NEW GRADUATE NURSE RETENTION

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ABSTRACT

RESEARCH SUBJECT: New Graduate Nurse Retention
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New nurses often realize that education has not prepared them for the work environment. Work empowerment and supportive organizational structure promote a positive work environment. A positive work environment facilitates the retention of newly graduated nurses (NGNs). The purpose of this study is to examine factors which encourage organizational commitment. This is a replication of Cho, Spence Laschinger, & Wong (2006) study. A sampling of 50 NGNs working in an acute care setting will be invited to participate in the study. Structural empowerment will be measured by the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II). Work engagement will be measured by Maslach Burnout Inventory-General Survey. Organizational commitment will be determined by the Affective Commitment Scale. The NGNs retention will be measured by the number of nurse graduates still employed within the organizations at 12-months, 18-months, and 24-months. Findings in this study will provide insight on the NGNs perception of work, as well as, the relationships among empowerment, work engagement, organizational commitment, and NGNs retention.
CHAPTER I

Introduction

A 22% increase in job availability for Registered Nurses (RNs) by 2018 is projected by the United States Department of Labor (United States Department of Labor, 2009). The projected shortage of nurses in the United States will only increase as more nurses reach retirement (American Association of Colleges of Nursing, 2011). Newly graduated nurses (NGNs) retention is crucial to meet the staffing needs of health care facilities. In addition, the cycle of hiring and then rehiring as a consequence of turnover results in negative impact on patient care and nursing work load (Ulrich et al., 2010). Nursing orientation is costly to health care organization consequently, health care organization are going to need to focus on NGNs retention strategies.

Retention of NGNs is imperative to meet staffing needs, maintain health care of patients, and decrease costs to health care organizations and society. The NGNs experience many work stressors when transitioning to the professional nurse role. The stress of transitioning to the professional nursing role can lead to voluntary termination from job or turnover which affects staffing shortages and is costly to the organizations and society. Halfer and Graf (2006) stated 60% of NGNs leave a job within the first year due to stress from intense work environment, advanced medical technology, and high patient acuity.
Background and Significance

Healthcare organizations and administrators have been concerned with new graduate nurses (NGNs) turnover for many years. However, no national data has been collected on NGNs turnover (Knover et al., 2007). In addition, very little research has been conducted on NGN retention (Bowles & Candela, 2005). A study in 1997 by Duncan found variables such as access to information, resources, support, and opportunities to learn are important to NGNs work commitment and retention (Cho, Spence Laschinger, & Wong, 2006). Another study found several variables such as job stress, social support, autonomy, RN-MD relations, and more have been study to predict NGNs job satisfaction and turnover (Pellico, Brewer, & Tassone, 2009). A third study reported variables such as empowerment, collegial support through preceptor and mentoring programs, and comprehensive orientations as factors to reduce NGNs turnover (Kovner et al., 2007).

It is necessary to identify factors affecting NGNs turnover. Retention of NGNs is critical to achieve high quality patient care (Cho et al., 2006). In addition, NGNs retention is necessary to ease staffing shortages, and wasting of orientation resources (Bowles & Candela, 2005). Healthcare organizations need to empower and engage nurses in their work commitment in order to achieve high quality patient care (Cho et al.).

Problem Statement

New graduate nurses may find the transition to professional practice stressful due to fear of making mistakes, lack of confidence in clinical skills and more. Nurse satisfaction with job, retention, and commitment are related to work environment. Kanter’s Theory of Structural Power in Organizations provides a framework for
examining structural empowerment and organizational commitment; while Maslach and Leiter’s Work Engagement/Burnout Model provides a framework for examining employee engagement in work and burnout (Cho et al., 2006). Further testing of these integrated models is warranted.

Purpose of Study

The purpose of this study was to examine relationships among structural empowerment and work commitment, six work life areas (workload, control, rewards, community, fairness, and values), work engagement, and burnout. This study was a replication of Cho et al.’s (2006) study.

Research Question

Do structural empowerment, work engagement, and six work life areas predict work commitment and burnout?

Conceptual Theoretical Framework

The conceptual framework for this study is based on a previous work on structural empowerment, employee work life fit, and work engagement’s effect on new graduate nurse organizational commitment and retention by Cho et al. (2006). Cho et al.’s (2006) study consisted of an integrated model utilizing Kanter’s Theory of Structural Power in Organizations and Maslach and Leiter’s Work Engagement/Burnout Model. Based on the integration of these two models, the study will identify whether a structural empowering work settings impacts work engagement and work commitment, thus leading to NGNs desire to stay within the organization (retention). Additionally, this study will examine the relationship of the six work life areas on work engagement and burnout.
Definition of Terms

Structural Empowerment: Conceptual

Based on the study by Cho et al. (2006), structural empowerment is defined as an organization that ensures employees have access to resources (financial means, materials, time, and supplies), access to information (formal/informal needed to do a good job), and access to support (feedback and guidance), and opportunities to learn and grow.

Structural Empowerment: Operational

Structural empowerment will be measured by the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II). The CWEQ-II also included the Job Activities Scale-II (JAS-II) and the Organizational Relationships Scale-II (ORS) which measures formal and informal power. Summing up the six CWEQ-II subscale scores will determine the total empowerment score. All 19 items will be measured on a 5-point Likert scale with 1 = none to 5 = a lot.

