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# Factors Influencing High Nurse Turnover in a Midwestern U.S.A. Community Hospital and a Proposal for Change

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ABSTRACT

FACTORS INFLUENCING HIGH NURSE TURNOVER IN A MIDWESTERN U.S.A  
COMMUNITY HOSPITAL AND A PROPOSAL FOR CHANGE

by

Deborah Mokeira Omagwa

Chair: Carol Rossman, DNP, FNP-BC, PPCNP-BC

## ABSTRACT OF GRADUATE STUDENT RESEARCH

Scholarly Project

Andrews University

School of Nursing

Title: FACTORS INFLUENCING HIGH NURSE TURNOVER IN A MIDWESTERN U.S.A COMMUNITY HOSPITAL AND A PROPOSAL FOR CHANGE

Name of researcher: Deborah Mokeira Omagwa

Name and degree of faculty chair: Carol Rossman, DNP, FNP-BC, PPCNP-BC

Date completed: May 2023

Nurse turnover has become a universal problem in recent years, causing nurses to bear the burden of higher patient loads, working overtime hours, and dealing with unfavorable working conditions. Nurses sometimes feel they have no voice to fight for them while they struggle at the bedside to improve patient outcomes. The purpose of this project was to be a voice for the nurses to inform the hospital administration on data-driven results on how nurse turnover can be reduced, with the goal that the proposed nurse retention strategies will be implemented in this community hospital.

This was a qualitative project that used the phenomenological approach to explore the nurses' lived experiences on what they thought caused nurse turnover and what can lead to nurse retention. Purposive sampling was used to select 14 participants from all four medical-surgical units and three transfer units. The project included registered nurses

who had worked over six months in their current units. Semi-structured open-ended interview questions were used to conduct Zoom interviews. Verbatim transcription was used to transcribe all these interviews. Inductive and deductive analyses were used to analyze this qualitative data. Data were pre-coded and then coded into broader themes using NVivo 12 system.

Eight broad themes emerged as causes of nurse turnover. Financial issues, job satisfaction issues, management issues, nurses' fears, lack of resources, patient care issues, work environment, and workload issues. Out of these themes, ten major recommendations were put forth to the hospital administration to help inform them of strategies that can be used to retain nurses. The significance of this project is to propose data-driven changes that can lead to nurse retention, such as reducing patient-to-nurse ratios and providing nurses with resources that can improve their work environment and eventually lead to job satisfaction.

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A Scholarly Project

Presented in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Nurse Practice

by

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## LIST OF ABBREVIATIONS

ACLS	Advanced Cardiovascular Life Support
CAUTI	Catheter-Associated Urinary Tract Infections
EAP	Employee Assistance Program
HAPI	Hospital Acquired Pressure Injury
ICU	Intensive Care Unit
KPI	Key Performance Indicator
PTO	Paid Time Off

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## CHAPTER 1

### INTRODUCTION

Healthcare systems exist for the sole purpose of making patients comfortable, improving their health outcomes, and improving their quality of life. For these things to happen, healthcare systems need to have adequate and qualified staff to give this great care to the patients. Literature, however, shows that globally and locally there has been a notable nurse turnover that leaves patients with less staff to take care of them. This puts extra financial pressure on the healthcare system to hire new nurses who can give excellent care to patients. Addressing the nursing shortage in the United States would increase the safety of patients and reduce the current mortality rates (Anderson, 2022). Shortage of healthcare workers is the most critical problem facing healthcare (Rindu et al., 2020). Hospitals and healthcare systems are struggling to find ways to retain nurses because they cannot function without enough staff to cover the patients' needs.

#### **Background and Rationale**

Nurse turnover has become a global concern due to the negative effects it has on patient care, nurses, and the healthcare systems. Healthcare organizations' requirements to meet the patient's needs and provide quality care are negatively impacted by the high nurse turnover rates (Al Zamel et al., 2020). A fewer number of nurses trying to meet patients' needs and provide quality care to patients with an inadequate supply of equipment and human resources led to emotional exhaustion among the nurses (Ghavidel

et al., 2019). This exacerbates the high employee turnover. These studies show how one problem, nurse turnover, can lead to several other problems such as lack of enough help to the nurses due to short staffing, poor quality of patient care, and emotional exhaustion.

Hospitals are trying to hire new nurses to resolve this problem which adds more financial burdens to the healthcare system and negatively influences the quality of care (Sasso et al., 2019). Patients should be the number one focus in healthcare, but if this focus shifts because of nurse turnover, then the healthcare systems fail to provide for the patients who are the priority. Patients need that close connection with their nurses to feel cared for but when nurses work short-staffed, nurse-to-patient ratios are higher creating a lack of patient-centered care. Therefore, more money should not be spent on hiring new nurses but should be spent on improving the quality of care given to the patients.

There is a struggle at the federal level to retain nurses and to define what adequate staffing is (Anderson, 2022). Addressing the nursing shortage in the United States would increase the safety of patients and reduce the current mortality rates (Anderson, 2022). Hospitals planning for turnover can help by hiring nurses in advance to avoid delays in the hiring process, using temporary nurses, and also improve the quality of care by having nurses who are ready to work when turnover happens (Potts et al., 2020). The average nursing turnover in this study was 18.2% and the new graduate nurse turnover was 35%. New graduate nurses are more likely to increase nurse turnover than experienced nurses. Knowing information like this can help hospital management when hiring nurses to consider the ratios of new graduate nurses to experienced nurses to reduce the cost of hiring new nurses and reduce turnover.

In the year 2020, a Michigan nurse recruitment and retention firm estimated the registered nurse turnover in Michigan to be at 18.7 percent which was an increase of 2.8 percent from the previous year, 2019. This trend has certainly increased due to nurse burnout and searching for more money created by the Covid19 pandemic. This community hospital reported a tremendous surge of Covid19 patients in 2020 where extra surge units were opened and had to be staffed. Nurses dealing with chronic fatigue has led to a high increase in nurse turnover (Rutledge et al., 2022). Raising awareness of issues like this can bring awareness to hospital administrators on how to handle nurses who are dealing with this fatigue at the workplace.

Two sources in 2022, [relias.com](https://relias.com) and [dailypay.com](https://dailypay.com), showed a national average nurse turnover of between 8.8% to 37% which was dependent on the region of the hospital. On average the nurse turnover nationwide stands at 17.1%. These sites showed that nurses work in very challenging environments which involve keeping up with current technology, dealing with high acuity patients, assuring family members about the care of their loved ones, and having to take care of their own emotional, physical, and mental well-being. Unless projects like this one are conducted to show the current reasons why nurses leave, this national and local turnover data will keep rising. Other studies reviewed showed that nurses choose to go for other professions when solutions are not sought to keep them in their current jobs. With patient lives being at stake, a study like this is important to create awareness of the reasons for nurse turnover.

### **Problem Statement**

Alarming statistics showed that 35.5% of nurses had intentions to leave their current jobs due to job dissatisfaction at the workplace, and 33.1% to leave the nursing

profession completely (Sasso et al., 2019). These statistics are alarming because of the cost of educating these nurses and then they leave the profession, the cost of hiring and training new nurses, nurses working short-staffed which leads to burnout, and all patients receiving poor care due to high nurse-to-patient ratios. This is a concern that needs to be addressed to reduce the cost of hiring new nurses and for better patient outcomes.

Organizations need to develop strategies to increase job satisfaction and empower their nurses to be more involved in active roles in the hospitals to reduce turnover intentions among nurses (Al Sabei et al., 2020). Healthcare is becoming more complex with high acuity patients and thus the need for nurses who can provide safe care. Patient safety has been compromised due to nurse turnover (Gander et al., 2019). Therefore, there is a need for healthcare organizations to focus on ways to retain these nurses for better patient outcomes and to decrease these costs experienced due to nurse turnover.

### **Purpose Statement**

The purpose of this project was to explore the factors influencing nurse turnover in this community hospital, with an aim of identifying strategies that could lead to nurse retention. The project recommended data driven findings and evidence-based literature on nurse turnover and retention to the hospital administration with a goal of implementing positive changes that can reduce nurse turnover.

### **PICOT Question**

To seek registered nurses' (p) perceptions to inform best practice recommendations for data driven strategies (I) compared to current strategies (c) for nurse retention (o) in a MI medical center over a three-month period.



## CHAPTER 2

### LITERATURE REVIEW

#### **Conceptual and Operational Definitions of Terms for this Project**

- **Nurse Turnover:** Nurses who leave their jobs voluntarily or involuntarily (Campbell et al., 2020).
- **Voluntary turnover:** Nurses who leave because of personal or professional reasons such as changing positions
- **Involuntary turnover:** Occurs due to retirement or termination of employment.
- **Internal turnover:** Nurses switching jobs within the same hospital units.
- **External turnover:** Nurses leaving one hospital for another hospital.
- **Shifts worked:** Defined according to the community hospital this project was conducted.
- **Day shift:** Three twelve-hour day shifts in a week that include every other weekend day, Saturday and Sunday.
- **Night shift:** Three twelve-hour night shifts in a week that include every other weekend night, Friday and Saturday.
- **Weekend shift:** Two twelve-hour shifts in a week, Saturday and Sunday for day shift and Friday and Saturday for night shift nurses.

#### **Theoretical Framework**

This project used Abraham Maslow's hierarchy of needs' motivational theory to understand the reasons for increased nurse turnover (Maslow, 1943). This motivational

theory showed that human needs are continuously changing and if one stage is not satisfied, then it is difficult to achieve the higher levels of the hierarchy of human needs. Basic needs, which are physiological needs, need to be met before the higher needs are satisfied. Healthcare workers are motivated to work when both their higher-level needs and lower-level needs are met (Ştefan et al., 2020). The lower needs as seen in figure I below are the basic needs of life such as food and rest. All nurses need a break to eat food, go to the bathroom, or drink water. These are things necessary for human survival that help nurses to gain the strength to take care of patients. If these basic needs are not met, nurses will not be motivated to stay in their workplace and this can also lead to burnout. Thus, organizations that seek to satisfy the lower and higher needs in the triangle below, such as educating their nurses to be competent in their jobs, can motivate nurses to stay in their positions. Motivation happens when needs are met (Stefan et al., 2020).

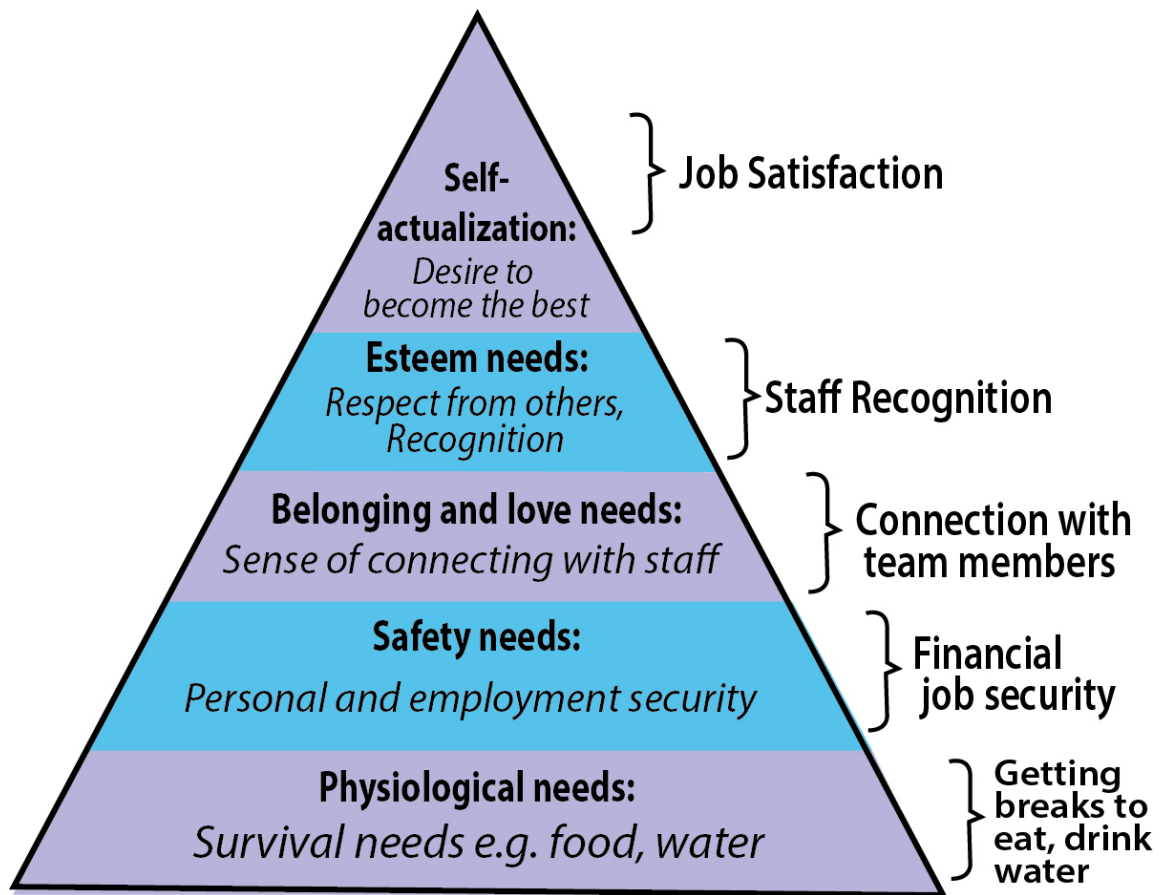


Figure 1: Abraham Maslow's hierarchy of needs theory (Maslow, 1943).

### Conceptual Framework

This project used Meyer and Allen's three-component commitment model to understand the reasons for nurse turnover. The three-component organization commitment model comprises of affective commitment, continuance commitment, and normative commitment (Meyer & Allen, 1991). Affective commitment model involves the psychological affinity of the employee to their job. This includes their level of engagement or emotional attachment to their job. The continuance commitment model is when the employees are aware of the losses they will incur if they leave their job such as their seniority or benefits associated with their years of service. The thought of these losses helps the nurses to remain in their places of work because they do not want to lose

their benefits. Lastly, the normative commitment model is the obligation the employee feels to remain committed to working with the organization. This obligation can be due to the guilt the employee feels due to the money and time the organization has invested to keep them employed and thus they feel obligated to stay to support their peers. The community hospital where this project was conducted gives a certain percentage of money yearly to their employees towards advancing their education. It remains to be determined if this financial help can make nurses to feel obligated to stay and thus lead to nurse retention.

There is a significant relationship between one's cultural, spiritual, and moral intelligence as constituent dimensions of employees' organizational commitment (Dargahi & Veysi, 2021). This shows that these things guide a person to commit to working in a particular organization. Some can be observable things such as someone's culture and some can be things beyond someone's choice such as their spiritual and moral stands. Another similar model was the three-component organizational commitment model which held that one's commitment to a course of action is rooted in their emotions, economic considerations, or obligations felt (Aluwihare et al., 2018). These three acted as an internal force that ties an individual to a course of action. This commitment model suggests that nurses can only stay if they have a desire or need to stay in a particular place. Figure 2 below demonstrates the three-component model as described by Meyer & Allen (1991).

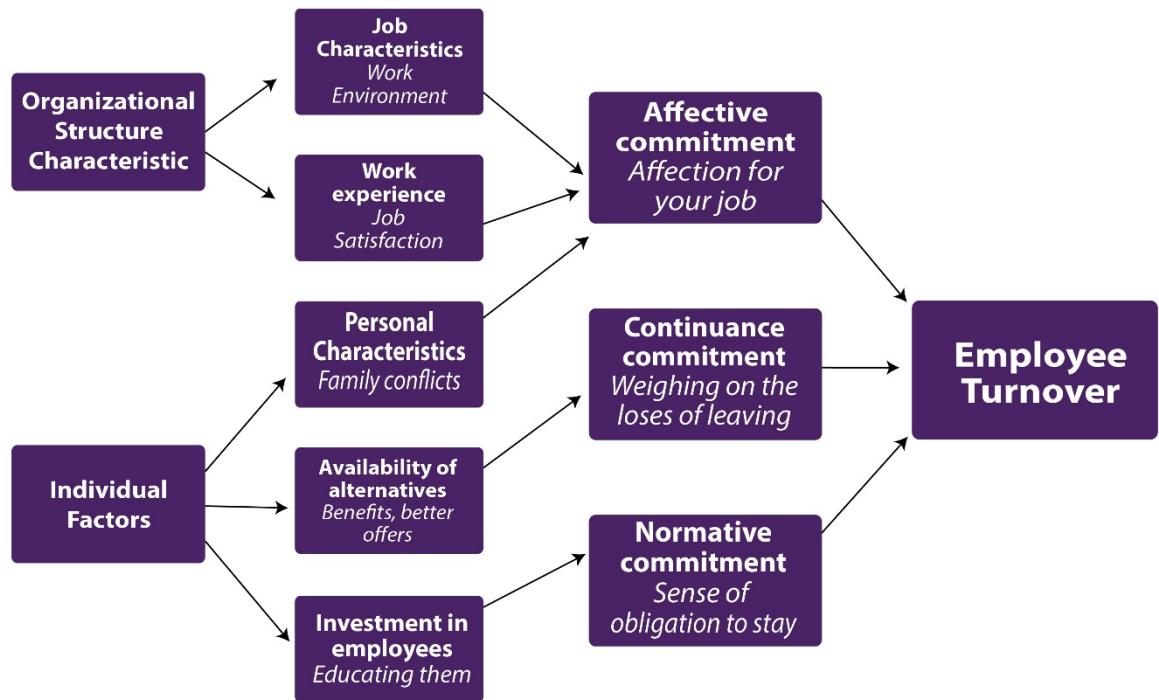


Figure 2: The three-component model of commitment (Meyer & Allen 1991).

## Literature Review

The search engines used to review this literature were Andrews University Library Database including articles from academic search complete EBSCO, Sage Publications, Med Pub, textbooks, and dissertations, and google scholar search. The search terms used were nurse turnover rates, nurse to patient ratios, predictors of nurse turnover, cost of nurse turnover, nurse burnout, nurse job dissatisfaction, the impact of nurse turnover, qualitative studies on nurse turnover, theories that impact nurse turnover rates, nurse turnover impact on patient outcomes, and the effects of nurse turnover.

