

Nurse Retention

THE UNIVERSITY OF IOWA COLLEGE OF NURSING
Barbara and Richard Csomay Center for Gerontological Excellence



AUTHORS:

Jane Hsiao-Chen Tang, PhD, RN, NE-BC

Pamela Hudson, DM, RN



SERIES EDITOR:

Howard K. Butcher, RN, PhD

ASSOCIATE EDITOR:

Ryleigh M. M. Maas, BS



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The University of Iowa
College of Nursing
Barbara and Richard Csomay Center for Gerontological Excellence
50 Newton Drive
Iowa City, Iowa 52242

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We would acknowledge the following individuals for their contributions to this guideline:

AUTHORS:

2020: **Jane Hsiao-Chen Tang, PhD, RN, NE-BC**, Chair & Professor, Division of Nursing, Immaculata University

Pamela Hudson, DM, RN, Director, Associate Professor & MSN Program, Immaculata University

2010: **Jane Hsiao-Chen Tang, PhD, RN, NE-BC**, Chair & Professor, Division of Nursing, Immaculata University

Lisa A. Naugle, MSN, RN, BC, Nurse Manager, Inpatient Psychiatric Unit, Reading Hospital and Medical Center

2002: **Jane Hsiao-Chen Tang, PhD, RN, NE-BC**, Chair & Professor, Division of Nursing, Immaculata University

SERIES EDITORS:

2020: **Howard K. Butcher, RN, PhD**, Associate Professor, Nursing Interventions Classification (NIC); Supervising Editor, Barbara and Richard Csomay Center for Gerontological Excellence Evidenced-based Practice Guidelines, The University of Iowa, College of Nursing

SERIES EDITORS (CONT'D):

- 2010: **Deborah Perry Schoenfelder, PhD, RN**, Professor Emeritus, Associate University of Iowa, College of Nursing
- 2002: **Marita G. Titler, PhD, RN, FAAN**, Director, Research, Quality and Outcomes Management, Department of Nursing Services and Patient Care, University of Iowa Hospitals and Clinics, and Director, Research Translation and Dissemination Core, Gerontological Nursing Interventions Research Center

ASSOCIATE EDITOR:

- 2020: **Ryleigh M. M. Maas, BS**, Evidence-Based Practice Associate Editor, Barbara and Richard Csomay Center for Gerontological Excellence Evidenced-based Practice Guidelines, The University of Iowa, College of Nursing

EXPERT REVIEWERS:

- 2020: **Barbara Wadsworth, DNP, RN, MBA, FAAN, FNAP, FACHE, NEA-BC**, SVP/CNO, Main Line Health, Bryn Mawr, PA 19010
- 2010: **Sean Clarke, RN, PhD, FAAN, RBC**, Chair in Cardiovascular Nursing, Peter Munk Cardiac Centre, Toronto, Ontario
- Mary Blegen, RN, PhD, FAAN**, Professor and Director of the Center for Patient Safety, University of California, San Francisco, CA
- Jill Scott- Cadwezil, PhD, RN, FAAN**, Professor, Chair of Systems and Practice, University of Iowa, Iowa City, IA
- 2002: **Marita G. Titler, PhD, RN, FAAN**, Director, Research, Quality and Outcomes Management, Department of Nursing Services and Patient Care, University of Iowa Hospitals and Clinics, and Director, Research Translation and Dissemination Core, Gerontological Nursing Interventions Research Center
- Lynn Comried, MSN, RN**, Nurse Manager, Medical Intensive Care Unit, University of Iowa Hospitals and Clinics, Iowa City, Iowa

Nurse Retention

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Grading Scheme

This guideline was developed from a systematic review and synthesis of current evidence on Nurse Retention. Research findings and other evidence, such as guidelines and standards from professional organizations, case reports and expert opinion were critiqued, analyzed and used as supporting evidence.

The practice recommendations are assigned an evidence grade based upon the type and strength of evidence from research and other literature.

Scheme for Grading the Strength & Consistency of Evidence in the Guideline

- A1 = Evidence from well-designed meta-analysis or well-done systematic review with results that consistently support a specific action (e.g., assessment, intervention, or treatment)
- A2 = Evidence from one or more randomized controlled trials with consistent result
- B1 = Evidence from high quality Evidence-Based practice guideline
- B2 = Evidence from one or more quasi experimental studies with consistent results
- C1 = Evidence from observational studies with consistent results (e.g., correlational, descriptive studies, qualitative)
- C2 = Inconsistent evidence from observational studies or controlled trials
- D = Evidence from expert opinion, multiple case reports, or national consensus reports

Introduction

Nursing retention and turnover impacts healthcare on many facets; pressures are increasing to provide quality care, in a cost-effective manner to a satisfied patient with an engaged staff as defined by the Quadruple Aim (Bowles, Batcheller, Adams, Zimmerman, & Pappas, 2019). The wellbeing of nurses and their ability to meet the needs of their patients are amidst those concerns. Coupled with understaffing, the increased amount of work in nursing units leaves little or no time to attend to nurses' needs (Khunou & Davhana-Maselesele, 2016). Staff morale is not usually a high priority until a crisis occurs, such as nurses start to leave their job and/or the nursing profession altogether (Brown, 2018) resulting in fewer nurses to take care of patients. With more than 1 million nurses retiring between now and 2030 the profession experiences an increased shortage, so it becomes imperative nurse leaders understand what keeps nurses satisfied and working. Buerhaus (2017) has predicted the profession will experience a shortage of nurses in the next 10 years. The supply of nurses over the next decade is uncertain due to changes in age of nursing population, economy, interest in nursing and availability of nursing faculty (American Association of Colleges of Nursing [AACN], 2019). Turnover is costly both financially and emotionally; the monetary costs associated with staff turnover are related to recruiting and orienting nurses (Kovner, Brewer, Fatchi, & Jun, 2014; NSI Nursing Solutions, 2019). It also affects staff's satisfaction and disturbs productivity of nursing, frequently causing the hospital to turn patients away due to inadequate staffing numbers, which decreases revenues (Vardamann, Rogers, & Marler, 2018). Insufficient staffing leaves nurses feeling disenfranchised, increases stress, and impacts job satisfaction causing many nurses to leave the profession as they cannot care appropriately for their patients (Aiken et al., 2017; Laschinger & Fida, 2015). Clearly, the high turnover of nurses is a serious issue affecting all health care entities.

The literature is replete with research on the phenomena of nursing retention and turnover. Numerous models of nurse retention and turnover, such as professional turnover model (Price & Mueller, 1981), professional autonomy and turnover model (Weisman, Alexander, & Chase, 1981), anticipated turnover model (Hinshaw & Atwood, 1985). Organizational dynamics paradigm of nurse retention model (Taunton, Boyle, Woods, Hansen, & Bott, 1997), supervisor emotional support model (Pohl & Galletta, 2016), authentic leadership model (Laschinger & Fida, 2015), professional autonomy and turnover model (Nelson-Brantley, Park & Berquist-Beringer, 2018), and job demands- resource model (Tullar et al, 2016), intent to stay model (Cowden & Cummings, 2015) have been published in the nursing literature.

Factors that predict retention and turnover have been delineated. For example, demographic variables (e.g. age, marital status, number of children, education, and clinical experience), job satisfaction and tension, organizational commitment, work environment, group cohesion, pay, social support, job stress, and supervisor's behaviors are found to influence turnover (Al-hamdan, Samadi, Ahmad, Bawadi, & Mitchell, 2019; Asgari, Sharfipour, Taraghi, & Yarzdani-charati, 2019; Boamha, Read, & Laschinger, 2017; Boyle, Bott, Hansen, Woods, & Taunton, 1999; Coomber & Barriball, 2007; Dery, Clarke, D'Amour & Blais, 2018; Dilig-Ruiz et al., 2018; Han, Trinkoff & Gurses, 2015; Hairr, Salisbury, Johannsson, & Red-Fern, 2014; Hinshaw & Atwood, 1985; Hinshaw Smeltzer, & Atwood, 1987 Johnson, 2015; Kovner et al., 2016; Lai et al., 2008; Lartey, Cummings, & Profetto-Grath, 2014; Leveck & Jones, 1996; Lee, Kim, Kang, Yoon, Kim, 2014; Lewis & Cunningham, 2016; Lucas, 1991; Nelson-Brantley et al., 2018; Noblet et al., 2017; Perrigno, Dunford, Troup, & Boss, 2017; Portoghese, Galletta, Battistelli, & Leiter, 2015; Price & Mueller, 1981; Tai, 1996, Taunton et al., 1997; Tourangeau & Cranley, 2006; Volk & Lucas, 1991; Wagner, 2007; Yang & Kim, 2016; [*Evidence Grade = C1*]). Among the factors studied, job satisfaction is widely recognized as a critical factor affecting retention and turnover (Blegen, 1993; Bolima, 2015; Boyle et al., 1999; Cotton & Tuttle, 1986 Ellenbecker, Porell, Samia, Byleckie, & Milburn, 2008; Gillet et al., 2018; Hinshaw et al., 1987; Hom & Griffeth, 1995; Irvine & Evans, 1995; Kovner et al., 2016; Leveck & Jones, 1996; Li et al., 2018; Lucas, Atwood, & Hagaman, 1993; Mueller & Price, 1990; Nei, Snyder, & Litwiller, 2015; Portoghese et al., 2015; Price, 2001; Price & Mueller, 1981; Saber, 2014; Simone et al, 2018; Tang, 2005, 2008; Tourangeau & Cranley, 2006; Yang & Kim, 2016; [*Evidence Grade = A1*]). Job satisfaction is the extent to which employees like their job. It is subjective, complex, and affected by many factors. Hence, it is a dynamic phenomenon that changes over time. Evidence in the present review reveals that most of the study variables are causally linked to retention and turnover and many of those relationships are mediated by other variables such as job satisfaction (Boyle et al., 1999; Gregory, Way, LeFort, Barrett, & Parfrey, 2007; Hee & Kyung, 2016; Hinshaw et al., 1987; Irvine & Evans, 1995; Kim, Price, Mueller, & Watson, 1996; Kovner et al., 2016; Nei et al., 2015; Price, 2001; Price & Mueller, 1981; Saber, 2014; Tang, 2005, 2008; [*Evidence Grade = A1*]).

Retention of experienced staff nurses is paramount as the nursing profession enters another shortage era which leads to impact on patient safety and quality of care (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Aiken et al., 2017; Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005; Buerhaus, 2017; Cicolini, Cinoarcubu, & Valentina, 2014; Ducharme, 2017; Hairr et al., 2014; Kane, Shamliyan, Mueller, Duval, & Wilt, 2007; Laschinger & Fida, 2015; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002; Perry et al., 2018; Powell, Mabry, & Mixer, 2015 [*Evidence Grade= B1*]). Even though there are 2.95 million registered nurses (RNs) in the US, hospitals are experiencing a national RN vacancy rate of 8% (NSI, 2019; US Bureau of Labor, 2018) and a

turnover rate of 17.2 (NSI Nursing Solutions, 2019) costing institutions about \$52,100 per nurse. Each change in percent will cost/ save the hospitals an additional \$328, 400 (NSI, 2019). Experts and officials have predicted the shortage to worsen over the long term (AACN, 2019) with the US Bureau of Labor Statistics (2018) projecting 1.1 million expansion and replacement nurses needed to avoid a further shortage. Because of the shrinking pool of available nurses, it is very important to retain staff nurses within the organization/unit (Hollis, 2019). Retention is a process that should be started before a staff nurse is hired and needs to be ongoing (Zeibert et al.,2016). Substantial empirical studies provide evidence that leadership behavior of the manager is important for job satisfaction and retention among nurses (Anthony, Standing, Glick, Duffy, & Paschall, 2005; Blegen, 1993; Bowles et al., 2019; Bratt, Broome, Kelber, & Lostocco, 2000; Boyle et al., 1999; Cowden & Cummings, 2015; Hayes, 2005; Leveck & Jones, 1996; Lucas, 1991; Taunton et al., 1997; Volk & Lucas, 1991; Wagner, 2006; [Evidence Grade = C1]). Nurse managers are critical to promoting job satisfaction and diminishing turnover of nurses working in their area. Although some factors that contribute to turnover are not in the control of managers, there are many actions that can be taken by them (Boamah, Read, & Spence Laschinger, 2017; Brunges & Foley-Brinza, 2014; Haid et al., 1993). The information in this guideline aims to retain nurses by outlining strategies for the provision of management techniques to enhance nurses' job satisfaction and decrease turnover by first line nurse managers.

Purpose

The purpose of this evidence-based practice guideline is to provide strategies for first line nurse managers in various health care settings, to use in enhancing job satisfaction and decreasing turnover of staff nurses. The goal of this guideline is to summarize literature dealing with issues that first line nurse managers can address, beyond compensation issues, which will assist in retaining experienced nurses.

Definition of Key Terms

Job Satisfaction: The extent to which individuals like or enjoy their jobs (McCloskey & McCain, 1987).

Turnover: "The degree of individual movement across the membership boundary of a social system" (Price, 1977, p. 4). Voluntary turnover is initiated by the individuals who quit or resign an agency. Involuntary turnover is initiated by the organization, such as dismissals and layoffs (Hinshaw & Atwood, 1983; Price, 1977).

Retention: The ability of the organization to retain individuals in their employment once they are hired (Tomey, 2008).

Intent to Stay: Individuals' perception of likelihood of remaining in their current employment.

Anticipated Turnover: Individuals' perception of the possibility of quitting their current positions (Volk & Lucas, 1991). Often, this is interchanged with the term INTENT TO LEAVE, which is nurses' perception of likelihood of leaving, though currently staying in their positions (Volk & Lucas, 1991).

First Line Manager: Is also called head nurse, nursing care coordinator, nurse manager, patient care manager, or patient care coordinator, whose major responsibility includes day-to-day operations of the nursing care delivery and organization and personal needs in a given unit(s) (Huston & Marquis, 1989).

