

THE EFFECTS OF STAFF DEVELOPMENT ON NURSE BEHAVIOR

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## ABSTRACT

**Research Paper:** The effects of staff development on nurse behavior  
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The purpose of this project is to investigate communication connections between nurses and co-workers; how nurses identify with the organization; team dynamics; and why nurses want to leave an organization. Additionally, specific communication concerns are identified that causes nursing turnover. The framework of this study is the social identity theory. This theory claims that an individual's concept of self is more favorable when connected with a group. A survey of current employees including nurses, physicians, patient-care assistants, and charge nurses will be conducted utilizing the Nurse-Team Communication Inventory, the NTCI (Apker, Propp, & Ford, 2009) to measure perceptions of communication with other team members. In addition, Cheney's Organizational Identification Questionnaire is used for measuring organizational identification and team identification. Based on the findings, healthcare organizations have the opportunity to incorporate several training programs to assist with staff retention. First, ongoing education frameworks will be developed to assist nurses in refining their repertoire of synergistic communication skills. Second, the use of role specific discussion groups will provide awareness of different team member roles and communication needs. Third, utilization of mentors are found to foster greater satisfaction and productively. Finally, recruitment events, orientation programs and ongoing training are ideal situations in which organizational values can be communicated to all team members. Outcome of this project are expected to retain nurses and possibly decrease the turnover rate.

## Chapter I

### Introduction & Background

#### *Introduction*

Turnover is a prominent concern of healthcare organizations. Literature has not totally explored the role of communication of nurses with other team members that produces a work environment where nurses want to stay working at. Evaluating the communication of team members that nurses are closely working with is of vital importance in this consideration. Organizational commitment is also an area that is lacking in research data examining nursing and healthcare professionals' retention.

#### *Background and Significance*

According to the U. S. Bureau of Labor Statistics (BLS), Registered nurses are the top occupation in regard to job growth through 2020. It is expected that number of employed nurses will grow from 2.74 million in 2010 to 3.45 million in 2020, representing a 26% increase (U.S. Bureau of Labor Statistics [BLS], 2012). In May 2011, employers and staffing agencies posted more than 121,000 new jobs for registered nurses, which was a 46% increase from the previous year. Approximately 10% of the postings were for general and surgical hospitals, where annual turnover rate for registered nurses was 14%. The standard amount of time to fill a permanent registered

nurse position is 37 days. An average of 233 hours is the amount of time for training and orientation of a registered nurse (Raphael, 2011). The cost of nursing turnover to the healthcare organization ranges from \$42,000 to \$64,000 depending on the specialty area. Many factors have been identified as to what the precipitating factor is for nursing turnover, with 80% reporting job dissatisfaction as the number one reason for leaving the job (Hunt, 2009). Although the initial expense is absorbed by the healthcare facility, ultimately the cost is passed on to patients. Various retention tools, such as recognition and money were identified as common tools used to retain nurses. The literature reviewed in the study also showed the influence of peers and communication on nurses' turnover.

Poor communication has been identified as an indicator of burnout, while supportive communication from co-workers and supervisors decreases burn out (Apker, Propp, & Ford, 2009). Many factors contribute to nursing turnover. Some of the most common findings are job satisfaction, pay, and opportunities for advancement. Job satisfaction is commonly broken down into overall job satisfaction, satisfaction with management, and satisfaction with co-workers. Social support from peers connects the nurse to the organization and when an attachment with the organization is felt, turnover intent decreases.

### *Problem Statement*

The nursing shortage has been compounded by the rising number of nurse turnover. The effect of the open positions has a direct, negative effect on patients.

Although monetary and incentive programs have been utilized as retention tools, understanding and strategies need to be addressed to understand the work place factors that are the reasons for a nurse leaving her position within a healthcare organization.

### *Purpose of the Study*

The purpose of this study is to investigate communication connections between nurses and co-workers; how nurses identify with the organization; and why nurses want to leave an organization. Variables identified in this study are job satisfaction, organizational commitment, wages and benefits. Identification is a communication-based variable that refers to the process by which individual nurses interact with their peer group. Various other studies have determined that interaction between a nurse and her supervisor and peers are indicative to the nurse's intent to leave the organization. However, a focus specifically relating to communication has not been fully explored. The fact that the intention to leave an organization is strongly related to actually leaving a position provides the premise for understanding how communication impacts a nurse's decision to leave the healthcare organization that she is employed at.

### *Research Questions*

(a) Does communication which promotes team synergy have an impact on nurses' intent to leave?

(b) Is organizational identification impacted by the nurse-team communication process and intent to leave?

(c) Does team identification mediate between the nurse-team communication processes and intent to leave?

### *Conceptual Framework*

The framework used for this study is the social identity theory (Tajfel & Turner, 1986). This theory claims that an individual's concept of self is more favorable when connected with a group. Although the initial purpose behind this theory was to explore discrimination factors, the theory developed into a focus on the psychological benefits of being connected with a group. Individuals express their attachment to groups through identification. Organizational identification is endorsed when individuals within the organization consider the overall goals and interest of the association when they make decisions that impact their work. Nurses, who feel they are a member of a team, have been found to adjust their role to meet the expectations of other teammates.

