ensure the data aligned with the research question, and (c) I hired a data analysis

specialist to recode and analyze my data so that I could check that my coding matched that of an expert.

Another weakness of the study was the purposive sampling used to identify participants. I chose oncology because it is a unit that is both a UFC and has NGNs who are placed there even though it is not their UFC. This limited the participant population significantly. In addition, although all of the participants' units were defined as oncology units, hospital location, size, patient population, and type of unit increased the differences in answers. However, these differences may increase the transferability of the findings to other units or organizations.

Finally, the study was restricted in geography to Central Florida, including Brevard, Lake, Orange, Osceola, Polk, Seminole, and Volusia counties. The transferability of the results to other locations is limited due to mandatory staffing ratios and other regulations that exist in some states. Furthermore, the inclusion criteria required participants to have graduated in 2014 and 2015. These criteria may limit the generalization as time passes and more hospitals implement nurse residency programs.

Recommendations

The purpose of this study was to use a phenomenological qualitative research method to explore the lived experiences of NGNs in oncology units who either had oncology as their UFC or were placed on an oncology unit even though it was not their UFC during their first 2 years of employment in Central Florida. Four themes were identified and related back to Herzberg's motivational hygiene theory, Burn's transformational leadership theory, and Von Bertalanffy's general system theory (see

Chapter 4). These themes were: the cycle of NGN turnover, the negative impacts of the nursing shortage, reducing turnover and increasing NGN retention, and the positive and negative experiences in oncology.

The following section outlines recommendations based on the findings of this study. The issue of NGN turnover is highly complex, and the recommendations of this study are not designed to solve the general problem. However, the findings do provide insight into a previously understudied question: can NGN turnover and retention be improved using UFC. Organizations wishing to improve NGN retention and decrease turnover may want to consider adding UFC to their hiring practices; data related to Theme 1 and Theme 2 of this study imply that doing so may improve NGN retention.

Leadership Recommendations

Leaders who develop hiring strategies should consider using UFC in their hiring practices. Based on Herzberg et al. (1959/2017), I identified UFC as a hygienic factor. According to Herzberg et al. (1959/2017), having dissatisfying factors will lead employees to consistently experience more job dissatisfaction. Considering NGNs' UFC in their placement is an important hygiene factor in predicting their retention decisions. The results of this study suggest that, as a hygienic factor, not obtaining a position in their UFC affects long-term retention of NGNs.

The data related to Theme 1 suggests that transformational leaders who wish to retain and develop stronger organizational identification among their staff need to stop hiring NGNs who do not have an interest in oncology and are only working on the unit to gain experience. Data related to Theme 2 suggests that learning the causes of turnover

may help organizational leaders develop strategies to minimize it, such as assigning NGNs to their UFC (see Burch & Guarana, 2014). Furthermore, this study's results suggest that hospitals continue to operate with clinical specialties as silos (Edmondson, 2015). General systems theory was used as a conceptual framework to understand the dynamics between the hospital system, hiring practices, and NGNs' retention within the hospital system so that leaders can develop better engagement strategies to retain NGNs and meet organizational goals. Shortages caused by NGN turnover can lead to the need to float nurses from one unit to another. Floating nurses may be a way to alleviate shortages on some units, but two (20%) respondents suggested that it is a dissatisfier for NGNs and can lead to staff turnover.

Future Research Recommendations

This study was limited by the choice of oncology as the UFC. The cycle of NGN turnover in oncology was discussed in Theme 1. A recommendation for future study would be to choose a different unit to study the effects of UFC on turnover and retention. In addition, future researchers may want to study why NGNs stay working in their first unit of hire rather than why they leave. In Theme 2, I discussed a career pathway as a method of increasing NGN retention. Nine (90%) of 10 respondents thought this might be a good idea, more research is needed to see if a career pathway would improve retention. Finally, this study was restricted to Central Florida, future researchers should consider expanding this study to other areas of the country.

Implications

Positive Social Impact

The results of this study may have a positive social impact by helping leaders understand and identify the use of UFC as a hiring strategy that would result in hospitals and health care organizations retaining NGNs. Increasing NGN retention would positively impact both nurses and patients. In addition, organizations and surrounding communities may also be positively impacted.

Social impact on nurses and patients. Of the 10 participants interviewed, two (20%) suggested that an increase in NGN turnover leads to a decrease in nurses' experience level and an increase in the level of stress for the nurses who stay behind. By applying information from Themes 1 & 2, and changing hiring practices to include UFC, NGN turnover may decrease, thereby reducing nurses' stress. Less turnover would improve patient care ratios, allowing for better patient care. Moreover, increased NGN retention would also enhance nursing quality over time. Having more experienced nurses would likely lead to a decrease in medication errors, hospital accidents, and hospital-associated deaths (see American Nurses Association, 2015; Neff et al., 2013; Umansky & Rantanen, 2016).

Organization and community. Applying the information from Themes 1 & 2 by using UFC as a hiring method, would have a social impact on organizations as well. Retaining NGNs would lower employment costs and decrease the financial impact of NGN turnover on hospitals (Huddleston & Gray, 2016). This impact would likely be passed on to the community as financially stable hospitals and health care organizations

may improve community stability and may make health care more affordable to the community (Bridger et al., 2017).

Implications for Practice

The potential contribution of this study to nursing management practice is that if hiring managers apply the information found in Themes 1 & 2, they may be able to modify hiring practices to help reduce NGN turnover. Although this would not completely prevent a nursing shortage, decreasing the rapid turnover would help to increase staff experience, which would in turn improve patient safety outcomes. According to Silvestre, Ulrich, Johnson, Spector, and Blegen (2017), rapid turnover of employees changes the skill mix of a unit, causing higher rates of adverse patient outcomes. Increasing NGN retention would significantly reduce the cost of hiring and training nurses, and the money saved could then be invested into additional training programs for NGNs as well as experienced nurses (see Liu et al., 2018; Silvestre et al., 2017).

Although the body of knowledge about NGN retention and turnover is vast, only a single other study has examined UFC as a problem. Beecroft et al. (2007) used quantitative methods to examine NGN turnover intention and UFC and found that UFC was more likely to be an issue for older respondents. However, the results of the present study suggest that UFC may be more important than Beecroft et al. indicate, as seven of the 10 (70%) participants were less than 30 years old and turnover was 80% among those who did not request oncology as their UFC.

Although previous researchers and research results have shown that nurse residency programs improve retention (C. A. Williams et al., 2007), only two of the 10 (20%) participants in the present study had been part of an NGN residency or transition program. Although such programs are becoming more common, it is clear from this finding that as of 2014 and 2015 they were not a standard of practice in the Central Florida area.

The need to retain NGNs in hospitals is a recognized problem. The cost of turnover has a large financial impact on organizations, and this ultimately affects the cost of health care. In addition, the constant rotation of NGNs through nursing units decreases nurses' experience and increases the risk of medication errors and medical mistakes. As discussed earlier in Chapter 5, the data from this study are consistent with the conceptual frameworks and indicate that UFC does affect NGN retention. Leaders in charge of hiring NGNs would benefit from recognizing the advantages of considering UFC and/or a career pathway as ways of improving NGN retention.