Factors Influencing Job Satisfaction

Why do nurses leave their jobs and the profession of nursing? What makes a job satisfying or dissatisfying for a nurse? Several researchers have found that turnover has resulted in many nurses leaving the profession, making it costly for health care agencies. Among the factors studied, job satisfaction has been widely recognized as a critical factor affecting retention and turnover (Bolima, 2015; Cotton & Tuttle, 1986; Dilig-Ruiz et al., 2018; Ellenbecker, Porell, samia, Byleckie, & Milburn, 2008; Gillet et al., 2018; Gregory, Way, Lefort, Barrett, & Parfrey, 2007; Halter et al., 2017; Hom & Griffeth, 1995; Irvine & Evans, 1995; Kovner et al., 2016; Letvak & Buck, 2008; Leveck & Jones, 1996; Li et al., 2018; Lucas et al., 1993; Mueller & Price, 1990; Nei et al., 2015; Portoghese et al., 2015; Price, 2001; Price & Mueller, 1981; Saber, 2014; Sourdif, 2004; Tang, 2005, 2008; Tourangeau & Cranley, 2006; Yang & Kim, 2016; [Evidence Grade = A1]). Job satisfaction is a complex phenomenon. Though many factors have been associated with job satisfaction, no one single factor can stand alone as the major explanatory variable (Blegen, 1993; Hinshaw & Atwood, 1983). The following factors are directly related to nurses' job satisfaction in multiple settings.

WORK ENVIRONMENT

- Job stress or burnout is the degree to which job demands are difficult to fulfill (Price, 2001). Nurses with higher job stress have lower job satisfaction. Examples of sources for job stress are: Nurse-patient interactions, nurse-family interactions, nurse-physician interactions, workload, inadequate staffing, and working various shifts (Blegen, 1993; Boamah, Read, & Laschinger, 2017; Bratt et al., 2000; Dilig-Ruiz et al., 2018; Dotson, Dave, Cazier, & Spaulding, 2014; Gillet et al., 2018; Hinshaw et al., 1987; Irvine & Evans, 1995; Khowaja, Merchant, & Hirani, 2005; Kretzschmer et al., 2017; Letvak & Buck, 2008; Leveck & Jones, 1996; Lucas et al., 1993; Noblet et al., 2017; Pineau Stam., Laschinger, Regan, & Wong, 2015; Reineck & Furino, 2005; Taunton et al., 1997; [Evidence Grade = A1]).
- Autonomy or participation is characterized as the workplace that provides the opportunity and authority for nurses to participate in decision making. Autonomy allows the individual nurse to have some control over their job (e.g., work schedules), and nursing practice. Nurses who perceive higher autonomy have higher job satisfaction than nurses with lower perceptions of autonomy (Al-Hamdan, Smadi, Ahmad, Bawadi, & Mitchell, 2019; Blegen, 1993; Blegen & Mueller, 1987; Boyle et al., 1999; Cummings et al., 2008; Dery et al., 2018; Dilig-Ruiz et al., 2018; Han et al., 2015; Hinshaw et al., 1987; Kovner et al., 2016; Kramer &

- Schmalenberg, 2008; Leveck & Jones, 1996; Letvak & Buck, 2008; Irvine & Evans, 1995; Noblet et al., 2017; O'Brien-Pallas, Griffen, et al., 2006; O'Hare, Burke, Ditomassi, & Lopez, 2019; Portoghese et al., 2015; Price & Mueller, 1981; Roberts-Turner, Hinds, & Nelson, 2014; Saber, 2014; Song, Daly, Rudy, Douglas, & Dyer, 1997; Taunton et al., 1997; [*Evidence Grade = A1*]).
- Group cohesion, communication with peers, peer support, or social integration is perceived as collegiality and friendship among co-workers. Nurses who experience a higher amount of group cohesion have a higher amount of job satisfaction. For example, nurses who have close friends to work within their work setting have higher satisfaction levels (Beecroft, Dorey, & Wenten, 2007; Blegen, 1993; Blegen & Mueller, 1987; Boyle et al., 1999; Bratt et al., 2000; Dilig-Ruiz et al., 2018; DiMeglio et al., 2005; Gregory et al., 2007; Han et al., 2015; Hinshaw et al., 1987; Kovner et al., 2016; Lucas et al., 1993; Manojlovich, 2005; McKenzie & Addis, 2018; Mueller & Price, 1990; O'Hare et al., 2019; Sourdif, 2004; Tang, 2005, 2008, Taunton et al., 1997; Yang & Kim, 2016; [*Evidence Grade = C1*]).
 - Recognition or feedback is nurses' feeling that their job performance is appreciated and acknowledged by nurse managers and peers. Nurses who experience higher amount of recognition are more satisfied (Blegen, 1993; Blegen et al., 1992; Irvine & Evans, 1995; Khowaja et al., 2005; Noblet et al., 2017; Tourangeau & Cranley, 2006; [*Evidence Grade = A1*]).
 - Routinization of work is the extent to which one's job is repetitive (Price, 2001). Nurses who have the opportunity to exercise their knowledge, skills, and abilities to perform a variety of tasks are more satisfied. In contrast, nurses who spend more time in repetitive tasks and have no opportunity to use their abilities and skills in clinical settings are less satisfied (Agho, 1993; Blegen, 1993; Blegen & Mueller, 1987; Irvine & Evans, 1995; Portoghese et al., 2015; Price & Mueller, 1981; Saber, 2014; [*Evidence Grade = A1*]).
 - Pay refers to monetary compensation in return for nurses' work or services. The influence of pay on job satisfaction is inconsistent. While some reported that pay affects job satisfaction (Blegen & Mueller, 1987; Coward et al., 1995; Gonzalez-Gancedo, Fernandez-Martinez, & Rodriguez-Borredo, 2019; Mueller & Price, 1990; Price & Mueller, 1986; Saber, 2014; [*Evidence Grade = C1*]), some found no significant relationship between pay and job satisfaction (Agho, 1993; Blegen, 1993; Munnangi et al., 2018; Price & Mueller, 1981; [*Evidence Grade = C1*]).

NURSES CHARACTERISTICS OR MOBILITY FACTORS

- Race/ethnicity: Racial or ethnicity background of the nurse has been found to influence job satisfaction (Baum & Kagan, 2015; Coward et al., 1995; Munnangi et al., 2018; *[Evidence Grade = C1]*).
- Age: The influence of age on job satisfaction is not consistent (Dilig-Ruiz et al., 2018). Some have found low but stable relationships; for instance, older nurses have higher satisfaction (Agho, 1993; Blegen, 1993; Irvine & Evans, 1995; Price & Mueller, 1981; Wilson, Squired, Widger, Cranley, & Tourangeau; 2008; *[Evidence Grade = A1]*). However, some found no difference when studying job satisfaction among various age groups of nurses (Coward et al., 1995; Cummings et al., 2008; Dilig-Ruiz et al., 2018; Lucas, 1991; Munnangi et al., 2018; Sanger, Richardson, & Larson, 1985; *[Evidence Grade = C1]*).
- Marital Status identifies whether individuals are married, widowed, single, or divorced/separated. One study found that nurses who are not married had a higher level of job satisfaction (Sourdif, 2004 *[Evidence Grade = C1]*), but others reported no significant differences among nurses of varying marital statuses (Coward et al., 1995; Lucas, 1991; Munnangi et al., 2018; *[Evidence Grade = C1]*).
- Dispositional affectivity: Nurses who have a positive disposition, such as a tendency to be happy, also report a higher satisfaction with their work (Agho, 1993; Kovner et al., 2016; Saber, 2014; *[Evidence Grade = A1]*).
- Nurse Experience or Tenure: The influence of nurse experience on job satisfaction is not consistent (Dilig-Ruiz et al., 2018). Some reported no to low correlation between experience/tenure and job satisfaction (Blegen, 1993; Hinshaw et al., 1987; Irvine & Evans, 1995; Saber, 2014; Sanger et al., 1985; Taunton et al., 1997; *[Evidence Grade = A1]*), while others found significant positive relationship (Bratt et al., 2000; Coward et al., 1995; Lee et al., 2014; *[Evidence Grade = C1]*).
- Education: Although several investigators reported that different educational preparation has significant difference on job satisfaction, such as nurses who have more education, are less satisfied (Blegen, 1993; Blegen & Mueller, 1987; Hinshaw et al., 1987; *[Evidence Grade = A1]*), some found different results (Bratt et al., 2000; Dilig-Ruiz et al., 2018; Lucas, 1991; Rambur, McIntosh, Val Palumbo, & Reinier, 2005; Roberts-Turner et al., 2014; *[Evidence Grade = C1]*).

- Amount of time worked: Full-time nurses are found to have less job satisfaction than part-time nurses in several studies (Gonzalez-Gancedo et al., 2019; Kane & Kartha, 1992; O'Brien-Pallas, Griffen, et al., 2006; Price & Mueller, 1981; *[Evidence Grade = C1]*). However, other studies have found conflicting results (Baum & Kagan, 2015; Sourdif, 2004; Tang, 2005, 2008; *[Evidence Grade = C1]*).
- Shift type/length: The influence of shift type and length on job satisfaction showed inconsistency. Some found it has positive influence on job satisfaction (Baum & Kagan, 2015; Blegen & Mueller, 1987; Bratt et al., 2000; Dilig-Ruiz et al., 2018; Han et al., 2015; Hinshaw et al., 1987; *[Evidence Grade = C1]*), but others reported no significant difference (Lucas, 1991; Sanger et al., 1985; *[Evidence Grade = C1]*).
- Clinical service and type of unit: Working in different units such as Intensive Care units, Medical and Surgical units, and Emergency rooms are found to have influence on job satisfaction (Al-Hamdan et al., 2017; Gonzalez-Gancedo et al., 2019; Hinshaw et al., 1987; Lee et al., 2014; Leveck & Jones, 1996; Lucas, 1991; Lucas et al., 1993; *[Evidence Grade = C1]*).
- Opportunity elsewhere is the availability of alternative jobs in the community (Price, 2001). The more job opportunities for nurses, the less the job satisfaction (Blegen & Muller, 1987; Ellenbecker et al., 2008; Kovner et al., 2016; Mueller & Price, 1990; Price & Mueller, 1981; Saber, 2014; Taunton et al., 1997; *[Evidence Grade = C1]*). This may be because nurses consider the alternative jobs as better than their current jobs, thus they are less satisfied.
- Organization commitment or loyalty, or alienation is the degree to which the employee is loyal to the agency. Commitment is found to positively influence job satisfaction (Blegen, 1993; Saber, 2014; *[Evidence Grade = A1]*).

ORGANIZATIONAL CHARACTERISTICS

- Distributive justice or fairness is the degree of fairness that nurses perceive regarding reward and punishment policies as they relate to their job performance. Distributive justice is found to positively influence job satisfaction (Blegen, 1993; Blegen & Mueller, 1987; Gregory et al., 2007; Kovner et al., 2016; Roberts-Turner et al., 2014; Saber, 2014; Taunton et al., 1997; *[Evidence Grade = A1]*).

- Promotion or advancement opportunity is the degree to which nurses perceive opportunity for upward mobility within an organization. Promotional opportunity is found to positively influence job satisfaction (Blegen & Mueller, 1987; de Almeida, Orgambide z-Ramos, & Batista, 2017; Irvine & Evans, 1995; Price & Mueller, 1981; Kovner et al., 2016; Roberts-Turner et al., 2014; Saber, 2014; *[Evidence Grade = A1]*).
- Professionalization, work motivation or career commitment: This factor has been found to have low correlation with job satisfaction (Blegen, 1993; DiMeglio et al., 2005; Kovner et al., 2016; Mueller & Price, 1990; *[Evidence Grade = A1]*).
- Value congruence is the degree that nurses perceive their values fit with those of the organization. This factor has been found to have positive association with job satisfaction (Dotson et al., 2014; Gillet et al., 2018; *[Evidence Grade = C1]*).

NURSE MANAGER CHARACTERISTICS

- Instrumental Communication refers to communication with supervisors, and management/leadership support regarding job obligations. Nurses who have adequate information about the job and know what is expected of them on the job have higher satisfaction with their work. Nurses who feel supported by their supervisor demonstrated higher levels of job satisfaction (Agho, 1993; Blegen, 1993; Blegen & Mueller, 1987; Boyle et al., 1999; Coward et al., 1995; Gillet et al., 2018; Han et al., 2015; Irvine & Evans, 1995; Kovner et al., 2016; O'Hare et al., 2019; Pincus, 1986a; Pohl & Galletta, 2016; Portoghese et al., 2015; Price & Mueller, 1981; Saber, 2014; Taunton et al., 1997; *[Evidence Grade = A1]*).
- Management/leadership style: Higher job satisfaction has been demonstrated among nurses who perceived a transformational leadership style and participative style in their managers, in comparison to nurses who had a different perception of management style. A participative manager is one who has confidence in their staff, values their ideas, and encourages them to be involved in decision-making. The nurse and manager relationship, effectiveness of leadership, and manager's characteristics, such as manager's control over the nursing practice, are also important components of the job satisfaction (Bolima, 2015; Boamah et al., 2017; Bormann & Abrahamson, 2014; Boyle et al., 1999; Bratt et al., 2000; Choi, Goh, Adam, & Tan, 2016; Cummings et al., 2008; Kovner et al., 2016; Feather, 2015; Lucas, 1991; Leveck & Jones, 1996; Morsiani, Bagnasco, & Sasso, 2016; Tang, 2005; 2008; *[Evidence Grade = C1]*).