Work Engagement & Burnout: Conceptual

Cho et al. (2006) defines work engagement as finding work to be a good fit, thus being engaged in your work; and burnout as emotional exhaustion in commitment.

Work Engagement & Burnout: Operational

Work engagement and burnout will be measured by Maslach Burnout Inventory-General Survey. This instrument contains five items measured on a 6-point Likert scale with 1 = never to 6 = every day.

Six Areas of Work Life: Conceptual

The six areas of work life consist of workload (demands on a person at work), control (decision making/autonomy), rewards (recognition – monetary, social, personal,
or a combination), community (social interaction), fairness (related to trust, openness, and respect), and values (employee and organizational priorities are parallel) and affects employee commitment and burnout (Cho et al., 2006).

**Six Areas of Work Life: Operational**

The six areas of work life will be measured by the Areas of Worklife Scale (AWS). The 29 item AWS measure the six areas of work life. Subscales will be summed to reflect a measure of overall degree of fit in the six areas identified. All 29 items will be measured on a 5-point Likert scale with 1 = strongly disagree to 5 = strongly agree.

**Organizational Commitment: Conceptual**

Cho et al. (2006) defines organizational commitment as employees achieving work-related goals, leading to greater organizational effectiveness and employment retention.

**Organizational Commitment: Operational**

Organizational commitment will be determined by the Affective Commitment Scale. This instrument contains six items measured on a 7-point Likert scale with 1 = strongly disagree to 7 = strongly agree.

**Limitations**

This study was limited by small sample size. As well, this study was limited by sampling of three specialty units including a medical intensive care unit, a medical intensive care step down unit, and a general medical nursing unit; and conducted at only one site in the Midwest. Participants may not answer questionnaires honestly in fear of retaliation by employer or exaggerate their responses to elicit desirable thoughts about
themselves and the organization. Finally, Cho et al.’s (2006) study identified the AWS tool’s low alpha reliability will limit the effectiveness of the tool.

Assumptions

1. Structural empowering work settings lead to work engagement and work commitment.
2. Positive work life fit leads to work engagement and decreased burnout.
3. Participants will provide authentic responses.

Summary

As more nurses reach retirement, it is important for healthcare organizations to study variables which increase NGNS work commitment and retention. This study seeks to replicate previous finding in Cho et al.’s (2006) study regarding the relationships among structural empowerment, work commitment, and work life fit, work engagement and burnout. This study will utilize an integrated conceptual framework model of Kanter’s Theory of Structural Power in Organizations and Maslach and Leiter’s Work Engagement/Burnout Model.
CHAPTER II

Literature Review

Introduction

United States Department of Labor (2009) projects a 22% increase in available jobs for Registered Nurses (RNs) from 2008 to 2018. As the baby-boomer generation moves into retirement, NGNs retention is imperative to meet the staffing needs of health care facilities. As well, NGNs retention is crucial to reduce health care organizational costs. Kovner, Brewer, Greene, and Fairchild (2009) stated hiring, orientation, and decreased productivity are costs to employer when retention is low.

Organization of Literature

This literature review consists of selected studies investigating various retention strategies to increase NGNs retention. Quantitative studies were used to develop an understanding of variables related to retention such as organizational commitment, intent to stay, job satisfaction, empowerment, nurse residency program, and more. Qualitative studies were reviewed to gain insight into NGNs perception of factors that promote retention and contribute to turnover. Upon reviewing this supportive literature, three categories were identified.

1. Organizational Commitment or Intent to Stay

2. Work Environment and Job Satisfaction
3. Graduate Nurse Residency Program Theoretical Framework

The conceptual framework for this study is Kanter’s Theory of Structural Power in Organizations and Maslach and Leiter’s Work Engagement/Burnout Model. According to Kanter’s model positive organizational outcomes including retention are related to employee empowerment. Structural empowerment is an organization that ensures employees have access to resources such as time, material, financial means and supplies; access to formal and informal information; access to support including guidance and feedback; and finally, opportunities to learn and grow (Cho et al., 2006). There has been considerable evidence in nursing research for Kanter’s theory leading to job satisfaction (Cho et al.).

Maslach and Leiter’s model is built on the understanding of employee fit equals engagement in work and less burnout. Maslach and Leiter’s model maintains three variables: six areas of work life, work engagement, and burnout (Cho et al., 2006). The six areas of work life include workload defined as demand on a person at work; control defined as decision making or autonomy; rewards including monetary, social, personal or a combination of these; community or social interaction; fairness related to trust, openness and respect within the organization and decision making practices; and finally, values of both employer and employee are parallel (Cho et al.). Cho et al. defined work engagement as finding work to be a good fit, thus employee is engaged in work and work environment. The last variable of Maslach and Leiter’s model is burnout and is defined by Cho et al. as emotion exhaustion. Work engagement and burnout are measured to be at opposite ends of a continuum according to this model (Cho et al.).
Organizational Commitment or Intent to Stay

Intent to stay has been proven to be an excellent indicator of actual turnover (Brewer et al., 2009). Brewer et al.’s quantitative, longitudinal study looked at intent to stay concerning regional variables. The researchers adapted Price’s model regarding intent to stay adding demographic, environmental context, and work characteristic variables. The study defined work attitude variables as work family conflict (degree to which work interferes with family), family work conflict (degree to which family interferes with work), and work motivation (Brewer et al.).