## Introduction

Healthcare organizations are moving towards evidence-based practice which is focused on patient-centered care. For patient-centered care to succeed, qualified and

competent bedside nurses are needed to deliver this care. Nurses' turnover intentions are negatively related to nurse-assessed care outcomes, patient-centered care, quality care, and patient outcomes, (Huang et al., 2021). Current trends, especially during the Covid19 pandemic period, show that patient-centered care is becoming more complex with high acuity patients, complex healthcare problems, and families more involved in health care decision-making. These are challenges that confront the bedside nurse daily and the downside is that literature reports increasing numbers of nurse burnout, nurses working short-staffed, job dissatisfaction, and high turnover rates among bedside nurses (Kim, 2020; Ghavidel et al., 2019).

The Covid19 pandemic also added to the strain of nurse turnover because health care workers were not educated or emotionally prepared to handle the pandemic. This community hospital continued the education of handling Covid19 patients which changed weekly. The hospital created an Incident Command center that opened daily and on weekends for five months to provide supplies, improve processes and training, and track Covid19 changes and infections. Educators, managers, and leadership rounded on delivering supplies to nurses; and communicating changes in personal protective equipment; and other items. These were strategies that the hospital put in place to reduce the strain of the pandemic on nurses and to help them feel prepared to take care of Covid19 patients. Shortage of equipment and high demands in nursing care have been seen to place much stress on nurses and, thus, nurse turnover (Anders, 2021). The physical and emotional stress of caring for covid19 patients and increased patient-to-nurse ratios have been higher than usual and thus putting much pressure on the bedside nurses (Anders, 2021). These reasons could explain why nurse turnover is getting worse

than in previous years. This project, therefore, explored factors that influence nurse turnover so that healthcare organizations can improve the safe delivery of patient-centered care at the bedside.

### **Reasons for Turnover**

Previous studies have tried to point out reasons for nurse turnover. The results vary depending on who and where the studies were conducted. The average nurse turnover rates in hospitals are 18.2%, but new graduate nurses report higher nurse turnover rates of over 35% (Potts et al., 2020). Young nurses are the majority in the nursing labor force and yet they are reported to leave nursing within their first year of being employed. These young nurses leave because of a lack of support from their managers and colleagues during their transition period in the hospital (Çamveren et al., 2020). Nurses under the age of 40 years were willing to leave the profession because of a lack of job satisfaction, job autonomy, and recognition (Da Silva Poeira et al., 2019). This shows how age is a contributing factor to nurse turnover.

Another cause of nurse turnover was the hospital size, according to the numbers of patients they accommodate, and the salary rates they offered to the nurses. Small-scale hospitals with low salary rates reported high turnover rates among the new nurses (Lee, 2019). In recent years, we have seen many nurses transfer to traveling nursing or move to hospitals that offer high sign-on bonuses and leave their current places of work. Healthcare executives are observing nursing staff being lured by the high sign-on bonuses, high pay rates, and others going for traveling nursing which pays more, and they never return to their original places of work (Kennedy, 2021). Money was one of the highest motivations for nurse turnover from the literature reviewed.

A positive work environment for nurses was described as an environment where nurses were free to participate in nursing affairs, had adequate staffing, the nursing manager's ability to lead, had good relationships with physicians, and had enough resources to work with, and less work pressure (Li et al., 2019 & Al Sabei et al., 2020). Working in a positive nurturing work environment reported fewer intentions of nurse turnover (Al Sabei et al., 2020). Work environment seemed to be a big deal for nurses choosing to stay or leave their places of work. A positive and healthy work environment was associated with high job satisfaction and less tendency to quit the job. Critical care nurses who were faced with very stressful work environments with futile care and ethical dilemmas to deal with quit their jobs at higher rates compared to other nursing departments (Salehi et al., 2020). Improving the work environment both the physical and the humanitarian environment can enhance the nurses' engagement in work and reduce nurse turnover rates. There is a significant relationship between the intentions to leave a job among new nurses with the work environment (Li et al., 2019).

Management or leadership styles can lead to nurse turnover. Leadership styles create positive or negative work environments that are conflicting to nurses that they decide to leave their work unit or the nursing profession. Autocratic and laissez-faire leadership styles lead to higher nurse turnover intentions, while participative and transformational leadership styles decreased turnover intentions (Magbity et al., 2020). Nurses who feel like their leaders are willing to work with them are more willing to stay at their current places of work than those who feel like their job requirements are dictated to them. Thus, leadership styles contribute to nurses' intentions to leave bedside nursing.



Nurses are also leaving their current positions to pursue higher education. Bedside nurses are going for higher education which gives them a chance for career advancement and thus a contributor to nursing turnover in inpatient units (DiMattio & Spegman, 2019). The difficult nature of bedside nursing and the demanding work environments could be motivating most nurses to go for higher education to avoid bedside nursing. Bedside nurses are leaving to become nurse practitioners, certified registered nurse anesthetologists, or become midwives. This kind of turnover could be related to avoiding bedside nursing stressors, searching for more money, or looking for a different kind of environment.

Nurses' commitment to their work has a positive influence on preventing nurse turnover rates. Organizational commitment is a positive factor for nurse retention (Rindu et al., 2020). Organizational commitment is how the nurses are attached to their workplace with the positive interactions between the managers and their peers that help to decrease turnover rates (Rindu et al., 2020). Nurses are more likely to be committed to their organization if they had job satisfaction built on these positive interactions at the workplace.

Organizational commitment, work environment, job satisfaction, bullying at the workplace, job security, leadership styles, and family reasons, are some of the factors associated with nurses' intention to leave or to stay in a hospital facility they are employed (Al Zamel et al., 2020). Bullying at the workplace, heavy workloads, and lack of professional autonomy were among the significant predictors of nurses' intent to leave the organization while job satisfaction, positive work environment, leadership styles, job security, and organizational commitment were predictors of intent to stay. Family

commitment was seen as a factor that increased nurse turnover. Nurses who are committed to their families, would leave nursing to relocate because of their families or to take care of their loved ones. Work-family conflict and intention to leave nursing were significantly correlated despite the hospital setting the study was conducted (Yildiz et al., 2021). This shows how commitment to family is an important factor for nurses when they are considering to stay or leave their work place.

A knowledge of nurses' history of frequently changing jobs was found to be an interesting factor for managers to be aware of when hiring nurses. Nurses who previously had job mobility behavior, switching jobs frequently, were more likely to have intentions for turnover compared to nurses who stayed on the same job for over six years (Liu & Mao, 2019). Nurses who switched jobs between two same-level medical institutions within 4-6 years reported increased chances of nurse turnover intentions. Managers should be aware of this job mobility behavior when hiring nurses because it could be a contributor to nurse turnover.

These nurse turnover findings were from varied countries with different cultures and varied nurse resources. Fewer studies focusing on nurse turnover rates have been conducted in the United States of America. Most studies conducted in the United States of America and other countries on turnover rates had predetermined predictors of nurse turnover variables to be tested and most of the studies were conducted as cross-sectional quantitative research. Therefore, conducting this project using a qualitative method to find out why nurses are leaving this community hospital in the United States would add needed value to the existing literature in this field. Not only does the literature indicate

reasons for high nurse turnover rates, but it also indicates that high nurse turnover rates affect health care in several ways which the following section reviewed.

### **Effects of Nurse Turnover on Healthcare**

Nurse turnover can be very expensive to healthcare organizations. This can also impact patient care outcomes because more money is spent on hiring and training new nurses than on resources that improve patient care. Nurse turnover is causing major financial losses in health care which results in inadequate staffing that negatively impacts patient outcomes (Weninger Henderson, 2020). When nurses leave the nursing profession or healthcare system, patient outcomes are negatively affected due to less patient-centered care and lack of continuity of care which contributes to poor patient safety, longer patient stays in the hospitals, and lower patient satisfaction scores (Al Zamel et al., 2020; Ghavidel et al., 2019; DiMattio & Spegman, 2019). Stability in nursing staff was a good predictor of patient health care outcomes. High nurse turnover in hospitals has a negative impact on patient-centered care, the quality of care given to patients, reliability, empathy, and responsiveness of staff to patients (Huang et al., 2021). This is an example of why it is important to understand why nurses leave so that hospitals can work towards retaining them to improve the quality of care given to patients.

Nurse turnover has also led to short staffing and nurse burnout. This leaves patients with poor care because nurses have been overworked and their patient loads are unmanageable. HP news shared news on how a community hospital was being stretched thin because of limited beds stemming from short staffing. The emergency room physician mentioned that patients were spending more hours in the emergency room because of not having adequate nursing staff to take care of them in the acute care

inpatient units (Knot, 2021). This is affecting healthcare because the people who need emergency care have longer waiting times because there are no beds for them.

Fatigue from shift work can compromise patient safety, the safety and health of nurses, increase nurse turnover, and healthcare costs (Gander et al., 2019). This fatigue can be due to nurses working longer hours or many days in a row because of the nurse turnover rates or call-offs due to burnout or fatigue. Reducing nurse turnover can have a positive influence on patient safety which includes reduced medicine errors, medical complications, and patient mortality (Kim et al., 2021). This shows the risks that healthcare faces when nurses are not staffed well enough to give good care to patients and also take care of their health. This shows why a project like this could impact healthcare in a positive way if the findings are implemented in this community hospital.

### **Strategies for Improving Nurse Turnover**

Managers need to come up with programs that promote a positive environment among staff nurses to motivate them to stay at their workplace (Reuben, 2019). Managers and healthcare organizations should create service education programs for staff nurses to update their knowledge regularly (Reuben, 2019). Nurses were not prepared mentally or emotionally to take care of Covid19 patients and thus creating a need to address the fear of contracting Covid19 and education barriers of taking care of these patients to reduce nurse turnover (Labrague & de Los Santos, 2020). Nurses being current on what is happening especially during the pandemic can help reduce the stress of how to handle new diseases and encourage them to stay at their current jobs. Healthcare organizations need to create a culture where the staff nurses felt supported and received great communication with their supervisors to retain nurses (Campbell et al., 2020). When staff

nurses feel recognized and empowered, they are encouraged to stay at their place of work.

Healthcare organizations need to establish transition programs for early-career nurses so that they can adjust well to bedside nursing. Healthcare organizations need to create a 27–52-week transition program that includes a teacher, a mentor, and a preceptor to help these new career nurses to adjust to the floor work (Brook et al., 2019). The community hospital where this project was conducted in recent years initiated this transition program for the new nurses, the results or its effectiveness for nurse retention is yet to be seen.

Organizational managers should work on strategies that improve job satisfaction and strategies that reduce burnout and stress on nurses to retain nurses (Labrague et al., 2020). Nurse burnout is the greatest predictor of nurse turnover intentions (Wells-English et al., 2019). Nurses suffer from compassion fatigue for their patients which leads to burnout and then leads to turnover. Healthcare organizations should look for strategies to reduce this kind of burnout so that they can retain nurses (Wells-English et al., 2019). Nurse administrators should make an effort to reduce chronic occupational fatigue which impacts the nurses to leave their positions (Rutledge et al. 2022). Managers who involved their nurses in activities that are work-related and off-work related, like family functions, reported less turnover because this involvement improved job satisfaction for nurses and reduced nurse turnover (Fasbender et al., 2019). Thus, taking care of nurses' emotional and physical well-being can influence their decisions to stay in their workplaces.

## **Summary of the Literature Reviewed**

Several reasons stood out as contributors to nurse turnover. Some of the reasons noted include nurses leaving for personal reasons, external attractions, unsuitable working conditions leading to burnout and job dissatisfaction, poor pay rates, increasing bedside demands, patient acuity, lack of support from managers, leadership styles, going back to school for career advancement, organizational commitment, family reasons, and previous job mobility behavior. These are just but a few of the factors causing high nurse turnover rates in healthcare organizations from the literature reviewed. This project explored factors contributing to nursing turnover in a community hospital by using semi-structured open-ended interview questions.

Nurse turnover rates impact healthcare organizations in several ways including high costs of hiring and training new nurses, poor patient outcomes because of inadequate staffing, more money and resources being spent on nurse retention strategies, nurse fatigue, and burnout leading to more call-offs and paying overtime, and poor patient safety due to less patient-centered care. This is an indication of why a project like this was necessary to inform healthcare organizations on why nurses leave.

## CHAPTER 3

### METHODOLOGY

#### **Project Design**

This was a qualitative project design which explored factors influencing nurse turnover in a community hospital. This project used a phenomenological approach whereby the participants described their lived experiences related to reasons for turnover and identified ways nurse turnover can be reduced (Creswell, 2014). The data driven findings and evidence-based results will be recommended to this community hospital with an intention to propose changes that can lead to nurse retention.

#### **Project Setting**

This project took place in a Midwestern U.S.A Community Hospital. This community hospital holds approximately 302 inpatient and outpatient beds. The hospital takes care of high acuity patients such as cardiac patients, orthopedic patients, medical-surgical patients, and trauma patients who are taken care of by the hospitalist teams and the surgical teams. The inpatient medical-surgical units in which this project focuses, hold approximately 164 beds. These are acute care units that keep patients in the inpatient units until they recover or are sent to rehab centers or long-term care for recovery.

The current nurse-to-patient ratio for day shift nurses is 1:5 and for night shift nurses is 1:6. Occasionally these ratios have increased to 1:6 and 1:7 respectively for both shifts. Before the nursing shortage crisis hit, on a great staffing day, the nurse-to-patient ratios used to be 1:4 for the day shift and 1:5 for the night shift. Two-unit managers shared their turnover for the year 2021 as follows: In the first unit, 12 nurses left within

the year 2021, and were replaced with three full-time hired nurses that year, and four travel nurses. In the second unit, 15 nurses left within the same year 2021, eight nurses were due to internal turnover and seven were due to external turnover. This unit, in the year 2021, replaced these nurses with ten full-time hired nurses and two travel nurses. This data is just a glimpse of the current turnover in this community hospital.

### **Population and Sample**

This project used purposive sampling to select inpatient acute care nurses in this community hospital of interest. A notification email was sent to the managers of the four medical-surgical units and the outpatient transfer units with attachments of the two IRB approval letters from this community hospital and Andrews University. The inpatient medical-surgical units were included in this project because nursing turnover affects the daily staffing of these units compared to the outpatient units which staff on demand. Most outpatient units pay their nurses on call money which is higher pay for them to be available when needed but the inpatient medical-surgical units have to have enough staff every day to carry on their assigned duties. Therefore, the inpatient medical surgical units' nurses' routine schedules helped to gather data from them on the reasons for turnover in their units. The inpatient unit managers were notified of the project and their approval was sought to send out emails to all the nurses in their units. After this notification, a recruitment letter was sent to the total population of nurses working in the acute inpatient medical-surgical units and transfer units such as surgery, Interventional Radiology, and Endoscopy to request them to participate in this project. The transfer units mentioned above are the units that receive most nurses from the inpatient medical-



surgical units. Interviewing these nurses was to bring out information on why nurses transfer from the medical-surgical units creating the turnover problem.

Four inpatient medical-surgical acute care units were selected for this project and other hospital units that have nurses who transferred from these inpatient medical-surgical units. A minimum number of two nurses were selected for interviews from each of the four-inpatient medical-surgical units and a minimum number of two nurses from transfer units within the hospital to make a minimum sample size of 10 nurses. The medical-surgical units included were Ortho-Neuro, Post-Surgical care, Medical Oncology, and Cardiac Progressive. This sample size was dependent on data saturation.

To prevent any biases in the results, the project manager included nurses from the day shift and nurses from the night shift from each unit selected. The project also included at least one weekend nurse from each unit. The nurses' years of experience, shift worked, and gender were also considered when selecting the sample size to get a variety of views from the bedside nurses. To accomplish this, nurses who had 6 months to 5 years of experience were selected and also nurses who had more than 5 years of experience were selected after they responded to participate in this project. One of the units noted that they had 22 female nurses and only two male nurses. Since male nurses are fewer in the nursing profession, the project manager endeavored to include male nurses from each shift as much as it was possible. Reminder emails were sent to each unit during the subject selection process until data saturation was achieved.

The recruitment email included the inclusion and exclusion criteria as listed below:

## **Inclusion**

Registered nurses who have worked in their current unit of work for over six months and nurses who are not in management or leadership positions. The period of six months was selected to give the nurses enough experience to understand the workflow in their units and an understanding of the reasons for nurse turnover. Including only bedside nurses, was to get the perspective of nurses affected by the turnover versus their managers. This project also included registered nurses who had recently transferred to other units within the hospital to get their perspectives on the reasons for internal nurse turnover.

## **Exclusion**

Nurses who worked less than six months because they were yet to understand the culture of the unit they worked at, and nurses in management or leadership positions because of their current positions.

## **Recruitment and Ethical Considerations**

Before the interviews were conducted, the project manager obtained approval letters from Andrews University, see Appendix A, and the Midwestern U.S.A Community Hospital's Institutional Review Board (IRB), see Appendix B. The project manager then sent out introduction emails to unit managers to request unit emails, see Appendix C, and then sent recruitment emails, see Appendix D, to each unit to introduce herself, the title of the project, and request individual responses to the email for those interested to participate in the project. Nurses who responded to the recruitment e-mails were sent to emails to participate in the project. After explaining the project in the participant emails, see Appendix E, the project manager obtained informed consent, see Appendix F, from nurses who agreed to participate in the project interviews. The private

email assured the participants that their information remained anonymous to the hospital units they are employed at. An individual consent form was emailed to participants before the interviews were conducted to assure them of privacy and confidentiality of any information provided during the interviews. Follow-up emails were sent out every week until subject selection and data saturation were achieved.

After getting responses from the participants who fit the inclusion criteria, the project manager scheduled individual interviews with interested participants using e-mails or the phone numbers provided depending on their preferences. Recruitment continued until data saturation was achieved. Each participant chose a pseudonym to protect their privacy. The participants were also asked not to share information about their participation to protect the data and the participants. Zoom interview meetings were scheduled at the convenience of the subjects, away from the hospital, using individual email conversations or phone numbers provided. The duration of the individual zoom interviews was thirty to sixty minutes. Information collected was locked away from the hospital and will be discarded three years after the project is completed according the Andrews University data protection policy. The potential risk for this project is possible psychological harm due to fear of retaliation from the leadership. To ensure this does not happen, pseudonyms were used and participants were asked not to share that they participated in the project as mentioned above. Participants were made aware of possible follow-up meetings or emails with transcriptions of their interviews for member checks.