Conclusions

The United States is projected to have a shortage of nearly 500,000 nurses in the near future. NGNs are commonly used to fill these open positions. Although efforts such as nurse residency programs have been implemented to reduce NGN turnover, rates continue to be high, costing hospitals millions of dollars a year. Previous researchers have investigated other methods for improving NGN retention with varying levels of success.

In this research study, a descriptive phenomenological design was used to study the lived experiences of NGNs on oncology units, with the aim of understanding how being hired into one's UFC affects NGN retention. The following conclusions were made as a result of the data analysis. First, there is a cycle of NGN turnover in oncology units in Central Florida. Second, study participants who were hired into their UFC remained in their UFC, whereas those who were not, did not stay any longer than necessary to obtain a job in their preferred specialty. Finally, the interviewed NGNs had both positive and negative experiences working on oncology units. Recommendations for future research include replicating the study in other nursing units or expanding it to include multiple general medical units or all units within a specific hospital or organization and reproducing it in different geographical locations.

References

- Advanced Practice Strategies. (2017). *Millennial nurses* (White paper). Retrieved from www.aps-web.com
- Advisory Board. (2017). *Your hospitals VBP penalty or bonus for 2018, mapped*. Retrieved from www.advisory.com
- Al Awaisi, H., Cooke, H., & Pryjmachuk, S. (2015). The experiences of newly graduated nurses during their first year of practice in the Sultanate of Oman – A case study. *International Journal of Nursing Studies*, 52(11), 1723–1734. doi:10.1016/j.ijnurstu.2015.06.009
- Alharbi, A. Y. (2017). Leadership styles of nurse managers and their effects on nurse and organisational performance, issues and problems. *International Journal of Information Research and Review*, 04(09), 4516–4525. Retrieved from www.ijirr.com
- Alshmemri, M., Shahwan-Akl, L., & Maude, P. (2017). Herzberg's two-factor theory. *Life Science Journal*, 14(5), 12–16. doi:10.7537/marslsj140517.03
- American Association of Colleges of Nursing. (2017). *Nursing shortage fact sheet*. Retrieved from www.aacnnursing.org
- American Nurses Association. (n.d.-a). *Violence, incivility & bullying*. Retrieved from www.nursingworld.org
- American Nurses Association. (n.d.-b). *Workforce*. Retrieved from www.nursingworld.org
- American Nurses Association. (2014). *Increased investment needed to produce 1.1*

- million RNs, head off nursing shortage*. Retrieved from www.nursingworld.org
- American Nurses Association. (2015). *Nursing shortage*. Retrieved from www.nursingworld.org
- American Nurses Credentialing Center. (2018). *ANCC magnet recognition program*. Retrieved from www.nursingworld.org
- Anderson, A. (2014). The impact of the affordable care act on the health care workforce. *The Backgrounder*, 20002(2887), 1–20. doi:10.1007/s11899-013-0191-0
- Anderson, B. R. (2016). Improving health care by embracing systems theory. *Journal of Thoracic and Cardiovascular Surgery*. doi:10.1016/j.jtcvs.2016.03.029
- Anderson, T., Linden, L., Allen, M., & Gibbs, E. (2009). New graduate RN work satisfaction after completing an interactive nurse residency. *The Journal of Nursing Administration*, 39(4), 165–169. doi:10.1097/NNA.0b013e31819c9cac
- Ary, D., Cheser Jacobs, Lucy Sorensen Irvine, C., & Walker, D. A. (2019). *Introduction to research in education* (10th ed.). Boston, MA: Cengage.
- Atefi, N., Abdullah, K. L., Wong, L. P., & Mazlom, R. (2014). Factors influencing registered nurses perception of their overall job satisfaction: A qualitative study. *International Nursing Review*, 61, 352–360. doi:10.1111/Inr.12112
- Auerbach, D. I., Buerhaus, P. I., & Staiger, D. O. (2015). Do associate degree registered nurses fare differently in the nurse labor market compared to baccalaureate-prepared RNs? *Nursing Economic*, 33(1), 8–12, 35. Retrieved from www.nursingconomics.net
- Auerbach, D. I., Staiger, D. O., & Buerhaus, P. I. (2017). Improving nursing workforce.

- Forecasts : Comparative analysis of the cohort supply model and the health workforce simulation model. *Nursing Economic\$, 35(6)*, 283–294, 326. Retrieved from www.nursingeconomics.net
- Bakker, A. B. (2017). Job crafting among health care professionals: The role of work engagement. *Journal of Nursing Management*, (August), 321–331.
doi:10.1111/jonm.12551
- Ball, J. E., Bruyneel, L., Aiken, L. H., Sermeus, W., Sloane, D. M., Rafferty, A. M., ... Griffiths, P. (2018). Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study. *International Journal of Nursing Studies*, 78(August 2017), 10–15. doi:10.1016/j.ijnurstu.2017.08.004
- Bass, B. M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 19, 19-32 Retrieved fr. Retrieved from www.journals.elsevier.com/organizational-dynamics
- Bass, B. M., & Avolio, B. J. (1994). *Improving organizational effectiveness: Through transformational leadership*. Thousand Oaks, CA: SAGE Publications, Inc.
- Beach, S. R., Schulz, R., Friedman, E. M., Rodakowski, J., Martsolf, R. G., & James, A. E. (2018). Adverse consequences of unmet needs for care in high-need/high-cost older adults. *The Journals of Gerontology: Series B*, 00(00), 1–12.
doi:10.1093/geronb/gby021
- Beecroft, P. C., Dorey, F., & Wenten, M. (2007). Turnover intention in new graduate nurses : A multivariate analysis. *Journal of Advanced Nursing*, 62(1), 41–52.
doi:10.1111/j.1365-2648.2007.04570.x

- Bertalanffy, L. von. (2015). *General systems theory: Foundations, development, applications*. New York, NY: George Braziller, Inc. (Original work published 1969).
- Bittner, N. P., & Bechtel, C. F. (2017). Identifying and describing nurse faculty workload issues: A looming faculty shortage. *Nurs Educ Perspect.*, *38*(4), 171–176. doi:10.1097/01.NEP.0000000000000178.
- Blegen, M. A., Spector, N., Lynn, M. R., Barnsteiner, J., & Ulrich, B. T. (2017). Newly licensed RN retention: Hospital and nurse characteristics. *Journal of Nursing Administration*, *47*(10), 508–514. doi:10.1097/NNA.0000000000000523
- Blegen, M. A., Spector, N., Ulrich, B. T., Lynn, M. R., Barnsteiner, J., & Silvestre, J. (2015). Preceptor support in hospital transition to practice programs. *Journal of Nursing Administration*, *45*(12), 642–649. doi:10.1097/NNA.0000000000000278
- Boamah, S. A., & Laschinger, H. (2016). The influence of areas of worklife fit and work-life interference on burnout and turnover intentions among new graduate nurses. *Journal of Nursing Management*, *24*, E164–E174. doi:10.1111/jonm.12318
- Bone, A. E., Gomes, B., Etkind, S. N., Verne, J., Murtagh, F. E. M., Evans, C. J., & Higginson, I. J. (2018). What is the impact of population ageing on the future provision of end-of-life care? Population-based projections of place of death. *Palliative Medicine*, *32*(2), 329–336. doi:10.1177/0269216317734435
- Boveda, I., & Metz, A. J. (2016). Predicting end-of-career transitions for baby boomers nearing retirement age. *Career Development Quarterly*, *64*(2), 153–168. doi:10.1002/cdq.12048