Brewer et al. (2009) study was conducted nationwide and randomly selected registered nurses from 40 urban regions in 29 states and District of Columbia. The study consisted of three surveys over the course of 2-years. Strategies to encourage response to surveys were incorporated. Those excluded from returned survey data included RNs over 64-years of age or male in gender. Thus, analytic sample decreased to 1172; and the sample included RNs working in nursing (n = 995) and RNs not working in nursing (n = 195).

Brewer et al. (2009) study utilized multiple surveys, some not specifically named in the study. Reliability of these instruments ranged from 0.79-0.95. The study utilized statistical analysis methods including linear regression, logistic regression, and bivariate probit.

Brewer et al. (2009) study showed desire to quit was consistent with previous research. Age of children, education level of nurse, and quality of management affected RNs employment status at second survey. Job satisfaction, organizational commitment, or intent to leave was not affected by whether RNs worked full or part time. However,
organizational wages and benefits, including paid time off and insurance, were found to affect whether RNs worked full or part time.

Through this adapted Price model, Brewer et al. (2009) found RNs who are satisfied with current job position, wages and benefits, and who felt the organization supported them were more likely to stay. Desire to quit was higher for RNs with children under 6-years of age, with higher education level including BSN, with work family conflict, or who felt finding another job was simple.

The NGNs intent to stay provides information needed to help employers strategize interventions to prevent turnover; thus decreasing costs to organization and society. Kovner et al. (2009) quantitative study looked at variables associated with newly licensed registered nurses (NLRNs) intent to stay. The authors utilized Brewer and Kovner’s modification of the Price model regarding intent to stay. Multiple variables were measured in the Kovner et al. study including demographic, intent to stay, job satisfaction; organizational commitment, and work attributes such as patient load, mandatory overtime, shift worked and unit type.

Kovner et al. (2009) study was conducted nationwide utilizing a cross-sectional survey. The sample consisted of first time newly licensed registered nurses (NLRNs) in 34 states and the District of Columbia. To eliminate potential error from a diverse sample, the sample was limited to NLRNs who worked as direct care nurses in intensive care units, step down units, or general nursing units. Also, those excluded were NLRNs who held a previous licensure as a registered nurse in another state or foreign country. Final sample size was 1,933 NLRNs.
Kovner et al. (2009) study utilized multiple instruments to measure study variables. The Cronbach alphas for all instruments ranged from 0.64-0.95.

Kovner et al. (2009) study found intent to stay was positively affected by job satisfaction and organizational commitment. NLRNs job satisfaction and organizational commitment increased with autonomy, variety, procedural justice, promotional opportunities, collegial RN-MD relations, social support of peers, and supervisors. In addition, patient load and mandatory overtime impacted intent to stay. Organizational management has primary control of these variables and can significantly impact intent to stay. The findings can be useful in to the organization and government to appropriate limited resources.

*Work Environment and Job Satisfaction*

Retention of NGNs is essential to meet organizational staffing needs and reduce healthcare costs. Work settings need to be empowering. Empowered nurses are motivated, engaged, satisfied, and experience less burnout. Empowerment consists of resources, information and support, as well as, access to opportunities for learning and growth (Cho et al., 2006). Cho et al. quantitative study looked at variables related to work environment, specifically empowerment, which affect job satisfaction, retention, and organizational commitment.

Cho et al. (2006) utilized a blended conceptual framework of Kanter’s Theory of Structural Power in Organizations and Maslach and Leiter’s Work Engagement/Burnout Model. These models measured variables such as structural empowerment, organizational commitment, employee fit including the six areas of work life, work engagement, and burnout.
Cho et al. (2006) study was conducted in Ontario, Canada utilizing a non-experimental survey. The random sample consisted of 226 NGNs in acute care less than 2-years with all areas of Ontario, Canada represented. A strategy was used to entice return of surveys.

Data were collected via survey responses using multiple tools. The Cronbach alpha reliability coefficient for all instruments ranged from 0.72-0.91 except one subscale which was low at 0.53. The Statistical Package for Social Sciences (SPSS) problem and AMOS statistics package within SPSS-PC conducted statistical analyses. Validity was determined with the two-item Global Empowerment Scale.

The findings in Cho et al. (2006) study were indeed congruent with the proposition, thus the integrated conceptual models utilized for this study were effective. The study found staff nurse empowerment impacts commitment to the organization and desire to stay in the organization. As predicted, structural empowerment had a direct positive effect on the six areas of work life, which in turn decreased emotional exhaustion/burnout. Access to support and formal power were then associated with satisfaction in workload, a sense of autonomy and decision-making opportunities, quality of social interactions, perception of trust and fairness in the organization, and the congruence of organizational priorities and values with those of it’s employees. Empowerment and fit in areas of work life were predictive of higher work engagement.

Nurse satisfaction with job, retention, and commitment are related to work environment. Cho et al., (2006) study found structural empowerment is important to NGNs impacting work engagement and has a strong direct effect on organizational commitment, intent to stay, and retention.
Intense work environment, advanced medical technology, and high patient acuity are stressful to NGNs and reportedly lead to turnover as high as 60% within the first year (Halfer & Graf, 2006). Halfer and Graf qualitative study sought to examine NGNs perceptions regarding work environment and job satisfaction; and, if this perception changed within the first 18-months of employment.

