Nurse Retention

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Abstract

Nursing shortage and turnover affects the quality and safety of patient care, nurse work environments and the operations of health care organizations. This paper outlines research collected about nursing shortage, nurse turnover and nurse retention in order to explore the topic and provide evidence based recommendations for nursing retention. Topics at hand are defined. Interdisciplinary theories relating to nurse retention are explained including the Nueman Systems Model in nursing and Kanter’s Empowerment Theory in management. An assessment of the health care environment is fully explored including statistics, systems framework, policies, assumptions and quality and safety issues. A brief synopsis of the past, present and future of the nursing shortage is included as part of the health care environment assessment. A root cause analysis is outlined including the problem, causes and recommendations. Inferences, implications and consequences are related to standards and competencies from the ANA and QSEN. Opposing viewpoints are also offered. The conclusion of this paper is that health care organizations should focus on nurse retention strategies by improving nurse job satisfaction and addressing the nursing shortage in order to focus on the ultimate goal of patient quality and safety.

Keywords: nurse turnover, retention, shortage, quality, safety
Nurse Retention

The issue of nurse retention and turnover affects both nurses and patients alike. As a whole, high nurse turnover and vacancy rates negatively affect health care access, patient care quality and nurse job satisfaction. The nursing shortage directly impacts nurse staffing levels, retention and turnover (Rosseter, 2012). Discussion about the costs and benefits of nursing retention applies to most all nursing fields and position types (Jones & Gates, 2007).

Financial effects of nurse turnover are also significant. The direct and indirect cost of replacing a registered nurse (RN) can range from $10,000 to $60,000 (Rondeau, Williams & Wagar, 2009). It is important for health care organizations to focus on nurse retention so that the nursing shortage does not negatively affect the health of their patients, the health of their workforce and ultimately the financial solvency of the organization.

Important Terms

Nursing shortage, turnover and retention are interrelated concepts. Defining these concepts is important in order to expand upon these subjects as a whole. Nursing shortage can be described as lack of sufficient skilled nursing staff as well as lack of sufficiently educated staff that are able to care for patients (Morgan & Lynn, 2009). Turnover rate denotes an organization’s ability to prevent existing employees from voluntarily leaving (Hayes et al., 2011). Nurse retention signifies the prevention of nurse turnover and keeping nurses employed within the organization (Jones & Gates, 2007).

Theory Base

The application of theories can assist with a deeper understanding by applying a conceptual perspective to the issue of nurse retention and turnover. The Neuman systems model and Kanter’s empowerment theory are two theoretical perspectives that can help to further
consider the issues at hand. Principles of Kanter’s empowerment theory in the field of management can be applied to the Neuman systems model in the field of nursing in order to provide a comprehensive, interdisciplinary approach where the whole person is honored and empowered in order to reduce stressors and retain nursing staff.

**Neuman Systems Model**

The Neuman systems model is a nursing theory developed by nurse and theorist Betty Neuman beginning in the 70’s and 80’s that focuses on a person as a whole and their reaction to stressors. The model’s four paradigms are person, environment, health and nursing (Nursing Theories, 2012). These paradigms involve a complex interplay of variables to determine survival factors for stability. Neuman emphasizes prevention of primary stress response and adjustment to stress by way of secondary and tertiary prevention (Gunusen, Ustun & Gigliotti, 2009).

Neuman proposes that a “flexible line of defense” is mounted against stressors. When stressors are ongoing, such as in a nurse’s workplace, a person’s “lines of resistance” is activated which attempts to prevent damage to the “central core”. This is a sort of coping mechanism which, if not effective, can cause signs of burnout such as physical fatigue and emotional exhaustion. The consequences of burnout are job change, absenteeism, substance use and depersonalization (Gunusen, Ustun & Gigliotti, 2009). The Neuman systems model illustrates how nurse turnover can be the result of nurse reacting to work stress and damaging the “central core”. Changing jobs is a type of tertiary prevention which helps the person to cope.