- Bowles, C., & Candela, L. (2005). First job experiences of recent RN graduates. *Journal of Nursing Administration, 35*(3), 130–137. doi:10.1097/00005110-200503000-00006
- Brewer, C. S., Kovner, C. T., Greene, W., Tukov-Shuser, M., & Djukic, M. (2011). Predictors of actual turnover in a national sample of newly licensed registered nurses employed in hospitals. *Journal of Advanced Nursing, 68*(3), 521–538. doi:10.1111/j.1365-2648.2011.05753.x
- Bridger, C. M., Smith, S. E., & Saunders, S. T. (2017). Saving lives and saving money: The role of North Carolina health departments in Medicaid managed care. *North Carolina Medical Journal, 78*(1), 55–57. doi:0029-2559/2017/78116
- Brod, M., Tesler, A. L. E., & Christensen, T. L. (2009). Qualitative research and content validity: Developing best practices based on science and experience. *Quality of Life Research, 18*(9), 1263–1278. doi:10.1007/s11136-009-9540-9
- Buerhaus, P. I., Auerbach, D. I., Skinner, L., & Staiger, D. (2017). State of the registered nurse workforce as a new era of health reform emerges. *Nursing Economics, 35*(5), 229–237. Retrieved from www.nursingeconomics.net
- Burch, T. C., & Guarana, C. L. (2014). The comparative influences of transformational leadership and leader-member exchange on follower engagement. *Journal of Leadership Studies, 8*(3), 6–25. doi:10.1002/jls
- Burns, J. M. (2010). *Leadership* (1st ed.). New York, NY: Harper Perennial (Original work published in 1978).
- Carlson, K. (2018). *Nurse-patient ratios and safe staffing: 10 ways nurses can lead the*

change. Retrieved from www.nurse.org

Carnevale, A. P., Smith, N., & Gulish, A. (2015). *Nursing supply and demand through 2020*. Washington, DC: Georgetown University.

Caruso, C. C. (2014). Negative impacts of shift work and long work hours, *39*(1), 16–25. doi:10.1002/rnj.107.Negative

Castillo-Montoya, M. (2016). Preparing for interview research: The interview protocol refinement framework. *The Qualitative Report*, *21*(5), 811–831. Retrieved from www.nsuworks.nova.edu

Cheng, C., Bartram, T., Karimi, L., & Leggat, S. (2016). Transformational leadership and social identity as predictors of team climate, perceived quality of care, burnout and turnover intention among nurses. *Personnel Review*, *45*(6), 1200–1216. doi:10.1108/PR-05-2015-0118

Cheng, Liou, S. R., Tsai, H. M., & Chang, C. H. (2015). Job stress and job satisfaction among new graduate nurses during the first year of employment in Taiwan. *International Journal of Nursing Practice*, *21*(4), 410–418. doi:10.1111/ijn.12281

Cho, E., Sloane, D. M., Kim, E., Kim, S., Choi, M., Young, I., ... Aiken, L. H. (2015). Effects of nurse staffing, work environments, and education on patient mortality : An observational study. *International Journal of Nursing Studies*, *52*(2), 535–542. doi:10.1016/j.ijnurstu.2014.08.006

Colosi, B. (2016). 2016 National healthcare retention & RN staffing report. *NSI Nursing Solutions, Inc.*, 1–13. Retrieved from www.nsinursingsolutions.com

Cope, D. (2014). Methods and meanings: Credibility and trustworthiness of qualitative

- research. *Oncology Nursing Forum*, 41(1), 89–91. doi:10.1188/14.ONE.89-91
- Coyne, I. T. (1997). Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries? *Journal of Advanced Nursing*, 26, 623–630. doi:10.1046/j.1365-2648.1997.t01-25-00999.x
- Dabke, D. (2016). Impact of leader's emotional intelligence and transformational behavior on perceived leadership effectiveness: A multiple source view. *Business Perspectives and Research*, 4(1), 27–40. doi:10.1177/2278533715605433
- David, S., Gidwani, R., Birthare, N., & Singh, P. (2015). Impacts of job satisfaction and organizational commitment : A study describing influence of gender difference on job satisfaction and organizational commitment. *International Journal of Core Engineering & Management*, 2(1), 93–111. Retrieved from www.ijcem.in
- De Massis, A., & Kotlar, J. (2014). The case study method in family business research: Guidelines for qualitative scholarship. *Journal of Family Business Strategy*, 5(1), 15–29. doi:10.1016/j.jfbs.2014.01.007
- DeLora, J. R., & Moses, D. V. (1969). Specialty preferences and characteristics of nursing students in baccalaureate programs. *Nursing Research*, 8(2), 137–144. Retrieved from www.ncbi.nlm.nih.gov
- Ebrahimi, H., Hassankhani, H., Negarandeh, R., Azizi, A., & Gillespie, M. (2016). Barriers to support for new graduated nurses in clinical settings : A qualitative study. *Nurse Education Today*, 37, 184–188. doi:10.1016/j.nedt.2015.11.008
- Eckerson, C. M. (2018). The impact of nurse residency programs in the United States on improving retention and satisfaction of new nurse hires: An evidence-based

literature review. *Nurse Education Today*, 71(January), 84–90.

doi:10.1016/j.nedt.2018.09.003

Edmonds, W. A., & Kennedy, T. D. (2017). *An applied guide to research designs:*

Quantitative, qualitative, and mixed methods (2nd ed.). Thousand Oaks, CA: Sage.

Edmondson, A. C. (2015). *The kinds of teams health care needs*. *Harvard Review*.

Boston, MA: Harvard Business Review. Retrieved from www.hbr.org

Effelsberg, D., Solga, M., & Gurt, J. (2014). Getting followers to transcend their self-

interest for the benefit of their company: Testing a core assumption of

transformational leadership theory. *Journal of Business and Psychology*, 29(1), 131–

143. doi:10.1007/s10869-013-9305-x

El Haddad, M., Moxham, L., & Broadbent, M. (2017). Graduate nurse practice

readiness : A conceptual understanding of an age old debate. *Collegian*, 24(4), 391–

396. doi:10.1016/j.colegn.2016.08.004

Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *The*

Qualitative Report, 23(11), 2850–2861. Retrieved from www.nsuworks.nova

Faisy, C., Davagnar, C., Ladiray, D., Djadi-Prat, J., Esvan, M., Lenain, E., ... Guillou, A.