Halfer and Graf (2006) study was conducted in a 265 bed children’s hospital in Chicago, IL utilizing a non-experimental, longitudinal survey. The convenience sample consisted of 84 NGNs completing surveys at 3-months, 6-months, 12-months and 18-months of employment. Surveys were mailed to NGNs according to tenure. Data was collected from September 2001 to March 2004.

Halfer and Graf (2006) researchers developed a tool to measure data based on Kramer’s “reality shock” research, Magnet hospital research, and organizational commitment research. The tool was validated by the organizations nursing recruitment and retention team and revisions were made based on committee input. The tool questionnaire consisted of demographic questions; 21 questions categorized into seven categories: professional respect, career development, work schedule, information access, competence, work management, and becoming part of the team; and four open-ended questions. Reliability was measured via 122 sample surveys. Pearson-Brown split half reliability was determined to be between 0.88-0.96 upon initial testing thru the 18-month data period.

Halfer and Graf (2006) study found all variables’ mean scores were positively affected over the 18-months period. The authors interpreted this as NGNs overall transition to nurse as satisfactory. Five variables showed improvement with each interval
and eight variables were found to be affected by attrition. Job dissatisfaction for NGNs varied at each interval of survey response and consisted of concerns with professional development opportunities, mastering tasks and getting the job done, and work schedule.

Longitudinal studies like Halfer and Graf’s (2006) can help organizational leaders identify variables of satisfaction and areas needing improvement. Honing in on this specific information can help stakeholders improve work environment, increase job satisfaction, and positively affect NGNs retention.

Several variables such as job stress, social support, autonomy, RN-MD relations, and more have been study to predict NGNs job satisfaction and turnover, but few studies have utilized qualitative methods (Pellico et al., 2009). Pellico et al. qualitative study sought to examine the NGNs actual work life experiences.

Pellico et al. (2009) study was a secondary analysis of an original study conducted nationwide utilizing a mailed, cross-sectional survey. The study reflects answers to an open-ended question at the end of the parent study, “If you would like to make any other comments about the survey, please feel free to write below or on the back of this booklet.” There were 612 comments related to the survey and were analyzed by the research team. The study utilized Krippendorff’s technique to identify five themes in the analysis of the qualitative comments made on the surveys. Researchers looked for common and unique themes in phrases and themes were clustered with dendrograms to demonstrate relationships.

Pellico et al. (2009) study established five common themes upon data review. Theme one was titled “Colliding Expectations” and was defined as NLRNs perspective of profession expectation versus the lived experience. Theme two was titled “The Need for
Speed” and was defined as NLRNs perception of pressure to perform like an experienced RN. Theme three was titled “You Want Too Much” and was defined as NLRNs analysis that the RN role was hard work with little time to sit or take a break, shifts were too long (referring to the 12-hour shift), documentation requirement interfered with patient care, regulatory bodies required too much, financial benefits did not compensate demands of the RN role, and more. Theme four was titled “How Dare You” and was defined as NLRNs frustration with collegial relationships; as well as, the lack of support by management to correct voiced concerns. Theme five was titled “Change is on the Horizon” and was defined as NLRNs positive comments regarding hope for the future of nursing, desire to reform nursing, love for the job, and more.

Overall, Pellico et al. (2009) study identified changes needed in the work experience for NLRNs to increase job satisfaction and decrease NLRNs turnover, as well as, concerns with preparation within schools of nursing which affects transition to the professional nursing role. Despite the many concerns voiced in Pellico et al. study, a few NLRNs stated they would not change being a nurse.

*Graduate Nurse Residency Program*

Residency programs have been utilized for several years and have been proven effective in assisting NGNs in transition to professional nurse (Altier & Krsek, 2006). Altier and Krsek prospective, longitudinal study investigated 1-year internship program’s effect on NGNs satisfaction and retention. This study utilized Benner’s Novice to Expert model and Dreyfus’ Skills Acquisition model.

Altier and Krsek (2006) study was conducted in six academic medical centers across the United States. Sample size consisted of 111 baccalaureate-prepared NGNs.
Participants completed a questionnaire upon hire and upon completion of the 1-year residency program.

Altier and Krsek (2006) study utilized McCloskey-Mueller Satisfaction Survey (MMSS). The survey consisted of 31 items grouped into eight categories including intrinsic rewards, scheduling, balance, co-workers, interaction opportunities, professional opportunities, praise, and control. The Cronbach alpha reliability coefficient was 0.89. “Validity was supported by comparison of the Job Diagnostic Survey” (Altier & Krsek).

Altier and Krsek (2006) study found a significant decrease in scores in only two elements of satisfaction. All other categories demonstrated minimal changes. Another measure of success with the study is the retention rate at 1-year remained high at 87%. Altier and Krsek study identified lack of a control group, absence of randomization, and constraint to baccalaureate prepared NGNs as important limitations in the study.

Graduate nurses experience many work stressors when transitioning to the professional nurse role. Residency programs offer a longer orientation for the NGNs and potentially allow additional support in the transition period. Support maybe one reason retention in this study remained high.

An important aspect to consider is how NGNs retention positively impacts health care costs. Friedman, Cooper, Click, and Fitzpatrick (2011) retrospective, descriptive study sought to investigate retention and fiscal benefits of residency programs for NGNs in the critical care setting. Friedman et al. study utilized Benner’s Novice to Expert model.
Friedman et al. (2011) study was conducted in two tertiary hospitals’ critical care units. A non-probability, convenience sample of 90 NGNs defined as passing the licensure exam within one year of hire were included in the study.