### **Data Collection Tools**

A semi-structured open-ended interview tool is attached in Appendix G. The questions explored these main subjects: The factors that influence nurse turnover

internally, within hospital units, and externally, meaning transferring to other hospitals. The semi-structured interview questions were modified from previous studies to fit the current project (Çamveren et al., 2020; Da Silva Poeira et al., 2019). Young nurses are more likely to leave nursing because of the negative work environment and lack of support from their managers (Çamveren et al., 2020). Younger nurses are also more likely to leave the nursing profession because of seeking professional autonomy and because of lack of job satisfaction (Da Silva Poeira et al., 2019). Highest nurse turnover rates were among nurses with three years of experience or less. These findings guided the structure of interview questions in this study.

### **Process of Reliability and Validity**

The questionnaire's reliability and validity were tested to ensure consistency and accuracy of results. In qualitative research, reliability gives the idea that the data collected is adequate, meaning consistent across participants' responses, while validity reports the appropriateness of the data, which is an accurate account of the participants' experiences within and beyond the current context (Spiers et al., 2018). To ensure reliability in this project, the project manager interviewed each participant via zoom only and conducted all the interviews. This provided consistency in the results by ensuring that the same method and the same person are used to get responses from the participants. Reliability ensures the quality of a study by generating understanding of the study and not confusion (Golafshani, 2003). When different people conduct interviews, the results can be confusing to the reader.

The validity of this tool was tested during the data analysis process. The terms validity and trustworthiness of the results are sometimes used interchangeably (Lincoln &

Guba, 1985). Validity is the trust or confidence people have in the findings of the study. To ensure the trustworthiness or validity of the findings in this project, peer debriefing and member checking methods were used. Peer debriefing is a way of engaging a neutral peer to look at the same content of transcribed interviews to compare notes and analyze the content and member checking is having another member look at the transcribed content to ensure the accuracy of the information transcribed (Lincoln & Guba, 1985).

The interviews were transcribed verbatim using the individual audio recordings from the interviews and also a qualified qualitative methodologist was utilized throughout the data analysis process to check and compare the transcribed responses, peer debriefing process. Member checking was completed by contacting each participant to verify whether the information transcribed reflected what they said during their interviews. The participants were given one week to return their verified transcription information through an email attachment. The project chair and the qualitative methodologist debriefed on the independent results obtained from data analysis. These two methods were used to validate the results obtained from the interviews.

### **Threats to Internal Validity and Actions to Counter the Threats**

Internal validity is the extent to which the findings of the study reflect the entire population rather than the errors from the methods of data collection made by the researcher (Creswell, 2014). The first threat to internal validity in this project was subject selection. Subject selection can affect internal validity when the researcher selects subjects so that the results of the study can have a certain outcome (Creswell, 2014). To counter this threat, a wide range of respondents were selected to include all units, all

shifts, genders, and years of experience, so that the outcome of the results was varied and not what the student expected.

The second threat was the fear of participants holding back to share information or to express themselves freely due to the fear of retaliation or being identified by the hospital's upper management. To counter this threat, the participants were asked to use pseudonyms on zoom, turn off their zoom videos so that their faces could not be identified, and the participants were asked not to share information or discuss that they participated in this project. The participants were also assured that their interviews were to be conducted away from the hospital and outside working hours and all data collected from their interviews was locked away from the hospital's vicinity.

The third and last threat to internal validity was the project manager's own bias during the data collection process because of being a member of that community hospital. The project manager might have some preconceived ideas of reasons causing nurse turnover which might be brought up during the interview process. The researcher's own bias can be countered by the researcher giving honest comments on how interpretations are based on their background (Creswell, 2014). This was also countered by relying on individual responses to dictate the results of the project.

### **Analysis/Evaluation**

Before conducting data analysis, verbatim transcription of each interview was conducted to capture the exact words of each respondent using word processing. Peer debriefing using a qualitative methodologist and member checking using the interview participants were used to ensure accuracy of the interviews' verbatim transcription. The project manager then reviewed the validated transcribed responses to seek further

understanding of what was transcribed. Before coding of data is done, one should do pre-coding by identifying significant quotes from participants and passages that strike you as important (Saldana, 2016). The researcher can highlight, circle, underline, or color words that are rich or significant. This precoding stage was used as one of the initial stages of content analysis.

Both the inductive and deductive analysis methods were used to analyze data. In the inductive analysis process, common codes or words from the participant responses were used to build on the major themes from the interviews. During the deductive analysis process, the existing themes in literature were used in identifying the common codes stemming up from the participant responses and seeing how similar they were to the existing literature. Once verbatim transcription and pre-coding were done, the NVivo 12 software was utilized to analyze this qualitative data. Data was organized into major codes and recurring themes using NVivo 12 software. The last step of data analysis was the interpretation of the findings (Creswell, 2014). It is during this stage that the researcher compares notes from the literature reviewed, theories used, and lessons learned throughout the process of data collection and analysis to interpret data and to make meaning of the findings.

## **Implementation**

### **Timeline of Project and Phases for Implementation**

This section includes the approximated timeline this project is anticipated to take from the implementation phase to the completion phase. Please see Appendix H for the tentative project completion timeline.

## **Significance and/or Implication**

This project provides raw data from semi-structured open-ended interview questions with the intention of informing the healthcare organization of the reasons why nurses leave and propose data driven recommendations that can lead to nurse retention. Lowering nurse turnover intentions would benefit healthcare by improving patient safety and teamwork in the organizations (Zaheer et al., 2021). Nurse turnover consequences were patient safety being jeopardized, increased hospital infections, hospitalizations, medical errors, low motivation among the nurses, fatigue from working overtime, frustration, excessive work pressure, and excessive pay for compulsory overtime work. Nurses are seen as a big part of providing quality care to patients and when there is a high turnover, it becomes expensive for the healthcare organizations to hire and maintain nurses so that patients are given safe care.

Understanding these consequences and the role of nurses in health care helps emphasize the importance of this project which aimed at informing the hospital administration the factors that influence nurse turnover in this community hospital with a goal to propose data driven changes on nurse retention. Analysis of nurse turnover can help policymakers and clinicians to come up with evidence-based strategies that can help to maximize the organization's efficiency and effectiveness (Aluwihare et al., 2018). The findings from this project will help to inform the nursing administration of this community hospital the reasons for nurse turnover and the recommendations which are data driven to propose changes on strategies to retain nurses and thus reduce the cost of hiring new nurses. When nurses leave an organization, this means that a new nurse needs to be hired to prevent nurse shortage which can also contribute to poor patient care and



outcomes. Therefore, nurse turnover does not only affect the organization's expenses but also affects patient outcomes.

### **Project Evaluation**

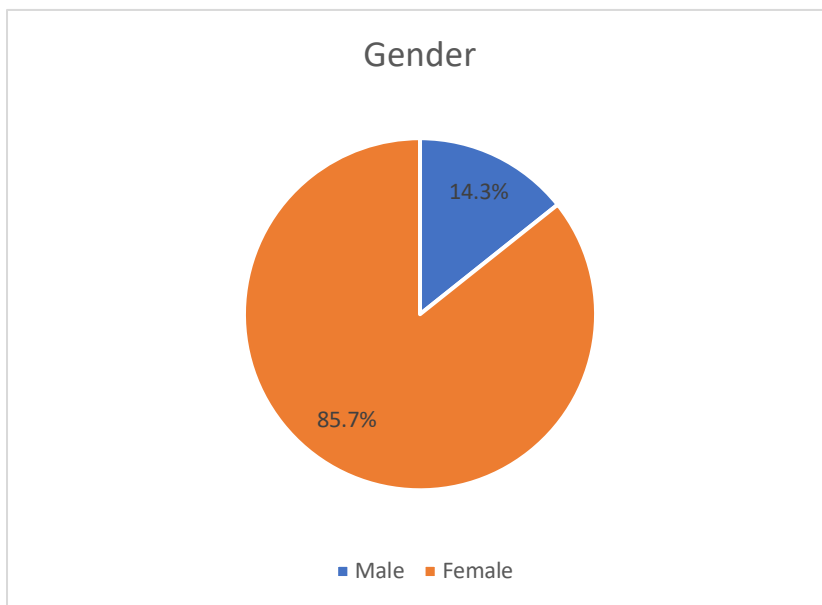
Improvement strategies based on data driven results were evaluated by the shared governance peers from all the four medical-surgical units in this community hospital. Shared governance is a representative group of nurses from each unit who present ideas from other nurses to the hospital leadership so that changes can be made that improve the workflow for the nurses and the patients. This group was helpful to determine the fair representation of the causes of nurse turnover from the results and the appropriateness of the strategies of nurse retention recommended from the interview findings before the final findings were presented to the hospital leadership.

## CHAPTER 4

### RESULTS

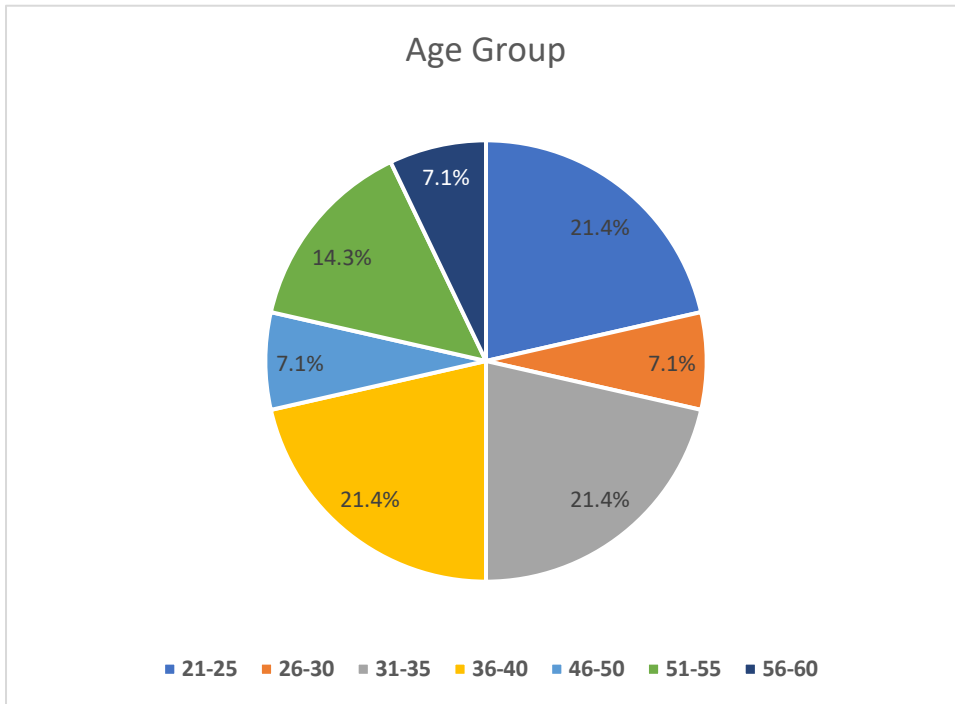
#### Summary of Demographics

This project was conducted in a Midwestern U.S.A Community Hospital where purposive sampling was used to select 14 registered nurses who worked in the in-patient medical surgical units and outpatient transfer units. Figures 3-7 below give a summary of the demographics of the participants in this project.



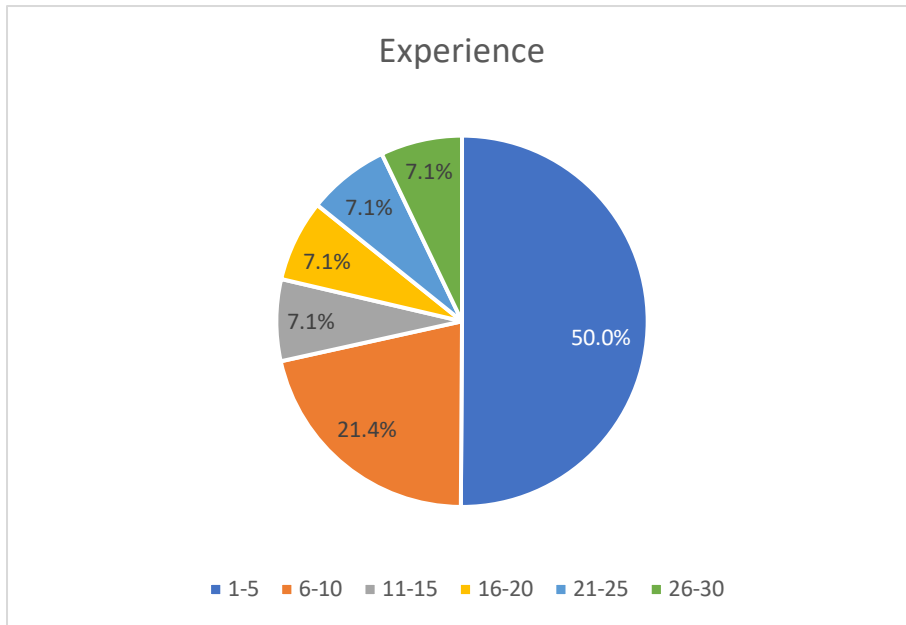
*Figure 3. Gender of Project Participants*

Twelve out of the fourteen participants were females, which was 85.7% of the participants, and two out of the fourteen participants were males, which was 14.3 % of the participants.



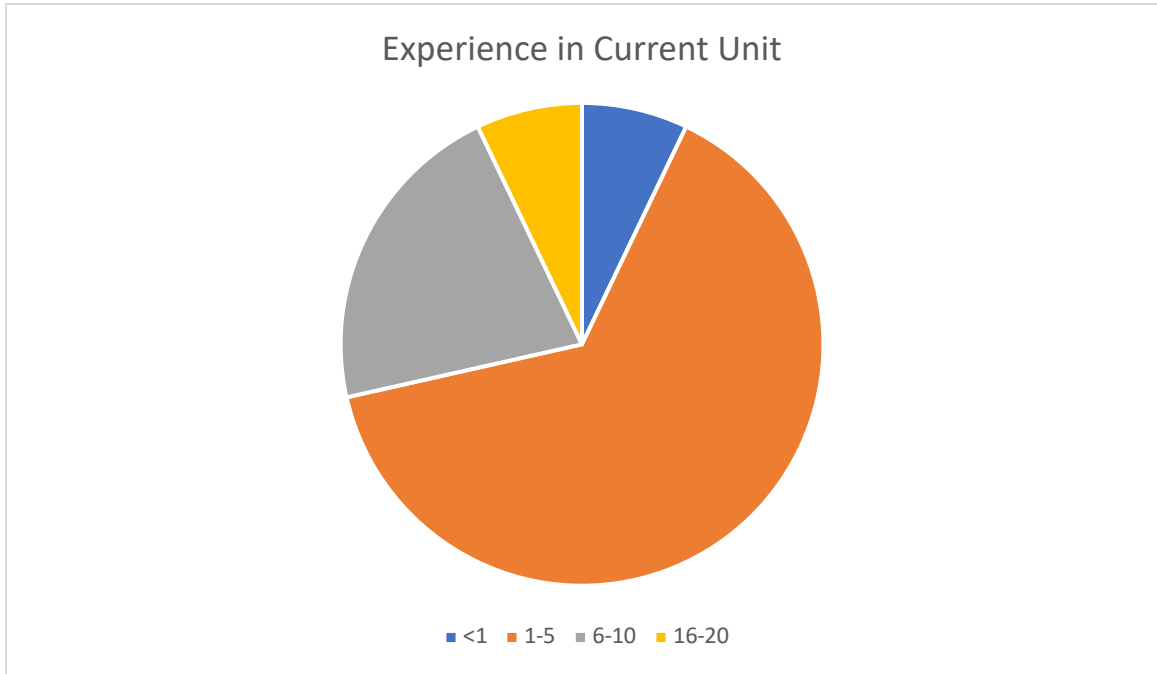
*Figure 4.* Age group of project participants.

The age groups of the participants ranged from 21-25 years old to 56-60 years old. Three different age groups, 21-25, 31-35, and 36-40 years old, made the highest percentage of the participants which was 21.4% respectively. The age group of 51-55 years old was made up of 14.3% of the participants and the age groups of 26-30 and 46-50 made up the lowest percentage which was 7.1% respectively.



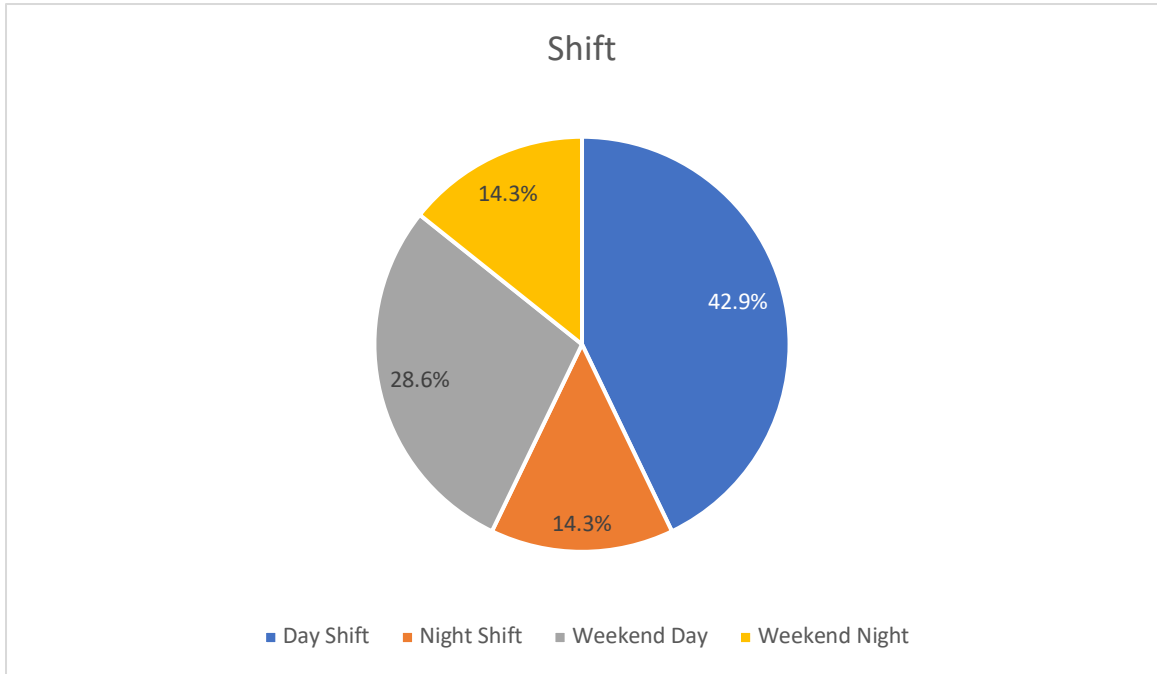
*Figure 5.* Years of nursing experience.