(2016). Nurse workload and inexperienced medical staff members are associated

with seasonal peaks in severe adverse events in the adult medical intensive care unit:

A seven-year prospective study. *International Journal of Nursing Studies*, 62, 60–

70. doi:10.1016/j.ijnurstu.2016.07.013

Fiester, L. (2012). *The RN work project: A national study to track career changes among*

newly licensed registered nurses. Robert Wood Johnson Foundation. Retrieved from

www.rwjf.org

- Flinkman, M., & Salanterä, S. (2015). Early career experiences and perceptions - a qualitative exploration of the turnover of young registered nurses and intention to leave the nursing profession in Finland. *Journal of Nursing Management*, 23(8), 1050–1057. doi:10.1111/jonm.12251
- Florida Health. (2019). *Health care practitioner data portal*. Retrieved from www.flhealthsource.gov
- Friday, L., Zoller, J. S., Hollerbach, A. D., Jones, K., & Knofczynski, G. (2015). The effects of a prelicensure extern program and nurse residency program on new graduate outcomes and retention. *Journal for Nurses in Professional Development*, 31(3), 151–157. doi:10.1097/NND.0000000000000158
- Fusch, P. I., & Ness, L. R. (2015). Are we there Yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408–1416. Retrieved from www.nsuworks.nova.edu
- Gatling, A., Kang, H. J. A., & Kim, J. S. (2016). The effects of authentic leadership and organizational commitment on turnover intention. *Leadership & Organization Development Journal*, 37(2), 181–199. doi:10.1108/LODJ-05-2014-0090
- Gifkins, J., Loudoun, R., & Johnston, A. (2017). Coping strategies and social support needs of experienced and inexperienced nurses performing shiftwork. *Journal of Advanced Nursing*, 73(12), 3079–3089. doi:10.1111/jan.13374
- Gillet, N., Fouquereau, E., Coillot, H., Cougot, B., Moret, L., Dupont, S., ... Colombat, P. (2018). The effects of work factors on nurses' job satisfaction, quality of care and

- turnover intentions in oncology. *Journal of Advanced Nursing*, 74(5), 1208–1219.
doi:10.1111/jan.13524
- Girma, S. (2016). The relationship between leadership style and job satisfaction and culture of the organization. *International Journal of Applied Research*, 70(12-A), 35–45. Retrieved from www.allresearchjournal.com
- Glisson, C. (2000). Organizational culture and climate. In R. Patti (Ed.), *The handbook of social welfare management* (pp. 195–218). Thousand Oaks, CA: SAGE Publications, Inc.
- Goode, C. J., Reid Ponte, P., & Sullivan Havens, D. (2016). Residency for transition into practice. An essential requirement for new graduates from basic RN programs. *JONA: The Journal of Nursing Administration*, 46(2), 82–86.
doi:10.1097/NNA.0000000000000300
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59–82.
doi:10.1177/1525822X05279903
- Gurbuz, S., & Mert, I. S. (2011). Impact of the strategic human resource management on organizational performance: Evidence from Turkey. *International Journal of Human Resource Management*, 22(8), 1803–1822. doi:10.1080/09585192.2011.565669
- Hays, D. G., Wood, C., Dahl, H., & Kirk-jenkins, A. (2016). Methodological rigor in qualitative research articles: A 15-year review, 94(April), 172–184.
doi:10.1002/jcad.12074
- Hayward, D., Bungay, V., Wolff, A. C., & Macdonald, V. (2016). A qualitative study of

- experienced nurses' voluntary turnover: Learning from their perspectives. *Journal of Clinical Nursing*, 25(9–10), 1336–1345. doi:10.1111/jocn.13210
- Herzberg, F., Mausner, B., & Bloch-Snyderman, B. (2017). *Motivation to work*. New York, NY: Routledge. (Original work published 1959).
- Hewitt, P., Lackey, S. A., & Letvak, S. (2013). New graduate survey: Factors that influence new nurses' selection of first clinical position. *Clinical Nurse Specialist*, 27(6), 323–331. doi:10.1097/NUR.0b013e3182a0bb08
- Hickey, N., Harrison, L., & Sumsion, J. (2012). Using a socioecological framework to understand the career choices of single- and double-degree nursing students and double-degree graduates. *ISRN Nursing*, 2012, 1–10. doi:10.5402/2012/748238
- Hofler, L., & Thomas, K. (2016). Transition of new graduate nurses to the workforce: Challenges and solutions in the changing healthcare environment. *North Carolina Medical Journal*, 77(2), 133–136. doi:10.18043/nmc.77.2.133
- Holmberg, C., Caro, J., & Sobis, I. (2018). Job satisfaction among Swedish mental health nursing personnel: Revisiting the two-factor theory. *International Journal of Mental Health Nursing*, 27(2), 581–592. doi:10.1111/inm.12339
- Hosking, J., Knox, K., Forman, J., Montgomery, L. A., Valde, J. G., & Cullen, L. (2016). Evidence into practice: Leading new graduate nurses to evidence-based practice through a nurse residency program. *Journal of Perianesthesia Nursing : Official Journal of the American Society of PeriAnesthesia Nurses / American Society of PeriAnesthesia Nurses*, 31(3), 260–265. doi:10.1016/j.jopan.2016.02.006
- Huber, D. L. (2018). *Leadership nursing care management*. St. Louis, MO: Elsevier.

- Huddleston, P., & Gray, J. (2016). Describing nurse leaders' and direct care nurses' perceptions of a healthy work environment in acute care settings, part 2. *Journal of Nursing Administration, 46*(9), 462–467. doi:10.1097/NNA.0000000000000376
- Hutchinson, M., & Jackson, D. (2013). Transformational leadership in nursing: Towards a more critical interpretation. *Nursing Inquiry, 20*(1), 11–22. doi:10.1111/nin.12006
- Hwang, J., Lee, J., Park, S., Chang, H., & Kim, S. S. (2014). The impact of occupational stress on employee's turnover intention in the luxury hotel segment. *International Journal of Hospitality & Tourism, 15*, 60–77. doi:10.1080/15256480.2014.872898
- Jacob, S. A., & Furgerson, S. P. (2012). The qualitative report writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report, 17*(42), 1–10. Retrieved from www.nsuworks.nova.edu
- Kim, E., Hee, J., Park, H., Mi, K., & Jones, C. B. (2018). Psychometric evaluation of the environmental reality shock-related issues and concerns instrument for newly graduated nurses. *Nurse Education Today, 61*(September 2017), 106–111. doi:10.1016/j.nedt.2017.11.003
- Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of qualitative descriptive studies: A systematic review. *Research in Nursing & Health, 40*(1), 23–42. doi:10.1002/nur.21768.Characteristics
- Kim, M. (2010). A narrative inquiry of a Korean English teacher's first journey through co-teaching. *English Teaching, 65*(4), 179–207. Retrieved from www2.ncte.org
- Kirk, M. (2017). *Strategies for health care administration leaders to reduce hospital employee turnover*. (Doctoral dissertation). Retrieved from ProQuest database.

(Accession No. 10283032).

Koch, L. c., Niesz, T., & McCarthy, H. (2014). Understanding and reporting qualitative research: An analytical review and recommendations for submitting authors.

Rehabilitation Counseling Bulletin, 57(3), 131–143.

doi:10.1177/0034355213502549

Kramer, M. (1974). *Reality shock: Why nurses leave nursing*. St. Louis, MO: Mosby.

Kutney-Lee, A., Stimpfel, A., Sloane, D. M., Cimiotti, J., Quinn, L. W., & Aiken, L. H.

(2015). Changes in patient and nurse outcomes associated with Magnet hospital recognition. *Medical Care* 53, 53(6), 550–557.

doi:10.1097/MLR.0000000000000355

Lai, C.-H., & Huili Lin, S. (2017). Systems theory. In C. R. Scott, L. Lewis, J. R. Barker,

J. Keyton, T. Kuhn, & P. K. Turner (Eds.), *The International Encyclopedia of*

Organizational Communication (pp. 1–18). Hoboken, NJ: John Wiley & Sons, Inc.

doi:10.1002/9781118955567.wbieoc203

Laschinger, H. K. S., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., ...

Read, E. (2016). Starting out: A time-lagged study of new graduate nurses' transition to practice.

International Journal of Nursing Studies, 57, 82–95.

doi:10.1016/j.ijnurstu.2016.01.005

Lavoie-Tremblay, M., Fernet, C., Lavigne, G. L., & Austin, S. (2016). Transformational

and abusive leadership practices: Impacts on novice nurses, quality of care and

intention to leave. *Journal of Advanced Nursing*, 72(3), 582–592.

doi:10.1111/jan.12860

- Lee, A., Cheung, Y. S. L., Joynt, G. M., Leung, C. C. H., Wong, W. T., & Gomersall, C. D. (2017). Are high nurse workload/staffing ratios associated with decreased survival in critically ill patients? A cohort study. *Annals of Intensive Care*, 7(46), 1–9. doi:10.1186/s13613-017-0269-2
- Lee, E. J., & Cha, P. (2015). Effects of work environment and resilience on job satisfaction and organisational commitment of Social workers in juvenile reformatory schools. *Indian Journal of Science and Technology*, 8(S1), 360–366. doi:10.17485/ijst/2015/v8iS
- Lin, P. S., Kreider-Viscardi, M., & McHugh, M. (2014). Factors influencing job satisfaction of new graduate nurses participating in nurse residency programs: A systematic review. *Journal of Continuing Education Nursing*, 45(10), 439–452. doi:10.3928/00220124-20140925-15.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. (I. SAGE Publications, Ed.). Newbury Park, CA.
- Little, J. P., Ditmer, D., & Bashaw, M. A. (2013). New graduate nurse residency: A network approach. *The Journal of Nursing Administration*, 43(6), 361–366. doi:10.1097/NNA.0b013e3182942c06
- Liu, P. C., Zhang, H. H., Zhang, M. L., Ying, J., Shi, Y., Wang, S. Q., & Sun, J. (2018). Retirement planning and work-related variables in Chinese older nurses: A cross-sectional study. *Journal of Nursing Management*, 26(2), 180–191. doi:10.1111/jonm.12532
- Loche, E. A. (1969). What is job satisfaction? *Organizational Behavior and Human*

- Performance*, 4(4), 309–336. doi:10.1016/0030-5073(69)90013-0
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research*, 14(5), 726–735. doi:10.1177/1049732304263638
- Louise-Barriball, K., & While, A. (1994). Collecting data using a semi-structured interview: A discussion paper. *Journal of Advanced Nursing*, 19(2), 328–335. doi:10.1111/j.1365-2648.1994.tb01088.x
- Lowe, G. (2018). Value-based healthcare. *Journal for Nurse Practitioners*, 14(3), 210. doi:10.1016/j.nurpra.2018.02.012
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research?: A review of qualitative interviews in IS research. *Journal of Computer Information Systems*, 54(1), 11–22. doi:10.1111/jan.12163.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397–422. doi:doi.org/10.1146/annurev.psych.52.1.397
- May, J. H., Bazzoli, G. J., & Gerland, A. M. (2016). Hospitals' responses to nurse staffing shortages. *Health Affairs*, 25(4), W316–W323. doi:10.1377/hlthaff.25.w316
- McClarigan, L., Mader, D., & Skiff, C. (2019). Yes, we can and did: Engaging and empowering nurses through shared governance in a rural health care setting. *Nurse Leader*, 17(1), 65–70. doi:10.1016/j.mnl.2018.04.004
- McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. *Perfusion*, 30(7), 537–542.

doi:10.1177/0267659114559116

- Mcdonald, A. W., & Ward-Smith, P. (2012). A review of evidence-based strategies to retain graduate nurses in the profession. *Journal for Nurses in Staff Development*, 28(1), E16–E20. doi:10.1097/NND.0b013e318240a740
- Mehrad, A., & Fallahi, B. (2014). The role of leadership styles on staff's job satisfaction in public organizations. *Acta Universitaria Multidisciplinaria Scientific Journal*, 24(5), 27–32. doi:10.15174.au.2014.597
- Meier, D. R., & Stremmel, A. J. (2010). Reflection through narrative: The power of narrative inquiry in early childhood teacher education. *Journal of Early Childhood Teacher Education*, 31(3), 249–257. doi:10.1080/10901027.2010.500538
- Meyers, M. M., & Costanzo, C. (2015). Shared governance in a clinic system. *Nursing Administration Quarterly*, 39(1), 51–57. doi:10.1097/NAQ.0000000000000068
- Missen, K., Mckenna, L., & Beauchamp, A. (2015). Work readiness of nursing graduates: Current perspectives of graduate nurse program coordinators. *Contemporary Nurse*, (September), 1–12. doi:10.1080/10376178.2015.1095054
- Montgomery, E. G., & Oladapo, V. (2014). Talent management vulnerability in global healthcare value chains: A general systems theory perspective. *Journal of Business Studies Quarterly*, 5(4), 173–189. Retrieved from <http://www.jbsq.org>
- Morgan, D., & Somera, P. (2014). The future shortage of doctoral prepared nurses and the impact on the nursing shortage. *Nursing Administration Quarterly*, 38(1), 22–26. doi:10.1097/NAQ.0000000000000001
- Morin, B. K. (2018). Retiring with intention. *American Journal of Nursing*, 118(4), 49–

55. doi:10.1097/01.NAJ.0000532076.70586.c2

Morrell, B. L., & Detty-Gin, J. (2016). Bringing clarity to job shadowing. *Nursing Management, 47*(4), 42–50. doi:10.1097/01.NUMA.0000480761.14793.a4

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research, 25*, 1212–1222.

doi:10.1177/1049732315588501

Morse, J. M., & Mitcham, C. (2002). Exploring qualitatively-derived concepts: Inductive—deductive pitfalls. *International Journal of Qualitative Methods, 1*(4), 28–35. doi:10.1177/160940690200100404

NCSBN. (n.d.). *Definition of nursing terms*. Retrieved from www.ncsbn.org

Neff, D. F., Cimiotti, J., Sloane, D. M., & Aiken, L. H. (2013). Utilization of non-US educated nurses in US hospitals: implications for hospital mortality. *International Journal for Quality in Health Care Advance Access, 2–7*.

doi:10.1093/intqhc/mzt042

Nei, D., Snyder, L. A., & Litwiller, B. J. (2015). Promoting retention of nurses: A meta-analytic examination of causes of nurse turnover. *Health Care Management Review, 40*(3), 237–253. doi:10.1097/HMR.0000000000000025

Nemeth, L., Stanley, K., Martin, M., Mueller, M., Layne, D., & Wallston, K. (2017).