Friedman et al. (2011) study utilized multiple methodologies to measure the variables. The study utilized basic descriptive statistics to measure central tendency & dispersion. Pearson Chi-square test was used to compare retention differences between samples in terms of categorical variables. A two–sample t-test compared length of employment. Fiscal impact was determined by comparing the total annual expenditure between the standard orientation group and the residency orientation group. Savings were calculated using a conservative estimate of nursing turnover of one fifth to two times a nurses’ salary (Friedman et al.).

Though the standard orientation control group saw a rise in retention, the residency group had a significantly higher retention rate at 78.8% (Friedman et al., 2011). Retention was monitored quarterly with the highest turnover occurring at 6-months of hire. The researchers in this study believe the collegial relationship between NGNs and preceptor may play a part in this 6-month turnover and further investigation is warranted. Finally, Friedman et al. study calculated a potential saving of almost $300,000 from the decreased turnover that occurred in this study.

Nursing orientation is costly to health care organization therefore, health care organization are going to need to focus on NGNs retention strategies. Friedman et al. (2011) study did indeed show the significance of specialized orientation programs like residency programs positively affect NGNs retention and organizational healthcare costs.
Stress of transition to professional nursing role can lead to turnover which affects staffing shortages and is costly to the organizations and society. Krugman et al. (2006) descriptive, comparative study sought to increase hiring of baccalaureate prepared nurses, provide a consistent orientation to professional nursing role, and determine best practice for transitioning NGNs into the professional nursing role. The study was conducted on a residency program created by a multiple academic sites of a health alliance group and a partnership with the American Association of Colleges of Nursing (AACN). Researchers selected Benner, Tanner, and Chesla’s model for the nursing research framework.

Krugman et al. (2006) study was conducted in six academic hospitals with a convenience sample of all NGNs hired within the six sites. Participants must be graduates of an accredited baccalaureate nursing school program within the past 6-months, hold a license or permit to work, and commit to the 1-year program. Three surveys are completed by participants, one survey at hire, one survey at 6-months of hire, and one survey at 12-months of hire. Participants accessed a data base to complete surveys.

Krugman et al., (2006) study utilized three instruments to measure variables within the study. The Cronbach alpha reliability coefficient for all three instruments ranged from 0.82-0.96. Participants were also given the opportunity to evaluate the residency program with an evaluation form created by a hospital task force overseeing the project. The evaluation form measured participant’s overall satisfaction with residency program, participant’s perception of achievement of residency program goals, and participant’s satisfaction with support session topics (Krugman et al.).

Krugman et al. (2006) study was successful. Retention rate was reported at 95.6% among those who participated in the 1-year residency program. Job satisfaction was
positive at five of the six sites. Autonomy measured high at beginning of residency program, took a major fall at 6-months, but reported overall satisfaction at the end of the residency program.

Krugman et al. (2006) study reported two positive outcomes in relationship to the NGNs experience. The residency program positively affected stress, and perceived organizing and prioritizing outcomes. Residency program evaluations also had positive results. Overall satisfaction with the residency program differed by sites. One site had significantly lower satisfaction scores compared to the other sites. Upon review of this residency program, it was found monthly education was provided to participants individually instead of in group meetings. Monthly group meetings were deemed by the task force to be best practice for transitioning NGNs to professional nurse role and revisions were made at this site.

Krugman et al. (2006) study is just another example of the importance of residency programs for retention. Stress of transition to professional nursing role for NGNs was positively affected and may be one of many variables affecting overall retention in this study.

New nurse graduates’ transition to the professional nurse role is stressful leading to voluntary termination from job. Newhouse, Hoffman, Suflita, and Hairston (2007) study sought to test a 1-year new nurse graduate internship program’s effect on retention, sense of belonging, organizational commitment, and anticipated turnover; thus facilitating a gratifying transition into professional nurse role.

The framework utilized in Newhouse et al. (2007) study was Donabedian’s Quality of Medical Care Model. The study design utilized quasi-experimental, posttest
only, comparison group. Baseline sampling required new nurse graduate to have less than 1-year of experience. Sample size varied greatly in the comparison groups; however, sample sizes were sufficient to detect significant differences.

Newhouse et al. (2007) utilized three instruments to measure variables and outcomes. Instruments were scanned for scoring and data were entered into the Statistical Package for the Social Sciences (SPSS) computer program. Researchers identify all three instruments as having good to excellent reliability and acceptable validity. Retention variable was measured by the number of new nurse graduate participants in the residency program vs. comparison groups still employed in organization at 12-months, 18-months and 24-months after hire date. ANOVA was utilized to analyze comparison of organizational commitment, anticipated turnover, and sense of belonging data. Additionally, Post hoc test for ANOVA was used to determine location of differences in F values in the study.

Newhouse et al. (2007) study found turnover did have significant differences over time. The results were favorable for NGNs residency program for anticipated turnover and lower antecedent sense of belonging at 6-months, and at 12-months for retention. Clinical implications include evidence for a comprehensive program for new nurse graduates to improve transition into practice as a professional nurse. Research implications include recommendation for further research including nurse characteristics/demographics in relationship to turnover intention.