**Kanter’s Empowerment Theory**

Rosabeth Moss Kanter is a management guru who has developed several management theories including the structural empowerment theory. This theory states that management’s role
is to provide staff with tools that will empower them in the workplace. Empowerment theory proposes there are two types of organizational structures: power and opportunity. Employees with high levels of power are included in lines of information, support, resources and opportunities to learn and grow (Laschinger et al., 2010). Employees who have high levels of opportunity in their jobs tend to be more proactive problem solvers and accept change. When staff have opportunity and power, they are motivated, feel more in control, have increased well-being and have greater job satisfaction (Laschinger et al., 2010). These empowering characteristics in the workplace will potentially promote job satisfaction, create greater productivity, and most importantly promote retention of valuable employees.

**Health Care Environment Assessment**

Nursing retention is a complex issue which is a sum of many parts. Policies, assumptions and quality and safety issues must be taken into account. According to research, nurse turnover rates in hospitals range between 1% and 20% with the average at 14% (NSI Nursing Solutions, 2012). Nursing turnover in nursing home settings increases significantly, averaging 34% (Heineman, 2010). In light of these turnover statistics, it is important to note that less than half of organizations have a formal retention strategy (NSI Nursing Solutions, 2012). The shortage of qualified nurses is related to increased turnover rates among nurses (Hunt, 2009).

According to one study, 37% of newly licensed RN’s report they are ready to change jobs after working just one year (Brewer et al., 2011). Pinchera (2012) states that, “The attrition rate [for newly licensed nurses] may be as high as 60% in their initial employment.” When newly licensed nurses begin working they report negative emotions such as fear and feeling overwhelmed and powerless. Inexperience, tenuous working relationships and a strong desire
for support that is sometimes is not available are potential reasons why new nurses do not remain with their first employer (Pinchera, 2012).

**Systems Framework**

**Government policies.** Policies geared toward recruitment, retention and strengthening nursing schools are strategies to address the nursing supply. Federal policy efforts toward strengthening the nursing workforce focus on recruitment and retention. These policies include the Nurse Reinvestment Act of 2002 and the Recovery and Reinvestment Act of 2009 (Kaiser Foundation, 2012). The recent passing of the Affordable Care Act also has components geared toward improvement of the health workforce (Kaiser Foundation, 2012). The United States (US) Department of Health Resources and Services Administration has developed the Nurse Education, Practice, Quality and Retention (NEPQR) program which provides grants to accredited schools of nursing and health care facilities in order to enhance nursing education, improve patient care quality and increase nurse retention (HRSA, 2012).

**Health care organization policies.** National nurse leaders recommend that employers and policymakers should implement strategies to retain nurses. These strategies include supporting retraining and skill development, discouraging policies that promote early retirement and strengthening health promotion and prevention of disability in the nursing workforce (Jeter, 2008). The American Nurses Association (2012) states that recruitment and retention of RNs are, “major challenges in today’s nursing shortage environment.”

**Assumptions.** It is possible that many assume that nurse retention is not a serious concern today because the nursing shortage appears to have resolved due to the recession and increased number of nursing school graduates. There also may be a popular assumption that
NURSE RETENTION

nurse retention is not a problem in fields outside of the nursing home setting. In order to address this assumption, the nursing shortage’s past, present and future should be explored.

*Nurse shortage and recession.* Nursing shortages throughout the last century have been cyclical, waxing and waning throughout the decades. However beginning in the late 1990’s, the US experienced an acute nursing shortage. Strategies such as salary increases, sign on bonuses and an influx of foreign born nurses helped to remedy the shortage however staffing sufficient numbers of nurses continued to be a serious problem (Buerhaus, Auerbach & Staiger, 2009).

Beginning in 2001 and intensifying in the beginning of 2007, the US experienced an economic recession which caused RN employment to rise. The nursing shortage was abated to some degree. Due to recession related concerns, RNs delayed plans for retirement. Also RNs whose spouses’ jobs were affected by the recession chose to return to work or change from part time to full time status. RN employment surged and the shortage gap closed significantly as a result of the recession and its related effects (Staiger, Auerbach & Buerhaus, 2012). The recent economic recession has created a "bubble" which is expected to "evaporate as the economy improves and … shortages will reemerge" (Staiger, Auerbach, & Buerhaus 2012, p. 1465).

New graduates and newly licensed nurses seem to be bearing the brunt of this recession-related nurse shortage recovery. According to surveys conducted in 2009 and 2010, entry level RN positions have declined (Mancino, 2011). This occurrence is not surprising given the fact that the recession has affected RN labor supply and demand. One expected effect of the increased RN employment rate is the difficulty of new nurses in finding jobs. This effect is predictable and the effect should be temporary (Buerhaus, Auerbach & Staiger, 2009).

*Projected nursing shortage.* Although the recession in the US has been a short reprieve for the nursing shortage recently, the shortage still remains a serious concern in the health care
NURSE RETENTION

field. Baby boomers are aging and turning 65 at the rate of 10,000 people per day (Daley, 2012). There is an increased demand for nurses to care for this population. At the same time, the nurse workforce is aging. Buffington et al. (2012) explain, “In the next decade, 40% of the RN workforce will be older than 50 years or older, with many expected to retire.”

Stress and burnout can cause nurses to leave the profession. High stress work environment also makes nursing less attractive to potential students (Morgan & Lynn, 2009). Nursing school enrollment is not sufficient to meet the demand and there is a lack of sufficient nursing faculty. Health care reform policies are also expected to increase demand for nurses. As demand outweighs supply, there is an increased nursing shortage projected over the next 20 years (Rosseter, 2012). By the year 2020, nursing demand is expected to exceed supply by 30% in the US (Rondeau, Williams & Wagar, 2009). The nursing shortage is a real issue in the workforce today.

Quality and safety issues. RN shortage and turnover is a major concern because of the effects on patient care, workloads and recruiting. “Concerns about RN turnover become heightened during times of nurse shortages” (Jones & Gates, 2007, para. 1). Nurse turnover and nursing shortage causes insufficient staffing. Insufficient staffing has effects on both patients and nurses. For patients, insufficient staffing is related to more medical errors, higher nurse-to-patient ratios, less time spent with patients, higher rates of infection and increased patient mortality. For nurses, insufficient staffing is associated with increased nurse workload, nurse burnout, low job satisfaction and higher rates of work stress and fatigue (Rosseter, 2012).

Root Cause Analysis

The problem. As nursing turnover increases, there is an increased negative effect on patients, nurses and health care organizations (Hayes et al., 2011).
Causes. The nursing turnover issue is “recognized as being complex and multifaceted” (Hayes et al., 2011, p. 888). The reasons for nurse turnover can be caused by organizational factors which relate to job satisfaction, as well as personal factors which vary based on each individual. Intention to quit is also a potent predictor of quitting and turnover (Karantzas et al., 2012).

Intention to quit. There are consistent, interrelated factors which are predictors of intention to quit. These factors are job satisfaction, workplace stress, supervisor support, commitment to the organization and personal factors (Karantzas et al., 2012).

Employer factors. Organizations have control over many of the factors that influence a nurse’s intent to stay. Employer based factors associated with increased turnover rate include assignment of excess workloads, lack of time to provide quality care, interpersonal work relationship problems, lack of resources, lack of team support and high work demands combined with low job control (Hayes et al., 2011). High work demands by themselves do not necessarily relate to increased turnover. In fact, nurses who are challenged in the workplace generally report more job satisfaction (Hayes et al., 2011). Feelings of decreased control which are correlated with increased patient acuity, admits, discharges, transfers, patient order changes. Turnover intention is also associated with lack of management support and lack of participative governance as well as high levels of role ambiguity, role conflict, task delegation needs (Hayes et al., 2011).

Personal factors. There are several personal factors that play into a nurses intent to stay at their current organization regardless of what employers may or may not do to retain their nursing workforce. First it is important to note that, “Nurses tend to be more mobile early in their careers” (Hayes et al., 2011, p. 888). Nurse graduates tend to work toward their goals of a
specific area of practice they have in mind. New nurses also experience an adjustment period within the first 18 months of employment during which they need intense support. However, the odds of a new graduate staying in their position increases if they feel committed to their organization and are satisfied with their job and pay (Hayes et al., 2011).

There are generational differences with intent to stay. Baby boomer and generation X nurses (born between 1947-1978) tend to be more committed to the organization and resistant to change. Also, older nurses that may be eligible for retirement may play a factor in turnover however early retirement is influenced by both personal circumstances and work factors (Hayes et al., 2011). Nurses without dependent children or relatives are more likely to have increased turnover intention due to the importance of providing financially for their families.

Nurses sometimes quit based on dissatisfaction with perceived level of opportunity and job control. Career advancement is especially important to younger nurses. Nurses currently enrolled in an education program are more likely to remain employed. However, there is no correlation between educational level and intent to quit (Hayes et al., 2011). Feelings of competency and ability to maintain a work-life balance are also personal factors involved with nurse turnover (Karantzas et al., 2012).

**Inferences and Implications**

Ultimately, the purpose of exploring the topic of nursing turnover and retention is to ensure the nursing supply and provision of quality care for patients. Research shows that factors influencing nursing turnover and retention are multifactorial. The current state of the nursing workforce today varies depending upon the setting. Nursing homes have a higher rate of turnover than hospitals. This may be due to the fact that nursing home RN job satisfaction is low compared to RNs in other health care settings (IFAS, 2007). Newly licensed nurses also have a
unique perspective within the nurse turnover issue which is different than their older or more experienced counterparts.

The significance of the past, present and future of the nursing shortage is central to the issue of nursing retention. The nursing shortage and nurse turnover are clearly related. Just as the reasons for nursing shortage are varied and complex, the reasons for nursing turnover are also complex. Sometimes reasons involved with turnover and intent to quit are largely personal. One concept is clear – that nurses’ intent to quit is related to factors that influence nurse retention. Brewer et al. state, “Intent to stay is a direct predictor of turnover” (2012, p. 534).

There are several stakeholders in this equation. From the patients’ point of view, they require a fully staffed nursing workforce that is able to provide competent nursing care so that they have the best possible outcomes. From the nurses’ point of view, they require a job that fits their personal needs where they feel supported, well trained, committed to their organization and satisfied with their compensation and work environment. From the health care organizations’ point of few, they require a competent workforce that is committed to their organization, experienced and cost effective. Clearly the research shows that nurse turnover and retention is influenced by several complex factors.

**Opposing viewpoints**

In some respects, a possible benefit of nurse turnover is the increased productivity from eliminating poor performers (Jones & Gates, 2007). Also, employers with high turnover can save money by paying starting wages and fewer bonuses for new employees. However it is widely concluded that loss in experience and productivity combined with the costs of recruitment and hiring outweighs possible benefits of turnover (Hayes et al., 2011).
Some also argue that the act of supporting nurse retention by way of increased training and nurse development may in fact have the opposite effect and inadvertently promote turnover by making that nurse more attractive to competitors. The investment in human capital may not be returned. However the research shows that in general, when nurses are satisfied with their job and feel committed to the organization, they are less likely to quit no matter how attractive their increased training and development has made them to other potential employers (Rondeau, Williams & Wagar, 2009).

**Consequences of Nurse Turnover**

The consequences of nurse turnover are cyclical. Turnover increases workload of existing nurses which decreases job satisfaction and performance. Nurses who stay are left to work with fewer resources and untrained, newly hired staff. This scenario then causes further turnover (Rondeau, Williams & Wagar, 2009). The effects of excessive work demands and lack of support cause a deterioration in nurses’ emotional and mental health, which increases stress and burnout. The end result of stress and burnout is job dissatisfaction and greater intent to quit (Hayes et al., 2011).

The ultimate loser when nurses quit is the patient. Turnover affects the quality of patient care. Research shows that nurse turnover is related to insufficient staffing (Rosseter, 2012). Consequences of increased nurse turnover for patients includes increased mortality, infection rates, falls, medication errors, medical errors, adverse events, and decreased patient satisfaction (Hayes et al., 2011; Rosseter, 2011).

The consequences of nurse turnover to health care organizations are the high costs and loss of productivity. The direct costs include temporary replacement staff, overtime, recruitment costs and induction training costs. Indirect costs are loss of productivity and lost organizational
knowledge (Hayes et al., 2011). Health care organizations need experienced nurses as leaders and caregivers as a part of their health care team.

**Recommendations**

Quality and safety for patients can be improved by implementing strategies that help retain nurses. Employers and nurse leaders should focus on strategies that address employer controlled factors related to nurse retention. Also, strategies should be employed that focus on addressing the looming nurse shortage.

**Increase Job Satisfaction**

Employers can improve nurse job satisfaction by providing adequate staffing and resources so that the nurses’ intent to stay is encouraged. Employers should empower nurses with orientation, mentorship, staff development and collaborative governance opportunities. “Nurses need clearly defined roles with appropriate and adequate supports in place to enable them to carry out their responsibilities” (Hayes et al., 2011, p. 890). Seasoned nurses should be valued in the workplace and encouraged to remain employed.

Nurse managers have a vital role in decreasing work stress and increasing job satisfaction for the nurses they supervise. Effective managers should clearly define roles, provide support and maintain a positive work environment. Autonomy, recognition and communication are essential interventions for nurse leaders to implement that will help retain nurses (Buffington, Zwink & Fink, 2012). Fostering a culture of organizational commitment will also increase chances of nurse retention. This strategy is especially pertinent for newly licensed nurses (Karantzas et al., 2012).
Address the Nursing Shortage

Nursing education needs some major support. Incentives need to be developed for nursing school faculty in order to fill teaching vacancies. Policy makers need to increase funding for nursing education programs. Aging nurses should be valued and encouraged to remain in the workforce through incentives and programs for leadership. Early retirement should be discouraged by health care organizations. Health care organizations need to provide comprehensive training and mentorship programs for new nurses in order to help them be competent in the nursing workforce and provide quality patient care.

Nursing Standards and Competencies

American Nurses Association (ANA)

Standard 10: Quality Nursing Practice. The registered nurse participates in quality improvement and formulates recommendations to improve nursing practice or outcomes (ANA, 2010). Improving nurse retention directly affects quality improvement and outcomes because research shows that high turnover has negative effect on quality nursing practice.

Standard 11: Communication. The registered nurse “seeks continuous improvement of communication and conflict resolution skills” (ANA, 2010, p.54). Job satisfaction can improve nurse retention. Two methods of increasing job satisfaction are through good communication and a positive work environment.

Standard 12: Leadership. The registered nurse mentors colleagues and seeks ways to advance nursing autonomy (ANA, 2010). Nurse retention rates are improved with good leadership offering training and mentorship as well as opportunities for shared governance.
Quality and Safety Education for Nurses (QSEN) Competencies

Teamwork & Collaboration. The QSEN definition for teamwork and collaboration is to, “function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care” (2012). Fostering a spirit of teamwork, respect and shared decision making is essential in the quality patient goals of nurse retention strategies.

Safety. The QSEN goal for safety is to, “Minimize risk of harm to patients and providers through both system effectiveness and individual performance” (2010). Implementing nurse retention strategies is type of a system change that will improve nurses’ individual practice and decrease potential harm to patients caused by understaffing and turnover.

Quality Improvement. QSEN’s quality improvement definition is to, “use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems” (2010). Research about nursing turnover, nursing shortages and nursing retention can be used to design and implement changes to the health care system which will improve patient outcomes through nurse retention.

Conclusion

Nurse turnover can be influenced but not eliminated. Turnover is a natural outcome of employment in any business over time (Brewer et al., 2011). However, in the nursing profession, there is a great need to retain nurses and keep turnover rates low because of the negative effects that high turnover has on patients, nurses and health care organizations. Nurse retention is especially important during times of nursing shortage. In a climate where there may not be enough supply to keep up with the demand, it is vital to utilize strategies to retain competent nurses and prevent turnover in order to maintain the highest quality of patient care.
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