Assessment Criteria

The first step toward improving nurse retention is to take an initial measurement of retention and turnover. Essential areas for assessment of nurse retention and turnover include: (1) nurse demographic information, (2) turnover rate, (3) job satisfaction, and (4) intent to stay. Details are described as follows:

1. Demographic Information: This provides a quick reference for nurse managers to understand their staff nurses. Demographic data may be obtained through survey, interview, stay interviews, by reviewing the nurses' personnel records, or from a human resource electronic database. A sample questionnaire for individual nurse's demographic data can be found in [Appendix A.1](#).
 - Age group
 - Education
 - Marital Status
 - Children
 - Clinical experience
 - Employment status
 - Stress levels
2. Turnover Rate: Accurate measurements of turnover are important for effective turnover management and evaluation (Duxbury & Armstrong, 1982; Hofmann, 1981; Jones, 2008; Mann & Jefferson, 1988; *[Evidence Grade = D]*). To calculate turnover, raw data of employees' personnel records might be obtained from health care agency personnel or the nursing department. A sample of calculations can be found in Table 1. Further, the "Nursing Turnover Measurement Form" is designed to help nurse managers in measuring turnover in an easy and consistent manner over time (See [Appendix A.2](#)). Several commonly used turnover indicators to measure nursing turnover are listed and described below (Duxbury & Armstrong, 1982; Hofmann, 1981; Palmer, 2014; Price, 1977; *[Evidence Grade = D]*).
 - Accession Rate is the number of new nurses hired in an organization or unit over a specified time frame (e.g., one year) in proportion to the average number of nurses employed in the organization/unit over the same specified period of time. It is calculated by dividing the number of new nurses hired by the average number of nurses employed during a specified time frame. The average is calculated by adding the number of nurses employed at the beginning and end of the specified period of time and dividing the sum by 2. To obtain the rate as a percentage, the overall quotient is multiplied by 100.

- Separation Rate is the most commonly used indicator for turnover measurement. It is the number of nurses who quit in an organization or unit over a specified time frame (e.g., one year) in proportion to the average number of nurses employed in the organization/unit over the same specified period of time. It is calculated by dividing the number of nurses who quit by the average number of nurses employed during a specified time frame. The denominator can be obtained the same way as described above. The quotient is multiplied by 100 to form a percentage.

Both Accession Rate and Separation Rate (also called Crude Turnover Rate) are indicators commonly used to reflect the change of turnover volume. They are relatively easy to calculate and understand. However, both have disadvantages, so the figures must be used with caution. First, they are imprecise since the same rate can be obtained regardless of the turnover pattern. For instance, a separation rate of 50% might indicate that over the specified time frame 50 staff nurse positions in the organization/unit have been turned over once. It could also indicate that 25 positions have turned over twice with the other half of the nurses remaining stable in their positions and so on. The second disadvantage is that they are insensitive to nurses' length of employment. For instance, a low accession rate might indicate unsuccessful nurses' recruitment or simply no need to hire more nurses due to low patient census.

- Stability Rate is the number of nurses who remain in the organization or unit, who have been employed at the beginning of the period (e.g., year) in proportion to the total number of nurses employed at the beginning of the same time period. The numerator is the number of nurses employed at the beginning of the period who remained during the course of the period (e.g., year). If this number is unknown, it can be obtained by subtracting from the number of nurses employed at the beginning of the period who quit during the course of the period (e.g., one year). The denominator is the total number of nurses employed at the beginning of the period. To form a percentage, the quotient is multiplied by 100.

- Instability Rate is the number of nurses who quit, who had been employed at the beginning of the period (e.g., year) in proportion to the total number of nurses employed at the beginning of the period (e.g., year). The numerator is the number of nurses employed at the beginning of the period who *quit* during the course of the period (e.g., one year). If this number is unknown, it can be obtained by subtracting from the number of nurses employed at the beginning of the period who *remained* during the course of the period. The denominator is the total number of nurses employed at the beginning of the period. To obtain a percentage, multiply the quotient by 100.

Stability and Instability rates are indicators used to measure the constancy of nurses. The Stability and Instability rate complement each other. When one rate is known, the other rate can be obtained by subtracting the first rate from 100. For instance, if the stability rate is 70%, the instability rate will be $100 - 70$, which is 30%.

- Survival Rate is the number of new nurses who remain in an organization or unit over a specific time frame (e.g., one year) in proportion to the number of new nurses hired over the same specified period of time. It is calculated by dividing the number of new nurses remaining during a specified time frame by the number of new nurses hired over the same period of time. The percentage is formed by taking the quotient and multiplying by 100.
- Wastage Rate is the number of new nurses who quit in an organization or unit over a specific time frame (e.g., year) in proportion to the number of new nurses hired over the same specified period of time. It is calculated by dividing the number of new nurses who quit during a specified time frame (e.g., one year) by the number of new nurses hired over the same period of time. The percentage is formed by taking the quotient and multiplying by 100.

Both Survival and Wastage rates are indicators used to measure turnover of new nurses. They also complement each other. If one rate is known, the other rate can be obtained by subtracting the first rate from 100. For instance, if the survival rate is 80%, the wastage rate will be $100 - 80$, which is 20%.

3. Job Satisfaction: There are several possible ways for managers to determine the level of job satisfaction of their staff nurses. For example, personal interviews, group meetings, or questionnaires can be used. In addition, there are numerous existing tools available for measuring job satisfaction (Bolima, 2015; Cicolini et al., 2014; Dilig-Ruiz et al., 2018; Li et al., 2018; Saber, 2014) (See [Appendix G.1](#) for a summary of these tools). Among them, the Price Job Satisfaction Scale is one of the most common tools used to measure staff nurses' attitudes toward their job (Chu, 2001; Price, 2001; Tang, 2005, 2008; [*Evidence Grade = C1*]).
 - Price Job Satisfaction Scale (2001) (See [Appendix A.3](#)). The Price Job Satisfaction Scale is a six-item global scale developed by Price (2001). Each item is rated on a five-point Likert scale where 1=strongly disagree and 5= strongly agree. The scale is designed to assess the general job satisfaction without addressing specific elements of job design.
4. Intent to Stay: It is important to detect staff nurses' perception of likelihood of staying in their current job. McCain's Intent to Stay Scale is one way of understanding staff nurses' perception (Al-Hamdan, Nussera, & Masa'deh, 2016; McCloskey, 1990; Tang, 2005, 2008; [*Evidence Grade = C1*]).
 - McCain's Intent to Stay Scale, a subscale of McCain's Behavioral Commitment Scale, is intended to help employers understand individual staff nurse's intention to stay in her or his present job. The original McCain's Behavioral Commitment Scale contains 38 items used to measure behavioral commitment (intent to stay), revocability, explicitness, publicity, volition, importance, and number of acts. McCain's Intent to Stay Scale includes five (5) items rated on a five-point Likert scale, with a score of "1" corresponding to strongly disagree, and a score of "5" corresponding to strongly agree (See [Appendix A.4](#)).

TABLE 1. SUMMARIES AND CALCULATIONS FOR TURNOVER RATES*

Example: Assume 500 staff nurses at the beginning of the year and 575 at the end of the year were employed. During the year, 100 staff nurses quit and 250 were newly hired. By the end of the year, 175 of the newly hired nurses still remained in their employment.

Indices	Definition	Formulas	Sample Calculation	Rate
Accession Rate	Percent of new nurses who stayed during a specified period of time (e.g., year).	$\left(\frac{\text{Number of new nurses hired}}{\text{Average number of staff nurses employed}} \right) \times 100$	$\left(\frac{250}{\frac{500 + 75}{2}} \right) \times 100$	46.5%
Separation Rate	Percent of nurses who left at a specified period of time (e.g., year).	$\left(\frac{\text{Number of nurses who quit}}{\text{Average number of staff nurses employed}} \right) \times 100$	$\left(\frac{100}{\frac{500 + 575}{2}} \right) \times 100$	18.6%
Stability Rate	Percent of nurses employed at the beginning of the period and who still stayed at the end of the period of time (e.g., year).	$\left(\frac{\text{Number of nurses at the beginning who remained}}{\text{Total number of nurses at the beginning}} \right) \times 100$	$\left(\frac{500 - 100}{500} \right) \times 100$	80.0%
Instability Rate	Percent of nurses employed at the beginning of the period but who left at the end of the period of time (e.g., year).	$\left(\frac{\text{Number of nurses at the beginning who quit}}{\text{Total number of nurses at the beginning}} \right) \times 100$	$\left(\frac{100}{500} \right) \times 100$	20.0%
Survival Rate	Percent of newly hired nurses who stayed during a specified period of time (e.g., year).	$\left(\frac{\text{Number of new nurses remained}}{\text{Total number of new nurses}} \right) \times 100$	$\left(\frac{175}{250} \right) \times 100$	70.0%
Wastage Rate	Percent of newly hired nurses who left during a specified period of time (e.g., year).	$\left(\frac{\text{Number of new nurses who quit}}{\text{Total number of new nurses}} \right) \times 100$	$\left(\frac{250 - 175}{250} \right) \times 100$	30.0%

* Information from Hofmann, P.B. (1981). Accurate measurement of nursing turnover: The first step in its reduction. *Journal of Nursing Administration*, 11(11/12), 37-39. Adapted with permission.

Description of the Practice

After assessing the level of job satisfaction and analyzing the turnover data, the next step is to implement appropriate interventions. Despite a large body of research on the phenomena of retention and turnover, empirically supported interventions in this area are extremely limited (Hom & Griffeth, 1995; Jiyeon, Jeung-Im, & Seonyoung, 2017; Tullar et al., 2016; Wilson, 2006). Exhaustive literature reviews have shown that nurse retention and turnover are caused by many interacting factors. These complex relationships have resulted in no best or quickest way to fix turnover problems. Recommendations for interventions to address nurse retention and turnover are based mostly on correlational descriptive studies, expert opinions, and informal observations. Although the supportive evidence is not conclusive, the wealth of information and suggestions found in the literature can be useful. Interventions are focused on three areas: (1) Autonomy; (2) Recognition; and (3) Communication. Reasons for focusing on these areas are twofold. First, these factors are identified as having particular significance in influencing job satisfaction. Second, these interventions are more controllable and within the purview of first line nurse managers because they are not financial approaches.

1. ENHANCE NURSES' AUTONOMY

Autonomy is a job characteristic that encourages and promotes staff nurses' sense of control over their job, including the ability to make decisions about daily nursing practices or increases in vertical movement or the ability of the employee to perform their job independently, by creating clinical guidelines to enhance decision making (Barto, 2019; Palmer, 2014), and being an advocate for patients, increasing the patient outcomes (O'Hare et al., 2019). Nurses value autonomy as an important job satisfier (Laschinger & Finegan, 2005; Nei et al., 2015; McCloskey, 1990; [Evidence Grade = C1]). Nurses who work together cohesively have greater autonomy (DiMeglio et al., 2005; Nei et al., 2017). Nurses favor working in a collaborative environment as opposed to one that is autocratic (DiMeglio et al., 2005; Lucas, 1991; Morsiani et al., 2016; Nei et al., 2015; O'Hara et al, 2019; Taunton et al., 1989; Volk & Lucas, 1991; [Evidence Grade= C1]).

Participative management/transformational leadership is characterized by a caring, supporting, and encouraging environment with opportunities for staff participation and involvement in decision making regarding professional practice. Nurse managers should value their staff and have good communication skills to promote shared control and participation in decision making by their staff nurses. However, it is important for nurse managers to understand and take into account individual differences among their staff members. Strategies to enhance nurses' autonomy are described as follows.

Strategies:

- Allow staff nurses to have more control over their work, to make their own decisions regarding nursing practice and managing caseloads (Aikens & Cheung, 2008; Al-Hamdan, 2019; American Organization of Nurse Executives [AONE], 2000; Breau & Reheume, 2014; Choi, 2016; Collins et al., 2000; Dery et al., 2018; Dilig-Ruis et al., 2018; DiMeglio et al., 2005; Force, 2005; Gonzalez et al., 2019; Han et al., 2015; Li et al., 2018; Kovner et al., 2016; Kretzschmer, 2017; Moneke & Umeh, 2014; Morsaini et al., 2016; Nei et al., 2017; O'Brien-Pallas, Duffield, et al., 2006; Saber, 2016; [*Evidence Grade = C1*]).
 - a. Incorporate philosophy statements on participative management into employees' job descriptions.
 - b. Encourage staff nurses to have input regarding nurse-patient ratio via mechanisms such as admissions processes, staffing level decisions, decisions to open or close units or beds in the health care setting, and determination of unit size (Li et al., 2018).
 - c. Delegate responsibility to staff nurses for unit schedules. This will result in more flexible scheduling and more control over working shifts (ANA, 1983; AONE, 2000; Brunges and Foley-Brinza, 2014; Gonzalez-Gancedo, 2019; Hinshaw et al., 1987; Vermeir, Downs, et al., 2018; Wilson et al., 2008; [*Evidence Grade = C1*]). Nurse managers need to create a mechanism to allow staff to have control over their schedule and yet assure 24-hour coverage of patient care. For instance, a nurse manager authorizes an individual nurse or group of nurses to manage a flextime arrangement where staff members are allowed to state their preference for work schedules within certain limits. They can negotiate for equitable time schedules among themselves such as rotating shifts, on-call time in the event of staffing problems (such as absences), overtime work, and coverage on holiday, vacations, and days off.
 - d. Support staff nurses in balancing family and work lives, such as time to take a class or to meet family needs, by allowing flexible scheduling (Anthony et al., 2005; AONE, 2000; Cohen, 2006; Dawson et al., 2014; Dilig, Ruiz et al., 2018; Han et al., 2015; Hashiah, 2017; Nei et al., 2015; Reineck & Furino, 2005; Tang, 2005, 2008; Van Osch, Scarborough, Crowe, Wolff, & Reimer-Kirkam, 2017; Yildirim & Aycan, 2008; [*Evidence Grade = C1*]).