Lateral violence in nursing survey: Instrument development and validation.

Healthcare, 5(3), 33. doi:10.3390/healthcare5030033

Niederhauser, V., & Wolf, J. (2018). Patient experience: A call to action for nurse leadership. *Nursing Administration Quarterly, 42*(3), 211–216.

doi:10.1097/NAQ.0000000000000293

Numminen, O., Ruoppa, E., Leino-Kilpi, H., Isoaho, H., Hupli, M., & Meretoja, R.

(2016). Practice environment and its association with professional competence and work-related factors: Perception of newly graduated nurses. *Journal of Nursing Management*, 24(1), E1–E11. doi:10.1111/jonm.12280

Ong, A., Short, N., Radovich, P., & Kroetz, J. (2017). Ripple effect: Shared governance and nurse engagement. *Nursing Management*, 48(10), 28–34.

doi:10.1097/01.NUMA.0000524811.11040.05

Orsolya, H. A. (2016). Perception of the environmental context of job interviews.

Alkalmazott Pszichologia, 16(1), 29–41. doi:10.17627/ALKPSZICH.2016.1.29

Park, T. (2016). Relationship between transformational leadership in social work organizations and social worker turnover. *American Journal of Sociological Research*, 6(3), 66–73. doi:10.5923/j.sociology.20160603.02

Parker, V., Giles, M., Lantry, G., & Mcmillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*, 34(1), 150–156.

doi:10.1016/j.nedt.2012.07.003

Patton, M. Q. (2014). *Qualitative research & evaluation methods* (4th ed.). Thousand Oaks, CA: SAGE Publications, Inc.

Pouvreau, D., & Drack, M. (2007). On the history of Ludwig von Bertalanffy's "general systemology", and on its relationship to cybernetics. Part I: Elements on the origins and genesis of Ludwig von Bertalanffy's "general systemology." *International Journal of General Systems*, 36(3), 281–337. doi:10.1080/03081070601127961

- Pringle, R. (2016). Narrative, design, and comprehension. *IEEE Technology and Society Magazine*, (March), 40–46. doi:10.1109/MTS.2016.2518252
- Punch, K. F. (2014). *Introduction to social research. Quantitative and qualitative approaches*. (3rd.). Thousand Oaks, CA: SAGE Publications, Inc.
- Purpora, C., & Blegen, M. (2015). Job satisfaction and horizontal violence in hospital staff registered nurses: The mediating role of peer relationships. *Journal of Clinical Nursing*, 24, 2286–2294. doi:10.1111/jocn.12818
- Ravitch, S. M., & Riggan, M. (2012). *Reason & rigor. How conceptual frameworks guide research*. Thousand Oaks, CA: SAGE Publications, Inc.
- Regan, S., Wong, C., Laschinger, H. K., Cummings, G., Leiter, M., Macphee, M., ...
Read, E. (2017). Starting out: Qualitative perspectives of new graduate nurses and nurse leaders on transition to practice. *Journal of Nursing Management* 25, 25, 246–255. doi:10.1111/jonm.12456
- Reich, J., Ruggiero, J., & Triantos, L. (2018). Engaging nursing ancillary staff through shared governance. *Nurse Leader*, 16(4), 224–228. doi:10.1016/j.mnl.2017.11.004
- Rogers, R. (2016). Job satisfaction and intent to stay among new RNs : Differences by unit type. *Journal of BSN Honors Research*, 9(1), 61–94. Retrieved from www.archie.kumc.edu
- Rosen, J., Stiehl, E. M., Mittal, V., & Leana, C. R. (2011). Stayers, leavers, and switchers among certified nursing assistants in nursing homes: A longitudinal investigation of turnover intent, staff retention, and turnover. *Gerontologist*, 51(5), 597–609. doi:10.1093/geront/gnr025

- Rosseter, R. (2014). Nursing shortage. AACN online newsletter. Retrieved from www.aacn.nche.edu
- Saldaña, J. (2016). *The coding manual for qualitative researchers* (3rd ed.). Los Angeles, CA: SAGE Publications, Inc.
- Sguera, F., Bagozzi, R. P., Huy, Q. N., Boss, R. W., & Boss, D. S. (2016). Curtailing the harmful effects of workplace incivility: The role of structural demands and organization-provided resources. *Journal of Vocational Behavior, 95–96*, 115–127. doi:10.1016/j.jvb.2016.08.004
- Shermont, H., & Murphy, J. M. (2006). Shadowing: A winning recruitment tool. *Nursing Management, 37*(11), 30–32. doi:10.1097/00006247-200611000-00009
- Shravasti, R. R., & Bhola, S. S. (2015). Study on working environment and job satisfaction of employees in respect to service sector: An analysis. *Review of Research, 4*(4), 1–4. Retrieved from www.papers.ssrn.com
- Silvestre, J. H., Ulrich, B. T., Johnson, T., Spector, N., & Blegen, M. A. (2017). A multisite study on a new graduate registered nurse transition to practice program: Return on investment. *Nursing Economic\$, 35*(3), 110–118. Retrieved from www.nursingeconomics.net
- Snavely, T. M. (2016). A brief economic analysis of the looming nursing shortage in the United States. *Nursing Economic\$, 34*(2), 98–100. Retrieved from www.nursingeconomics.net
- Spano-Szekely, L., Quinn Griffin, M. T., Clavelle, J., & Fitzpatrick, J. J. (2016). Emotional intelligence and transformational leadership in nurse managers. *JONA:*

The Journal of Nursing Administration, 46(2), 101–108.

doi:10.1097/NNA.0000000000000303

Spence-Laschinger, H. K., & Fida, R. (2014). New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. *Burnout Research*, 1(1), 19–28. doi:10.1016/j.burn.2014.03.002

Spence, H. K., Cummings, G., Leiter, M., Wong, C., Macphee, M., Ritchie, J., ... Read, E. (2016). A time-lagged study of new graduate nurses' transition to practice. *International Journal of Nursing Studies*, 57, 82–95.

doi:10.1016/j.ijnurstu.2016.01.005

Spetz, J., Coffman, J., & Bates, T. (2018). *The San Joaquin Valley registered nurse workforce: Forecasted supply and demand, 2016-2030*. San Joaquin Valley, CA: University of California San Francisco. Retrieved from www.healthforce.ucsf.edu

Stuckey, H. (2013). Three types of interviews: Qualitative research methods in social health. *Journal of Social Health and Diabetes*, 1(2), 56. doi:10.4103/2321-0656.115294

Tomažević, N., Seljak, J., & Aristovnik, A. (2014). Factors influencing employee satisfaction in the police service: the case of Slovenia. *Personnel Review*, 43(2), 209–227. doi:10.1108/PR-10-2012-0176

Torres, E. N., & Mejia, C. (2017). Asynchronous video interviews in the hospitality industry: Considerations for virtual employee selection. *International Journal of Hospitality Management*, 61, 4–13. doi:10.1016/j.ijhm.2016.10.012

Tourangeau, A. E., Patterson, E., Saari, M., Thomson, H., & Cranley, L. (2017). Work-

- related factors influencing home care nurse intent to remain employed. *Health Care Management Review*, 42(1), 87–97. doi:10.1097/HMR.0000000000000093
- Trepanier, S., Early, S., Ulrich, B., & Cherry, B. (2012). New graduate nurse residency program: A cost-benefit analysis based on turnover and contract labor usage. *Nursing Economic\$, 30(4)*, 207–214. Retrieved from www.nursingeconomics.net
- Tretteteig, S., Vatne, S., & Rokstad, A. M. M. (2017). Meaning in family caregiving for people with dementia: A narrative study about relationships, values, and motivation, and how day care influences these factors. *Journal of Multidisciplinary Healthcare*, 10, 445–455. doi:10.2147/JMDH.S151507
- Twigg, D., & McCullough, K. (2014). Nurse retention: A review of strategies to create and enhance positive practice environments in clinical settings. *International Journal of Nursing Studies*, 51(1), 85–92. doi:10.1016/j.ijnurstu.2013.05.015
- U.S. Bureau of Labor Statistics. (2015). *Occupational outlook handbook (2016-17 ed.)*. Retrieved from www.bls.gov
- Ulrich, B. T., Lavandero, R., Woods, D., & Early, S. (2014). Critical care nurse work. Environments 2013: A status report. *Critical Care Nurse*, 34(4), 64–79. doi:10.4037/ccn2014731
- Umansky, J., & Rantanen, E. (2016). Workload in nursing. In *Proceedings of the Human Factors and Ergonomics Society* (pp. 551–555). Retrieved from www.researchgate.net
- Uteam. (n.d.). *Peer interviewing*. Retrieved from www.medicalcenter.virginia.edu
- Vagle, M. D. (2018). *Crafting phenomenological research* (2nd ed.). New York, NY:

Routledge.

- Van Camp, J., & Chappy, S. (2017). The effectiveness of nurse residency programs on retention: A systematic review. *AORN Journal*, *106*(2), 128–144.
doi:10.1016/j.aorn.2017.06.003
- van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing (Developing qualitative inquiry)*. Walnut Creek, CA: Left Coast Press, Inc.
- Van Manen, M. (2017). Phenomenology in its original sense. *Qualitative Health Research*, *27*(6), 810–825. doi:10.1177/1049732317699381
- Van Rijnsouwer, F. J. (2017). (I can't get no) Saturation: A simulation and guidelines for minimum sample sizes in qualitative research. *PLoS One*, *12*(7), 1–17.
doi:10.1371/journal.pone.0181689
- Vandyk, A., Chartrand, J., Beké, É., Burlock, L., & Baker, C. (2017). Perspectives from academic leaders of the nursing faculty shortage in Canada. *International Journal of Nursing Education Scholarship*, *14*(1), 1–14. doi:10.1515/ijnes-2017-0049
- von Bertalanffy, L. (1972). The history and status of general systems theory. *Academy of Management Journal*, *15*(4), 407–426. doi:10.2307/255139
- Whelan, T., & Fink, C. (2016). The comprehensive business case for sustainability. *Harvard Business Review*, (October 2016), 10.
doi:10.1097/01.NAJ.0000362031.46612.bf
- Williams, C. A., Goode, C. J., Krsek, C., Bednash, G. D., & Lynn, M. R. (2007). Postbaccalaureate nurse residency 1-year outcomes. *Journal of Nursing*

- Administration*, 37(7–8), 357–365. doi:10.1097/01.NNA.0000285112.14948.0f
- Williams, F. S., & Scott, E. S. (2018). New nurse graduate residency mentoring: A retrospective cross-sectional research study, *36*(3), 121–127. Retrieved from www.nursingeconomics.net
- Wolf, A. (1928). How can general duty be made more attractive to graduate nurses? *The American Journal of Nursing*, 28(9), 903–909. doi:10.2307/3408130
- Wolf, S. M., Clayton, E. W., & Lawrenz, F. (2018). The past, present, and future of informed consent in research and translational medicine. *The Journal of Law, Medicine & Ethics*, 46(1), 7–11. doi:10.1177/1073110518766003
- Wolff, A. C., Pesut, B., & Regan, S. (2010). New graduate nurse practice readiness: Perspectives on the context shaping our understanding and expectations. *Nurse Education Today*, 30(2), 187–191. doi:10.1016/j.nedt.2009.07.011
- Wong, S. W. J., Che, W. S. W., Cheng, M. T. C., Cheung, C. K., Cheung, T. Y. J., Lee, K. Y., ... Yip, S. L. (2018). Challenges of fresh nursing graduates during their transition period. *Journal of Nursing Education and Practice*, 8(6), 30. doi:10.5430/jnep.v8n6p30
- Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The Qualitative Report*, 20(2), 134–152. Retrieved from www.nsuworks.nova.edu
- Yin, R. K. (2002). *Case study research. Design and methods* (3rd ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks,

CA: SAGE Publications, Inc.

Zehler, B. J., Covert, C., Seiler, L., Lewis, M., Perazzo, J., & Beery, T. A. (2015). One rung at a time: What affects clinical ladder participation? *Nursing Management*, (April), 30–37. doi:10.1097/01.numa.0000462369.75906.04

Zhang, X., Tai, D., Pforsich, H., & Lin, V. W. (2018). United States registered nurse workforce report card and shortage forecast: A revisit. *American Journal of Medical Quality*, 33(3), 229–236. doi:10.1177/1062860617738328

Appendix A: Participant Screening Questions

1. Did you graduate from nursing school in 20X4 or 20X5?
2. How long have you been employed within a hospital system as a nurse?
3. Was your first nursing job (as an RN) in a hospital in the Central Florida area?
4. Was your first unit assignment on an oncology unit?

Appendix B: Field Test Request

I am a Doctoral Student at Walden University and am currently preparing for the interview portion of my dissertation and I am conducting a field test. My hope is that you would be willing to participate in the field test that would request your expertise in reviewing my interview questions and ensuring alignment with my research design. Your input will allow me to finalize my questions and move forward into the research portion of my dissertation.