### *Definition of Terms*

Organizational identification: the consideration of interest and goals that affect the organization and a modification in made in an individual nurse's daily work practices because of this consideration is the definition of organizational identification.

Organizational identification will be measured by a subscale of the Nurse-Team Communication Inventory (NTCI) (Ford, Propp, Apher, Recker, & Hofmeister, 2006).

Nurse-team Identification: the view that a nurse regarding attachment to a peer group. This concept can be gained through either direct or indirect experiences. The process of identification allows the nurse to create a personal identification while



becoming a part of a social collection. This variable will be measured by the Nurse-Team Communication Inventory (NTCI) (Ford et al., 2006).

Intent to Leave: the process of ending employment. This process begins with a thought and is culminated with actual termination of employment voluntarily. Intent to leave will be measured by the Anticipated Turnover Scale (ATS) (Hinshaw, & Atwood, 1984).

### *Limitations*

The use of surveys for this study made a limitation in the qualitative data that could be utilized. A multimethod approach could assist with capturing the data are contained within the sample group. Another limitation is that nurses are the only healthcare professionals evaluated in the study. A better understanding of the impact that communication has would be to investigate the view of other patient-care team members. The need for a long-term study is also evident by the limitations seen with a short-term process. A long-term study would allow the researchers to see patterns in communication, identification and retention within the sample group.

### *Assumptions*

The first assumption of this study is that nurse-team communication processes of promoting team synergy, ensuring quality decisions, and individualized communication will be inversely related to nurse intent to leave. Secondly, the relationship between nurse-team communication processes and intent to leave will be mediated by organizational identification. Finally, the relationship between nurse-team communication processes and intent to leave will be mediated by team identification.

### *Summary*

Various studies have determined that interaction between a nurse and her supervisor and peers are indicative to the nurse's intent to leave the organization. However, a focus specifically relating to communication has not been fully explored. The fact that the intention to leave an organization is strongly related to actually leaving a position provides the premise for understanding how communication impacts a nurse's decision to leave the healthcare organization that she is employed at. Use of the Nurse-Team Communication Inventory (NTCI) and the Anticipated Turnover Scale (ATS) will provide a great deal of assistance to this study in providing a better understanding of the nurse's intent to leave her place of employment (Hinshaw & Atwood, 1984).

## Chapter II

### Literature Review

Healthcare organizations are faced with a tremendous task. They must have and maintain high quality professionals to provide care for the patients they serve. The cost demands associated with nurse turnover can be crippling to healthcare facilities.

Understanding what causes nurses to leave the job can aid these organizations in implementation of strategies to maintain employment with high quality individuals.

Nursing turnover and turnover intention is of considerable concern within the healthcare profession. The fact that nursing turnover affects patient safety and health outcomes was a primary contributing factor for Beecroft, Dorey, and Wenten (2008) to conduct a study to determine the relationship between new nurses turnover intent with individual characteristics, work environment variables and organizational factors. In addition, the study also compared the new nurse turnover intention with the actual turnover rate within 18 months of employment (Beecroft et al., 2008).

This study took place in six not-for-profit hospitals in Los Angeles, California. The survey was asked to be completed at the completion of a standardized nursing residency by 889 new graduate nurses who worked in pediatrics. Completion of the questionnaire was an expectation to complete the residency, therefore no one asked to

be excluded from participation. Beecroft et al. (2008) provided the following data about the respondents: more than half of the respondents were 23-30 years of age (56%) and had a baccalaureate degree or higher (57%); 72% had previous experience in healthcare and 88% were assigned to their first choice of nursing unit.

Individual characteristics were collected on a demographics form that was specifically developed for this study; this information consisted of age, educational level, prior work experience and choice of work area. Individual skills competency was measured by the *Skills Competency Self-Confidence Survey*. This self-rating tool contains 76 items that include generic skills required by the pediatric registered nurse. Work environment variables of the study were measured by the *Conditions for Work Effectiveness Questionnaire (CWE)*, *Schutzenhofer Professional Nursing Autonomy Scale (PNA)* and *Clinical Decision-Making Scale (CDM)*. The *CWE* addressed specific organizational factors that influence work behaviors such as opportunity, job activities, coaching and support were evaluated by the respondents and identified as either “have” or “like”. The *PNA scale* described clinical situations in which the nurse must act autonomously. The *CDM* contained 33 statements about decision-making within the clinical setting. The answers were based on what the respondent was doing at the time. The organizational factors were measured using the *Leader Empowerment Behaviors Scale (LEB)*, *Group Cohesion Scale (GC)* and *Organizational Commitment Questionnaire (OC)*. The *LEB* contained 16 items that were used to evaluate empowerment, which a higher scores indicating higher levels of empowerment. The *GC* evaluated the respondent’s opinion about the nursing staff which they worked with; primary focus

was on productivity, efficiency, morale, personal feelings, belongingness and working together. The turnover intention was evaluated by a single question that was rated on a scale of one to seven, with one representing not at all and seven representing I sure do to the question of 'Do you plan to leave this facility within the next year?' Actual turnover was defined as a voluntary termination of employment at the hospital and length of tenure was defined as the number of months from hire date to termination date. All instruments except the *Skills Competency Self-Confidence Survey* were published tools with established reliability and validity (Beecroft et al., 2008).