- e. Provide staff nurses with some control over how their work time is spent. For example, build time into their schedule to complete paperwork/computer charting or attend patient care conference, or council meetings (Noblet et al., 2017; *[Evidence Grade = C1]*).
- f. Support staff nurses to work on patient care functions and minimize non-nursing tasks, such as clerical work, ordering supplies, cleaning equipment (Klein, 1992; *[Evidence Grade = D]*). Ideally, non-nursing tasks should be performed by nursing assistants or other personnel.
- g. Involve staff nurses in decisions regarding pulling staff nurses or rotation of nurses to different units.
- h. Have staff nurses decide on substitution among staff nurses, and between nurses and auxiliary personnel (Munnangi, Dupiton, Boutin, & Angus, 2018; O'Brien-Pallas, Griffen et al., 2006; *[Evidence Grade = C1]*).
- Increase involvement of staff nurses in decision-making that affects nursing practice.
 - a. Develop task forces or committees to facilitate staff nurses' participation. For example, quality improvement committees, research utilization committees, nurse retention/recruitment committees, or financial planning committees (Goode et al., 2005; Hinshaw et al., 1987; Lageson, 2004; *[Evidence Grade = C1]*).
 - b. Use and value the staff nurses' input and expertise (AONE, 2000; Breau & Reheaume, 2014; Dery, 2017; Lucas, 1991; *[Evidence Grade = C1]*). For example, develop peer interviewing with the nursing staff to give input on hiring new staff nurses or nursing assistants. Another example consult staff nurses about patient care issues or have them lead patient care conferences (Cummings et al., 2008; Hinshaw et al., 1987; *[Evidence Grade = C1]*).
 - c. Create a supportive environment that allows staff nurses the opportunity, freedom, and guidance necessary to participate in the unit activities. For example, give staff nurses full accountability to plan for Nurse's Week events, nursing unit staff meetings, or give staff nurses paid time off to conduct a research utilization project (Cummings et al., 2008; Force, 2005; O'Hara et al., 2019; *[Evidence Grade = C1]*).

- d. Encourage staff nurses to make decisions about nursing practices, such as formulation of procedures, policies, and implementation of changes in the unit. Nurse managers need to clarify the decision-making process whether it is by vote or other procedures. If staff nurses perceive that their voices are valued, they will become more involved (AONE, 2000; Boamah et al., 2017; Breau & Reheume, 2014; Choi, 2016; Cowden & Cummings, 2015; Dery et al., 2018; Hun, Trinkoff, & Gurses, 2015; Hunt, 2014; Li et al., 2018; Lucas, 1991; O'Brien-Pallas, Griffen, et al., 2006; Portoghese et al., 2014; Volk & Lucas, 1991; Wagner, 2006; *[Evidence Grade = C1]*).
 - e. Encourage and support staff nurses to participate in professional practice activities. For example, nominate staff nurses to be the nursing representative in interdisciplinary team committees (Al-Hamdan, 2019; Breau & Reheume, 2014; de Almedia, 2017; Boamah et al., 2017; Choi et al., 2016; Dery et al., 2018; Hinshaw et al., 1987; Li et al., 2018; Moneke & Umeh, 2014; *[Evidence Grade = C1]*).
- Promote shared governance as it contributes to nurses' autonomy and enhances nurses' job satisfaction (AONE, 2000; Brunges & Foley- Brinza, 2014; Force, 2005; Hess, 2004; Jones, Stasiowski, Simons, Boyd, & Lucas, 1993; Kovner et al., 2016; Moneke & Umeh, 2014; O'Brien-Pallas, Griffen, et al., 2006; Song et al., 1997; Specht, 1996; Wagner, 2006; Wilson et al., 2008; *[Evidence Grade = C1]*). Promotion of shared governance can be done through several mechanisms:
 - a. Provide means for nurses to express points of view and preferences. This can be done by conducting surveys, using group meetings, or having one-on-one interviews with staff members (AONE, 2000; Khowaja et al., 2005; Robeano, 2017; *[Evidence Grade = C1]*).
 - b. Delegate authority to unit councils, such as education, operations, quality improvement and practice councils, for important unit activities. For example, the issues of patient care standards, Nurse's Week activities, staff scheduling, guideline or protocol development, and implementation and monitoring of quality improvement activities can be decided by the staff nurses who participate in unit councils (Hess, 2004; Specht, 1996; Wilson et al., 2008; *[Evidence Grade = C1]*).
 - c. Show a supportive attitude regarding shared governance to facilitate the implementation of the model. For instance, recognize and praise nurses' achievement on a group decision (Specht, 1996; *[Evidence Grade = C1]*).

- d. Increase understanding of shared governance. For instance, what is shared governance, how does it work, what are its features, how does shared governance benefit the nursing staff, and what is a nurse's responsibility for shared governance (DiMeglio et al., 2005; Good et al., 2005; Hess, 2004; Specht, 1996; *[Evidence Grade = C1]*).
 - e. Schedule meetings wisely so they will not interfere too much with nurses' time for patient care activities (AONE, 2000; *[Evidence Grade = D]*). For example, ask staff nurses' input for agendas, circulate agendas prior to the meeting, and/or send out information prior to meetings and ask for responses. Another example is to offer multiple meeting times for staff nurses. This will allow flexibility to attend at a time that is convenient and will not interfere with patient care.
 - f. Evaluate staff nurses' perception of shared governance on a regular basis (Specht, 1996; *[Evidence Grade = C1]*).
 - g. Allow nursing staff to vote on a magnet nursing champion to represent the unit and guide the staff on the magnet journey (Goode et al., 2005; *[Evidence Grade = D]*).
 - h. Meet monthly with the leaders of each council to receive updates and to provide guidance and direction to the councils (Goode et al., 2005; *[Evidence Grade = D]*).
- Initiate unit councils (Brunges & Foley Brinza, 2014; Kovner et al., 2016; *[Evidence Grade = D]*).

2. DEMONSTRATE RECOGNITION AND RESPECT TO NURSES

Recognition is defined as "head nurse behaviors that acknowledge, with a show of appreciation, staff nurse performance and achievement," (Blegen et al., 1992, p. 58). Staff nurses want their achievements to be recognized. Consistent recognition of efforts by management and feeling valued and appreciated by management will support the effort of nurse retention (AONE, 2000; Blegen et al., 1992; Curran, 2004; Force, 2005; Goode & Blegen, 1993; Hashish, 2015; Khowaja et al., 2005; Kovner et al., 2016; Lavoie-Tremblay et al., 2008; Morsiani, Bagnasco, & Sasso, 2016; Munnangi, Dupiton, boulin, & Angus, 2018; O'Hara et al., 2019; Perlo et al., 2017; Sveinsdottir, Ragnarsdottir, & Blondal, 2015; Tourangeau & Cranley, 2006; Van Osch et al., 2018; *[Evidence Grade = C1]*). Recognition can be formal, such as written acknowledgement, or informal, such as conversation during day-to-day activities. Strategies are described as follows.

Strategies:

- Provide verbal acknowledgement and feedback to staff nurses consistently and in a one-to-one manner (Blegen et al., 1992; Force, 2005; Goode & Blegen, 1993; Van Osch et al., 2018; *[Evidence Grade = C1]*).
 - a. Take time to visit patient care areas and socialize with staff members with expressions of appreciation, such as “thank you for working extra hours” or “you are a very valuable member of our team” or “I’m proud of the work you did” (AONE, 2000; Blegen et al., 1992; Force, 2005; Goode & Blegen, 1993; Wagner, 2006; *[Evidence Grade = C1]*).
 - b. Give private verbal feedback for staff nurses’ achievements, such as obtaining a bachelor’s degree, receiving nursing certification in their specialty, winning an award, publishing an article, or finishing a specialty course (Blegen et al., 1992; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
 - c. Provide immediate and private oral feedback for staff nurses’ outstanding job performance such as handling a critical patient care situation well or solving a conflict between other staff members (Blegen et al., 1992; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
 - d. Make a regularly scheduled unit call, such as once a week or month, to staff nurses just to offer support and to check in (Force, 2005; *[Evidence Grade = D]*).
 - e. Begin a unit newsletter announcing accomplishments of the nursing staff.
 - f. Establish collegial relationships with staff nurses. Nurse Managers should hold regular meeting with the staff and recognize their contributions and uniting in a common purpose and using the suggestions they offer for unit improvement (Galletta, Portoghese, Carta, D’Aloja, Campagna, 2016; Li et al., 2018; O’Hare et al., 2019; Palmer, 2014; Van Osch et al., 2017; *[Evidence Grade = C1]*).
- Provide written acknowledgement and feedback to staff nurses (Aronson, 2005; Blegen et al., 1992; Force, 2005; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
 - a. Handwritten thank-you notes to staff nurses for appreciation of their hard work or any outstanding performance. For example, taking extra shifts for coworkers or participating in committee meetings (AONE, 2000; Wagner, 2006; *[Evidence Grade = C1]*).

- b. Send a copy of any letters regarding the outstanding performance of staff nurses to the nurse executive and place a copy in the staff nurse's personnel files (Blegen et al., 1992; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
- c. Provide a copy of patient/family complimentary evaluations to the staff nurses and nurse executive (Blegen et al., 1992; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
- d. Send a card or letter to congratulate staff nurses for their achievements, such as completing a Bachelor of Science in Nursing degree, or receiving specialty certification (Blegen et al., 1992; Force, 2005; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
- e. Write a card to staff nurses in remembrance of their special days such as Nurse's Week, birthdays, anniversaries, graduation or other events. Mentioning these special days for nurses on the bulletin board or in a newsletter to make them feel they are important to the unit/organization can be an effective strategy (Wagner, 2006; *[Evidence Grade = D]*).
- f. Display a plaque on the unit recognizing the nursing staff who received specialty certification (Wagner, 2006; *[Evidence Grade = D]*).
- Acknowledge the performance and achievements of staff nurses publicly (Blegen et al., 1992; Goode & Blegen, 1993; Tourangeau & Cranley, 2006; *[Evidence Grade = C1]*).
 - a. Create a form that allows patients/families, managers, and staff nurses to nominate a nurse for outstanding job performance (AONE, 2000; Brunges & Foley-Brinza, 2014; Haid et al., 1993; *[Evidence Grade = C1]*).
 - b. Publish the name of the nurse and her/his achievement (such as long years of service) on the unit bulletin board, or in a meeting or health care agency newsletter, to increase people's awareness of a nurse's work and achievements (Blegen et al., 1992; Brunges & Foley -Brinza, 2014; Goode & Blegen, 1993; Wagner, 2006; *[Evidence Grade = C1]*).
 - c. Congratulate the outstanding performance and achievements of staff nurses in front of their peers or others (Blegen et al., 1992; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
 - d. Post complimentary patient evaluations for individual staff nurses on the bulletin board or agency newsletter (Blegen et al., 1992, 1993; *[Evidence Grade = C1]*).

- Provide opportunities for staff nurses' professional growth, development and participation (Aiken & Cheung, 2008; Al- Hamdan, Smadi, Ahmad, Bawadi, Mitchell, 2019; Blegen et al., 1992; Breau et al., 2014; Cohen, 2006; Cummings et al., 2008; Dawson et al., 2014; de Almedia et al., 2017; Goode & Blegen, 1993; Hinshaw et al., 1987; Moneke & Umeh, 2014; Nowrouzi, Rukholm, Lariviere, Carter, Kornen, Mian, & Giddens, 2016; O'Hara et al., 2019; Sveinsdottir et al., 2016; Tourangeau & Cranley, 2006; White et al., 2002; Wilson et al., 2008; *[Evidence Grade = C1]*).
 - a. Encourage staff nurses' participation in leadership roles, such as in shared governance or to serve as resource nurses for unit peers (Brunges & Foley-Brinza, 2014; Force, 2005; *[Evidence Grade = D]*).
 - b. Select staff nurses as preceptors or mentors for newly hired nurses or nursing students (Beecroft et al., 2007; Blegen et al., 1992; Cummings et al., 2008; Goode & Blegen, 1993; Jones, 2017; *[Evidence Grade = C1]*).
 - c. Encourage and recruit staff nurses for unit planning and policy and procedure committees (Blegen et al., 1992; Goode & Blegen, 1993; Hinshaw et al., 1985; *[Evidence Grade = C1]*).
 - d. Appoint staff nurses as representatives of the unit at health care agency wide meetings or committees (Blegen et al., 1992; Goode & Blegen, 1993; Hinshaw et al., 1987; *[Evidence Grade = C1]*).
 - e. Encourage nurses to participate in state and national professional organizations and conferences (Blegen et al., 1992; Cohen, 2006; *[Evidence Grade = C1]*).
 - f. Ask staff nurses to develop criteria for peer reviews for unit nurses' evaluations (Blegen et al., 1992; Goode & Blegen, 1993; Green & Jordan, 2004; *[Evidence Grade = C1]*).
 - g. Seek the input of staff nurses on important decisions, such as closing beds or units, and admitting patients (AONE, 2000; Boamah et al., 2018; *[Evidence Grade = C1]*).
 - h. Consult staff nurses to discuss unit management and patient care plans (Blegen et al., 1992; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
 - i. Recommend nurses as expert speakers in regional conferences or in-service training (Blegen et al., 1992; Goode & Blegen, 1993; Hinshaw et al., 1987; *[Evidence Grade = C1]*).