Attached is my problem statement, purpose statement, research question, and interview questions. If you would prefer to review the entire proposal draft, please let me know. I would appreciate if you could provide feedback by mid next week to allow me to make any necessary updates.

Respectfully,

Jodie Lyons

Appendix C: Initial Interview Questions

DGX: Was oncology your unit of first choice (UFC) when you applied for your first position after graduating from nursing school?

DG2: Are you still employed on your first unit of hire?

General Problem:

The general management problem is the nursing shortage has led to a decrease in the quality of patient care, an increase in deaths related to medical errors, and inefficiencies and ineffective health care delivery (Ball et al., 2018; Cho et al., 2015; Neff et al., 2013). The inability to meet demands negatively affects the quality of patient care, nurses' performance efficiency, and causes an increase in nurse turnover (Cho et al., 2015)

IQX: What is your perception of the nursing shortage and its relation to patient care?

Specific Problem:

The specific problem is the ineffective management of NGN retention is a primary contributor to the nursing shortage and increased turnover costs (Goode et al., 2016)

IQ2: What is your perception of NGN turnover in relation to the nursing shortage?

Research Question:

What are the lived experiences of NGNs in oncology units who either had oncology as their unit of first choice (UFC) or were placed on an oncology unit even though oncology was not their UFC during their first 2 years of employment in Central Florida?

IQ3: What are your perceptions of working on an oncology unit as a new graduate nurse?

Gap in the Literature:

Very little research has been done to explore UFC hiring as a means of improving NGN turnover.

IQ4: If you are either still employed in or if you have left your first nursing position, what do you believe is the reason you stayed or left that role?

IQ5: What assumption do you have (if any) on using UFC as a means of improving NGN turnover?

IQ6: What affect would a career pathway that led to your UFC have on NGN turnover and first unit assignments?

Appendix D: Revised Interview Questions

Demographic Questions:

DGX: What was your unit of first choice when you applied for your first nursing position?

DG2: Are you still employed on your first unit of hire?

Interview Questions

IQX: What is your perception of the nursing shortage and its relation to patient care?

IQ2: What is your perception of new graduate nurse turnover as it relates to the nursing shortage?

IQ3: Tell me about your experiences in oncology as a new graduate nurse?

IQ4a: (If participant is still employed in Xst oncology unit) What do you believe made you want to stay in oncology?

IQ4b: (If participant is no longer employed in Xst oncology unit) What do you believe made you leave your job in oncology?

IQ5: What affect do you believe using unit of first choice as a hiring practice might have on new graduate nurse turnover?

IQ6: What affect, do you believe, would a progressive education and career pathway working towards your unit of first choice have had on your hiring decision, do you think it would have made a difference?

Appendix E: Study Invitation

Fellow Nurses:

Greetings, my name is Jodie Lyons, I am a fellow nurse pursuing my PhD in management with Walden University. I am inviting you to take part in a research study titled: Leadership strategies: The effect of first choice on new graduate nurse retention. The study is about the experiences of new graduate nurses who were hired to oncology as their first nursing position. I am looking for nurses who graduated and took their NCLEX in 20X4 or 20X5, have been employed within a hospital system as a nurse (not a tech or nurse tech) for at least 2 years, whose first nursing job (as an RN) was in a hospital in the Central Florida area, and whose first unit that they worked on was oncology, to be in the study.

If you agree to be in this study, you will be asked to participate in one, audio recorded interview about your experiences, perceptions, and beliefs regarding your hiring and employment as an oncology nurse that will take approximately X-hour to complete. After the interview, I will transcribe the audio recording and ask you to review and make any needed corrections to the transcription of the interview. This review should take about 30 minutes.

Participation in this study is voluntary and there will not be any payment, thank you gifts, or reimbursements provided to participants. You are free to accept or turn down the invitation. If you decide to be in the study now, you can still change your mind later. You may stop at any time. Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of

the participant, will also not be shared. The researcher will not use your personal information for any purpose outside of this research project.

Your participation in this research may support a change in hiring practices and improve new graduate nurse retention. If you are interested in participating in this study, or if you have questions, please contact the me via [REDACTED], or by email

[REDACTED].

Respectfully,

Jodie M. Lyons

Appendix F: Interview Guide

Interviewee (code): _____

Date: _____

Start time: _____

Stop time: _____

Total Time: _____

Preliminary Matters

Thank you for agreeing to participate in my study. Before we get started, can I have your permission to tape-record the interview, so I can obtain an accurate record of your responses?

[If Interviewee response is agreement, Researcher turns on recorder]

I have turned on the recorder. Can you please verbally confirm that you have read, signed, returned, and understood the information contained in the informed consent form emailed to you previously. If not, I have one here for you to review and sign.

[Interviewee response]

The interview will take approximately 45 minutes. I will be asking you questions regarding your perspectives on your experiences as a graduate nurse on an oncology floor. I may also take some notes during the interview as you respond to the questions being asked. Do you have any questions or need any clarifications before we begin the interview?

[Interviewee response]

You have the right to stop the interview at any time based on the consent agreement that you signed earlier. Are you ready to begin?

[Interviewee response]

DGX: Can you please tell me, what was your unit of first choice (UFC) when you applied for your first position after graduating from nursing school?

[Interviewee response]

DG2: Are you still employed on your first unit of hire?

[Interviewee response]

Interview Questions

IQX: What is your perception of the nursing shortage and its relation to patient care?

[Researcher asks pertinent follow-up questions based on interviewee response]

IQ2: What is your perception of new graduate nurse turnover as it relates to the nursing shortage?

[Researcher asks pertinent follow-up questions based on interviewee response]

IQ3: Tell me about your experiences in oncology as a new graduate nurse?

[Researcher asks pertinent follow-up questions based on interviewee response]

IQ4a (If participant is still employed in Xst oncology unit) What do you believe made you stay in oncology?

IQ4b: (If participant is no longer employed in Xst oncology unit) What do you believe made you leave your job in oncology?

[Researcher asks pertinent follow-up questions based on interviewee response]

MIQ5: What affect do you believe using unit of first choice as a hiring practice might have on new graduate nurse turnover?

[Researcher asks pertinent follow-up questions based on interviewee response]

MIQ6: What affect, do you believe, would a progressive education and career pathway working towards your unit of first choice have had on your hiring decision, do you think it would have made a difference?

[Researcher asks pertinent follow-up questions based on interviewee response]

End Matters

Thank you. Are there any additional insights you would like to share before the interview ends?

[Interviewee response]

I will be emailing you a summary of the transcript of this interview within 72 hours to verify I have understood your answers and to make sure your responses have not changed. Please respond within 72 hours with any changes, any unreturned transcripts will be considered accepted as transcribed after 96 hours.

Thank you again for participating, that is the end of the interview. I will switch off the recorder.

[Researcher turns off recorder]