Researchers in this study concluded quality medical care demands implementation of residency programs for NGNs. Programs should not only focus on new nurse competency, but socialization. As well, Newhouse et al. (2007) researchers
recommend preceptors receive additional preparation to support new nurse graduates
socialization needs and during transition to professional nurse.

The cycle of hiring and then rehiring do to turnover results in negative impact on
patient care and nursing work load (Ulrich et al., 2010). Ulrich et al. study sought to
review data from an evidence-based NGNs residency program. Ulrich et al. longitudinal

Ulrich et al. (2010) study was performed at multiple hospitals nationwide with a
sample size of more than 6,000 NGNs over a 10-year period. Hospital sizes ranged from
small to large health care systems, rural and metropolitan. Residency group size consisted
of a group as small as 4 and as large as 111.

Ulrich et al. (2010) study measured several variables and utilized 12 instruments
to measure these variables. The Cronbach alpha reliability coefficients for six of the
instruments ranged from 0.70 to 0.97.

Ulrich et al. (2010) study measured turnover at various intervals. Turnover
climbed from 7.1% at 12-months to 39.8% by 60-months. Turnover decreased across the
10-year span when residency programs required RN licensure to participate in program.
Competency was measured on sample of participants in each cohort by participants and
preceptors input, and compared to a control group. Self reported competencies were often
rated higher than preceptor reported results. Observed results by preceptor for the
residency group with 12-months of experience were equal or higher than control group
with experience of 17.1-months. Satisfaction was measured both as nurse satisfaction and
organizational job satisfaction. Nurse satisfaction increased as experience progressed.
Organizational job satisfaction contained five components: administration, interaction,
pay, professional, and task and was measured at different intervals. Professional rated highest while pay was rated lowest. Self-confidence was measured at six different intervals and was compared to control group. Self-confidence grew with experience. Leader empowerment behavior consisted of three components: meaningfulness of work, fostering participation in decision making, and expressing confidence. Meaningfulness of work rated lowest at each assessed interval in both residency and control group. Group cohesion components included productivity, efficiency, morale, sense of belonging as perceived by participant and was compared to control group. Residency group ranked group cohesion higher than control group. Organizational commitment components include acceptance of organizational values and goals, willingness to exert effort on behalf of organization, and desire to remain with organization. The control group ranked higher in these components. Turnover intent is measured by directly asking participant intent to leave organization in the next year. Turnover intent ranked lowest at end of residency program, but remained at 20% or less throughout 60-months of employment. Comparison group turnover intent was equivalent.

Through the review of ten years of the residency program studied by Ulrich et al. (2010), stakeholders were able to identify components absolutely necessary to achieve positive outcomes at both the individual (NGNs) and organizational level.

Preventing turnover is favorable to health care organizations, both in staffing needs and financially. Williams, Goode, Krsek, Bednash, and Lynn (2007) study was an extended look at the affects of a residency program developed by of a health alliance group and a partnership with the American Association of Colleges of Nursing (AACN). Researchers selected Benner, Tanner, and Chesla for the nursing research framework.
Williams et al. (2007) longitudinal study was conducted in 12 academic hospitals with a sample of NGNs hired within the 12 sites. Participants accessed a data base to complete three separate surveys at hire, at 6-months of hire, and at 12-months of hire.

Williams et al. (2007) study measured many variables including demographics, NGNs perception of the first year of work experience, autonomy, and job satisfaction. Multiple instruments were used to measure the variables. The Cronbach alpha reliability coefficient for the instruments ranged from 0.81-0.91. Upon residency program completion, participants were asked to complete a program evaluation. The evaluation form measured participant’s overall satisfaction with residency program and was grouped into six categories. The Cronbach alpha reliability coefficient for these six categories ranged from 0.62-0.91.

Williams et al. (2007) study reported NGNs work experience in relation to organization, prioritizing, communication, leading, and stress were positively affected by residency program. Autonomy and job satisfaction took a dive from entry to 6-months, but increased again by 12-months. Williams et al. study reported a revised turnover rate at 12% when those who failed licensure exam and those who became seriously ill or died were removed from data. A 12% turnover rate compared to 35-55% reported in literature validates residency programs have a significant effect on retention. Stakeholders in this study are satisfied with the data obtained and have expanded the program to 34 sites.

Graduate nurse turnover is high. Salt, Cummings, and Profetto-McGrath (2008) correlational study sought to investigate organizational retention strategies to retain NGNs. Salt et al. study utilized a systematic review of published research literature for the framework.
Salt et al. (2008) study consisted of a review of 16 studies published from 1979 to 2006, mostly quantitative studies. All studies within the review had to meet the following requirements: population studied was NGNs, the study identified and implemented a retention strategy, retention rates were revealed, and the study was a primary research. Graduate nurses (NGNs) were defined by Salt et al. as nurses who completed a nursing program and had never practiced in nursing previously.

Salt et al. (2008) study utilized Quality Assessment & Validity Tool for Correlation Studies instrument to measure quality of each study. The instrument is a 14 item questionnaire to evaluate design, sample, measurement, and statistical analysis and assigns a numerical value to each study reviewed. The studies were then grouped as high, moderate or weak in quality. Quality score did not result in elimination of studies from the research project.