Nurses with 1-5 years of nursing experience made up fifty percent of the participants, which represented the highest percentage of the participants. Next were the nurses with 6-10 years of experience who made up 21.3% of the participants.



*Figure 6.* Years of experience in the current unit.

Nurses who had worked 1-5 years in their current unit made up the highest percentage, 64.3% of the participants. Nurses who had worked 6-10 years in their units made up 21.3% of the participants.

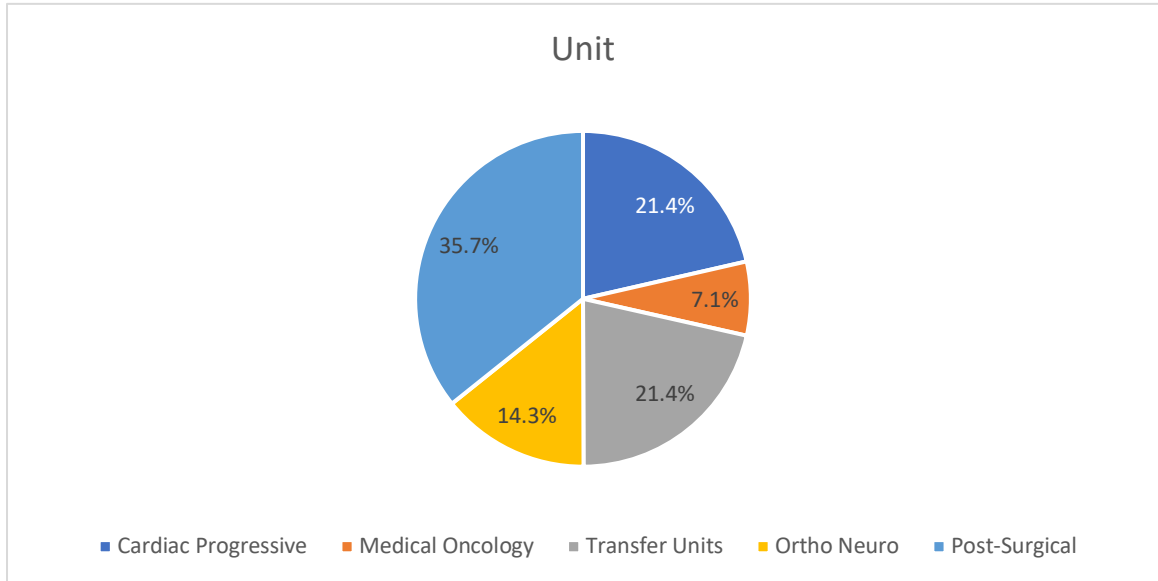


*Figure 7. Shift worked.*

Day shift nurses made up the highest percentage of the participants which was 42.9 percent, then weekend day nurses made up 28.6% of the participants, and night shift nurses made up 14.3% of the participants.

## Figure VIII

### *Current Unit/Transfer Unit.*



*Figure 8. Current unit/transfer unit.*

Nurses who had worked 1-5 years in their current unit made up the highest percentage, 64.3% of the participants. Nurses who had worked 6-10 years in their units made up 21.3% of the participants, see figure 6 below.

### **Average Nurse Turnover**

All the nurses who participated in this project, 100%, agreed that there was at least an average of 5-10 nurses leaving their units each year. One of the nurses said this, Oh well, from what I know, I'm literally the last one in my cohorts that were originally signed on when I got hired. And I think we had at least, I want to say, anywhere from like 24 to 30. But granted, they were spread out through the hospital not, not necessarily just my floor.

This nurse felt that all the people they were hired with had already transferred to other units or to other hospitals. One nurse said, “I would say every year at least like 7 to 10 nurses leave our unit” and another nurse said, “We have in between 5 to 10 a year. It's increased because of Covid.” These nurses agreed that nurse turnover was high, it was increasing each year, and that it was concerning to them. These nurses are just but a few of the nurses who felt that at least 5 nurses on average are leaving their units and the wake of Covid19 increased the turnover. The next section shares some of the concerns the participants expressed that nurse turnover was causing to them, the patients, and to the facility.

### **Impact of Nurse Turnover on Nurses**

Eight themes emerged on the effects nurses felt from nurse turnover.

#### **Decrease in Morale and Team Spirit**

The leading theme was that nurse turnover was decreasing the nurses’ morale and the spirit of teamwork. This theme had 25 references, 78.6% of the nurses saying that their morale was down when they saw their fellow nurses leave. One nurse said this,

It's hard to keep good team unity, good team spirit, and good camaraderie together if you don't know the other nurses and staff you're working with and if you're hiring 5, 10 new nurses every year, it's hard to build that dependency on the other stuff.

Another nurse said this, “it's just hard to work as a, I I'd say like a good team when you continuously have to change the people you're working with.” Another nurse added this,



...and even psychologically, you know, for the other nurses that is left on the floor. You wonder why my colleague is leaving, so psychologically has an impact on you as a nurse. Because um are you gonna leave me in the situation, or why people are leaving? That's the question that comes to your mind. So, it also has psychological impact on the nurses.

This nurse felt that psychologically, nurses were affected by the turnover and another nurse added this, "Sometimes we feel abandoned because they had our backs as like they could help us, or they could help start IVs or they knew what we needed when we needed it." These are just but a few of the examples of how the nurses felt when nurses were leaving their units.

### **Working Short Staffed Causing an Increase in Patient Load**

The second top theme that emerged from the effects of nurse turnover was nurses saying that their patient load increased and that they were working short staffed all the time due to the turnover. This theme had 71% of the nurses giving 10 references on how turnover affected patient load and staffing. One nurse said, "The more people leave, the more short staffed we are, the more travelers we get, the more strain it puts on staff members that stay, it's almost like you're punished for staying. That's what it feels like." This nurse felt like the increase in patient load was like a punishment for staying and not leaving like the others. Another nurse added this,

Definitely when we are short staffed um for a few years ago we were having like 5 patients on night shift but now we have 6, because we don't have as much staff to work. And so, you know, as I said it put a lot of strain on the nurses to work with that amount of patient, so we get more patient when we don't have more nurses to work.

Another nurse also expressed similar frustration with the increase of the work load when more nurses leave. This nurse said this,

It is because when the nurses leave until they find someone to replace them, it makes us short or they have to pull or they get agency and that's a whole different frustration. So it makes our work harder because there's less people to do the work, so we have to work extra or longer times you see.

These comments show that the frustration of nurses leaving is felt among the nurse as expressed by the words on the extra amount of work they have to do when they work short staffed.

### **Straining to Train New Nurses**

The third theme that emerged from the effects of nurse turnover was the stress nurses experienced on training new nurses or the finances used to train new nurses. This theme had 13 references, 64.3% of the participants shared about the impact of training new nurses. One of the nurses shared this,

We are constantly precepting nurses, which that also gets exhausting with constantly precepting someone coming in and then we have nursing students who we're constantly trying to educate and teach them as well, so being in that constant mindset of always having another role instead of your primary role, which would be you know, your patient focus.

Another nurse said this,  
ummm I think it is a bit concerning, especially after the hospital has spent money to train the nurse and they leave not even having worked six months. I think it's a bit

concerning especially financially for the hospital and also just even for the preceptors and the resources they that they use in nursing education. So, I think it is concerning something that should look into.

These two statements show that nurses are overwhelmed with training new nurses who leave and then this creates a financial impact to the hospital.

### **Impact on Patient Care**

The fourth theme that emerged was how nurse turnover affects patient care. This theme had 18 references which was 57% of the participants' responses. One nurse said this,

The nurses usually will have more patients, since there's less staffing, and so they have less kind of one-on-one care. They might miss things with patients that they do have because they're focusing on another patient that might be more critical at the time and patients' needs in general are just not being met, even some basic needs.

This same nurse added the following when adding on how patient care is affected, Yeah, medications being delayed. Basic nursing stuff, such as like dressing changes, even bathing patients or you know, making sure that they're like teeth are brushed and sort of stuff like that. I met with several patients who have expressed concerns about that because of the short staffing.

Another nurse said this, "And then we get like a higher ratio, patient nurse ratio, and then obviously then the quality-of-care declines". This shows that when nurses leave and they work short staffed the care given to the patients is not of good quality. One nurse added the following on how the quality of care is affected,

Oh, absolutely I feel like when we don't have like the consistency with team members staying that it puts patient care at risk because it takes a lot longer for them to get comfortable with, like what our standards of care are or even just like what patient safety priorities should be like. We see a lot of inconsistency with bed alarms.

This shows that the effects on nurse turnover end up affecting the patients.

### **Loss of Experienced Nurses**

The fifth theme that emerged was the loss of experienced nurses which had 16 references which was 57% of the participants' responses. One of the nurses said the following on the loss of experience when nurses leave, "Just because it's nurses, a lot of times they are replaced with like travel nurses who don't always, you know I feel like with their nurse experienced nurses they are experienced with our floor". Another nurse said, "Nursing is supposed to be more stable in my opinion, and you lose a lot of experience every time people leave." Another nurse added this, "Absolutely, up rapid response where you know we need seasoned nurses, or even nurses who are ACLS certified, you know, to help with rapids and codes." This thought of having experienced nurses to help during tough situations kept recurring because the nurses felt the loss of experienced nurses when turnover happened.

### **Increase in Nurse Burnout**

The sixth theme that emerged was the increase of nurse burnout which was reported by 28.6% of the participants with 6 references The nurses who reported an increase of nurse burnout said this,

...thinking about like the unit I work on, it can be challenging to manage all of the patients that we're responsible for, so you know, you get your experience and you get your feet wet, but you burnout like kind of quick.

Another nurse added this, “the burnout just in general of like the patient acuity.”

Another nurse continued to emphasize this burnout with the following thoughts,

It contributes to like a sense of burnout because when the staff is coming in, we are training them. They're staying for you know, a year. If that six months, eight months, and then leaving. And then it's like the process starts over again.

These nurses showed that burnout can come from the patient acuity, training nurses, and the increased numbers of patients they are taking care of.

### **Increase in the use of Travel Nurses**

The seventh theme was an increase in the use of travel nurses to replace the nurses who are leaving which was reported by 28.6 % of the participants with 14 references. One nurse said this on the use of travel nurses, “Because when a nurse that belonged to postsurgical leaves, she is not being able to be replaced with full time or part time staff that belongs to the organization they're replacing these nurses with travel nurses.” Another nurse said this, “I feel like a lot of times it is just travel nurses coming in replacing them.” Another nurse expressed their concern on the use of travel nurses by saying,

Yeah, for the most. There, there's some travel nurses that are really good. But yeah, For the most part it feels like they're just there to get the paycheck they don't really

not really help other people. They don't, you know. They're not like willing to offer hand to help if you're struggling. They're just kind of there.

Another nurse added this, "It affects the other staff members because we don't know our travel nurses as well as we know the regular staff members that work here full time or part time status." This shows that the nurses are feeling the effects of losing their own and getting new replacement who are there temporarily.

### **Decrease of Use Vacation Time, PTO- Pay Time Off**

The last theme which came up from the effects of nurse turnover is that it affects the vacation time that other nurses were supposed to get because there are no nurses to work. This was mentioned by 7.1% of the participants with one reference. The participant expressed this concern,

Oh yes, Oh yes. Especially, it does not only affect the flow of work, it also affects your PTO or your holiday. For example, if, like 3 nurses leave and they were both, they were all of them were on one weekend rotation. Now that means more nurses would have to probably work not every other weekend, but every weekend or if like 2 nurses leave and they were both supposed to work Christmas and then that holiday 2 nurses are not there on the schedule and then you can you can say they can just get a travel nurse to work, but I've realized most of these travelling nurses have contracts and, in their contracts, they can say oh, I'm not working the holidays and if it's in their contract you cannot mandate them to work so therefore the floor nurses are the ones to kind of pick up the load.

These is a summary of the effects that nurses experienced with nurse turnover. The following section shares the themes that emerged about nurse turnover and nurse retention.

### **Themes Emerging on Causes of Nurse Turnover and Nurse Retention**

Eight themes emerged from the results of this project which were like a double-edged sword because they covered both the causes of nurse turnover which could also be helpful for nurse retention. Nurses shared reasons why nurse turnover was increasing, and the same reasons also served as solutions to nurse retention. The themes recurring in this section, therefore, express factors influencing nurse turnover and factors that can lead to nurse retention. The following eight themes are the major ones that recurred throughout the interviews that relate to factors influencing nurse turnover and nurse retention: Financial issues, job satisfaction issues, management issues, nurses' fears, lack of resources, patient care issues, work environment, and workload issues. The next section separates these factors with examples given by the participants.

### **Factors Influencing Nurse Turnover**

#### **Financial Issues**

Financial issues were the highest referenced theme compared to the other themes. There were 76 references on money being a leading factor causing nurse turnover and 33 references on travel nursing being the biggest money attraction for nurses to leave. Therefore, the financial issues were divided into two major categories which were money concerns and increase of travel nursing due to the search of money.

## **Money and Benefits Issues**

### ***Search for Better Hourly Rates***

There were 27 references about the need for increased hourly pay rates being a factor causing nurse turnover. One nurse said this, “I feel like when it's hospital to hospital, a big part would be money that other hospital may be offering bonuses, increased hourly wages.” To this nurse turnover was caused by nurses searching for increased hourly wages. Another nurse said this, “You want your nurses you should be willing to pay more than Kalamazoo otherwise, you're going to lose them.” One nurse gave the following example of a nurse who left because of a search for better pay, “There was financial, and one person left to, it was a better pay and then they also went to ICU a different hospital. So, it's work improvement plus finance combination combo.” Lastly, one nurse commented that people leave because they hear what is offered out there by other hospitals. This nurse said this, “Well, I mean, hospitals are business entities. If they put out advertisement, they offer something better, more money.” This shows that nurses are transferring to different places because they offer them better hourly rates.

### ***Search for Better Retention Bonuses***

Nurses also addressed the issue of retention bonuses being a factor for nurse turnover.

One of the nurses said this,

Yes, and I've actually been seeing that they've been offering more, uh, more money as far as retention goes. I've been seeing up to \$25,000. And I haven't really heard any.

Any retention talk for current staff at all. So I mean that that does rub me a little bit wrong. A little bit the wrong way, especially because I've been seeing like job postings for new grads, saying that they'll offer up to \$25,000 sign on bonus or



\$15,000, and I'm just like well, clearly you guys have got the money because you're willing to throw it out there to get people in the door. But you know you're not doing a whole lot to keep us around, you know.

This nurse expressed feelings of frustration when new nurses were given retention bonuses and those who have been there longer were not given any consideration. This for her was a factor to make her leave. This other nurse also said that after the covid19 pandemic, most nurses were leaving to places which offered high incentive pay. She said this,

Well, once again they will, I think, in the beginning of the Covid, the incentive, one of the hospitals was offering like a better incentive. I think better pay that why people were leaving. No, it's what's what is it like? Clearly financial?

This nurse emphasized at the end that financial issues were clearly a big factor influencing nurse turnover.

### ***Search for Better Health Insurance***

One nurse commented on why nurses would leave for search of better health insurance benefits.

I think the other thing that they could look into is better health insurance. I actually just found out that you know not only are our premiums going up, even though you know I'm enrolled in their healthy lifestyles to knock off a whole whopping \$25 a paycheck. Apparently, they won't cover certain basic labs anymore like that all has to come out of pocket and I mean it, it just kind of baffles me that a healthcare system and a hospital doesn't want to take care of its staff.

This nurse shared concerns of hospitals taking care of their own staff. Another nurse commented on choosing better health insurance

And then also I know some people who have switched jobs because the hospital is offering better like insurance coverage. So sometimes I know people who have left jobs even though they're making less. They're gonna make less hourly rate. But if the hospital has a better insurance cover, then they would go for it.

### ***Places That Can Pay Off Student Loans***

One nurse said that she was contemplating to leave because of finding a place that could pay off student loans;

I mean, I'm still considering going to the VA even though they have huge amount of problems. I mean, they're willing to pay up to \$100,000 in my student loans done. I'll give you all. I'll give you some of my time.

This comment shows how student loans can be a factor in nurse turnover.

### ***Travel Nursing***

Participants in this project also gave 33 references related to nurses being attracted to go for travel nursing because of getting more money. One nurse said this,

Personally, I've seen a few nurses leave my floor to go be travel nurses. And I know they are going to make more money or they got a sign on bonus. They're looking at other opportunities too in comparing organizations.

One nurse showed how travel nursing is causing more turnover because of nurses talking among themselves on how much they earn. This nurse said this,

It's gonna be hard to shut that box after because I know they're not supposed to talk about how much they make, but you know, we're people we talk to each other, and you know how much they make everybody talk about it and it's influencing people to go travelling. It's influenced me quite a bit and want to go travel and I see I see a lot of Bronson nurses coming over here and a lot of our nurses going to Bronson and just because it pays more.

This shows how travel nursing is causing an increase in nurse turnover because nurses are listening to how much money the traveling nurses are making. One nurse showed how traveling nursing is creating more money opportunities for them;

At this point the nurse is also going travelling and you know the more like a bigger money opportunity for them. They can pay the student loan faster. You know. There is other options. The competitive market that opens now and so which create you know create. This is for them to go. Why not?