The findings from this study indicated that younger respondents were more likely to indicate turnover intentions. Respondents with a higher level of education or did not receive their first choice of nursing units to work on were also more likely to indicate turnover intention. Individuals who rated themselves lower on both skills self-confidence also indicated turnover intentions. Older respondents (>30) were 4-5 times more likely to be in the turnover intention group if their first choice of unit was not given to them. Work environment and organizational characteristics, when higher scores were noted, the new nurse was less likely to be in the turnover intention group. This study did show that older nurses may be more likely than younger nurses to resign when their goals are not on track. Another interesting fact determined from this study was that a facilitated residency may not guarantee perceived confidence in competency for all participants in the program. Lower scores for enjoyment in one's job also contributed to turnover intention. Further analysis needs to be completed to determine what factors were actually contributory in the reduction in enjoyment for the new

graduates in this study. This study also found that personal feelings about the work group were just as important as seeking social support and enjoyment in one's job. This study was unable to determine that empowerment did or did not contribute to turnover intention, prior studies suggest that empowerment does influence job satisfaction and therefore further investigation would be warranted in this area (Beecroft et al., 2008).

Beecroft et al. (2008) concluded three primary points from the study. First, that when new graduate nurses are satisfied with their jobs and pay and feel committed to the organization, the odds of turnover intention decrease. Second, increased seeking social support to cope with the transition from student to competent registered nurse is related to turnover intent. Finally, older graduates are four to five times more likely to have turnover intent if they do not get their ward of choice.

Nurse turnover is costly to any healthcare organization. The nursing shortage combined with the high cost of nurse replacement has caused an examination of work environment. Baernholdt and Mark (2009) conducted a study to determine whether there are differences in hospital and nursing unit characteristics, the nurse work environment, job satisfaction, and turnover rate between rural and urban nursing units (Baernholdt & Mark, 2009). The difference in number of beds, availability of technology, nurse to patient ratio and level of nurse education implies that a difference may also be present between urban and rural hospitals in regards to work environment, job satisfaction and turnover rates (Baernholdt & Mark, 2009).

The study by Baernholdt & Mark (2009) included 194 nursing units from 22 rural hospitals containing 99 to 450 beds and 75 urban hospitals with the same number of

beds. To be designated a rural hospital, the American Hospital Association's definition was used, which is a location in a non-metropolitan statistical area (area with <50,000 population). Hospital characteristics were based upon size, technological complexity, member of integrated network and magnet status. RNs who participated had to work more than 20 hours a week in direct patient care and had to have worked on the unit for more than three months. Participants received incentives to participate in the form of individual and unit prizes (Baernholdt & Mark, 2009).

The rural hospitals were further divided into size categories of 99-199, 200-299 and 300-450 beds. A weighted number was used to measure the technological complexity services using the 16 high technological points on the Saidin Index. Magnet status was determined on existing or pursuant magnet accreditation. The characteristics of the nursing unit were based on size, work complexity, availability of support services and safety climate. The number of beds on the unit determined the size. A seven-item scale that asked nurses whether physicians' orders were changed frequently and whether the unit had a high number of transfers and admissions was the criteria to determine work complexity. A checklist of 21 possible support services was used to determine the availability of support services. Possible responses included available, not available or inconsistently available. Zohar's safety climate measure and the Error Orientation Scale were used to measure safety climate. This 25-item scale measures incentives for nurses to follow safety guidelines. The nurse work environment consisted of the number of RNs compared to the number of nursing staff on the unit; unfilled nursing positions compared to the budgeted number of nursing positions; the

percentage of RNs with baccalaureate or higher degree; the number of years working as an RN in direct patient care; and an eight-item scale for nurses to rate their level of expertise. Additionally, the nurse work environment looked at commitment to care through the utilization of an eight-item scale evaluating the level to which nurses on the unit felt responsible for care. The two nursing outcomes that were evaluated were job satisfaction and nurse turnover. A 27- item organizational job satisfaction scale was used to measure job satisfaction and ending employment during a 6-month period divided by the average number of RNs on the unit for that period was the process for determining nurse turnover. Internal consistency reliability for scales was evaluated using Cronbach's alpha (Baernholdt & Mark, 2009).

The overall response rate for this study by Baenholdt and Mark (2009) was 62%. The findings of the study in each category are further outlines. In the hospital characteristic portion, fewer rural hospitals were represented and those represented had significantly lower technological equipment and procedures associated with the technology utilized. The characteristics of the nursing unit compared four components of the two different hospitals. The finding that was different between the two was that rural hospitals had significantly smaller units. Work complexity, availability of support service and safety climate was parallel between the groups. Three variables that differed significantly regarding nurse work environment was that the amount of registered nurses was lower in rural hospitals. Of these registered nurses, there was a notable lower amount with baccalaureate or higher degrees. Finally, rural hospitals had



significantly lower vacancy rates. Experience, expertise and commitment to care by the registered nurses was almost identical between the two groups.

Baenholdt and Mark (2009) found through this study that although there were several areas of difference between the rural and urban hospital, nurse job satisfaction and turnover rates were not connected to the location of the hospital. Although unit size was diverse, this also had no impact on job satisfaction and turnover rate. Increased work complexity and vacancy rate were associated with higher turnover rate just as autonomy and higher commitment to care was found to boost job satisfaction.

The high cost of healthcare has caused a need for an evaluation of staff reduction and structural redesign. It is imperative that administration determines a way to meet the quality aspect of the health profession while maintaining staff morale. Job satisfaction is one component determined to influence nurse turnover. Tsai and Wu (2010) evaluated organizational citizenship behavior in correlation to nurse turnover intent.

Organizational citizenship behavior is characterized by an individual's voluntary involvement of going above and beyond the job description to influence an organization's value (Tsai & Wu, 2010). In the study conducted by Tsai and Wu (2010), an evaluation was conducted to investigate the relationship between organizational citizenship behavior, job satisfaction and turnover intent; as well as, evaluating the impact of demographics on organization citizenship behavior, job satisfaction and turnover intent. Two distinct types of organizational citizenship behavior have been identified. The first type, altruism, is a helping behavior directed toward specific

persons. While the second is conscientiousness, which is doing what is right and proper for the sake of a system. Job satisfaction, simply stated is how a person feels about their job. Although many facets have been employed to evaluate job satisfaction, a single component of the job may lead to satisfaction or dissatisfaction on the part of the employee. The level of job satisfaction will influence either organizational citizenship behavior or intent to leave the organization. Turnover intention concerns the thoughts of voluntarily leaving an organization. Additional influences on organizational citizenship behavior, job satisfaction and turnover intention have been speculated to be employee's age, gender, demographic and position held in the organization (Tsai & Wu, 2010).

Tsai and Wu (2010) sent out questionnaires to nurses in one medical center, three regional hospitals and seven local hospitals in Taiwan. After review of the completed questionnaires, 79% were found to be completed and valid for use in the study. The job satisfaction component of the questionnaire contained questions regarding job characteristics, salary, leadership and communication. This portion contained 16 questions. The organizational citizenship behavior portion of the questionnaire consisted of eight questions. The turnover intention section contained seven questions. All components utilized a five-point Likert type scale with one representing strongly disagrees and five equaling strongly agree. Reliability and validity was established.

The study conducted by Tsai and Wu (2010) found several points. In the organizational citizenship behavior portion, the highest ranking find was that nurses felt

an individual's behavior influences peers. The weakest area identified was seeing hospital-wide problems as being the responsibility of individual employees. Work competency was found to be the primary component of job satisfaction and salary was the least influential in job satisfaction. In regard to turnover intention, better working opportunities were the primary reason found to be the intent for leaving an organization. Demographical influences on organizational citizenship behavior were age and the position held within the organization. Age, position and the standards of the hospital were identified as influencing job satisfaction. Nurses in the age range of 31-35 years of age and 36-40 years of age were found to be more satisfied with their job than nurses under the age of 25. Turnover intention was identified more influenced by educational level and position in the organization.

This study has identified some key components for healthcare organizations to take into consideration. Training activities, job enrichment programs and empowerment seminars may be areas for serious consideration regarding job satisfaction. Providing nurses with extensive communication about the vision of the organization, allowing participation in policy planning and goal setting may strength the nurse's organizational citizenship behavior. When job satisfaction and organizational citizenship behavior are strength, turnover intention is likely to be decreased according to the study by Tsai and Wu (2010).

The healthcare industry has recently experienced some changes. These financial changes have caused some organizations to review how to reduce the overall cost of providing services to individuals. Reductions in cost have caused nurses to report

difficult working conditions, which have resulted in poor patient, employee and system outcomes. These work conditions can affect retention of new and veteran nurses according to Gormley (2011). The nursing shortage has also contributed to the necessity to determine how to keep nurses within an organization.

Reviewing nurse perception with those of managers' perception of the work environment and quality of care and how the nurses' perception influences intention to leave was the purpose of the study by Gormley (2011). The work environment has been found to influence staff motivation and behavior. If a nurse's view of the organizations atmosphere is different than what the manager's idea is, strategies could them be developed and implemented to retain nurses. Managers and nurses need to be on the same page to make an organization successful and retain the staff that is employed.

Many factors influence the overall organizational climate. Supervisory supports, autonomy, job structure, peer and management interactions are some of these factors. Although poor perception of the work environment can affect the quality of care provided to patients, it can also cause turnover to be high. Gormley (2011) conducted this study in two hospitals in the Midwest region of the USA. One hospital was in an urban area and was a Level 1 trauma center consisting of 650 beds. The other was in a suburban community hospital with 96 beds. Criteria for inclusion in the study were to be employed as a registered nurse either full or part time in acute or ambulatory care. The registered nurse could either be a staff nurse or a manager. Gormley (2011) asked all candidates to complete demographic information and the Perceived Nurse Work

Environment Scale (PNWE). Staff nurses were also asked to complete the Anticipated Turnover Scale (ATS). Demographic information gathered included age, gender, marital status, employment status, educational level, type of unit, years of experience, role and inclusion in a union. The PNWE utilized a Likert scale of one to five, with one representing strong disagree and five representing strongly agree, in its seven subscale components. The breakdown of the seven subscale components are as follows: (a) nine items regarding opportunity for advancement, (b) four items on participatory governance, (c) four items regarding unit decision making, (d) six items on nursing management, (e) four items about nurse-physician collaboration, (f) five items evaluating positive scheduling climate and (g) seven items about job enjoyment. The ATS was completed by staff nurses only. Both perception of their job and the quality of care provided to patients was asked. The job perception portion used a scale of one to seven with one representing strongly disagree and seven as strongly agree. Quality of care perception had a 10-point scale with 0 equaling dangerous low, five as safe but not much more and 10 as very high quality. Reliability and validity were established through a Cronbach's evaluation. Compensation of time and a \$10 gift card was provided to the participants.

Demographic information found by Gormley (2011) revealed that of the 336 staff nurses and managers who responded, 88% were staff nurses and 12% were managers. Data of the staff nurses consisted of a range of less than one year to 44 years of experience; 78% worked full time; 82% worked on the acute care unit; 18% were diploma nurses; 36% held associate degrees; 40% had a BSN; 6% were Masters prepared

and 67% were in a union. Regarding nurse managers, the range of experience was five to 27 years; education was 10% associate degrees; 55% bachelor of science in nursing; 35% masters of science in nursing or higher education level; and all managers worked full time and 90% in acute care.

This study by Gormley (2011) found that nurse managers and staff nurses had different perceptions of the work environment. The work environment was viewed as more positive by nurse managers than staff nurses and the ideas of issues of importance was seen differently by those managing the unit and those working the unit. Perceptions by staff nurses regarding nursing management, job satisfaction and quality of care were indicative of anticipated turnover. Gormley's (2011) study did find that all perceptions regarding quality of care delivered to the patient was directly related to the perception of the organization as a whole.

Utilization of these findings by Gormley (2011) can be instrumental for healthcare organizations. Since nurses and their immediate supervisor do not see the work environment similarly, staff nurses could be more likely to leave the organization. Perceptions of area of importance viewed by staff nurses are those of professional growth and engagement in work. Organizations that develop an environment of autonomy, participation in hospital governance and policy and procedure development by staff nurses, with the support and encouragement of nurse managers, are more likely to retain the nurses employed in the organization and ensure that quality of care is a priority.

The ability to anticipate turnover before it occurs would be an asset to healthcare organizations in decreasing the cost associated with registered nurse turnover. In addition to the cost associated with nurse turnover, there was a reduction in the number of nurses available within a healthcare organization to provide essential patient care when turnover occurs. The effects of turnover on existing nurses remaining with the healthcare facility are increased workload, burnout, job dissatisfaction and may ultimately cause them to leave the organization too. Barlow and Zangaro (2010) estimate the financial cost of turnover to range from \$82,000 to \$88,000 for each registered nurse hired. It is essential to find a way to determine nursing turnover before it occurs.

“The Anticipated Turnover Scale (ATS) is an instrument which has been used in research with a variety of nursing personnel to measure anticipated turnover” (Barlow & Zangaro, 2010, p. 863). Barlow and Zangaro (2010) study wanted to determine the consistency of the reliability estimates and evidence of construct validity of the ATS scores across studies in the United States from the registered nurses samples. Anticipated turnover was defined as “the degree to which a staff member thinks or is of the option that she will voluntarily terminate her or his present position” (Barlow & Zangaro, 2010, p. 864). The ATS is a 12-item, Likert-type scale that ranges from one to seven with seven representing strongly agree to one representing strongly disagrees; the lower the score, the less likely the intent to leave. The test is easy to use, administer and to read. The total time to complete the ATS is approximately five minutes.

Barlow and Zangaro (2010) utilize computerized databases, contacting researchers through email and consulted experts to locate empirical studies that had utilized the ATS. Criteria for the study to be utilized in Barlow and Zangaro (2010) study were it had to be written in English, had to incorporate the use of the ATS within the study and was published from 1984 to 2008. Keywords were utilized in the database search: registered nurse, nurse turnover, anticipated turnover and Anticipated Turnover Scale. After reviewing the information, 12 studies were found to meet the criteria. The 12 studies consisted of five articles, five dissertations, one pilot study, and one unpublished research study. Quality was a key component in order to evaluate the impact on effect size estimates. Each study was rated for quality. Comprehensive Meta-Analysis was the program used to analyze the data. Of the 12 studies meeting criteria, nine received an overall high quality rating; three received a moderate overall quality rating. Eight studies were conducted during the 21<sup>st</sup> century and four during the 20<sup>th</sup> century. Analysis of the 12 studies revealed that validity and reliability of the ATS had been established.

Based on the study findings by Barlow and Zangaro (2010), the Anticipated Turnover Scale was a valid and reliable instrument that can be utilized by the healthcare organization management to anticipate turnover before it happens. Effective retention strategies can be implemented based on data to reduce turnover.

The demand for registered nurses in the United States is expected to exceed the supply by nearly 30% by 2020 (Rondeau, Williams, & Wager, 2009). In addition to an overall shortage of registered nurses, 41% of these vital individuals are dissatisfied with



their job and 22% plan to leave their job within a year. The financial impact to healthcare organizations to replace these nurses can range from \$10,000 to \$60,000 per nurse. In addition to the financial impact, turnover raises the workload for existing nurses which negatively affects morale and overall well-being.

Rondeau et al. (2009) conducted a study to determine if the greater the nursing human capital in an organization would decrease the rate of turnover and if a greater investment in nursing training within an organization would decrease the turnover rate. Based on the Human Capital Theory, employees are viewed as investments and assets within an organization. Human capital is further defined as “the knowledge that individuals acquire during their lifetime and use to produce goods, services or ideas in market or non-market circumstances” (Rondeau et al., 2009 p.745). This investment in individuals is believed to inspire a sense of goodwill and commitment to an organization leading to a less likelihood of quitting. Professional development through training is also felt to increase job satisfaction.

In the study by Rondeau et al. (2009), questionnaires were sent to hospitals and long term care facilities in Canada that had over 25 approved beds. Participation was voluntary and confidential. An overall response rate of 32.3% was determined. 232 responses were from acute, chronic or rehabilitative hospitals and 473 responses were from long-term care facilities and nursing homes. Nursing turnover was assessed by utilization of the annual registered nurse turnover rate in four categories: little or no turnover, little registered nurse turnover, moderate registered nurse turnover, and

heavy registered nurse turnover. The focus was aimed at voluntary movement within the organization. Ten areas were utilized to determine nurse training and development utilizing a four point scale ranging from one equaling no nursing staff receiving the training to four equaling all nursing staff received the training in the areas of workplace safety training, clinical skills training, personal computer training, quality improvement skills training, team effectiveness training, cross-training, management skills training, diversity sensitivity training, customer service training, and literacy training. These measurements were to provide an indication of the investment made by the organization in the human capital component. Reliability and validity were established utilizing sequential regression analysis.

Although two-thirds of the established respondents were classified as long-term care facilities, hospitals generally reported a slightly higher turnover rate (Rondeau et al., 2009). Both organizations had a majority of nursing staff receive training in workplace safety and clinical skills. Only a few organizations were found to offer customer service and literacy training. This study further substantiate that when an organization invest in the training and development of registered nurses in the area of human resources, organizational commitment is more likely to occur and a reduction in voluntary turnover is expected. An additional finding from this study demonstrated that responsible recruiting practices needs to be balanced with human capital development in regards to registered nurse retention perspectives. As nursing personnel determine that the healthcare organization that employees them is focused on learning opportunities, the organization is viewed as a meaningful environment for growth.

In an effort to control healthcare cost, inadvertent cuts in human capital investment by cutting training and skills development is more likely to cause a greater cost to the organization by registered nurse turnover rates increasing. Rondeau et al. (2009) show through the study that the investment in human capital skills development and training is one of the best investments a healthcare organization can make in maintaining or even increasing the nursing workforce.

The high cost associated with registered nurse turnover is a great concern for healthcare organizations. Kovner, Brewer, Greene, and Fairchild (2009) estimated the cost to healthcare organizations to hire, orient and pay covering nurses for a nurse leaving the position is 1.2 to 1.3 times an annual registered nurses salary. This can account for up to 5% of a hospitals yearly budget.

Criteria for the study conducted by Kovner et al. (2009) was a registered nurse who passed the National Council Licensure Examination between September 2004 and August 2005 and had not worked in a foreign country as a registered nurse before receiving licensure. Names of these registered nurses were obtained from 34 states and the District of Columbia. Representation came from 51 metropolitan areas and nine non-metropolitan areas. The survey yielded a 58% response rate. After reviewing the respondents' information, a sample size of 1,933 was obtained.

Kovner et al. (2009) found through the study they conducted that several characteristics are significant in predicting job satisfaction, organizational commitment and intent to stay over and above work attitudes. Ethnicity and gender were the two key components identified with job satisfaction. Patient load, mandatory overtime, shift

and type of unit were the areas found to significant impact organizational commitment. The age of the registered nurse and income level were the major factors found for intent to stay.

The study by Kovner et al. (2009) provides healthcare organizations and governmental policymakers with the opportunity to decrease nurse turnover by identifying areas that is within their scope to change. Mandatory overtime and patient load are two examples of areas that could be evaluated and governance implemented to promote organizational commitment.