- j. Provide support and assistance toward professional, as well as career goals, of staff nurses. For example, help staff to develop specialty expertise such as pain management, or help them find a school or college to pursue a higher nursing degree (Al-Hamdan et al., 2019; Blegen et al., 1992; Goode & Blegen, 1993; Hinshaw et al., 1987; Nowrouzi et al., 2016; O'Hara et al., 2019; Wilson, 2005; *[Evidence Grade = C1]*).
- k. Encourage and provide continued education and in-service training for staff nurses on all shifts based on their clinical experience, working area, and interests. Examples include pain management, fluid management, and advanced directives (Al-Hamdan et al., 2019; AONE, 2000; ANA, 1983; Blegen et al., 1992; Breau, 2014; Cohen, 2006; Cummings et al., 2008; Goode & Blegen, 1993; Hinshaw et al., 1987; *[Evidence Grade = C1]*).
- l. Provide coverage such as videotape or audiotape for nurses who missed the in-service or continued education due to shift work (Klein, 1992; *[Evidence Grade = D]*).
- m. Allow adequate time for staff nurses to work on projects such as patient teaching materials or to participate in activities (e.g., group meetings and research meetings) (Blegen et al., 1992; Goode & Blegen, 1993; *[Evidence Grade = C1]*).
- n. Publish a newsletter with interesting articles or educational opportunities for nurses.
- o. Promote staff nurses to higher levels of clinical responsibility and task complexity, such as assigning staff for patient care responsibility and clinical leadership (Boamah et al., 2018; *[Evidence Grade = C1]*).
- p. Increase responsibility for planning policies affecting the patient care process (O'Brien-Pallas, Griffen, et al., 2006; *[Evidence Grade = C1]*).
- q. Increase the amount of control and responsibility in clinical nursing, such as scheduling.
- r. Create new assignments and job roles for experienced older nurses who cannot meet the physical demands of bedside nursing (Levtak & Buck, 2008; *[Evidence Grade = C1]*).
- s. Encourage collaborative relationships especially with physicians. The use of interdisciplinary tools for rounding will increase RN/MD communication and collaboration. Creating RN/MD committees increase the opportunity for

building collegial relationships. Well-designed training programs that help each discipline understand the needs of the other. (Adams & Feudale, 2018; Ma et al., 2015; Nantsupawat et al., 2016; Kovner et al., 2016; Moneke, & Umeh, 2014; Nei et al., 2015; Feather, 2014; Saber, 2014 Van Osch et al., 2017; [Evidence Grade = C1]).

- Managers provide awards to acknowledge their staff nurses (Blegen et al., 1992; Chapin, 1999; Goode & Blegen, 1993; Tourangeau & Cranley, 2006; [Evidence Grade = C1]).
 - a. Release time for staff nurses to shadow the manager or other mentors to experience administrator roles and functions.
 - b. Release time for staff nurses to work on projects for the unit (AONE, 2000; Blegen et al., 1992; Goode & Blegen, 1993; [Evidence Grade = C1]).
 - c. Give the privilege of selecting preferred work hours.
 - d. Give priority for staff nurses to stay home when patient census is low (Blegen et al., 1992; [Evidence Grade = C1]).
 - e. Celebrate the long years of service of nurses or any achievements as a way of showing appreciation with events, such as releasing time and holding a potluck lunch or a reception at a unit (Blegen et al., 1992; [Evidence Grade = C1]).
 - f. Design a fun day (e.g., once a month) as staff nurse appreciation day. During the day, balloons or banners are placed on the unit (Brunges & Foley-Brinza, 2014; Haid et al., 1993; Wilson et al., 2008; [Evidence Grade = D]).
 - g. Provide a reasonable reward with the use of lunch or movie passes, and in some cases a small cash bonus. (Brunges & Foley Brinza, 2014; Hashish, 2017; Li et al., 2018; [Evidence Grade = C1]).

3. IMPROVE COMMUNICATION WITH STAFF NURSES

Staff nurses who have adequate information about the job and know what is expected of them on the job, are more satisfied (Dawson et al., 2014). Communication with supervisors and the support of management are critical factors influencing nurses' job satisfaction and retention (Agho, 1993; Andrews & Dziegielewski, 2005; Beecroft et al., 2007; Blegen, 1993; Coward et al., 1995; Cummings et al., 2008; de Almeida et al., 2017; Gibson & Petrosko, 2014; Irvine & Evans, 1995; Li et al., 2018; O'Brien-Pallas, Griffen, et al., 2006; O'Hare et al., 2019; Pincus, 1986a; Price & Mueller, 1981; Poikkeus et al., 2018; Taunton et al., 1997; Van Osch et al., 2017; Wagner, 2006; [Evidence Grade = A1]).

Strategies:

- A more consistent and attentive listening, sharing of information, and follow-up from managers, will support communication and lead to better nurse retention (AONE, 2000; Brunges & Foley Brinza, 2014; Farley, 1989; Kleinman, 2004; Pincus, 1986a; Robeano, 2017; Van Osch et al., 2017; [Evidence Grade = C1]).
 - a. Show support to staff nurses by encouraging them to express their views, and by listening carefully to them (Abu Al Rub, 2004; AONE, 2000; Farley, 1989; Li et al., 2018; Vermeir, Downs, et al., 2018; [Evidence Grade = C1]).
 - b. Ask staff nurses if they have sufficient accessibility to obtain information and resources necessary to do their job. For example, ask if they know where to obtain information if a patient has a special need or how to ask for additional leave days (Boamah, 2018; Christmas, 2008; de Almeida et al., 2017; Farley, 1989; Gregory et al., 2007; Laschinger & Finegan, 2005; Li et al., 2018; Van Osch et al., 2017; Vermeir, Blot et al., 2018; [Evidence Grade = C1]).
 - c. Be honest, efficient, and accurate in sharing information and opinions in order to gain trust and credibility from staff nurses (AONE, 2000; Gibson & Petrosko, 2014; Ozer et al., 2017; Van Osch et al., 2017; Vermeir, Blot, et al., 2018; [Evidence Grade = C1]).
 - d. Disseminate information in a more organized and proactive manner in order to make sure that staff nurses are informed. Useful examples include using e-mail, newsletters, bulletin boards, roundtable discussions, or group discussion forums on a regular basis (AONE, 2000; Li et al., 2018; [Evidence Grade = D]).

- e. Design an area in the unit to post information such as up to date nursing information, upcoming events, new policies, and educational opportunities (Wagner, 2006; *[Evidence Grade = C1]*).
- f. Increase communication channels. For example, use a “message book” to allow information dissemination. This written information will enable nurses on every shift to know what is going on in a particular unit and to have a voice to be heard through this device (Farley, 1989; *[Evidence Grade = D]*).
- g. Alternate staff meeting times. If night-shift nurses will miss daytime meetings, phone them at a time convenient for them and discuss their opinions on issues (Klein, 1992; *[Evidence Grade = D]*).
- h. Ask staff nurses if the verbal or written message is communicated clearly or not. If not, try to understand what is unclear (Farley, 1989; *[Evidence Grade = D]*).
- i. Be visible and available for staff nurses to ask questions and receive support such as having an open door policy, walking rounds once a shift, a day, or a week (AONE, 2000; Gregory et al., 2007; Price, Paytner, McGillis, & Reichart, 2018; Van Osch et al., 2017; *[Evidence Grade = C1]*).
- j. Interact with nurses who work shifts other than dayshift. Visit on off shifts such as evenings and nights (Kleinman, 2004; *[Evidence Grade = C1]*).
- k. Be willing to ask nurses for input such as, “What do you think is the best way to celebrate Nurses Week?” or “What is your opinion about self-scheduling in our unit?” (AONE, 2000; Brunges & Foley- Brinza, 2014; Li et al., 2018; Perlo, Balik, Swenson, kabcenell, Landsman, & Feeley, 2017; Pincus, 1986b; *[Evidence Grade = C1]*).
- l. Use mechanisms such as one-on-one meetings, staff meetings, unit huddles, discussion sessions, focus groups, surveys, stay interviews, suggestion boxes, bulletin boards, and newsletters to help better communication and feedback (AONE, 2000; Lassiter, 1989; Pincus, 1986b; Khowaja et al., 2005; Robeano, 2017; Van Osch et al., 2017; *[Evidence Grade = C1]*).
- m. Provide specific feedback/evaluation of staff nurses’ job performance on a regular basis. Be explicit about the practice behaviors expected of staff and use a rating system that reflects a range of behavioral performance (e.g., poor to excellent). Provide a one-on-one performance feedback annually between nurse managers and each staff nurse to verbally review the written performance appraised, and to set professional growth goals with each staff

nurse. In turn, feedback regarding nurse manager performance should be elicited from staff nurses (Breau et al., 2014; Dawsaon et al., 2014; Gillet et al., 2018; Han et al., 2015; Portoghese et al., 2015; Pincus, 1986b; Van Osch et al., 2017; *[Evidence Grade = C1]*).

- n. Prevent information overload. For example, the nurse managers can use color-coding to specify priority of messages sent to their staff. A red color might represent an important message. A green color might represent something that is informational and not urgent (Farley, 1989; *[Evidence Grade = D]*).
- o. Ensure follow up on issues that staff nurses have brought up (AONE, 2000; *[Evidence Grade = D]*).
- p. Assess managers' communication on a systematic and regular basis from their staff nurses as a way of improving managers' communication. An example of communication assessment can be found in [Appendix B](#) (Boamah et al., 2018; Farley, 1989; Feather, 2015; *[Evidence Grade = C1]*).
- q. Recognize and resolve conflict in a supportive manner and proactively (Al-Hamdan et al., 2015; Havens et al., 2018; Jiyeon et al. 2017; *[Evidence Grade = C1]*).
- r. Use communication methods which are familiar to each generation, Baby Boomers prefer personal communication via telephone, Generation X prefer emails, and Millennials prefer text (Stutzer, 2019). Managers should ask employees about their preference of messaging (Price et al., 2018).

Guideline Implementation Process

Implementation of a practice guideline is a challenging step to achieving evidence-based practice. “**The Iowa Model Revised: Evidenced-Based Practice to Promote Excellence in Health Care[®]**” ([Appendix D.1](#)) is a valuable resource to organizations, nurse leaders, and individuals who are interested in implementing an EBP Guideline into practice. To assist readers in implementing this guideline we have included the Iowa Model[®] and a diagram that highlights a number EBP implementation strategies that can be used to implement this guideline into a practice setting. Details on the Iowa Model can be found in *Evidence-based Practice in Action: Comprehensive Strategies, Tools, and Tips from the University of Iowa Hospital and Clinics* (Cullen et al., 2018). Specific implementation tools can be found in Chapter 8: Implementation, including how to develop tools on how to develop Sound Bites, Journal Clubs, Posters, Education, Pocket Guides, Case Studies, Incentives, Checklists, Documentation, and Peer Influence. The “**Implementation Strategy for Evidence-based Practice**” in [Appendix D.2](#) of this guideline includes a list of strategies the are explained in detail in the *Evidence-based Practice in Action: Comprehensive Strategies, Tools, and Tips from the University of Iowa Hospital and Clinics* (2018) textbook.

Evaluation of Process and Outcomes

In order to evaluate the use of this guideline by nurse managers, both process and outcome factors should be evaluated.

PROCESS INDICATORS

Process indicators are those interpersonal and environmental factors that can facilitate the use of a guideline.

One process factor that can be assessed with a sample of nurse managers is knowledge about nurse retention. The **Nurse Retention Knowledge Assessment Test** (See [Appendix C](#)) should be assessed before and following the education of nurse managers regarding use of this guideline.

The same sample of nurse managers for whom the Nurse Retention Knowledge Assessment test was given should also be given the **Process Evaluation Monitor** approximately one month following use of the guideline (See [Appendix E](#)). The purpose of this monitor is to determine nurse managers’ understanding of the guideline and to assess the support for carrying out the guideline.

OUTCOME INDICATORS

Outcome indicators are those indicators expected to change or improve from consistent use of the guideline. The major outcome indicators that should be monitored over time are:

- Increased job satisfaction
- Increased intent to stay
- Decreased turnover

The **Nurse Retention Outcomes Monitor** described in [Appendix F](#) is to be used for monitoring and evaluating the usefulness of the nurse retention guideline in improving outcomes of nurses' job satisfaction and retention. Please adapt this outcome monitor to your organization or unit and add outcomes you believe are important. A number of instruments useful to measure the outcomes are available and included in [Appendix G.1](#).

Appendix A

NURSE RETENTION ASSESSMENT TOOLS

Appendix A contains examples of assessment tools, instruments, and forms to use in nurse assessment of retention. The purpose of the tool and instructions for use accompany each tool or form. Tools, instruments, and forms in Appendix A are:

- **Appendix A.1:** Nurse Demographics Questionnaire
- **Appendix A.2:** Nursing Turnover Measurement Form
- **Appendix A.3:** Price Job Satisfaction Scale
- **Appendix A.4:** McCain's Intent to Stay Scale

Appendix A.1

NURSE DEMOGRAPHICS QUESTIONNAIRE

Purpose: This questionnaire provides sample questions that can be adopted by nurse managers. Please adapt this questionnaire to your organization or unit and add questions you believe are important.

Instructions: Please make a copy of the questionnaire on the next page and have it completed by staff nurses. Once it is completed, please place it in the file of each staff nurse who is receiving the Nurse Retention guideline.

NURSE DEMOGRAPHICS QUESTIONNAIRE

Directions: This questionnaire is to be completed by the individual nurse.

Name: _____ Unit: _____

1. What is your age? _____ years

2. What is your sex?

Female: _____ Male: _____

3. What is your marital status?

Never Been Married: _____ Married: _____ Divorced: _____

Separated: _____ Widowed: _____

4. If married, for how long (in years)? _____

4a. If married, what is your spouse's occupation? _____

5. How many children do you have? _____

5a. What are the ages of your children? _____

5b. How many of your children are dependent on you? _____

5c. What kind of childcare facilities do you need? _____

6. What is the highest nursing degree you have obtained?

Associate: _____ Diploma: _____ Baccalaureate: _____

Masters: _____ Doctorate: _____

7. Are you currently enrolled in school?

Yes: _____, What program? _____

No: _____

8. What is your position?

Staff nurse: _____ Charge nurse: _____ Other: _____

9. What unit do you work on more than 50% of the time? _____

10. What shift do you usually work more than 50% of the time?

Days: _____ Evening: _____ Nights: _____ Rotating: _____

11. What type of shift do you work more than 50% of the time?

8 hour: _____ 10 hour: _____ 12 hour: _____ Weekend: _____

12. On average, how many hours do you regularly work per week? _____

13. How many years of nursing experience have you had? _____ years

14. How long have you been in your current position? _____ years

15. How long have you worked in this institution? _____ years

16. How long have you worked in this unit? _____ years

17. On the following scale, circle the number that rates your current level of non-work-related stress.



18. On the following scale, circle the number that rates your current level of work-related stress.



Appendix A.2

NURSING TURNOVER MEASUREMENT FORM

Purpose: To provide nurse managers with a quick reference for measuring nursing turnover in an Organization/Unit.

Instructions: For each nurse manager who uses the Nurse Retention guideline, please have the nurse manager complete the Nursing Turnover Measurement Form on the following page. This form should be completed at baseline (before guideline is implemented) and on a regular basis, such as every 6 months.

References:

Duxbury, M.L., & Armstrong, G.D. (1982). Calculating nurse turnover indices. *Journal of Nursing Administration*, 12(3), 18-24.

Hofmann, P.B. (1981). Accurate measurement of nursing turnover: The first step in its reduction. *Journal of Nursing Administration*, 11(11/12), 37-39.

Price, J.L. (1977). *The study of turnover*. Ames, Iowa: Iowa State University Press.

NURSING TURNOVER MEASUREMENT FORM

Organization/Unit: _____ Completed by: ____ / ____ / ____

Indices	Definition	Formulas	Calculation	Rate
Accession Rate	Percent of new nurses who stayed during a specified period of time (e.g., year).	$\left(\frac{\text{Number of new nurses hired}}{\text{Average number of staff nurses employed}} \right) \times 100$		
Separation Rate	Percent of nurses who left at a specified period of time (e.g., year).	$\left(\frac{\text{Number of nurses who quit}}{\text{Average number of staff nurses employed}} \right) \times 100$		
Stability Rate	Percent of nurses employed at the beginning of the period and who still stayed at the end of the period of time (e.g., year).	$\left(\frac{\text{Number of nurses at the beginning who remained}}{\text{Total number of nurses at the beginning}} \right) \times 100$		
Instability Rate	Percent of nurses employed at the beginning of the period but who left at the end of the period of time (e.g., year).	$\left(\frac{\text{Number of nurses at the beginning who quit}}{\text{Total number of nurses at the beginning}} \right) \times 100$		
Survival Rate	Percent of newly hired nurses who stayed during a specified period of time (e.g., year).	$\left(\frac{\text{Number of new nurses remained}}{\text{Total number of new nurses}} \right) \times 100$		
Wastage Rate	Percent of newly hired nurses who left during a specified period of time (e.g., year).	$\left(\frac{\text{Number of new nurses who quit}}{\text{Total number of new nurses}} \right) \times 100$		

Appendix A.3

PRICE JOB SATISFACTION SCALE

Purpose: To assess the overall satisfaction of staff nurses with their current job.

Instructions: For each nurse receiving the Nurse Retention guideline, please have s/he complete the Price Job Satisfaction Scale on the following page. This scale should be completed at baseline (before the nurse retention guideline is initiated) and on a regular basis, such as every 6 months.

Scoring: Each item is scored from 1 to 5, with “strongly disagree” scored as 1 and “strongly agree” as 5. Scores are summed and divided by the number of items to attain a mean. A higher score indicates higher level of satisfaction.

Reference:

Price, J. L. (2001). Reflections on the determinants of voluntary turnover. *International Journal of Manpower*, 22(7), 600-624.

**Readers may use the scale as deemed appropriate without requesting permission (Price, 2001, p. 618).

PRICE JOB SATISFACTION SCALE

Directions: Please circle the number that best reflects your response to the following statements about your overall satisfaction with your current job.

Statements	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1. I am fairly well satisfied with my job.	5	4	3	2	1
2. Most days, I am enthusiastic about my job.	5	4	3	2	1
3. I like working here better than most other people I know who work for this hospital.	5	4	3	2	1
4. I do not find enjoyment in my job.	5	4	3	2	1
5. I am often bored with my job.	5	4	3	2	1
6. I would consider taking another kind of job.	5	4	3	2	1

Appendix A.4

McCain's Intent to Stay Scale

(A 5-Item Subscale from McCain's Behavioral Commitment Scale)

Purpose: To assess the staff nurse's perception of the likelihood to stay in her or his current job.

Instructions: For each nurse receiving the nurse retention guideline, please have the nurse complete the McCain's Intent to Stay Scale on the following page. This scale should be completed at baseline (before guideline is initiated) and on a 6-month basis.

Scoring: Each item is scored from 1 "strongly disagree" to 5 "strongly agree". Scores are summed and divided by the number of items to attain a mean. A higher score indicated higher intent to stay.

References:

- McCloskey, J. C. (1990). Two requirements for job contentment: Autonomy and social integration. *Image: Journal of Nursing Scholarship*, 22(3), 140-143.
- Tang, J. H-C. (2005). *Hospital nurses' perceptions of family responsive workplace policies: Relationship to job satisfaction and intent to stay*. (Unpublished dissertation, University of Iowa).

This tool is in the public domain.

McCain's Intent to Stay Scale

(A 5-Item Subscale from McCain's Behavioral Commitment Scale)

Directions: Please circle the number that best reflects your response to each statement.

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I plan to work at my present job for as long as possible.	5	4	3	2	1
2. I will probably spend the rest of my career in this job or the jobs that it leads to in this hospital.	5	4	3	2	1
3. Even if this job does not meet all my expectations, I will not quit.	5	4	3	2	1
4. Under no circumstances would I leave my present job.	5	4	3	2	1
5. I plan to keep this job for at least two or three years.	5	4	3	2	1

Appendix B

COMMUNICATION ASSESSMENT QUESTIONNAIRE

Purpose: This communication assessment questionnaire is a sample of questions that can be adopted by nurse managers to assess their communication. This questionnaire is used to assess the quality of communication interactions between nurse managers and staff nurses. Understanding if communication problems exist in the unit/organization through the communication assessment will assist nurse managers in developing interventions to improve communications.

Instructions: Please make a copy of the questionnaire on the next page and have it completed by staff nurses.

Scoring: Reverse score items 4 and 7. Tally up the responses provided by adding up the numbers circled. Fifty-five is the highest score possible. Scores between 42 and 55 indicate that the organization (or unit) utilizes communication channels effectively. Scores between 27 and 41 indicate that communication problems exist and all items, especially those with the lowest score, need to be addressed. Scores of less than 26 would indicate considerable dissatisfaction with communication and may affect the nurses' performance and the quality of care provided to patients.

Reference:

Farley, M.J. (1989). Assessing communication in organizations. *Journal of Nursing Administration, 19*(12), 27-31.

******This questionnaire was developed by Dr. Farley. It has been reproduced with modification and with permission.

COMMUNICATION ASSESSMENT QUESTIONNAIRE

Directions: Please circle the number representing the extent to which you believe the statement is true for you in your work environment.

Statements	Not at all Accurate	Slightly Accurate	Moderately Accurate	Very Accurate	Completely Accurate
1. I have the information I need to do my job in the most effective and efficient manner.	1	2	3	4	5
2. I know where I can get the information I need to do my job well.	1	2	3	4	5
3. I receive information about my job from					
a) my immediate supervisor	1	2	3	4	5
a) my co-workers	1	2	3	4	5
b) notices posted on bulletin boards	1	2	3	4	5
c) personnel from departments other than nursing	1	2	3	4	5
4. I do not receive essential information about my job performance in a timely manner.	1	2	3	4	5
5. The communications I receive are clear and understandable.	1	2	3	4	5
6. I am satisfied with the frequency of communications I have with my immediate supervisor.	1	2	3	4	5
7. I receive too little information from my immediate supervisor about things that are happening in this organization.	1	2	3	4	5
8. I believe that my immediate supervisor shares critical and pertinent information with staff members.	1	2	3	4	5

Appendix C

NURSE RETENTION KNOWLEDGE ASSESSMENT TEST

The individual, who will be managing use of this evidence-based guideline and coordinating education of staff, should be the only one who has access to this test key. Following proper education with regard to *Nurse Retention guideline*, each nurse manager should be given an opportunity to take this test. Use this test as a **learning tool only**. Please have each nurse manager take this test without the key present, and once completed, let the nurse manager code how many questions were answered correctly and incorrectly. Guidance in determining why questions were answered as they were can also be part of the learning process.

Nurse Retention Knowledge Assessment Test Key

1. E

2. A

3. A

4. E

5. A

6. A

7. B

8. A

9. A

10. E

NURSE RETENTION KNOWLEDGE ASSESSMENT TEST

Directions: Please circle the letter for the correct answer.

1. The influence of high nurse turnover on a health care system includes which of the following:
 - A. Decrease in nurses' job satisfaction
 - B. Decrease in productivity of nurses
 - C. Decrease in quality of care patient outcomes
 - D. Increase in cost associated with recruiting and orienting of nurses
 - E. All of the above

2. In general, research confirms that job satisfaction is one of the most important factors affecting nurse retention and turnover.
 - A. True
 - B. False

3. Research confirms that the nurse manager is a key factor in influencing nurses' job satisfaction and retention.
 - A. True
 - B. False

4. Factors influencing job satisfaction include which of the following:
 - A. Opportunity for growth
 - B. Recognition
 - C. Autonomy
 - D. Communication with supervisor
 - E. All of the above

5. Nurse retention is a process that should be started before a nurse is hired to the organization/unit and continued until the staff nurse resigns.
 - A. True
 - B. False

6. Accurate measurements of turnover are important for effective turnover management and evaluation.
- A. True
 - B. False
7. What is the most commonly used indicator for turnover measurement?
- A. Accession Rate
 - B. Separation Rate
 - C. Instability Rate
 - D. Wastage Rate
8. It is critical for nurse manager to use communication methods which are familiar to each generation of nurses.
- A. True
 - B. False
9. Allowing flexible scheduling is one important way that nurse managers can support their staff nurses in balancing family and work lives.
- A. True
 - B. False
10. Consistent recognition of efforts by management and feeling valued and appreciated by management will support the effort of nurse retention which includes:
- A. Provide formal written acknowledgement
 - B. Give private verbal feedback for staff nurses' achievements
 - C. Select staff nurses as preceptors or mentors for newly hired nurses or nursing students.
 - D. Design a fun day as staff nurse appreciation day
 - E. All of the above

Appendix D

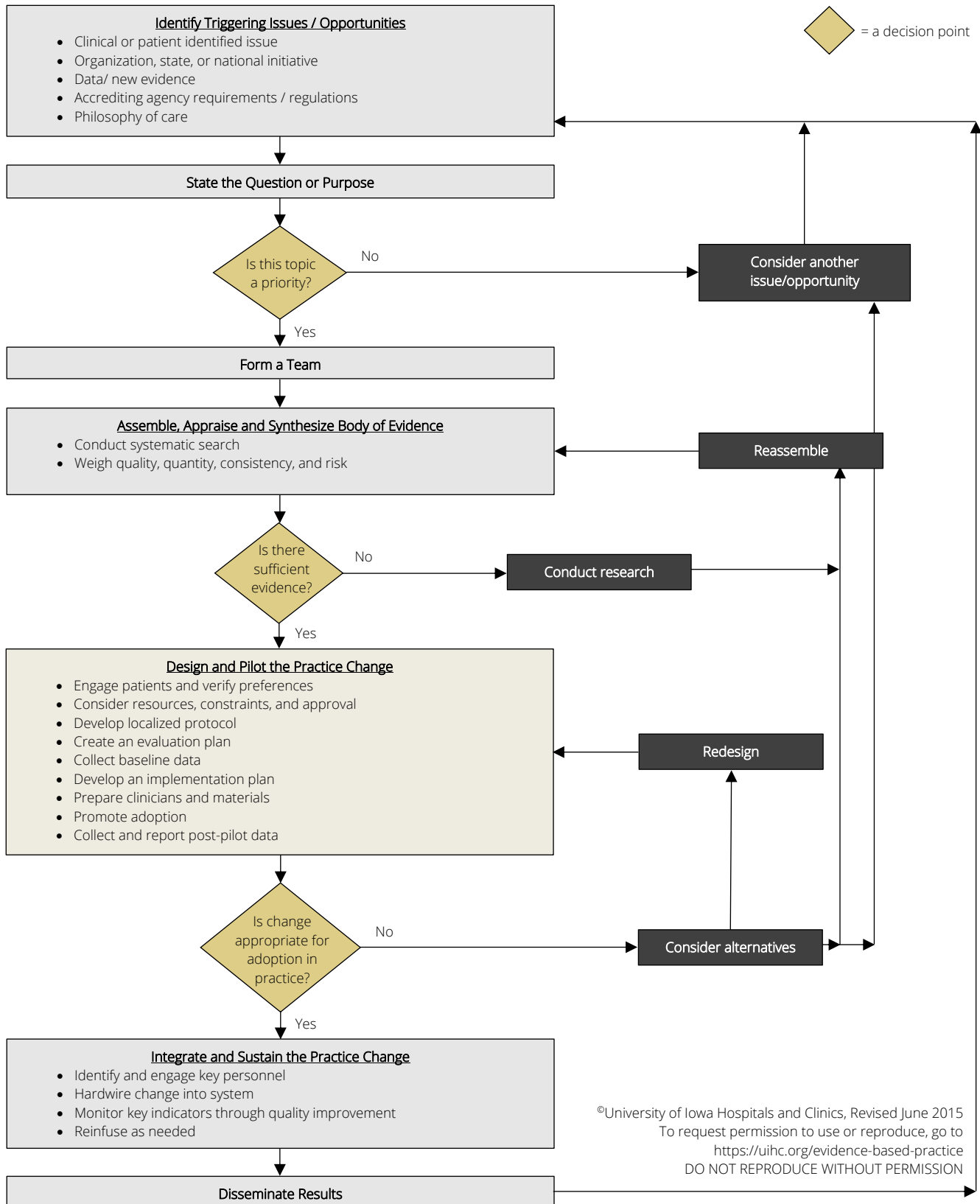
GUIDELINE IMPLEMENTATION PROCESS

Appendix D contains tools to assist in implementing this guideline into practice. These tools include:

- **Appendix D.1:** The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care[®]
- **Appendix D.2:** Implementation Strategies for Evidence-Based Practice

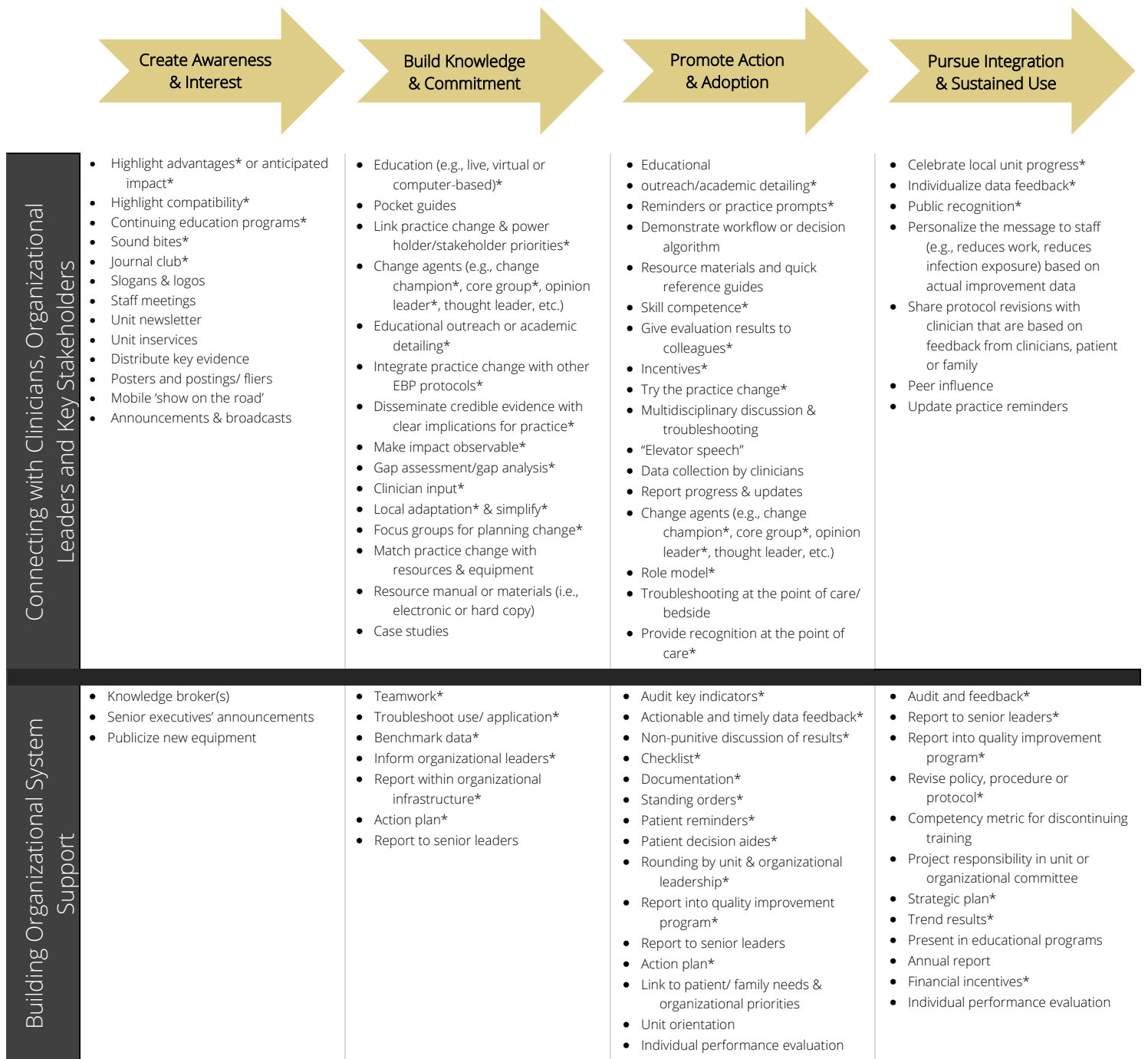
Appendix D.1

THE IOWA MODEL REVISED: EVIDENCE-BASED PRACTICE TO PROMOTE EXCELLENCE IN HEALTH CARE[©]



Appendix D.2

IMPLEMENTATION STRATEGIES FOR EVIDENCE-BASED PRACTICE



* = Implementation strategy is supported by at least some empirical evidence in healthcare

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Source: Cullen et al., 2018

Appendix E

PROCESS EVALUATION MONITOR

Instructions: The purpose of this monitor is to evaluate perceived understanding and support of each nurse in carrying out the protocol.

Scoring: Once the nurses who are using the protocol complete this Process Evaluation Monitor, the individual in charge of implementing the protocol needs to review each form with the nurse. For the nine questions, please tally up the responses provided by adding up the numbers circled. For example, if Question 1 is answered '2' and Question 2 is answered '3' and Question 3 is answered '4' the nurse's score for those three questions (2+3+4) equals 9. The total score possible on this monitor is 36, while the lowest score possible is 9. Nurses who have higher scores on this monitor are indicating that they are well-equipped to implement the protocol and understand its use and purpose. On the other hand, nurses who have relatively low scores are in need of more education and support in the use of the protocol.

PROCESS EVALUATION MONITOR

Directions: Please circle the number that best communicates your perception about your use of the Nurse Retention guideline.

Your Perception	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I feel knowledgeable to carry out the Nurse Retention guideline.	1	2	3	4
2. Implementing the Nurse Retention guideline enhances the job satisfaction of nurses on the unit.	1	2	3	4
3. I feel supported in my efforts to implement the Nurse Retention guideline.	1	2	3	4
4. I feel well prepared to carry out the Nurse Retention guideline with assistance from others.	1	2	3	4
5. I am able to identify factors that relate to nurse job satisfaction.	1	2	3	4
6. I am able to identify and carry out the essential activities of the nurse retention management intervention.	1	2	3	4
7. I had enough time to learn about the Nurse Retention guideline before it was implemented.	1	2	3	4
8. We are managing nurse retention better with the use of the guideline.	1	2	3	4
9. The guideline enables me to meet job satisfaction needs of most nurses.	1	2	3	4

Appendix F

NURSE RETENTION OUTCOMES MONITOR

Nurse managers using this Nurse Retention guideline should regularly assess (e.g., annually; every six months) job satisfaction, intent to leave, and turnover rate of staff nurses who report to them. If a nurse manager is responsible for more than one patient care area, data/scores should be aggregated by unit. It may also be helpful to analyze and evaluate scores by age, gender, and tenure in the unit. Steps to carry out this process are:

1. Identify key concepts expected to change with use of this guideline. At a minimum, include the following concepts:
 - Demographics (see sample Nurse Demographic Questionnaire in [Appendix A.1](#))
 - Work related stress (see question 18 on Nurse Demographic Questionnaire in [Appendix A.1](#))
 - Job satisfaction (see Price Job Satisfaction Scale in [Appendix A.3](#))
 - Communication (see Communication Assessment Questionnaire in [Appendix B](#))
 - Intent to Stay (see McCain's Intent to Stay Scale in [Appendix A.4](#))
 - Selected turnover rates (see Nursing Turnover Measurement Form in [Appendix A.2](#)) ([Appendix G.1](#) summarizes other instruments and variables nurse managers might consider incorporating into outcome assessment).
2. Select the scales/instruments to measure each of the key concepts.
3. Create a questionnaire incorporating the selected scales/instruments from #2 above.
4. Create a cover letter addressed to each staff nurse requesting completion and return of the questionnaire (a sample of this cover letter can be found in [Appendix G.2](#)). It is important to assure confidentiality of staff nurse responses.
5. Distribute the cover letter, questionnaire, and pre-addressed envelope to each staff nurse for return of the questionnaire.
6. Score questionnaires; enter responses into an electronic data repository for automated scoring.

Summarize the group scores and turnover rate in the following table:

NURSE RETENTION OUTCOMES MONITOR

	UNIT A					UNIT B				
DATES:										
Outcome 1: Job Satisfaction Price Job Satisfaction Scale (1=Strong Disagree to 5=Strongly Agree)										
Outcome 2: Communication Communication Assessment Questionnaire Score 42-55=Effective Communication 27-41=Communication Problems <26=Dissatisfaction										
Outcome 3: Intent to Stay McCain's Intent to Stay Scale (1=Strongly Disagree to 5=Strongly Agree)										
Outcome 4: Turnover Rates Accession Rate Separation Rate Instability Rate										

Appendix G

ADDITIONAL RESOURCES

Appendix G contains additional resources that nurse managers may find helpful in carrying out the practice. Additional materials that may be useful in implementing the Nurse Retention guideline are:

- **Appendix G.1:** Summary of Additional Useful Instruments
- **Appendix G.2:** Sample of Cover Letter

Appendix G.1

SUMMARY OF ADDITIONAL USEFUL INSTRUMENTS

Purpose: Additional instruments that might be useful in measuring outcomes of using this Nurse Retention guideline are summarized in the table on the following pages.

Reference:

Huber, D.L., Mass, M., McCloskey, J., Scherb, C.A., Goode, C.J., & Watson, C. (2000). Evaluating Nursing Administration Instruments. *Journal of Nursing Administration*, 30(5), 251-272. Reprinted with permission from Dr. Huber.

Instruments to Measure Autonomy

Author Instrument	Brief description	Population	Psychometric soundness*	Ease of use†	Cost	Source	Key reference
PROFESSIONAL							
Dempster J Dempster Practice Behavior Scale (DPBS)	30-item self-report tool using a 5-point Likert-type response scale measuring professional autonomy	Practicing RNs in any setting	5	3	None	Judith S. Dempster, RNC, FNP, Program Coordinator, School of Nursing, University of Hawaii, Manoa, Honolulu, HI 96822	Dempster J. Instrumentation for measurement of autonomy. Los Angeles CA: ANA Council, of Nurse Researchers, October 13,1991
Pankratz L and Pankratz D Nursing Autonomy Patient Rights Questionnaire	69-item scale with 3 subscales measuring patient rights, professional nursing autonomy and advocacy, and rejection of traditional role	RNs in hospitals	4	2	Unknown	Loren Pankratz and Deanna Pankratz, A. E., Brim & Associates, Ltd., 137 NE 102nd Ave., Portland, OR 97220	Pankratz L, Pankratz D. Nursing autonomy and patients' rights: development of a nursing attitude scale. <i>J Health Soc Behav.</i> 1974;15(3):211-216
Schutzenhofer K Nursing Activity Scale	35-item scale with 4-point Likert-type responses measuring professional autonomy	Practicing RNs in any setting	4	3	None	Karen Kelly Schutzenhofer, RN, EdD, St. Louis Children's Hospital, 400 South Kings Highway, Rm 2565, St. Louis, MO 63110	Schutzenhofer KK. Measuring professional autonomy in nurses. In: OL Strickland, CF Waltz, (eds.) <i>Measurement of nursing outcomes. Measuring nursing performance: practice, education, and research.</i> New York: Springer 1988;2,3-18.
WORK AUTONOMY							
Blegen M, Goode C, Johnson M, Maas M, Chen I, Moorhead S Staff Nurse Autonomy Questionnaire	A 42-item tool with a 5-point Likert-type response scale measuring work autonomy in patient care decisions and unit operation activities	Staff nurses in hospitals	4	3	None	Mary Blegen, RN, PhD, College of Nursing, University of Iowa, Iowa City, IA 52242	Blegen MA, Goode C, Johnson M, Maas M, Chen L, Moorhead S. Preferences for decision-making autonomy. <i>Image.</i> 1993;25(4):339-344

* 1, no information available; 3, tested but at a low level; 5, well developed/extensive

† 1, hardest; 3, moderate; 5, easiest.

Instruments to Measure Autonomy (Cont'd)

Author Instrument	Brief description	Population	Psychometric soundness*	Ease of use†	Cost	Source	Key reference
WORK AUTONOMY (Cont'd)							
Breaugh JA Work Autonomy Scales	3 subscales measuring work autonomy, work scheduling autonomy, and work criteria autonomy; responses on 7-point Likert scale	Employees in any organization	4	4	None	James Breaugh, School of Business Administration, University of Missouri at St. Louis, St. Louis, MO 63121	Breaugh JA. The measurement of work autonomy. <i>Human Relations</i> , 985;38(6):551-570.
Gonzales Autonomy Perception & Behavior Scale (GAPABS)	80-item scale 5-point Likert-type responses	Female nurses	3	1	None	Unknown	Unknown
Hage J and Aiken M Measures of Centralization	Measures 2 aspects of centralization; each scale has 5 items with a 5-point Likert-type response scale; similar to work autonomy	Employees in any organization	4	3	None	Cook JD, Hepworth SJ, Wall TD, Warr PB. <i>The Experience of Work</i> . Berkeley: Academic Press, 1981	Aiken J, Hage J. Organizational alienation: A comparative analysis. <i>AM Soc Rev</i> . 1966;31: 497-507, and subsequent publications
Hertz J Hertz Perceived Enactment of Autonomy (HPEAS) Scale	31-item scale with 5-point Likert-type responses; measures perceived enactment of autonomy plus voluntariness, individuality and self-direction	Older adults, not institutionalized	4	4	None	J. Hertz, PhD, RN, Associate Professor, Department of Nursing, York College of Pennsylvania, York, PA 17405	Hertz JEG. The perceived enactment of autonomy scale: Measuring the potential for self-care action in the elderly. Dissertation Abstracts International 1991;52:1953B. University Microfilms No. 91-28,248.
Hinshaw AS and Atwood JR Autonomy-Job Characteristics (JC)	5-item self-report scale measuring work autonomy with 5-point Likert-type response scale	Employees in any organization.	4	5	None	Jan Atwood, Professor, University Medical Center, Arizona Health Science Center, Tucson, AZ 85724	Hinshaw AS, Atwood JR. Anticipated turnover among nursing staff study. DHHS grant #RO1 NU00908,1983-85.

* 1, no information available; 3, tested but at a low level; 5, well developed/extensive

† 1, hardest; 3, moderate; 5, easiest.

Instruments to Measure Autonomy (Cont'd)

Author Instrument	Brief Description	Population	Psychometric soundness*	Ease of use†	Cost	Source	Key reference
WORK AUTONOMY (Cont'd)							
Hinshaw AS and Atwood JR Autonomy-Quality of Employment Scale (QE)	5-item self-report tool measuring employee's perception of work autonomy. Responses are on a 4-point Likert-type scale	Employees in any organization	4	5	None	Jan Atwood, Professor, University Medical Center, Arizona Health Science Center, Tucson, AZ 85724	Hinshaw AS, Atwood JR Anticipated turnover among nursing staff study. DHHS grant #RO1 NU00908, 1983-85
Katzman E Authority in Nursing Roles Inventory (ANRI)	25-item scale asking about current and ideal conditions of autonomy/ authority	Registered nurses; LPNs in any setting	4	2	None	Elaine Katzman, Arizona State University College of Nursing, Tempe, AZ 85287-2602	Katzman E. Nurses' and physicians' perceptions of nursing authority. <i>J Prof Nurs.</i> 1989; 5(4):208-214.
Kurtines W Kurtines Autonomy Scale	Measures personal autonomy	Nursing students	1	unknown	None	Dr. William Kurtines, Florida International University, College of Arts & Sciences, University Park, Miami, FL 33199	University Microfilms International, order #9129259
Maas M and Jacox A Semantic Differential	20 bipolar adjectives with a 7-point Likert-type scale identifying the meaning of the concept of professional autonomy	RNs	3	3	None	Meridean Maas, PhD, RN, FAAN, College of Nursing, University of Iowa, Iowa City, IA 2242	Maas M, Jacox A. <i>Guidelines for Nurse Autonomy/Patient Welfare.</i> New York: Appleton-Century-Crofts, 1977.
Maas M and Jacox A Concept Interview	11 open ended questions soliciting perceptions about the definition and meaning of professional autonomy in nursing	RNs	3	1	None	Meridean Maas, PhD, RN, FAAN, College of Nursing, University of Iowa, Iowa City, IA 52242	Maas M, Jacox A. <i>Guidelines for Nurse Autonomy/patient Welfare.</i> New York: Appleton-Century-Crofts, 1977.
Stogdill R The Rad Scales	48-item self-report measuring authority and responsibility similar to work autonomy	Employees in any organization	unknown	3	Unknown	Ralph Stogdill, Bureau of Business Research, The Ohio State University, Columbus, OH 43210	

* 1, no information available; 3, tested but at a low level; 5, well developed/extensive

† 1, hardest; 3, moderate; 5, easiest.

Instruments to Measure Job Satisfaction

Author Instrument	Brief Description	Population	Psychometric soundness*	Ease of use [†]	Cost	Source	Key reference
Bell RC and Weaver JR Worker Opinion Survey (WOS)	48-item questionnaire with 6 subscales; available evidence indicates that Cross developed the original tool and it was modified by Bell and Weaver; Bell and Weaver do not give an indication that the tool was modified for nursing, but the tool is worded for nursing	Nurses in any organization	2	3	Unknown	See article cited in "key reference"	Bell RC, Weaver JR. The dimensionality and scaling of job satisfaction: An internal validation of the worker opinion survey. <i>J Occup Psychol.</i> 1987;60:147-155.
Brayfield AH and Rothe HF Overall Job Satisfaction	18-item 5-point Likert scale; based in management science	Employees in any organization	5	5	Unknown	Cook JD, Hepworth SJ, Wall TD, Warr PB. <i>The Experience of Work.</i> San Diego, CA: Academic Press, 1981	Brayfield AH, Rothe HF. An index of job satisfaction. <i>J Appl Psych.</i> 1951;35(5): 307-311,
The Daphne Heald Research Unit Measure of Job Satisfaction (MJS)	44-item, 5-point Likert scale with 7 subscales of personal, workload, professional support, training, pay, prospects, standards of care satisfaction	RNs in community health	4	4	No	Dr. B. Wade, Director, The Daphne Heald Research Unit, The Royal College of Nursing, 20 Cavendish Square, London W1MOAB, UK	Traynor M, Wade B. The development of a measure of job satisfaction for use in monitoring the morale of community nurses in four trusts. <i>J Adv Nurs.</i> 1993;18:127-136.
Hackman JR and Oldham GR General Job Satisfaction-Job Diagnostic Survey (JDS)	3 (short form) or 5 (long form) item scale that includes "an overall measure of the degree to which the employee is satisfied and happy with the job"; part of the larger JDS tool	Employees in any organization	3	5	Unknown	Cook JD, Hepworth SJ, Wall TD, Warr PB. <i>The Experience of Work.</i> San Diego, CA: Academic Press, 1981	Hackman JR, Oldham GR. Development of the job diagnostic survey. <i>J Appl Psychol</i> 1975;60:159-179.
Hall BA, Von Endt L and Parker G Staff Satisfaction Scale	42-item scale with 6 subscales; they were adapted from the Index of Work Satisfaction, the SRA Survey of Job Satisfaction and some developed for this study	Nurses, nurse managers, UAPs in hospitals	2	3	Unknown	Beverly Hall, PhD, RN, University of Texas at Austin, Austin, TX	Hall BA, Von Endt L, Parker G. A framework for measuring satisfaction of nursing staff. <i>Nurs Leadership.</i> 1981;4(4):29-33.

* 1, no information available; 3, tested but at a low level; 5, well developed/extensive

[†] 1, hardest; 3, moderate; 5, easiest.

Instruments to Measure Job Satisfaction (Cont'd)

Author Instrument	Brief Description	Population	Psychometric soundness*	Ease of use†	Cost	Source	Key reference
Hinshaw AS and Atwood JR Nurse Job Satisfaction Scale (NJSS)	28-item survey with 3 subscales; 23 items were from the adapted NJSS and 5 items from the Work Satisfaction Scale (Slavitt et al., 1978); subscales of quality of care, enjoyment, and time to do the job	Nurses in hospitals	4	4	Unknown	Atwood JR, Hinshaw AS, Gerber RM, College of Nursing, University of Arizona, Tucson, AZ 85721	Hinshaw AS, Atwood JR. <i>Final Report: Anticipated Turnover among Nursing Staff Study.</i> (1RO1NU00908). Tucson, AZ: The University of Arizona, April 1983-December 1985;297-306.
Hinshaw AS and Atwood JR Work Satisfaction Scale (WSS)	32-item survey selected from Slavitt et al's (1978) Work Satisfaction Scale; 5 subscales of pay, professional status, interaction/cohesion, administration, and task requirements	Nurses and UAPs in hospitals	5	1	Unknown	Atwood JR, Hinshaw AS, Gerber RM, College of Nursing, University of Arizona, Tucson, AZ 85721	Hinshaw AS, Atwood JR. <i>Final Report: Anticipated Turnover among Nursing Staff Study.</i> (1RO1NU00908). Tucson, AZ: The University of Arizona, April 1983-December 1985;292-296.
Institute for Social Research Michigan Organizational Assessment: Module 2	Module 2 is a 26-item, 7-point Likert scale; this module is part of a broad-based employee attitude survey; it addresses job satisfaction, intention to turnover, intrinsic motivation, and performance outcomes	Employees in any organization	2	4	Unknown	Institute for Social Research, University of Michigan, Ann Arbor, MI 48106	Michigan organizational assessment package: Progress report II. Ann Arbor, MI: Institute for Social Research, The University of Michigan, August 1975.
McCloskey JC and Mueller CW McCloskey/Mueller Satisfaction Scale (MMSS)	31-item, 5-point Likert scale with 8 subscales of satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition and control/responsibility	RNs in hospitals	4	4	Yes	Dr. Joanne McCloskey, University of Iowa College of Nursing, Iowa City, IA 52242	Mueller CW, McCloskey JC. Nurses' job satisfaction: A proposed measure. <i>Nurs Res.</i> 1990;39(2):113-117
Pincus JD Job Satisfaction Scale	32-item survey relying on a "probability scale-assessing feelings about their work environment"; modified from the JDI	Nurses in hospitals	3	3	Not for students	J. David Pincus, PhD, APR, California State University, Fullerton, Department of Communications, Fullerton, CA 92634-9480	Pincus JD. Communication satisfaction, job satisfaction, and job performance. <i>Hum Comm Res.</i> 1986; 2(3):395-419.

* 1, no information available; 3, tested but at a low level; 5, well developed/extensive

† 1, hardest; 3, moderate; 5, easiest.

Instruments to Measure Job Satisfaction (Cont'd)

Author Instrument	Brief Description	Population	Psychometric soundness *	Ease of use [†]	Cost	Source	Key reference
Smith PC, Kendall LM, and Hulin CL Job Descriptive Index (JDI)	72-item questionnaire with 5 factor scales (work, supervision, pay promotion, and co-workers)	Employees in any organization	5	4	Yes	Dr. Patricia C. Smith, Department of Psychology, Bowling Green State University, Bowling Green, OH 43403	Smith PC, Kendall LM, Hulin CL. <i>The Measurement of Satisfaction in Work and Retirement</i> . Chicago, IL: Rand McNally, 1969.
Stamps PL and Piedmonte ER Index of Work Satisfaction	59-item (15 paired comparisons and 44 Likert scale 7-point items) with 6 subscales (pay, autonomy, task requirements, organizational requirements, job status, and interactions)	RNs in hospitals	5	1	Yes	<i>Health Administration Press Handbook: Nurses and Work satisfaction</i>	Stamps PL, Piedmonte EB. <i>Nurses and Work Satisfaction: An Index for Measurement</i> . Ann Arbor, MI: Health Administration Press 1986. (Updated: Stamps PL. <i>Nurses and Work Satisfaction: An Index for Measurement</i> , (2 nd ed.) Chicago, IL: Health Administration Press 1997).
University of Minnesota Minnesota Satisfaction Questionnaire (MSQ)	100-item long form or 20-item short form; each item on the long form refers to a reinforcer in the work environment; the long form has 22 subscales; the short form consists of 3 scales: intrinsic satisfaction, extrinsic satisfaction, and general satisfaction; 5-point Likert scale: very dissatisfied = 1, very satisfied = 5	Employees in any setting	4	3	Unknown	Work Adjustment Project Industrial Relations Center University of Minnesota Minneapolis, MN 55455	Cook JD, Hepworth SJ, Wall TD, Warr PB. <i>The Experience of Work</i> . San Diego, CA: Academic Press, 1981.

* 1, no information available; 3, tested but at a low level; 5, well developed/extensive

† 1, hardest; 3, moderate; 5, easiest.

Appendix G.2

SAMPLE OF COVER LETTER

Purpose: The following page is a sample of what can be used as a cover letter to send to staff nurses.

{Date}

{Nurse Name}

{Unit}

{Institution's Name}

{Address}

Dear {Name},

You are invited to complete a series of questionnaires to identify the factors affecting work satisfaction at {unit and institution's name}. The purpose of this project is to help us understand the factors that influence job satisfaction and turnover of our staff. The information you provide will help us to promote a better working environment for our {unit or institution's name}. Your completion of the survey is voluntary. There is no penalty to anyone who decides not to participate. The questionnaire will take you about {minutes} to complete. Your response is confidential. Each questionnaire will be coded with a unique subject number, and the coding list will be kept in a locked file cabinet. Data will be analyzed and reported as a group. No individual's responses will be reported.

If you choose to participate, please complete the questionnaire within {#} days of its receipt. Please place the completed questionnaire in the envelope provided, seal it, and drop it in the {name of desired place}. Return of the completed questionnaire in the enclosed self-addressed stamped envelope implies your consent to participate.

We welcome your questions. If you have questions about this project, please contact {name} at {phone number}.

Thank you in advance, for taking your time to assist us with this important project.

Sincerely,

{Name and credentials}

{Titles}

Appendix H

DESCRIPTION OF METHODS USED TO COLLECT/SELECT EVIDENCE

Databases

Electronic database searching was performed using ERIC, CINAHL, Ovid, and PubMed. In addition, hand searching of journals, national guidelines, and professional organizations was completed.

Keywords

The following search terms were used: Job satisfaction, retention, turnover, intent to stay, intent to leave, managerial leadership, nursing workforce, nursing leadership, work environment, and engagement. Then these keywords were used in combination: Nurses and job satisfaction, nurses and retention/turnover/intent to stay/intent to leave, communication and nurses' job satisfaction.

Inclusion and exclusion criteria

The database searches were limited to year of publication (2014-present), research, peer reviewed, English only articles, and nurses.

Number of documents identified

250

Number of documents used

89

Description of method of guideline validation

Internal review at Csomay Center and three external expert content reviewers (see [Acknowledgements](#) page).

This guideline was reviewed by experts knowledgeable about research on nurse retention and development of guidelines. The reviewers suggested additional changes in the guideline presentation to enhance its clinical utility.

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CONTACT INFORMATION

This guideline is one of a number of Evidence-Based guidelines made available by The University of Iowa Barbara & Richard Csomay Center for Gerontological Excellence. If you have any questions regarding this protocol, please contact the authors or the Csomay Center:

Authors:

Jane Hsiao-Chen Tang, PhD, RN, NE-BC

Chair & Professor

Division of Nursing

Immaculata University

1145 King Road

Immaculata, PA 19345

Pamela Hudson, DM, RN

Associate Professor &

MSN Program Director

Division of Nursing

Immaculata University

1145 King Road

Immaculata, PA 19345

Csomay Center:

Csomay Center, University of Iowa College

of Nursing

200 Newton Road, 4118 WL

Iowa City, IA 52242

Phone: (319) 353-5670

Email: Csomay-Center@uiowa.edu

Website: UlowaCsomayGeroResources.com

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