Another nurse said this,

I think in today's age with COVID came in and travelling nursing became very popular. I think for me for my experiences and my conversations with other nurses, I find that that the money that they could be making as a travelling nurse is I think it's very enticing. That's number one cause you you'd find that a nurse would be making even three times what they're making now. If they become a traveling nurse so they financially like you, know what. Let me go for travelling nursing.

These are just but a few examples of how nurses are feeling when they work with travelling nurses who earn more money than they make while they are doing the same job.

### **Job Satisfaction Issues**

The second theme that was referenced over 70 times by nurses was job satisfaction issues. Nurses described several things that dissatisfy them at the job that would make them want to leave. This section describes the job satisfaction issues that nurses shared that would lead to nurse turnover.

#### ***Wanting Better Hospital***

Nurses gave examples of how they would move to a different hospital because it offered something better, or it was more prestigious than theirs. One nurse said, “So sometimes it's just wanting to go to a larger facility.” Another nurse said, “You know you feel that this hospital, they have lots of good services that can be beneficial to you and your family.”

Another added this, “So, I think that it's just human nature to move around. You know I've moved from hospital to hospital because one hospital was a better fit for me.” Another nurse said this,

I don't think it has to be something negative you know or if you have a situation where you don't like where you are and you want to get away from the toxic environment you leave to another hospital hopefully has a better work environment.

This shows some nurses leave because another hospital satisfies them. Another nurse also said that they would leave if the hospital had a magnet status;

Well, some I think maybe some nurses would just like to be associated with something that's good. You know a magnet hospital. That's kind of flourishing in terms of like they have minimal number of falls, minimal numbers of CAUTIS or HAPIs and then they're known to be hospitals that kind of really listen to their employees. So, I don't know. I feel like some nurses would want to be associated with the high-quality hospital which is in that kind of sense. It's called you'd kind of termed a magnet hospital.

These are just but few examples of what nurses said could attract them to leave for a better hospital.

### ***Bad Schedules or Poor Timing in Scheduling***

Nurses also shared that not being satisfied with their work schedule or how their schedule was made could make them want to leave. There were 27 references related to work schedules and how schedules were made which were all under job dissatisfaction for nurses and some said this could make them leave their current job.

### ***Heavy Work Schedule***

Nurses expressed how heavy work schedules could make them dissatisfied with their job. One nurse gave this example,

A lot of times. Because like I, I mean you know the big red flag that everybody knows is that you know nursing is short as far as staffing goes. Even with the Aids, short staffing is a big issue and a lot of times you know we only have two aides on the floor and that's 15 patients that they have to watch over for 12 hours. You know, so then in between me and you know the aid that I have assigned. You know there's times where I might have to cut away and sacrifice certain care things that I'd have to

do for my patient to more or less take over what they would be doing, like taking them to the bathroom. You know, changing them little things like that. You know I'm not able to do my side of the job.

Another nurse added this,

I think, scheduling and patient ratio. If we have a healthy patient ratio like 4 to one or 5 to one on nights, then people are more likely to be satisfied with their workload. But when the workload becomes too much too significant then they get burnt out and they're looking for other places that don't have that higher patient ratio or that high of workload, so they can work there.

These comments show that nurses feel like their work schedules are overwhelming that they feel like they are neglecting their patients. This gives them the feeling of dissatisfaction and wanting to leave *nursing*.

### ***Schedules not Released in a Timely Manner***

Nurses also expressed dissatisfaction on delays of releasing their work schedules. They said this made them unhappy because they were not able to plan for their vacations ahead of time. One nurse said this,

Our scheduling is bad. That could be another whole Zoom Meeting. The scheduling supposedly, we have a core schedule, but we only get our schedule out for 6 weeks at a time. And so that's difficult. We don't get our next schedule until, like 5 days before our schedule expires. So that's difficult to plan anything. because we don't know when we work. Supposedly I have a core schedule. I still do not know what my core schedule is after working as a nurse for 4 and a half years. So it's very difficult for me

to schedule because any events or anything, because I have to schedule it like 3 months early.

Another nurse added her frustration with the timing of the schedule by saying this, One of the other things is our schedules in general, so typically they have a 6-week window that they tend to schedule us for. While it's open, we can try and put in for any PTO that we might need and they're very inconsistent and when that schedule is finalized. So, trying to like plan ahead for you know outside of work events just you know life in general. It tends to be a little bit more. Frustrating, especially like this time around, our schedule was pretty much finalized up until I want to say...

Nurses shared comments that showed how inconsistency of their work schedules was causing dissatisfaction on how they plan their personal lives.

### ***Schedules That Do Not Meet Nurses' Needs***

Some nurses said that they were dissatisfied and willing to move to other jobs or units when they do not get scheduled for shifts that meet their needs. One nurse said this, "Maybe shifts might be another thing coming from night shift, but unable to get a day shift position on their current unit. But they can get a day shift position in a different unit." Another nurse added this,

I think that can be because people will go where they feel comfortable. So, if you have a nurse who's working on the floor and she knows someone says, come, come, come work in our department, our manager is good, she'll give you the schedule you want.

This shows that nurses can pull each other to move to other units that fit their schedules.

### ***Distance to Commute to Work***

Some nurses expressed that long distances to commute to work could be a reason that caused turnover. There were 12 references related to the distance to work and how it could cause job dissatisfaction and thus nurse turnover. One nurse said this, “Well, I think they switch hospitals because either it's closer to where they want to be. Maybe you know for distance it's closer or they have issues with school or whatever they prefer to be there.” Another nurse showed how long commute to work can be a disadvantage to night shift nurses,

Yeah, especially working nights. Because you know, there's been a lot of times where I've heard of night shift nurses getting off of work and they have a little bit of commute ahead of them and they end up falling asleep at the wheel and you know getting in accidents or even dying.

So, driving long hours was a reason why some nurses leave so that they can have short drives from their workplace.

### ***Family Needs or Personal Needs***

Some nurses said that people leave because of family needs or to find schedules that fit their personal needs. One nurse said this,

That might not be the number one reason, but I do think that definitely it factors in for folks that have kids and they want to participate in their after-school activities and events. So, some folks might just prefer like four or five shorter days versus like two or three long days.

Another nurse said this regarding needing time to worship with the family as a cause for nurse turnover, “Family and personal needs and just even like worship. If you're



someone who likes who wants to go to church every Saturday or every Sunday, then having that option I think would be so positive for you.” This means that the nurse would be willing to stay if given the opportunity to worship on the day they wanted with the family. Another nurse said this,

Yeah, I know one went to Intercare she said it's like yeah I know I'm going to be making less there but she already had experience working there. She said the hours were better for what she had going on with her family and that's why she decided to leave because she was working nights with me on the cardiac uh unit.

These examples show how family plays a role in the decisions nurses make to stay or leave the workplace.

### ***Search for a Better Fit or Specialty***

Some nurses shared that they could transfer or leave the hospital because they wanted to try another specialty or looking for a better fit for them. One nurse said this,

That would probably be another good reason for turnover just in general, not being happy with the type of unit that they're on. Then someone doesn't like a medical surgical unit, but feels that they may be happier and more of an outpatient environment or surgical environment.

Another nurse added this,

Yeah, I would say for myself personally. I kind of inpatient, even when I was a nurse in school, was never my preferred choice. I just kind of prefer more of the patient turnover in a sense, and I just am more interested in doing procedural outpatient things. My current department we go in on procedures all the time and that's to me more exciting and better. My nursing skills are better used in that sort of environment

versus the inpatient floors and I just in general didn't feel happy with the care that I was able to give patients and the inpatient side and it kind of cause some problems with my mental health. But then, moving to my outpatient area to something that seems better fitted for me I have been much happier.

This shows that some nurses leave to work on units that give them more satisfaction. To add to this, another nurse said this,

Yeah so I know of one nurse he actually transferred to CCU and I think that the factor with that one was he just wanted that experience because honestly one of my goals is when I first got out of nursing schools I wanted to be in critical care that was my interest and everything like that and it. Still is and I feel with my unit getting the Progressive care unit experience. I think that will help me eventually when I decide to look into it. So I think that's one of the reasons they decided to transfer. I know of another nurse who is currently looking at transferring to the ER. I didn't quite ask her. You know why she was interested in the ER, but I kind of assume it's probably just like a change of pace maybe or I'm kind of assuming it's just kind of like an interest of hers because I know she's got a little bit more nursing experience than I do.

These are some of the examples of nurses switching units to find their fit or satisfaction at their workplace.

### ***No Breaktimes or Lunch Time***

Nurses shared examples of how lack of break time made them feel dissatisfied with their workplace:

Well, like even the simple things of you're not allowed to eat at the nurses' station, or drink out at the nurses' station, and you'll get, you know, yelled at or written up like. I

understand that those are you know, Joint Commission rules but having maybe a more leniency, more understanding that at times, like the nurses have been running, so they need to chart and sit at the desk, and they need to drink water because they happen in like 10 hours and the nurses need to be able to take care of themselves too and I feel like in the hospital that is something that is ignored that the nurses are expected to give everything of themselves and don't have any chance to care for themselves on their shift and that can be very exhausting especially for working inpatient you work 3, 12s you know sometimes in a row or in my department we work 5, 8 plus hour shifts.

Another nurse emphasized on this point of having no rest or break for nurses by saying this,

Yes, the ability to get a 15-minute break or to take a 30-minute lunch is almost nearly impossible for me personally. When I have a group of five patients, it is very hard to provide the best care to each of those five people and go home and feel good at the end of the day about it.

Another nurse said this about not having even a few minutes to relax in her whole shift.

Mmm. One, reason for night shift, I don't know about the day shift but for night shift when you're there at night. And you get your break you cannot sleep. And this is this is very hard on the nurses, because you should be able to get a nap on your break if you really want to put your head down and get a 15 minutes nap. That's your break time, but they take away they Take away your break time from you. To really put your it down and get a 5 minutes nap. Would we help you throughout the night.

Other places like in Canada, my friend told me that they get an hour. They can sleep and do whatever they want. So, nurses are burnt out because of this, especially the night nurses. They should change it.

Another nurse shared their frustration on having no break at work by saying this, When you have an inappropriate patient acuity on the floor. You do not sit down like I've had the shift where, like you do not sit down at all for 12 hours. You don't get your charting done, you're staying after, which clearly is not going to help a budget if you know they're budgeting in that we're only there for the 12 1/2 hours because they count that half hour for lunch. So, if you're there extra, you're tired and if you have to come back the next day or night then you're getting less time at home so that fatigue just keeps building up and building up and building up.

These are just but few references of how lack of breaktime and rest can cause nurse dissatisfaction and cause them to leave nursing or transfer somewhere else.

### **Management Issues**

Management issues were also referenced several times as reasons nurses leave this place of work. Management issues were divided into two sections, unit management and upper hospital management issues. Unit management issues had 75 references from 12 of the participants and upper hospital management issues had 42 references from 11 of the participants. This shows that management roles play a big role in nurse turnover.

#### ***Unit Management Issues***

Nurses interviewed shared concerns that unit managers lacked effective communication skills, favored some employees, were micromanaging them and setting

high expectations, and they did not feel supported by their unit managers. These are some of the reasons they gave that made management a reason for nurse turnover.

### ***Communication Issues***

Some nurses shared that unit managers were not communicating well with other nurses on what needed to be improved on. One example is the response given by this nurse who gave mixed feelings on what their unit manager does,

Yeah. I like our manager. For the most part I feel like sometimes she's not it like it on people who are causing, you know, who are not doing their job. I don't know, like not doing you know, dressing changes and stuff like that, and we bring it up, and they don't stay over you know. They just kind of leave and leave you with stuff, and we bring it up, and they don't really. She doesn't really like hold people accountable as much, but she's also really helpful like she's coming on nights and helped us. We were low and she'll help during day shift like help take patients to the bathroom and all that kind of stuff. So that's really nice.

This same person clarified where the problem was by saying this, "I don't know she really ignores it. I just don't think there's any consequences for the people that aren't doing their share of the work." This shows that managers need to have better communication in reinforcing the rules on the unit. Another nurse added her frustration on how management handles conflicts and communicating unit needs by saying this,

And then like between managers, I feel like things don't get either told in an appropriate fashion or like an appropriate time frame, like sometimes things are really lagging like super last minute, which I don't appreciate because we all have lives outside of work, especially if it's an extra ask between, you know coming in for a

meeting or having to do one at home like I do, enjoy that we can do virtual staff meetings. But I know before like they were physical before we had COVID situations, so it's like when you have those extra asks, like making sure there's a timely manner of communication, or like when we've tried to implement better, like when I've had a personal issue with a staff member and my coworker. I've been told, like, what can you do about it? Versus the manager being like willing to help me and communicate those needs to my team member. So, it was like all put on myself and then I continued having problems and felt very like nervous to go back to my manager.

### ***Favoritism or Unfairness to Employees***

Some nurses shared that they felt that some unit managers were showing favoritism when recognizing some staff members which made them feel unfairly treated and wanted to leave or could be a reason of nurse turnover;

I would say just like for example, I would say like you know when the managerial team rounds sometimes, like a patient would say something like so and so took good care of me, took such great care of me but you'll notice a difference as to how it is appreciated. If it is like one nurse versus the other.

This nurse clarified the comment of favoritism with these words, I would say, Just I don't know how, I guess how much decoration one nurse gets so I don't know from my own observation, I find that sometimes if it is one nurse oh man, they would really say it in huddle and ohh so and so so and so. But then if it is another nurse, it's not as celebrated. It's not something that they would say to during hurdle or something.

Another nurse said this on favoritism that unit managers showed, Let me say have I experienced this if I would say if I would be honest I would say yes I had a situation where I think one of the manager, managers upper, that I think is the vice president was coming and I think she was coming to have a talk with the nurses and the manager was calling different nurses to see if they can go and talk to the vice president like should call in each individually, but then she didn't call me so I was wondering and it happened like two different or two different occasions not the same scenario, but two different occasions where you are omitted from, so it makes you wonder like OK, does it? Is it because of my accent? Is it? Does she not? So when you don't feel like appreciated as the other nurses then it kind of makes you feel like you know what? Maybe my services are not as appreciated here. Yeah, that's what I meant.

These nurses showed that they felt unwanted or unappreciated when favoritism was seen from the unit managers.

### ***Leadership Styles and Management Expectations***

Nurses also noted how different leadership styles from different managers could make them want to switch units or leave their workplace. One nurse said this,

Yes. I think because if we don't chart properly, like all the right boxes, or if we don't write a thorough note, then what they question us and our accuracy, but they don't question us, like, you know, a day or 2 after the incident happens, they question us like a week or 2 later. So by that time we've taken care of another 30 patients. We're not going to remember the exact moment that that happened.

Another nurse added this,

I think generally, it's just the poor nursing condition. And um the fact that you have to be detailing your work. And so, if you know, leave out anything your manager will call you so you have to be detailed, and that put a lot of stress on the nurse. Because you, I imagine you have a lot of patients that night you have a problem, and still they will call you because you leave an I and O, because you leave some urine output out of, because you didn't do a blood pressure. So, you know I think that's generally why this turnover is high.

Another nurse noted some liberal leadership style, "They just kind of leave and leave you with stuff, and we bring it up, and they don't really. She doesn't really like hold people accountable as much." These are just few of examples of extremes in management styles.

### ***Lack of Support from Managers***

Some nurses shared that some managers did not seem to understand different shifts or different issues that nurses wanted addressed or needed support with. In most cases they addressed this as managers being out of touch;

Management is sometimes a little more disconnected with general patient care. And again nursing staff can feel very unheard, and like they can't, They're not able to give the best here to their patients. If nursing management saying, well this is fully staffed when in reality it is not staffed, and they're not able to give their patients the attention and the proper care that the patient needs.

Another nurse added this,  
Uh, yeah, I mean, I do feel that my manager is a little bit out of touch with our unit, we've actually suggested quite a few times that he come in during a night shift just to



kind of see what night shift is like. And at a previous hospital that I worked at before, I was a nurse, they actually had designated day and night. managers And I think that having a night manager would be actually very beneficial because you know they have a little bit better idea of what's going on during night shift and being able to have access to somebody who can actually kind of address things that you would normally have.

Another nurse said the following on how managers should support floor nurses to have healthy relationships by checking on them constantly.

Well, the manager, it's it's gonna be the role of the manager to find out what's going on in our unit, you know, in terms of interpersonal relationship with nurses. So, if she takes like an inventory every month and see how you know each person are doing, and how you know we are forming relationships. Somehow, we are, you know, we have been what each nurse has been to each other. Then I think that would help the situation because, you know, then she could develop strategies to help out the nurses to deal with any situation that comes up like that.

Another nurse shared a situation where she did not feel supported by the unit manager when it came to handling a conflict between the nurse and the patient.

Uhm, I think the only other thing that I've really run into before is like not feeling backed in a situation, so I have, you know, my charge nurse or my CNS who's on shift? And I've had patients like fire me before for things that were truly like I said no to a patient who was on a very strict healing process like diabetic diet and they wanted to order pizza and I said well, no one's gonna get it for you. It's not part of your diet like we're not gonna do this. So I was fired, but then I wasn't backed by

management or by like the you know mid management my CNS and they said, well, what did you do to make that happen instead of it being like a OK I will support you through this. Let's see you know how can we shift around patients and how can we make this better? And we talked to the patient together, but it was just it was completely thrown back like on me. So I don't feel like I'm supported in situations that maybe I didn't cause but patients are, you know.

These are few of the sentiments that nurses shared on how they feel like unit managers play a role in nurse turnover.

### **Upper Management Issues**

Similar to the unit managers' issues, nurses felt that upper management or hospital administration needed to do a better job in communicating with them, being fair to nurses, and supporting nurses in their daily activities. One of the nurses shared the following on what upper management could do better.

I think, better communication. Right now, my organization's going through a kind of a merger and this period of growth. Gathering up with new leadership and I do feel like there is a little bit of haziness with changes that are happening. Sometimes you find out in the newspaper before you find out from your organization. Right now, they're doing a lot of upgrades, building upgrades, and new construction projects, and everything is beautiful, but I feel like they invested in their property more than they invested in their people.

This nurse showed that management should invest more on their nurses. Another nurse shared this;

Management is sometimes a little more disconnected with general patient care. And again, nursing staff can feel very unheard, and like they can't, they're not able to give the best care to their patients. If nursing management is saying, well this is fully staffed when in reality it is not staffed, and they're not able to give their patients the attention and the proper care that the patient needs. and pretty much upper management being more aware that staff are trying their best and rather than picking out all the things that they are doing wrong. Focus on what they are doing right, and realize that we're working with what we're given like we can, only we're human. We can only do so much and as long as we're not doing it to you know hurt patient care.

Another nurse commented on how the money used for travel nurses could be used differently if upper management was listening to what was happening to the nurses.

And if they can pay for the travelers, they can pay for a you know, a small raise or a thank you gift for all the nurses. I wish the hospital had a few staff members that will listen to the nurses and the other even other hospital staff. And hear how they're doing because then we would feel heard instead of having to fight to talk to other people for and senior leadership, so that we can maybe be heard if they hear us, but they're so busy they have so many responsibilities.

Another nurse also commented on how upper management decisions affect nurse turnover;

I would say management, upper management just the way that they have approached the bedside nurses, I think it's been very out of touch with what's really going on. I know most recently the top nursing officer actually decided to low census a staff nurse and scheduled a couple of travel nurses over the staff nurse, and I mean just

about everybody, knows that when you're low censuring a nurse you always cut the travelers first because you're paying the most for them. You know it makes the most sense, and I mean a lot of us were upset because of that. I mean, it was their regular scheduled shift. And you know there was no reason that they couldn't come in, but she cut them and had the traveler work it instead. And it's like make that make sense to me [Deborah laughs] like. You know, and it's like, OK, if you're willing to pay traveler wages, then why am I making so little which in turn makes people well. Maybe I should look into traveling if I can make more money and I'm going to be putting up with you know all of this to begin with might as well be. You know, taking my lion's share and I can completely. Understand the sentiment. I mean it's crossed my mind a few times.

These sentiments show what goes on in nurses' minds that could be causing the nurse turnover.

### **Nurses' Fears**

This section addresses fears that nurses mentioned that make them want to leave their current workplace. There were 53 references on issues of fear from all the 14 participants.

#### **Fear of Being Judged About Their Accent or Country of Origin**

One nurse shared their view on how they felt judged about their background of origin by saying this,

You know some people leave the unit because of their colleagues. Because some of the colleagues are very hostile. So especially the new grad. I've had my share with it,

and I had to really fight. You know, fight my way through it, but some are really hostile to the new grads. Some are really hostile to people from different country because of your language and your accent. So, all of these are contributing factors to why people will leave.

Another nurse added this when she doubted why she was not picked whether it was because of her accent.

...then she didn't call me so I was wondering and it happened like two different or two different occasions not the same scenario, but two different occasions where you are omitted from, so you it makes you wonder like OK, does it? Is it because of my accent? Is it? Does she not? So when you don't feel like appreciated as the other nurses then it kind of makes you feel like you know what? Maybe my services are not as appreciated here. Yeah, that's what I meant.

This shows that someone's background can cause fear of rejection and thus cause turnover because they do not feel like they belong.

### **Fear of Doctors Demeaning Nurses**

One of the fears nurses addressed was of doctors not listening to them or demeaning them when they shared their concerns about patients. One nurse said;

Just physicians generally not seeming to care about the patient like if you bring up in my example like bringing up a concern about the patient and the physician brushing it off when that was, in fact, there was in fact a problem that can just make the nurse and like myself feel unheard and as if i'm not working in a team environment. I feel I

can't do my job if the physician who is supposed to give me orders, and such is not willing to help.

Another nurse added this,

And I guess maybe holding other staff members accountable I know sometimes especially on post-surgical unit like with the surgeons and stuff sometimes they can be I would say, very demeaning to the nurses, and when they really shouldn't be. There's no right to that, and I think the management can step in and speak up for their nurses and maybe educate the surgeons a little bit more, even though I know some of them are, would be stuck in their ways, because they've been around for a while. But just sticking up for nurses in those cases, surgeons, hospitalists, other staff.

Nurses shared the fear of hostility from surgeons which makes them want to leave. One nurse shared this,

Most of the surgeons are really hostile to nurses. When, for example, they leave off something like a urine output they would go and report you to the boss. Every little petty thing is a surgeon run to the boss and tell them all type of thing about the nurse competencies and all of that. So, nurse, you say I work here for 5, 6 years, and you're calling me incompetent. So, this is one big reason why nurses would leave.

### **Fear of Change**

One nurse shared that they stayed because of fear of change but when things are tough like having heavy patient loads and no signs of change on this, then they think of leaving.

I don't like changes. So if you don't like changes, you won't change. But at this point in my life I think I would change because it has gotten so bad there in terms of the patient ratio and the acuity of the patient that's killing us the acuity of the patient and they don't seem to address it. They're still giving us 6 patients when the acuity is higher than 5 or 10 years ago. So the management don't understand that. Because if they do understand the patient ratio. The nurse patient ratio would have been less

### **Fear of Not Doing the Right Thing**

Nurses also shared that their fear of getting constant corrections which overwhelm them to an extent of wanting to leave. One nurse said this, "fear that they weren't charting properly or thorough enough, because they had too many patients. They didn't have the time to chart properly." This same nurse added this,

Yes. I think. Because if we don't chart properly like all the right boxes, or if we don't write a thorough note then they question us and our accuracy, but they don't question us, like, you know, a day or 2 after the incident happens, they question us like a week or 2 later. So, by that time we've taken care of another 30 patients. We're not going to remember the exact moment that that happened. And they will just, I think sometimes senior leadership has our back, but other times, No.

### **Fear of Abuse from Patients and their Families.**

There were 17 references of nurses having fear of abuse from patients and their family and they stated this could be a cause of wanting to leave their workplace;

Another issue as far as what's contributing to this, I would say nurse violence, nurse patient violence. I've seen that on the unit and I don't you know we are never told that

it's acceptable, but at the same time we feel like we don't have any control of stopping it right.

This nurse clarified what they meant by nurse patient violence by stating this, I'm sorry patients being violent to nurses. They're aggressive, combative. Whether they're in their right mind set or not in their right mindset, right? But it's something that bedside nurses deal with. I would say daily, whether they're being verbally abused by a patient in one way or another, or physically abused so I would say you know. Patients being combative, agitated, it just it wears on you.

This was a strong point on some of the things wearing nurses out to leave. This view was supported by this other comment;

I had a friend on the unit left because of patient like patient abuse and they didn't feel very supported by the organization, so they actually quit the like they came in one day and felt very unsupported. So, before he accepted his assignment, he gave his badge to the manager and walked out.

Some went into detail to describe the abuse nurses face from patients for not giving them things on time or over petty things and stated they feared because they did not feel supported or protected by the upper management

Just in general, if you weren't able to get to them fast enough for like their medications, or even simple things like getting them you know a water because you were in another room with a patient who I would I will say needed you more because of whatever their medical condition was you know getting tested by patients. Patients who are you know with it and not demented patients. Those are definitely and I have



seen like, when we do get in patients for procedures, they also seem to be more kind of more abusive towards staff. and I wonder if it's due to the fact that it's in a way allowed like upper management doesn't really step in to you know help the nursing the nurses on the floor you know. If a patient were to punch a nurse security might be called, but I feel like there's not much is done to help the nurse out by upper management. The floor manager, of course, always seems to help, but not upper management. So, I feel like they contribute to the patient abuse in a way.

### **Fear of Being Prosecuted**

This is a concern which arose from recent news that nurses are prosecuted from administering wrong drugs. One nurse said this,

There is fear a little bit of now of like nurses being prosecuted again. And so, if nurses are doing something that you know they don't feel safe like they don't have a safe patient load. That's another contributing factor, but yeah, I I think that might play a very minor role. But yeah, that's about it.

### **Fear or Lack of Support from Security Team.**

Nurses also shared their fear that despite the hospital having security, they did not feel protected or supported in their presence when there is an abusive patient. Nurses shared these comments

But you also know security has told me before. Oh, if you're not hit, then we can't do anything. You have to be hit first. So, then you have to get in the situation where you get hit. Yes, I taken the training to De-escalate and done all the training I can for my safety. But like if I have to get hit or injured for security to intervene, then something's wrong.

Another nurse shared this, “I’m always afraid that the female Security officer will come because she will not let anybody on her team intervene until someone has been hit. But if she’s not there they will intervene.” Another participant gave this example of delays in security to intervene and the fear that causes the nurses.

I know that we’ve had an issue with security responding in time for certain issues. Before we used to be able to call locally and get a hold of security on site for them to show up and now, we have to have all of our security calls routed to Grand Rapids, which then contacts locally for them to respond. And it doesn’t make sense to do that. In in any fashion and you know, sure, we can pick up the phone, you know, dial the emergency line to get someone to respond quicker. But you know, sometimes. That tends to escalate things a lot more. And sometimes having that discretion can be helpful now granted, I haven’t really encountered any you know, physical or verbal abuse from a patient, but I know that it is occurring pretty high in the US in general, and I mean I know that the hospital posts you know that they won’t tolerate and all kinds of stuff but I don’t think that they really follow through with their we don’t tolerate policy.

These are just but few examples of how nurses feel security is not present to protect them.

### **Lack of Resources**

The participants in this project also shared 54 references on the importance of resources that could help them in their work and preventing turnover. Seven references were specific to lack of resources that can be helpful in keeping the nurses in their jobs. Some of the participants responded to lack of resources by stating these comments,

“We're losing our assets that we trained, you know, we trained the nurses and then they are leaving us.” This goes back to the pain of training nurses that was mentioned earlier on and then they leave. Nurses are the biggest resource to help save nurse turnover. One participant shared multiple resources that could make nurses' lives easy for them to stay at work.

I think generally a lack of resources. In multiple factors. So like I said before, with like so I consider like **our techs a resource** so them like not being staffed adequately. And then you know you're asking more of the nurse, so that's a dissatisfactory reason to leave. But when you don't have, so like specifically coming from the weekend position, **we don't have people stocking every day like you would Monday through Friday. So we're running out of supplies and getting them is a challenge** because sometimes they're not even in the hospital. Even in general stores because they stocked the floor, what they had, and they're waiting for their Monday shipment, so **we've run out of like external catheters** before we've had people coming to our floor from other floors to find external catheters or to find a straight Cath kit. So we're running out of like essential things that we use all the time.

The next participant shared the lack of a charge nurse who is out of staffing as a resource to help nurses to eat lunch or attend to extra duties that a nurse is required to do; Yes, yes, and where they have a limited patient ratio where they have someone that ensures they get their lunch break, maybe they don't have to carry their vocera with them to lunch. Maybe they can leave the building entirely for lunch. Maybe they have two charge nurses out of staff to always be able to cover. Or if somebody's patient has a code stroke and they have to go to CT, maybe the charge nurse takes over their

group while they take their patient down to this stat CT. I think it's just more hands on deck in that atmosphere.

Another participant added this,

Uh, yes I I would really benefit. I think my whole unit and everybody would benefit to have somebody out of staff that's aware of all the floor conditions. You know when somebody is jumping out of bed and at risk for falling, to have an extra set of hands or like if you have a group of five patients, and you have to call code stroke. Sure, everybody comes in the room at that moment, but then after we say OK stat CT for this person, we think it's a real stroke. Somebody has to leave off the floor to go be with that one patient. Now we need more hands-on deck to kind of help take care of the other four people in your group. I think we would benefit just from two CNS's Yeah, yeah. Same time and I think they would too. In that role I think they would both agree or all four of them would probably agree. Yeah, if I could have a a partner in this job.

There were several references from all participants reinforcing the importance of having a nurse out of staffing as a great resource to all units and all shifts so that nurses and nurse techs can manage their groups and at the same time have a full thirty-minute lunch break.

### **Patient Care Issues**

There were 44 references regarding patient care issues that could make nurses leave. When nurses leave, patient care is affected and nurses watching this effect also makes them want to leave according to the responses they gave. One nurse shared

concerns of care given when nurses are new or few when doing procedures or documenting.

Maybe how we give blood. Our steps we always have to have consent. It takes 2 nurses to verify it's the correct patient. The correct unit of blood and you know every box has to be checked. I believe the travel nurses would go that far with it, but I don't know that they will do the documentation the way we are aware of doing the documentation for specific blood administration on our unit. We have special papers we like to fill out with the vital signs at 15 minutes at one hour when. They finish and then we always cross this over into the EMAR or the medical record and we are able to. Like scan or file that actual piece of paper and we would close out or complete the unit of blood we were giving and I don't believe the travel nurses are doing the full documentation on that.

Another nurse shared this about lack of skills to care for patients safely  
Well, it takes a while to develop our skills, especially being cardiac PCU if we have nurses who are leaving before, they even have a chance to fully develop their skills and properly care for these patients. It's not great for patient care.

Another nurse added this,  
The nurses have usually will have more patients, since there's less staffing, and so they have less kind of one-on-one care. They might miss things with patients that they do have because they're focusing on another patient that might be more critical at the time and patients' needs in general are just not being met, even some basic needs.

Another participant shared their concern on patient care

The more patients you have, the more you have to juggle responsibilities, the more, the more chances are that somebody's gonna fall through the cracks of something you're gonna miss. Something because we're, I mean, we're people, we're not perfect. We miss things every now and. Then, but the more you have, the less you know about each one.

### **Work Environment**

A negative work environment was also another issue nurses shared that would make them want to move to a different unit or a different hospital. Examples on this section were varied depending on the participant views. Some said a negative work environment was created by people forming cliques to try and belong, some said it was from negative relationships among nurses because of poor communication, and some said the negative environment was created by the low morale among nurses because of their experiences or other nurses leaving. All these, they said contributed to nurse turnover as seen in the examples they gave.

One nurse said, “Yeah, I see more like, just like cliques they are not really bullying other people, but they just kind of like have their own little clique and won't not like won't really help outside of that.” Nurses not willing to help others who are not their friends can create this negative environment. Another nurse added this, “Sometimes if staff don't get along like personalities don't mesh, or people are unable to put their personal life or personal differences aside to come and care for the patient that can cause a lot of hostility.” No one would like to work in a hostile environment. Another nurse added this, “Mmm. Some people do switch too because they have friends on other units. I've seen that your friend is on the other unit. You have the opportunity to go and work

with them. You're gonna go.” This shows the impact friends or belonging brings to nurse turnover.

Some nurses also commented on how nurses leaving has reduced their morale or team spirit because of watching many nurses leave. This loss of morale also contributes to them wanting to leave. This participant said this on morale,

It's hard to keep good team unity, good team spirit, and good camaraderie together if you don't know the other nurses and staff you're working with and if you're hiring 5, 10 new nurses every year, it's hard to build that dependency on the other stuff.

Another nurse added this,  
Sometimes we feel abandoned because they had our backs as like they could help us, or they could help start IVs or they knew what we needed when we needed it. Just because we had built that camaraderie together and that takes time to rebuild it's healthy you know when there's 2, 3, even 5 staff members changing per year that's low but when it's 10, and there's only fifty-five of us on our floor then that's a significant change and turnover.

Another one added on how sharing losses of nurses brings down the morale of staying.

So, they're like well, so and so it's not here anymore. Maybe they were like five of them and three have left. These two are less likely to leave to stay because the other people will be telling them, oh, they'll be sharing their experiences.

Conflicts also play a role in a negative work environment that makes people want to leave. One nurse said this,

I would say another factor would just be. What is it? Like a inter employee conflicts like just people not meshing well together. I know there's been a a few that just. It's almost like a personality clash. Granted, I personally haven't experienced that, but I mean. There's been a few words. You know they more or less have complaints about the coworker and them not doing anything or. You know stuff like that and you know it ends up messing with both of their performances and you know just kind of snowballed from there.

Another nurse added this,

So, the thing is, each person has their own unique personality and style they bring to the job. So, for the cohesiveness of the group, if you have a group of people who work together at least a good year or two, you know each other. You understand each other's personalities, you know you trust each other. You've been there for each other. So it works well, but when you have someone who is new who doesn't know, they want to go work in a specific unit or they have their friends there or someone gave them an idea that yes, you can work there, but there's nothing open now.

So, people influence each other to create an environment that is inviting to others or making them wanting to go work somewhere else.

### **Workload Issues**

Participants in this project also shared how they felt about their workload being heavy and causing them to want to leave their unit or the workplace. Some of the workload issues included the work flow, burnout from the patient ratios and patient



acuity, stress of training new nurses, and stress with work schedules. These are some of the examples,

Like when we're having a rapid, or when we're having critical patients. We have to know the names of the different patients not patient staff that we can call to get help so that they can help us with a difficult patient or a difficult situation. But if we don't know staff, or if we're just always hiring new staff like brand new nurses that don't know how to do codes or rapid responses. Then it's hard to have the help we need. So then we have more stress on ourselves and we get burnt out.

Another nurse added the residual effect that working with Covid19 patients created on nurses which has taken a mental toll on them wanting to leave.

Umm, I would say just like that burnout effect. Well, I mean, I saw things that we did in COVID that I never thought that I would see and I get it. We were just trying to make it through that period, but it burned a lot of people out. It exhausted a lot of people and it was really mentally. Really, really hard to see and do what we did, and so I think that's going to take a mental toll. I mean, I know it's taken a mental toll on me because like I said back in November of I want to say it was November, maybe December October of 2021 where I mean people were dying who were mid-30s, you know fifties 60s. It didn't matter what age you were we we lost a lot of I saw a lot of deaths. And it was really sad and mentally it. It takes a toll on you and. So when I say residual effects, it's it's not. I don't think this is something that we're going to get over seeing, you know, but it may take some time to to be able to deal with what we saw and what we did. It's going to. It's going to take a while for us to be able to process it and cope, accurately cope appropriately.

Another nurse added this on acuity of patients adding stress on the work load, And just patients are a lot sicker, and there's not enough staff to help those patients, and I feel like pretty much all nurses got into nursing to help people, and if we don't have the resources or the extra staff to help patients, we're seeing a you know, a lot a lot more negative outcomes on patient care and that takes it's toll on us mentally, physically, emotionally, so yeah, I definitely believe that's a huge factor.

Another participant added this, I think generally it's the high acuity of patients. The burnout from working too many shifts. It can be stressful if you let it. But the job can be stressful if you let it be and a lot of nurses that come to our floor don't know what they're getting into and then they get there and it's a lot and they just they don't wanna deal with it and they're like. As soon as they can, they're trying to find a place to get out to.

These are a few examples of how patient load and acuity can lead to workload issues that are seen as contributors of nurse turnover.

### **Nurse Retention Themes**

These are positive themes that emerged from the interviews that are encouraging nurses to stay at this hospital or could encourage these nurses to stay if re-enforced.

#### **Having a Charge Nurse Out of Staffing**

One of the themes that was referenced by 100% of the participants is the importance of having a charge nurse out of staffing who helps with giving them breaks, starting IVs, and taking patients to procedures among many other nurse duties. Nurses shared that this happens once in a while but could lead to nurse retention if every shift

had a charge nurse out of staffing. Some of the comments they said about having a charge nurse out of staffing included the following,

Yes, yes, and where they have a limited patient ratio where they have someone that ensures they get their lunch break, maybe they don't have to carry their vocera with them to lunch. Maybe they can leave the building entirely for lunch. Maybe they have two charge nurses out of staff to always be able to cover. Or if somebody's patient has a code stroke and they have to go to CT, maybe the charge nurse takes over their group while they take their patient down to this stat CT. I think it's just more hands on deck in that atmosphere.

Another nurse also added this, “having a lead nurse who is out of staffing all the time to help with difficult patients.” Another nurse also added this benefit to having a charge out of staffing.

I think my whole unit and everybody would benefit to have somebody out of staff that's aware of all the floor conditions. You know when somebody is jumping out of bed and at risk for falling, to have an extra set of hands or like if you have a group of five patients, and you have to call code stroke.

### **Staff Education**

One participant stated that the staff education for new nurses is one of the programs that encouraged her to stay in this hospital because they were so welcoming;

One thing I must say about this hospital is I've gone through orientation. I've taken a few classes and I can honestly say the education department. I have never met a group of women and men who are as cordial and warm and dedicated to my success as I have in this hospital. I can honestly say that it's just the whole attitude is just the way

they teach. The way they answer your questions, you feel that they are so happy you're there and they want to give you all the information so you can do well. And that sets the tone for what to expect.

Another nurse added this about staff education, “Also, having like continuing education opportunities that are specific to our unit would help. I think that would be a positive thing.”

This shows how important nurses view staff education.

### **Shared Governance**

Another program that was referenced in the interviews that has helped with nurse retention or motivating nurses to stay was shared governance. One nurse described the work of shared governance as follows,

Shared governance you're working with your coworkers with your peers and team members and you are taking in voice forms or voice ticket so people are addressing a concern. It can be anonymous or labeled with who it was from but then you're trying to address something on the unit. And or within the hospital. So we've had tickets come in before that are just our unit specific. Like how do we standardize like where supplies are? So that way we all know that we have the same stuff and we're all on the same page.

Another nurse said the following on how this program has served as the voice for the nurses,

Wow! I feel that they hear my voice like improvements to me. I feel like I'm fulfilled as the professional because for shared governance we did several

improvements in our unit that I think helping to make our job more efficient on our floor. That's why I stayed.

### **Counselling Services-EAP-Employee Assistance Program**

Some participants made references on the importance of the counseling services offered by the hospital and how this helped them through tough times.

The employee assistance program. So they offer a lot of (pause) You can actually get counseling sessions with a counselor that can help you kind of deal with either short term or long-term issues that you have to work through. I know I utilized them when I you know first became a nurse and you know just having that adjustment from being a student to an actual nurse. And you know, trying to figure that out. It was very stressful for me. I, you know, felt like I wasn't a very good one. And you know, I struggled to, you know, just figure out my time management and stuff like that.

This nurse shows that the program helped her to transition into nursing. Another nurse said this about the program, “Yeah, especially because you know they offer both in person and like virtual meetings, so they're a lot more flexible in trying to schedule something with somebody. So yeah, I think it's a really good program.” So, the flexibility of scheduling a session with them is working well for the nurses.

### **Job Shadowing**

This is another program that nurses felt has helped promote nurse retention. This program allows nurses to shadow other floor nurses before they choose to accept a job offer. One nurse said this about this program;

So, they will schedule a day where the applicant will come in. They will be assigned to one of the nurses in the pre-op area and then they will follow them around for getting about 2 cases ready or so. And then they will be passed on over to a nurse in the PACU area so they can see what PACU nurses do. They usually get assigned to a nurse that will be doing an outpatient case.

Nurses said that after shadowing when they choose to stay you know they will not leave soon because they know what they are getting themselves into.

### **Management Rounds**

Nurses also complemented the managers rounding with patients and giving them individual feedback, which gives them morale to continue working. One of the nurses said that when managers turn round on patients and they get feedback that the patient said something good about them, it gives them the morale to keep going. Another nurse said this, “upper management who are approachable and round on their nurses in the unit and talk to them to know who they are.” These are the kind of managers who can keep the nurses in their units. The next section discusses these results and gives recommendations for change in this hospital.

## CHAPTER 5

### DISCUSSION AND IMPLEMENTATION OF RESULTS

#### **Discussion of Project Results**

All the participants in this project reported a yearly average nurse turnover of about 5-10 nurses in their current work units. These participants agreed that nurse turnover negatively impacted them and their work environment. Some of the effects mentioned were reduced morale because of their fellow nurses leaving and seeing increased use of travel nurses, working short-staffed with higher patient loads, having a burden to train new nurses, increased burnout due to patient acuity levels, and compromised patient care due to short staffing.

The findings of this project were divided into the causes of nurse turnover and what nurses thought helped with nurse retention. This project showed that the search for more money was the number one cause of nurse turnover, as noted in the literature reviewed (Kennedy, 2021; Lee, 2019). Nurses shared that travel nurses who are hired in this hospital tell them how much money they make, which motivates others to leave for traveling jobs that pay more. Others said that neighboring hospitals paid nurses higher hourly rates and retention bonuses, which inspired nurses to go.

Another leading cause for nurse turnover referenced over and over was dissatisfaction at the workplace (Dasilva Poeira et al., 2019). Some of the things the nurses mentioned were dissatisfying to them were working schedules which were not completed on time to allow them to plan for vacations. Nurses said that sometimes their

schedules were published a few days before their next schedule was due, making them not have time to plan for their families. This scheduling issue showed a gap in the literature because it was rarely mentioned as a cause of nurse turnover, but in this project, it seemed that nurses wanted a schedule released months ahead so that they could plan for their families and vacation time. Family needs seemed to be one of the most talked about reasons why nurses would want to leave. Nurses said that when their work schedule does not work for their family, they start thinking of going and thus causing nurse turnover.

Another cause of job dissatisfaction is working short-staffed with high patient loads and acuity. Nurses mentioned that having 5:1 patient-to-nurse ratios during the day and 6:1 at night was too much for them. They said that this led to nurse burnout and patient care being compromised. Missing patient care because of working short-staffed equals adverse patient outcomes (Al et al., 2020). A lack of resources was another reason that nurses said caused nurse turnover (Anders, 2019; Li et al., 2019). Nurses mentioned that with the above ratios, they did not have enough nurse assistants or technicians to help make their work easier. They also said that most of the time, they did not have a charge nurse out of staff to help them when they had a heavy load or needed to take breaks.

Another gap in the literature noted from the results of this project was patient abuse. Nurses mentioned increased patient abuse and did not feel secure at their workplace or feel like they had support from management on this abuse issue. Nurses alluded that this increase in abuse is related to the rise of their patient load that they cannot respond to patients on time, and thus some patients are agitated, and family members also add to the abuse when they feel like their loved one is not taken care of. Management awareness of this can impact practice by encouraging safe environments



where nurses can feel secure and respected by patients and their families. Managers' leadership ability can lead to a positive work environment (Al Sabei et al., 2020).

One theory that guided this project was Maslow's hierarchy of needs. One of the basic needs, as mentioned by Abraham Maslow, was the satisfaction of physiological needs, which included survival needs such as food and rest (Stefan et al., 2020). This project showed that having lunch breaks was one of the needs that nurses shared in common. Nurses were dissatisfied because some days, they had heavy workloads and missed their lunch break. Thus, a resource such as the out-of-staffing charge nurse for every shift was referenced by all participants as a good resource that could help nurses have a lunch break to help them deal with the burnout.

Another common theme from this project is the management styles of different unit managers and upper management. Some nurses said that managers were too strict and picky over minute details that they missed and received frequent emails reminding them to document. On the contrary, others expressed that their managers were too lenient that they did not follow up on nurses who did not complete their work and thus leaving a heavy load to the oncoming shift. Participants in this project showed that they needed managers who are neither too strict nor too lenient but managers who could be firm and hold other nurses accountable for their work. This ties to the literature reviewed that Autocratic and laissez-faire management styles lead to high nurse turnover compared to participatory and transformational leadership styles (Magbity et al., 2020). This shows that extremes in management styles are not good.

This project also showed that nurses would appreciate it if unit managers and upper management rounded on them frequently to show that they cared. Nurses

mentioned that they would like management to take their time to know them personally. Another theme that emerged under management was favoritism. Some nurses felt that some managers recognized other nurses more than others. They appreciated the fact that managers make rounds with patients and give them positive feedback, but they said that this feedback was felt more when it comes to other nurses but not others. The nurses wanted management to recognize them equally and hear their voices when things are not going well in their units. Esteem needs and the need to be recognized was the second top level of satisfaction in Maslow's hierarchy (Stefan et al., 2020). This, therefore, shows how important staff recognition is in nurse retention because they would feel recognized and that they belong.

Another frequent theme for nurse turnover was the fears that nurses had. Nurses said they feared doctors demeaning them when they reported patient concerns or did not do the right thing. One transfer nurse stated that this was one of the reasons for leaving her unit to go to an outpatient unit. Another fear reported in this project and mentioned by almost all participants is the fear of abuse from patients and their families. Nurses said that patients have become more and more verbally and physically abusive and that they fear for their lives. Some nurses reported that they feared that security would not make it on time to keep them safe when such incidents happened.

The participants also mentioned that family members worsened the situation and management, who sometimes sided with the patients instead of the nurses. Nurses stated that job security means a lot in reducing nurse turnover. One of their suggestions was for the unit and upper management to reinforce the rule of no abuse tolerance in the hospital from anyone, including fellow staff. This was one of the reasons they said caused nurse

turnover because some nurses are fearful for their lives, especially due to the increase in mental illnesses. Both the commitment model and Maslow's motivational theory showed that people are committed to staying in a job when they feel safe or gain something from the facility that can obligate them to stay (Meyer & Allen, 1991).

Lastly, another recurring theme for increased nurse turnover is a negative work environment. Some nurses stated that others are transferring to other units and other hospitals because of cliques that are formed in their units. Some said that these cliques sometimes could be positive because they helped others to work together, but some said that these created cliques could be negative by not helping other nurses when they needed help. Some nurses said others transferred to work with their friends in different units, which created nurse turnover. Abraham Maslow showed that belonging helped create a positive work environment. When some nurses do not feel like they belong to that unit, they leave for places that could accept them. Some nurses suggested that unit management should organize activities such as potlucks or outings that bring nurses together and help them to feel like they belong.

The second part of these findings is that the things that nurses reported helped with retention that worked well in this hospital or that needed reinforcement to reduce nurse turnover. One recurring theme from all participants was the need to have a charge nurse out of staff for every shift to help lighten the nurses' load when something extra was happening in their group and also cover their groups so they could have a thirty-minute break during their shift without interruptions. The participants said that these nurses should not be assigned extra management duties, but their job should be solely to help out floor nurses.

These participants also recognized the positive work that the staff education team was doing during orientation and in offering continuous education. This project showed that staff education plays a significant role in welcoming new nurses to adjust to the new environment and could be a motivator to reduce nurse turnover. The commitment model mentioned that nurses are committed to staying because of their emotional attachment to their job (Meyer & Allen, 1991). The participants also shared that staff education should continue giving unit-specific education so that nurses feel comfortable when working in their specific units. Examples were working with continuous bladder irrigation, chest tubes, trach care, EKG machines, and peritoneal dialysis. If these were reinforced monthly, then the nurses would be committed to staying in their units and they would also be comfortable when they float to other units.

Another positive theme that was recognized that the hospital was doing was offering job shadowing to new participants. This was recognized as a way that these nurses signed a contract, fully knowing what they were getting themselves into. Nurses reported that nurse turnover is sometimes occurring within the first months of employment because nurses are faced with what they did not expect. If these nurses were required to attend job shadowing, they could know what to expect. Some units encouraged this, but not all units, according to the participants.

The shared governance program was also recognized in this project as one great thing that the hospital is doing that can promote nurse retention. These nurses shared that it gave voice to the nurses to share their concerns anonymously to the upper management by nurses filling in voice tickets. This is one-way nurses can feel like they belong and reduce nurse turnover. Another great program that the participants in this project

recognized is the Employee assistance program which offers counseling services to nurses. Nurses pointed out that this program has been of great help to them in adjusting from school to floor nursing and during the Covid19 pandemic, which increased their mental health issues due to watching people die. A program like this can reduce nurse turnover because the nurses feel they have a place to turn to. This next section will cover what these results mean to nurses and this hospital.

### **Implications and Significance of the Project**

This project is significant because the interventions recommended could serve as a voice for the nurses to the hospital administration. The implications of this project are to inform the hospital administration of the effects of nurse turnover learned from the data collected, such as low motivation or morale among nurses, increase in medical errors due to burnout and short staffing, compromised patient care due to high patient to nurse ratios, increased healthcare costs of hiring new nurses and paying extra money to travel nurses, and the strain of training new nurses as also evidenced in the literature reviewed (Zaheer et al., 2021). A knowledge of these effects could inform the hospital administration of the recommendations from this project on how to reduce nurse turnover. This project is significant since the data collected will inform the nurse leadership about nurses' opinions on what the hospital could do to retain nurses, such as better patient-to-nurse ratios, a charge nurse out of staffing to offer extra help to nurses, offering higher hourly rates and retention bonuses to keep the nurses motivated to stay.

These results will impact nursing practice if the proposed changes could be utilized in this community hospital to lessen the nurses' load and create a safe environment for practice. The project results showed that nurses want a place they

belong, their voices are heard, they feel safe from patients' and family abuse, respected by doctors, and a better working environment with their colleagues and management. This project will also impact nursing practice by encouraging the creation of nursing policies that are aimed at improving the mental well-being of nurses. Nurses showed the importance of having counseling services at the hospital. A project like this can promote its findings to other nurses who might not be aware that counseling services are available when dealing with tough times.

### **Project Strengths**

One of the strengths of this project was the power of conducting qualitative research that allowed nurses to share their raw experiences on reasons for nurse turnover in this hospital and the strategies that they thought could lead to retention. Another strength was that this project could be the beginning of conversations on strategies to reduce nurse turnover.

### **Project Limitations**

The limitation of this projection was the lack of facial interactions with the participants during the interviews. This was done to protect their privacy. The facial expressions could have provided richer feedback to support the nurses' feelings about nurse turnover. Another limitation of this project is that the results may not transfer to other hospitals.

### **Recommendations**

The recommendations in this project were data-driven from the nurses' interviews and evidence-based from the literature reviewed.

- ❖ Standardize the patient-to-nurse ratios to 4:1 for day shift nurses and 5:1 for night shift nurses. Nurse-to-patient ratios benefit both the patient and the nurse for patient safety and quality of care (Sharma & Rani, 2020; Ahmed et al., 2019).
- ❖ Have a charge nurse out of staffing for all shifts that does not have extra management duties. The job of this nurse would be to round on nurses hourly to help them out and relieve nurses to have a mandatory 30-minute lunch break. Medical errors are increasing due to workload and lack of support (Ahmed et al., 2019).
- ❖ Unit managers and upper management to round on nurses daily to try to know them personally and listen to their challenges. Engaging and listening to staff increases nurse retention (Forde-Johnston & Stoermer, 2022).
- ❖ Unit managers and upper management shadow nurses monthly for the first few hours of their shifts to observe how they handle the current patient load.
- ❖ Make an effort to reduce student loans for all nurses.
- ❖ Increase hourly rates yearly and offer yearly retention bonuses to nurses who have chosen to stay. The nursing staff is lured into leaving for travel nursing because of high sign-on bonuses and hourly rates (Kennedy, 2021).
- ❖ Make job shadowing a requirement for all nurse applicants.
- ❖ Management to speak up for nurses on patient abuse and doctors who undermine nurses. Suggestions given were to share with patients and doctors a no-tolerance policy for abuse.
- ❖ Management to recognize staff after their daily rounds and to do it equally to all nurses in a way that does not elevate other nurses than others.

- ❖ Have nurses' work schedules on API completed and posted three months in advance to allow nurses to plan their vacation and family time.
- ❖ Reconsider nurses getting emergency room report on secure chat. Nurses preferred getting patient information on the phone from the ER nurse so that both nurses felt that the timing of the patient's arrival to the unit was safe and that they felt prepared with enough information to take care of the incoming patient.

### **DNP Essentials**

This project met three DNP essentials (AACN, 2006).

#### **Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking.**

This essential was fulfilled with the knowledge gained to improve patient safety and health outcomes by recommending nurse retention strategies to the organization leadership that can help to provide safe staffing ratios. DNP graduates must be proficient in working on quality improvement by trying to understand how the whole system in healthcare works. System leadership understanding nurses' reasons for turnover can lead to nurse retention, which can help with quality improvement in patient outcomes.

#### **Essential V: Health Care Policy for Advocacy in Health Care**

This essential was met by engaging in discussions and interventions that could improve nursing policies and advocate for nurses to have a better and safe working environment by reducing nurse turnover. Healthcare organizations can create evidence-based standards that give nurses adequate patient ratios that can lead to less nurse burnout.



## **Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes**

The complexity of current healthcare requires skills and knowledge from multiple professionals to improve health outcomes. This project met this through the nurse recommendations that showed that counseling services, the education department, and hospital management teams could collaborate through their different specialties to reduce nurse turnover and thus improve patient outcomes by having adequate nurses.

### **End Products (Deliverable)**

- The results of this project were presented to:
  - Corewell Health South administrative council and
  - Andrews University's research conference.
- Andrews University will receive this project as partial fulfillment of the requirement of the DNP program.
- A proposed plan for nurse retention strategies was presented to the hospital administration using data-driven results.

### **Project Evaluation**

The shared governance peers from all four medical-surgical units and the hospital nursing administration evaluated improvement strategies based on data results. The feedback from a survey given to the shared governance members showed that the nurses felt these recommendations were valid for reducing nurse turnover. The shared governance members gave additional comments supporting patient-to-nurse ratios to be 4:1 for day shift nurses and 5:1 for night shift nurses, getting more support from

management, and for nurses to get yearly contracts to retain them in their current work units. A survey by the hospital nursing administration also showed they agreed that the recommendations shared were valid to reduce nurse turnover. An additional comment supporting these recommendations stated that the government budget for patient-to-nurse ratios is responsible for the increased patient-to-nurse ratios and thus creating unfavorable working conditions for nurses and thus creating high nurse turnover.

### **Spiritual Component**

National news on TV and social media shows that the nursing shortage's future will be worse. Nurses in this project shared their concerns about the future of nursing if nurse turnover continues with these current trends. Nurse burnout from heavy patient workloads and high patient-to-nurse ratios was one of their primary concerns. Our Lord Jesus, when ascending to heaven, warned us in the Bible that the last days will be more challenging, and some of these nursing experiences could be from the worsening conditions we see in the world. The Bible in Matthew 6:34 encourages us not to be anxious about tomorrow because God will take of tomorrow and that today has its troubles. As nurses we should not give up on believing in God to help us through the hard times and to continue advocating for healthcare policies that can help improve patient care.

APPENDIX A

ANDREWS UNIVERSITY IRB APPROVAL LETTER



November 29, 2022

Deborah Omagwa

Tel. 269-605-6980

Email: [omagwa@andrews.edu](mailto:omagwa@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**

**IRB Protocol #:22-126 Application Type:** Original **Dept.:** Nursing

**Review Category:** Exempt **Action Taken:** Approved **Advisor:** Jochebed Ade-Oshifogun

**Title:** Factors influencing high nurse turnover in a Midwestern U.S.A. community hospital and a proposal for change.

Your IRB application for approval of research involving human subjects entitled: *“Factors influencing high nurse turnover in a Midwestern U.S.A. community hospital and a proposal for change”* IRB protocol # 22-126 has been evaluated and determined Exempt from IRB review under regulation CFR 46.104 (2)(i): Research that include interview procedures and in which information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subject. You may now proceed with your research.

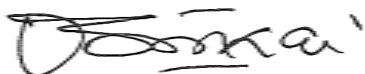
Please note that any future changes made to the study design or informed consent form require prior approval from the IRB before such changes can be implemented. In case you need to make changes please use the attached report form.

While there appears to be no more than minimum risks with your study, should an incidence occur that results in a research-related adverse reaction and or physical injury, this must be reported immediately in writing to the IRB. Any research-related physical injury must also be reported immediately to the University Physician, Dr. Katherine, by calling (269) 473-2222.

We ask that you reference the protocol number in any future correspondence regarding this study for easy retrieval of information.

Best wishes in your research.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mordekai Ongo'.

Mordekai Ongo, PhD.

Research Integrity and Compliance Officer

APPENDIX B

SPECTRUM HEALTH IRB APPROVAL LETTER

Lakeland Hospitals Niles and St. Joseph IRB #1  
Marie Yeager Cancer Center  
St. Joseph, MI 49085

November 18, 2022

Project Title: Factors Influencing High Nurse Turnover in a Midwestern U.S.A.  
Community Hospital and a Proposal for Change

**IRB #1594**

**Approval Date: November 16, 2022**

**Expiration Date: 11/16/2023**

This is to inform you the Lakeland Hospitals Niles and St. Joseph, IRB# 1 has completed the review of the continuation request for the above study and your request has been approved.

**Renewals:** IRB approval is valid until the expiration date listed above. If you are continuing your project, you must submit a Continuing Review form at least one month before expiration. If the project is completed, please submit a Study Closure form.

**Revisions:** The IRB must review any changes in the project, prior to initiation of the change. Please submit an Amendment Submission form to have changes reviewed. If changes are made at the time of renewal, please include an Amendment Submission form with the Continuing Review form.

**Problems:** If issues should arise during the conduct of the research, such as unanticipated problems, adverse events, or any problem that may increase the risk to the human subjects, notify the IRB office promptly. Forms are available to report these issues.

Please use the IRB number listed above on any forms submitted which relate to the project, or on any correspondence with the IRB office.

If we can be of further assistance, please contact us at 269-556-7168 or via email at [cindi.zech@spectrumhealth.org](mailto:cindi.zech@spectrumhealth.org).

Thank you for your cooperation.

**Jann Totzke**

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Jann Totzke, IRB Chairperson  
Lakeland Hospitals Niles and St. Joseph, IRB# 1

## APPENDIX C

### EMAIL TO REQUEST GROUP EMAILS FROM UNIT MANAGERS

**To:** Unit Managers

**Title:** Factors Influencing High Nurse Turnover in a Midwestern U.S.A Community Hospital and a Proposal for Change.

**RE:** Permission to use group emails for the units

Dear Mr/Mrs/Ms.

I am a registered nurse currently working in the post-surgical unit. I am also a DNP student at Andrews University. I am seeking permission to get unit group emails to recruit the units' nurses to participate in the above-titled project. I have the approval letters to conduct the project in this hospital from the Hospital's IRB team and Andrews university IRB. I am attaching both approval letters to this e-mail for your convenience. I will appreciate it if you could forward the group emails of RNs on your units to reach out to them. Participation is voluntary and not mandatory. In case of any questions, I am including my contact information and the information for my project chair and mentor below.

Thank you.

Sincerely,

Deborah Omagwa, DNPc student,

Andrews University, Berrien Springs, MI. 49103.

**Cell:** 269 605 6980

**E-Mail:** [omagwa@andrews.edu](mailto:omagwa@andrews.edu)

#### **Project Chair**

Jochebed Bea Ade-Oshifogun, PhD, RN-BC, CNE. Endowed Chair, School of Nursing.  
Andrews University

**Phone:** [269-471-3363](tel:269-471-3363) cell: 708-769-4259. **Email:** [jochebed@andrews.edu](mailto:jochebed@andrews.edu)

#### **Mentor**

Jennie Stocks, MSN, RN.  
Principal, Clinical Best Practices  
Spectrum Health Lakeland

**Phone:** 269 357 9941 **Email:** [jennie.stocks@spectrumhealth.org](mailto:jennie.stocks@spectrumhealth.org)

## APPENDIX D

### RECRUITMENT LETTER

**Title:** Factors Influencing High Nurse Turnover in a Midwestern U.S.A Community Hospital and a Proposal for Change.

I will appreciate your participation in a project to explore factors influencing nurse turnover at this hospital. The goal is to bring an awareness of these factors to the hospital administration with possible solutions.

**PLEASE READ THIS CAREFULLY BEFORE RESPONDING TO THIS EMAIL**

**(Only Registered Nurses who have worked in medical-surgical units for over six months and in non-management positions are included in this project)**

- This project seeks to explore factors influencing nurse turnover at this hospital to inform the hospital administration of these factors to develop strategies to support nurse retention.
- This project defines nurse turnover as nurses leaving voluntarily to other hospitals or transferring within hospital units.
- This email is an effort to recruit you as a participant in this project.
- I will be conducting individual zoom interviews using pseudonyms to protect your privacy.
- All zoom interviews will be conducted outside work hours and outside work premises at your convenient time and location.

- We are seeking to recruit participants from night and day shifts, weekend day and night nurses, male and female, new nurses (6 months to 2 years), and experienced nurses (3 years and above).
- Responding to this email will be an indication of your willingness to participate in the project and that you are willing to be contacted.
- Before conducting zoom interviews, participants will sign consent forms and have the option to opt-out at any time during the interview process.
- The interview sessions will take approximately 30 to 60 minutes to complete.
- **Please do not reply to all in this email but respond only to me.**
- Below is my contact information where you can reach me with any questions.
- Your names will not be associated with any responses you gave.
- All information given will be used for the primary purpose of this project.
- Your response to this email will be appreciated.

Thank You.

Deborah Omagwa, DNP student,

Andrews University, Berrien Springs, MI. 49103.

Cell: 269 605 6980

E-Mail: [omagwa@andrews.edu](mailto:omagwa@andrews.edu)



## APPENDIX E

### LETTER TO PARTICIPANTS WITHOUT DATES

Dear participant,

Thank you for your response to participating in this project. I appreciate this.

Please review the attached consent form and if possible, sign it and return it to me via email, [omagwa@andrews.edu](mailto:omagwa@andrews.edu). If you do not have a scanner, please type in your first and last name as your signature before emailing back the consent form. I will also discuss this consent form before or during the scheduled zoom interview. I will be happy to answer any questions before the interview or at that time. Remember you have the freedom to withdraw from participating in this project at any time. Please indicate your age range when responding to this email for demographic purposes. **What age range bracket do you belong to?** 21-25 years old, 26-30 years old, 31-35 years old, 36-40 years old, 41-45 years old, 46-50 years old, 51-55 years old, 56-60 years old, or 61 years old and over.

Please email me two days and times that are convenient for you to participate in the zoom interview. I will choose the time that works best for both of us and then send the zoom link as soon as we agree on the date and time.

Thank you once again for your interest to participate in this project.

**NB:** Please choose a pseudonym for yourself and change the name on your zoom video to reflect the pseudonym to provide anonymity for the personal interview. Your video should be turned off during the interview to protect your privacy because this interview will be recorded. Thank you.

## APPENDIX F

### INFORMED CONSENT

#### **Title of research Project: Factors Influencing High Nurse Turnover in a Midwestern U.S.A. Community Hospital and a Proposal for Change**

**Investigator: Deborah Omagwa, DNP Student, College of Health and Human  
Sciences at**

**Andrews University**

#### **What are the purposes, procedure(s), and duration of this study?**

The goal of this project is to explore factors influencing nurse turnover rates in a community hospital. In this project, you will be asked to participate in a 30 to 60 minutes audiotaped interview to discuss the factors that contribute to nurse turnover in this community hospital.

I am inviting you to take part in a research study because Nurse turnover rates have become a global concern due to their effects on patients, nurses, and healthcare. Nurse turnover rates not only affect the patient outcomes but they also affect the cost of hiring new nurses in healthcare. Patients should be the number one focus in healthcare, but if this focus shifts because of high turnover rates then the healthcare systems fail to provide for the patient who is the priority. A patient needs that close connection with the nurses to feel cared for but when nurses work short-staffed the care is not enough to aid patients in better healing outcomes. Therefore, more money should not be spent hiring new nurses but should be spent on improving the quality of care, thus the need to decrease turnover rates.

#### **Nature of the Project**

- This project will involve participating in a zoom interview with the investigator away from the hospital to protect your privacy.
- Your real name will not be used during the recording of this interview, instead, a pseudonym will be assigned to you before conducting the interview for confidentiality purposes.
- After the transcription of the interview, the investigator will contact you once more to verify the information you gave in the audiotape recording.
- The information from the interview will help facilitate strategies to retain nurses in this hospital.

- **If you choose to participate in this project**, you will be asked to sign this consent form
- **You can also opt-out from participating in this project** after signing the consent form.

**Before we start the interview, you should be aware of the following:**

- Taking part in this project will be completely voluntary
- There will be no compensation for participating in this project other than the satisfaction of contributing to inform the hospital on reasons for nurse turnover
- The interview will take approximately 30 to 60 minutes to complete

***Whom do I call if I have questions or problems?***

If you have questions, concerns, or complaints, or think the research has hurt you talk to:

Deborah Omagwa at 269-605-6980 or via email [omagwa@andrews.edu](mailto:omagwa@andrews.edu).

To report a complaint Anonymously through the compliance hotline with NAVEXglobal, the toll free number is 800-325-6115.

This research has been reviewed and approved by the Spectrum Health Lakeland Institutional Review Board You may talk to them at (269) 983-8419 or [jann.totzke@spectrumhealth.org](mailto:jann.totzke@spectrumhealth.org) You may talk to Spectrum Health Lakeland Institutional Review Board at (269) 983-8419 or [jann.totzke@spectrumhealth.org](mailto:jann.totzke@spectrumhealth.org)

Your questions, concerns, or complaints are not being answered by the investigator or research team.

- You cannot reach the investigator or research team.
- You want to talk to someone besides the investigator or research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

**What are reasons you might choose to volunteer for this study?**

**Benefits of participating in the Project:**

- You will be helping provide information that will inform the hospital on the reasons the nurses leave the hospital.

- The knowledge gained from this project might inform the hospital on strategies they can use to retain nurses.

**What** are reasons you might choose not to volunteer for this study?

### **Risks of Participating in the Project**

This project has minimal risks of sometimes feeling that information given during interviews might be used for retaliation by the healthcare organization. To prevent this feeling, the investigator will not use your real name in any of the audio recorded or written information and the interviews will be conducted out of sight from the hospital. You can also choose to end the interview in case you feel uncomfortable at any time during the interview.

### **Do you have to take part in this study?**

Participation in research is completely voluntary. You can decide to participate or not to participate.

### ***What information will be collected and used?***

A 30 to 60 minutes audiotaped interview with you and the principal investigator.

### ***What information will be disclosed?***

### **Confidentiality**

All information collected from this interview will be kept in a private and locked area at all times away from the hospital. All names and identifying information will be removed from the project data and access to the public. Only pseudonyms will be used in identifying any data and your real name will not appear anywhere on the recorded or transcribed information.

### ***How will the information collected be protected?***

All information collected from this interview will be kept in a private and locked area at all times away from the hospital. All names and identifying information will be removed from the project data and access to the public. Only pseudonyms will be used in identifying any data and your real name will not appear anywhere on the recorded or transcribed information.

### ***How long will my interview information be kept?***

Your information will be kept in a private and locked area for no longer than three years from the end of the study.

***Can I stop my Information from being collected and disclosed?***

Yes, you may change your mind and revoke (take back) this authorization at any time.

To revoke this authorization, you must call or email Deborah Omagwa at 269-605-6980 or via email [omagwa@andrews.edu](mailto:omagwa@andrews.edu)

***What happens if I do not want you to collect and release my information?***

If you decide not to authorize release of your health information as part of this study, your decision will in no way affect your medical care or cause you to lose any benefits to which you are entitled. You cannot participate in this research study if you do not sign this consent form.

**Signature Block for Capable Adult:**

Your signature below documents your permission to take part in this research and to the use of your information. You will receive a signed copy of this complete form.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person obtaining consent

## APPENDIX G

### RESEARCH INSTRUMENT

**Project Title:** Factors Influencing High Nurse Turnover in a Midwestern U.S.A Community Hospital and a Proposal for Change.

**NOTE:** Your responses will be treated anonymously and the results will be shared in a group format and not individually. Your demographics are only used for analysis.

**Pseudonym:** \_\_\_\_\_

#### Demographics

Please state what best describes you

**What age range bracket do you belong?**

- 21-25 years old
- 26-30 years old
- 31-35 years old
- 36-40 years old
- 41-45 years old
- 46-50 years old
- 51-55 years old
- 56-60 years old
- 61 years old and over

**Number of years of nursing experience** \_\_\_\_\_

**Number of years of experience at the current unit of work** \_\_\_\_\_

**The shift you work-** Day/Night/Weekend Day/Weekend night

**Gender-** Male/Female/Other

**Current unit of work -** Ortho Neuro/Post-Surgical/Cardiac progressive/Medical

Oncology **Transfer unit -** \_\_\_\_\_

### **Interview Questions**

**Please respond to the following open-ended questions as much as possible. Nurse turnover in this project is defined as nurses leaving the hospital or transferring within the hospital voluntarily.**

1. a) In your opinion how many nurses on average leave your unit yearly because of turnover?  
b) Is this number concerning to you as a nurse? Yes / No  
c) If yes, why is it concerning?
2. In your opinion, what are the factors influencing nurse turnover generally?  
(Interviewer to ask probing questions on all or some of these factors, e.g., tell me more...what do you mean...)
3. Within the hospital turnover is defined as changing units within the hospital in a period of 6-12 months of working in a unit. In your opinion, what are the factors influencing within hospital turnover?
4. Between hospitals turnover is defined as changing hospitals within a period of 1-2 years of working in a hospital. In your opinion, what are the factors influencing between hospital turnover?

5. Unit retention is defined as remaining in one unit for more than 12 months after starting work on the unit. In your opinion what are the factors influencing unit retention for nurses?
6. Hospital retention is defined as remaining in the same hospital for more than 12 months after starting work in the hospital. In your opinion what are the factors influencing hospital retention for nurses?
7. a) What are your thoughts on the idea that a contributing factor to nursing turnover is nurses wanting to leave the profession?  
  
b) Why do you think that way?



APPENDIX H

TIMELINE OF PROJECT AND PHASES FOR IMPLEMENTATION

<b>Phases</b>	<b>Timeline 2022-2023</b>
Completion of the IRB approval process	December 2022
Sending Introduction and Recruitment Emails	December 2022
Conducting Interviews	December 2022
Transcription of Interviews and Verifying with Respondents	January 2023
Data Analysis and writing process	February 2023
Writing Process and Project Defense	March to May 2023
Submission to chair	June 2023

## APPENDIX I

### SHARED GOVERNANCE AND HOSPITAL ADMINISTRATION EVALUATION TOOL

**This questionnaire is requesting for your honest feedback about the results of this project conducted in this community hospital.**

1. Do the results give a fair picture of the reasons for nurse turnover? Yes/No
  - a. If no, why not
2. Do you think the suggestions given can lead to nurse retention? Yes/No
  - a. If no, why not
3. Please share any additional feedback from the findings of this project.

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