Many studies have reviewed the intent behind why a registered nurse leaves the position within an organization. Kovner et al. (2009) completed a study to determine what factors could be identified that makes a newly licensed registered nurse stay in the position. Within the study several terms were clarified for ease of understanding. Search was defined as “the extent to which an employee is looking for another job” (Kovner et al., 2009, p. 82). The concept behind the definition was that of thoughts of quitting. Preparatory search was defined as “a behavior such as reading ads and active search is behavior such as calling employers” (Kovner et al. 2009, p. 82). Satisfaction and organizational commitment is likely to predict search behaviors. Intent to stay was then identified as an individual’s attitude about staying with the current employer. Kovner et al. (2009) 22 multi-item measures were used. Five assessed work attitudes and behaviors. Fifteen evaluated attitudes about work-related conditions. The final two measures reviewed the employee’s affective outlook. Reliability and validity were shown to be adequate to excellent based on Cronbach alpha scores. Intent to stay was

calculated on a four-item Likert-like scale. Kovner et al. (2009) chose to examine satisfaction, organizational commitment, search behavior, and intent to stay as a discrete ordered choice variable.

Nursing shortage and turnover rate are a primary concern to all healthcare organizations. The nursing shortage limits an existing nurse's ability to provide the care that is needed by patients. Jenaro, Flores, Orgaz, and Cruz (2011) indicate that nurses experience more psychological distress than the general population. Additionally, moral distress is also experienced because of the limited ability to provide quality nursing care due to nursing shortage.

Jenaro et al. (2011) focused the study on understanding engagement in the nursing profession; specifically analyzing the association between individual nurses' characteristics, job features and work engagement. The study was conducted over a seven month period of time in a public hospital in Spain. Criteria to be included into the study were work length to be a year or more as a nurse. Questionnaires were provided to 412 nurses. The average time to complete the survey was 30 minutes.

Jenaro et al. (2011) used the Work Engagement Survey (WES), which contains nine items are rated on a seven point Likert Scale from zero (0) to six, with zero representing never to six representing always. The items were grouped into three subscales: vigor, dedication and absorption. High scores in the three scales indicated engagement. Reliability and validity of this survey has been established. The General Health Questionnaire was utilized to measure psychological adjustment. This tool was composed of four sub scales: somatic symptoms, anxiety and insomnia, social

dysfunction, and severe depression. Scores of  $>6$  of the total measure was defined as probable psychiatric cases.

The General Health Questionnaire from the study by Jenaro et al. (2011) found that of the participants, 49% met criteria for somatic symptoms, 65.5% had anxiety and insomnia criteria, 4.6% met the criteria for social dysfunction and 10% severe depression. Additionally, it was found through this questionnaire that 18% of the nurses reported experiencing anxiety and/or depression issues that led to absence in work for a month or longer. 78.7 percent of the nurses reported that the job was stressful. The main stressors were identified as workload, number of patients, responsibilities, shift, and interaction with patient's families.

Based upon the Work Engagement Survey, Jenaro et al. (2011) analyzed that job satisfaction was the variable most helps to explain both vigor and dedication. Additionally, the nurses who expressed satisfaction with the job showed higher engagement. Quality of working life, perceived support in the workplace, is a high indicator in regards to work engagement.

The fact that Jenaro et al. (2011) determined high psychiatric morbidity among nurses may be an indication to healthcare organizational management that a model of engagement would be more beneficial in retaining nurses than a retention model. Implementation of strategies to improve mutual support would have a positive effect on quality of work life of the nurse. Communication skills training is necessary to increase work engagement because of the general social well-being component in incorporates into social functioning.

## Summary

All the studies reviewed indicated the impact that nursing turnover has on the economic well-being of a healthcare organization. Several studies also identified the fact that nursing turnover play a role in the quality of care that is provided to patients. The studies by Baernholdt and Mark (2009), Tsai and Wu (2010), Gormley (2011), Barlow and Zangaro (2010), Rondeau, Williams, and Wagner (2009), Kovner, Brewer, Greene, and Fairchild (2009), and Jenaro, Flores, Orgaz and Crus (2011) focused on registered nurses as the primary sample group. The remaining one study focused on identifying evidence based studies that could be used to identify anticipated turnover of registered nurses. The majority of the studies utilized surveys or questionnaires to obtain the vital data for the particular study topic.

The most common variable identified in the studies was that of job satisfaction and the impact that nursing shortage has on nurses who remain with the organization. The studies by Baernholdt and Mark (2009), Tsai and Wu (2010), Gormley (2011), Barlow and Zangaro (2010), Rondeau, Williams, and Wagner (2009), Kovner, Brewer, Greene, and Fairchild (2009), and Jenaro, Flores, Orgaz and Crus (2011) agreed that job satisfaction is a major component of nurse retention. Work load was the primary concept identified as dissatisfaction within the healthcare profession.

Seven of the eight studies identified determine that nurse turnover and shortage is a global concern. There is no discriminating when it comes to intention to leave an employer. Rural areas are just as affected as urban areas. Patients and staff are impacted when a nurse leaves the organization. Several tools were identified within the

studies review to assist with retaining nurses. Instead of spending so much money on recruiting, orienting, and hiring, healthcare organizations need to invest in the staff that is already employed. Educational and training opportunities strength job satisfaction and is a key point in developing organizational citizenship behavior.

Additional research opportunities regarding nursing turnover and intent to leave should focus more on what tools, techniques, procedures; trainings have been the most beneficial in retaining existing staff. Having effective, evidence based tools to utilize within any healthcare organization may be the needed information to retain, recruit and regenerate the nursing field.