Salt et al. (2008) study results were categorized into two categories: type of retention strategy and length of retention strategy. Type of retention strategy was then grouped into four categories: preceptor program model focusing on the NGNs, preceptor program model focusing on the preceptor, needs-based orientation and/or specialty training usually focusing on unit specific skills, and externship before graduation from a basic RN program. Many of the studies overlapped with a combination of retention strategies such as preceptor program focusing on both NGNs and preceptor. Length of retention strategy was categorized into three groups: less than 3-months, 3-6-months, and 6-12-months. All studies reviewed had a retention strategy no longer than 1-year. The studies were almost evenly distributed into the three lengths of retention categories.
Salt et al. (2008) study found highest retention rates were associated with retention strategies that used a preceptor program model that focused on the NGNS, as well as, a program length of 3-6 months. In addition, Salt et al.’s study found the longer the retention strategy, the higher the retention rates and a < 3-month retention strategy resulted in or led to the lowest retention rates.

Although Salt et al. (2008) study found implementation strategies evidence for the effectiveness is limited; all the studies reviewed showed implementing a retention strategy is effective in increasing retention rates.

Summary of Literature

The above review of literature illustrates there are positive benefits associated with NGNs retention. Graduate nurse retention is important to meet staffing needs, maintain health care of patients, decrease costs to health care organizations and society.

Some studies focused on the concept of organizational commitment or intent to stay and the implications on NGNs retention. Both studies found organizational commitment or intent to stay were positively affected by perceived high organizational support. Other variables positively affecting organizational commitment or intent to stay from the studies include: autonomy, promotional opportunities, collegial RN-MD relations, and length of shift (8-hours preferred). On the other hand, both studies found desire to leave was affected by wages and benefits, job opportunities (or job availability elsewhere), and family conflict. Furthermore, other variables negatively affecting organizational commitment or intent to stay from one of the two studies include: high patient workload, mandatory overtime, higher education levels (BSN), and quality of management.
Other studies had focused on the concept of job satisfaction and/or empowerment relating to NGNs retention. Two of the studies were quantitative research while one study was qualitative research. Though none of these studies actually measured NGNs retention, results from all three studies correlate job satisfaction positively with retention. The quantitative research studies reported work environment variables such as empowerment, understanding leadership expectations, knowledge and skills to perform job, access to resources, ability to participate in professional development opportunities, and the congruence of organizational priorities and values with those of its employees positively affected job satisfaction which in turn increased NGNs retention. Though many of the comments shared in themes one through four of the last study, the qualitative study, can be construed as negative, theme five shared with the reader the NGNs hope for the future of nursing, desire to reform nursing, job satisfaction, and more. Organizational leaders need insight from those living the experience of transitioning from student to professional nurse and the impact on job satisfaction and retention.

Further studies had focused on the concept of graduate nurse residency programs in regards to NGNs retention. Many of the variables studied regarding graduate nurse residency programs were variables studied in the five previous studies (organizational commitment/intent to stay and job satisfaction/empowerment). Other variables studied in regards to affect on NGNs retention included NGNs anticipated turnover, NGNs group cohesion/sense of belonging, and NGNs organizational commitment. Five studies reported positive outcomes regarding retention for NGNs related to graduate nurse residency programs with three studies reporting numerical values between 78.8-95.6 % (compared to control group values 46.7-64%). The final study focusing on graduate nurse
residency programs was a systematic literature review investigating organizational retention strategies to retain NGNs. The study found the longer the retention strategy, the higher the retention rate and a < 3-month retention strategy resulted in or led to the lowest retention rates.

NGNs transition to professional nursing role is stressful and can be attributed to high turnover rates. Intense work environment and high patient acuity are stressful to NGNs and reportedly lead to increased turnover within 12-months (Halfer & Graf, 2006). The above studies evaluated many variables that are attributed to NGNs retention in relationship to organizational commitment or intent to stay, work environment and job satisfaction, empowerment, and graduate nurse residency programs. With this in mind, organizational leaders need to determine variables within organizational leadership’s control and initiate strategies to increase NGNs retention.
CHAPTER III

Methods and Procedures

Introduction

The health care system may be doubly jeopardized with nurses both retiring and voluntarily leaving. In order to encourage NGNs continued employment in nursing, it is important to study the variables which are positively correlated with satisfaction in nursing and by implication, are positively correlated with continued employment in the profession. The purpose of this study is to explore relationships among structural empowerment and work commitment, and six work life areas (workload, control, rewards, community, fairness, and values), work engagement and burnout. In this study, structural empowerment is defined as employees’ perceptions of the access to opportunity, information, support and resources (Cho et al., 2006). As well, Cho et al. defines the six areas of work life as follows: workload defined as demand on a person at work; control defined as decision making or autonomy; rewards including monetary, social, personal or a combination of these; community or social interaction; fairness related to trust, openness and respect within the organization and decision making practices; and finally, values of both employer and employee are parallel (Cho et al.). These variables expose factors which contribute to new NGNs job satisfaction and retention. Further testing of an integrated conceptual framework of Kanter’s Theory of
Structural Power in Organizations and Maslach and Leiter’s Work Engagement/Burnout Model is needed to understand relationships among the variables and nursing retention.

Research Question

Do structural empowerment, work engagement, and six work life areas predict work commitment and burnout?