## Chapter III

### Methods and Procedures

#### *Introduction*

Turnover is a prominent concern of healthcare organizations. Literature has not totally explored the role of communication of nurses with other team members that produces a work environment where nurses want to stay working at. Evaluating the communication of team members that nurses are closely working with is of vital importance in this consideration. Organizational commitment is also an area that is lacking in research data examining nursing and healthcare professionals' retention. The framework used for this study is the social identity theory (Tajfel & Turner, 1986). This theory claims that an individual's concept of self is more favorable when connected with a group. Although the initial purpose behind this theory was to explore discrimination factors, the theory developed into a focus on the psychological benefits of being connected with a group. Individuals express their attachment to groups through identification. Organizational identification is endorsed when individuals within the organization consider the overall goals and interest of the association when they make decisions that impact their work. Nurses, who feel they are a member of a team, have been found to adjust their role to meet the expectations of other teammates. The purpose of this project is to investigate communication connections between nurses

and co-workers; how nurses identify with the organization; team dynamics; and why nurses want to leave an organization. Additionally, specific communication concerns are identified that causes nursing turnover.

### *Research Questions*

(1) Does communication which promotes team synergy have an impact on nurses' intent to leave?

(2) Is organizational identification impacted by the nurse-team communication process and intent to leave?

(3) Does team identification mediate between the nurse-team communication processes and intent to leave?

### *Protection of Human Subjects*

Prior to beginning the project, permission and approval obtained from Ball State University Institutional Review Board (IRB), hospital director of nursing, HR department and the hospital administrator. Information will be provided to these organizational leaders regarding the purpose and goal of the project. Participation within the study will be voluntary. No identifiable information will be published or shared about the participants. Respondents will be informed about the purpose of the study and the manner of data collection. All data collected will be stored on a password protected computer and only aggregate data reported.

### *Procedures*

Statistical data, such as department size and number of direct care employees will need to be obtained to ensure enough surveys, letters and consent forms are

available for distribution. Department managers will inform all staff members during routine monthly in-service that surveys will be distributed to all direct care staff members and that participation is strongly encouraged and voluntary. Within three days of the routinely monthly in-service, surveys will be placed in mailboxes of nurses and charge nurse in all departments of a Midwest tertiary hospital along with a letter of encouragement for participation signed by the director of nursing and the hospital administrator. In addition a consent form will be included for participants to sign. An explanatory letter will be placed at each nurses' station and time clock regarding where completed surveys are to be turned in at and the deadline date for submission, which will be one month following distribution allowing participants time to complete and submit the surveys.

### *Research Design*

The survey instrument consisted of scales measuring nurse-team communication, organizational and team identification and intent to leave. The research will be a cross-sectional study focused on nurses and charge nurses within a hospital setting.

### *Instrumentation, Reliability, and Validity*

Two instruments will be utilized to measure perceptions of communication among team members and the intent to leave one's position. The Nurse-Team Communication Inventory (NTCI) and Anticipation Turnover Scale (ATS) will be the two tools utilized within the survey. The NTCI (Ford, Propp, Apker, Recker, & Hofmeister, 2006) contains 65 items developed to measure perceptions of communication with

other team members. The participants are asked to rank items, 1 (not at all important) to 10 (extremely important). This instrument was specifically designed to assess patient-care team members' perceptions of nurses' communication with other team members. Confirmatory factor analyses (CFAs) were performed to ensure that the NTCI measures demonstrated structural validity. Three subscales are identified within the NTCI which consist of team communication, team synergy and individualized communication. Cronbach's alpha values ranged from .88 to .97. The NTCI tool was utilized to answer questions a and b for this study.

The ATS (Hinshaw & Atwood, 1984) is a 12 item scale that provides an index of an employee's opinion of the possibility of voluntarily leaving the position. The 12 items are answered on a seven point Likert scale ranging from agrees strongly to disagree strongly. The ATS contains no subscales making it a one factor instrument. Reliability has been established using Cronbach's alpha and it was 0.84. Exploratory Factor Analysis and Principal Components Analysis were used to establish validity for the ATS. This tool was utilized to answer research question c.

### *Data Analysis*

Descriptive statistics will be computed on the study variables. The variables will be number, frequencies, range, means, and standard deviation. Demographic characteristics of participants include age, level of education, nursing experience, duration of employment, and unit of work. When the designated time frame of one month following staff in-service education has expired, the data will be collected and

evaluated. Correlation coefficient and multiple regressions will be used to analyze the data (Apker et al, 2009).

### *Summary*

The need to understand how team involvement affects nursing staff positively and negatively is a key component to nurse retention. While protecting the privacy of participants and healthcare organizations, utilization of the NTCI and ATS tools can provide some insight into the questions of whether communication impact a nurse's intent to leave, be a member of the team and/or assist with identification as a member of the overall organization. These two reliable and valid tools can assist in a better understanding of what may assist the management team in understanding how important communication development is within the nursing department and keeping valued nursing professionals within the organization.

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