Population, Sample, and Setting

To mimic Cho et al. (2006) study, the population for this study will include NGNs working in an acute care setting. A sampling of 50 NGNs working in a teaching hospital in the Midwest will be randomly selected from a new hire list. In this study a NGN is defined as a first time newly licensed registered nurses within the past two years and with no previous health care licensure in another state or foreign country. Like Cho et al. (2006), this study will attempt to eliminate potential error from a diverse sample by limiting participation to NGNs who are assigned as direct care nurses on a medical intensive care unit, a medical intensive care step down unit, and a general medical nursing unit. Additionally, the study will exclude male participants.

Protection of Human Subjects

Prior to conducting any research, this study will be submitted for approval to the Institutional Review Boards (IRB) of Indiana University Health Ball Memorial Hospital and Ball State University. All participants will receive a full disclosure letter outlining the study and contact information of lead researcher for concerns in regards to content of the study. Participant rights will be discussed and confidentiality will be assured prior to the start of this study. Participant consent will be received by participant completion and retuning of survey. This study will adhere to the ethical considerations of research.
Participants will be given the opportunity to decline participation in the study without any effect on their continued employment. No risks have been identified with this study.

**Procedures**

Upon receiving permission from the various IRB groups, the researcher group including stakeholders such as educators, administrators, and nurse managers from the organizations will meet to discuss details of the study. Participation qualifications criteria, participant disclosure information, and participant survey questionnaire will be discussed. Potential participants will receive information regarding the study in new hire orientation. Consent forms and the survey will be distributed to individuals who qualify and are willing to participate in the study at a follow-up orientation class meeting 12-months after hire. Participants will be asked to stay and complete survey after orientation class; and give completed form to class instructor.

Retention rate of NGNs will be measured by the number of nurse graduates still employed within the organizations at 12-months, 18-months, and 24-months.

**Research Design**

This study is a non-experimental, quantitative design. The independent variables in this study include structural empowerment, organizational commitment, and six areas of work life. The dependent variables in this study include employee work engagement/burnout, and NGNs retention.

**Instrumentation, Reliability, and Validity**

Four instruments will be utilized to measure outcomes at 12-months in this study:

1. Structural empowerment will be measured by the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II). The CWEQ-II also includes the Job
Activities Scale-II (JAS-II) and the Organizational Relationships Scale-II (ORS) which measure formal and informal power. Summing up the six CWEQ-II subscale scores will determine the total empowerment score. All 19 items will be measured on a 5-point Likert scale with 1 = none to 5 = a lot. The Cronbach alpha reliability coefficient ranged from 0.84-0.93 and validity was confirmed with the Global Empowerment Scale (r=.57, p<.010 in a previous studies (Cho et al., 2006).

2. The six areas of work life will be measured by the Areas of Worklife Scale (AWS). The AWS contains 29 items. Subscales will be summed to reflect a measure of overall degree of fit in the six areas identified. All 29 items will be measured on a 5-point Likert scale with 1 = strongly disagree to 5 = strongly agree. In prior studies the Cronbach alpha reliability coefficient for the AWS has ranged from 0.70- 0.82(Cho et al., 2006). However, validity of this tool was not reported by Cho et al. study.

3. Work engagement/burnout will be measured by Maslach Burnout Inventory-General Survey. This instrument contains five items measured on a 6-point Likert scale with 1 = never to 6 = every day. Studies have previously reported Cronbach alpha reliability coefficient is 0.90-0.91(Cho et al., 2006). Unfortunately, Cho et al.’s study did not report validity of this tool.

4. Organizational commitment will be determined by the Affective Commitment Scale. This instrument contains six items measured on a 7-point Likert scale with 1 = strongly disagree to 7 = strongly agree. The Cronbach alpha reliability
coefficient in a previous study was reported at 0.79 (Cho et al., 2006).

Disappointedly, Cho et al.’s study did not report validity of this tool.

Finally, the NGNs retention will be measured by the number of nurse graduates still employed within the organizations at 12-months, 18-months, and 24-months.

*Measures of Data Analysis*

Descriptive statistics will be completed on all study variables including mean, standard deviation, and Pearson’s correlation coefficient. Cumulative percentages will be examined on demographic data of participants including age, level of education, and nursing experience. Like Cho et al.’s (2006) study, this study will utilize the Statistical Package for Social Sciences (SPSS) problem and AMOS statistics package within SPSS-PC to conduct statistical analyses of data collected. Reliability for all study tools will be measured by determining the coefficient of the Cronbach alpha. Retention of NGNs will be measured by the number of nurse graduates still employed within the organizations at 12-months, 18-months, and 24-months.

*Summary*

This chapter describes methods and procedures to be used by researchers in this study. The variables of structural empowerment, organizational commitment, six areas of work life, employee work engagement/burnout, and NGNs retention will be studied. A non-experimental, quantitative design will be used with an anticipated sample of 50 NGNs. Data will be gathered utilizing four previously reliable instruments including the CWEQ-II, the AWS, the Maslach Burnout Inventory-General Survey, and the Affective Commitment Scale. Retention rate of NGNs will be measured at various time frames by the number of nurse graduates still employed within the organizations. Data will then be
analyzed using descriptive statistics including mean, standard deviation, and Pearson’s correlation coefficient. This research study is a replication of Cho et al. (2006) study. Results in this study will offer insight for administrators on NGNs perception of structural empowerment, work engagement, and the affect on organizational commitment.
Reference:


