

NURSES LEAVING THE PROFESSION IN THE FIRST TWO YEARS

by

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DEDICATION

To my family, thank you for all your support through this journey. This project is dedicated to the nurses that I have worked with over the years. Many of you helped to inspire this project. A special thank you to the participants of this study. Thank you for your time and for sharing your story with me.

TABLE OF CONTENTS

LIST OF FIGURES	8
LIST OF TABLES	9
ABSTRACT	10
CHAPTER 1: INTRODUCTION	11
Statement of the Problem	11
Background	16
Poor Patient Outcomes	16
Increased Costs	17
Transition	17
Conceptual Framework: Needs Theory	20
Purpose of the Study	24
Research Questions and Aims	25
Aim 1: Describe the Events and Decision Process for Entering and Leaving the Profession	25
Research Question 1	25
Research Question 2	25
Research Question 3	25
Aim 2: Describe the Transition into Practice	25
Research Question 4	25
Research Question 5	25
Research Question 6	25
Summary	25
CHAPTER 2: LITERATURE REVIEW	27
Literature Review	27
Search Criteria	27
Role of Demographics in Nurses Leaving the Profession	29
Applying Maslow’s Hierarchy to the Literature	29
Physiological: Work Conditions	29
Safety, Belonging and Acceptance	33
Self-Esteem and Respect	35
Gaps in Literature	37
Summary	39
CHAPTER 3: METHODS	40
Purpose	40
Research Questions and Aims	40
Aim 1: Describe the Events and Decision Process for Entering and Leaving the Profession	40

TABLE OF CONTENTS – *Continued*

Research Question 1	40
Research Question 2	40
Research Question 3	40
Aim 2: Describe the Transition into Practice	40
Research Question 4	40
Research Question 5	40
Research Question 6	41
Study Design	41
Sample	41
Sample and Setting	41
Sample Size	42
Inclusion and Exclusion Criteria	42
Ethical Considerations	43
Procedure	43
Sampling Method	43
Recruitment	44
Data Collection: Interview Procedures	45
Data Management and Analysis	46
Data Management	46
Coding Process and Analysis	47
Trustworthiness	48
Summary	51
CHAPTER 4: RESULTS	52
Demographics	52
Codes and Themes	52
Themes	53
Lack of Knowledge	54
Not Aware of Role of Nurse.	54
First Job.	55
Overworked	55
Hours.	55
No Control Over Schedule.	56
Family Obligations	56
Management	57
Not Completely Gone	58
Staying.	58
Return to Nursing.	58
No Reasons for Leaving	59
Coworkers.	59
School.	59

TABLE OF CONTENTS – *Continued*

Training	59
COVID-19	60
Findings Related to Research Questions	61
Research Question 1	61
Research Question 2	61
Research Question 3	62
Research Question 4	62
Research Question 5	63
Research Question 6	63
Summary	64
CHAPTER 5: DISCUSSION	65
Application	65
Finding 1: Maslow’s Needs Theory Does Apply to Nurses Leaving the Profession ..65	
Finding 2: Differences Exist Between What Literature Suggests and Study Findings 67	
Finding 3: Nurses Are Willing to Stay and Return	71
Limitations	72
Future Research	73
Summary	74
APPENDIX A: INTERVIEW GUIDE.....	75
APPENDIX B: IRB APPROVALS.....	77
APPENDIX C: CONSENT	79
APPENDIX D: REDCAP QUESTIONS.....	82
APPENDIX E: EMAILS SENT FOR RECRUITMENT	84
APPENDIX F: CODE BOOK	87
APPENDIX G: MATRIX OF ARTICLES	89
REFERENCES	96

LIST OF FIGURES

Figure 1 *Needs Theory Applied to Employees*.....22

LIST OF TABLES

Table 1	<i>Themes</i>	53
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ABSTRACT

Background: Within the first two years after graduating nursing school and beginning work, 33% of nurses leave the profession and do not return. This phenomenon is not new. It was first written about in the 1970s, nor is it unique to the United States, nurses throughout the world are leaving at high numbers. Despite such low retention, little research has been done in this area to discover the causes of nurses leaving the profession.

Method: A qualitative descriptive method was used. Seventeen participants were recruited using social media for interviews. Recruitment was continued until saturation occurred. Transcripts were analyzed using inductive content analysis.

Results: This study found that nurses are leaving the profession due to working long hours, being overworked and a lack of management response to these concerns. Individuals reported that they were working over 50 hours a week, sometime seven days a week and could not get a day off which interfered with family time. Management was not responsive to decreasing the amount of time that nurses were scheduled. Factors that are not contributing to participants leaving the profession were COVID-19, education, or nurse residency programs.

Conclusion: The literature suggests that nurses leaving the profession is related to education level, not having a residency program and work environment. With a projected nursing shortage, retaining nurses is paramount. Based on the results of this study, nurses can be retained if management is responsive to them having input into their schedule, pays them on time and allows for time off to be with family.

CHAPTER 1: INTRODUCTION

The 2021 Nursing Solutions Inc report shows that currently 24% of nurses are leaving the profession before the first year and 19% are leaving before the end of their second year.

Combined that means that 43% of nurses are leaving nursing in the first two years of practice (Nursing Solutions, 2021). Retention of newly graduated nurses was identified as a problem in the 1970s (Kramer, 1974). Over the last 50 years, little has been done to understand why nurses leave and where they go. One must wonder why individuals who have gone to school and trained for a profession would then choose to leave at such high rates.

The goal of this research is to one day be able to retain more nurses in the profession; however, before studies focusing on developing interventions can be done, there must be an understanding of why nurses are leaving. The literature on nurses that have left the profession in the first two year is extremely limited (Brewer et al., 2013; Flinkman & Salantera, 2015; MacKusick & Minick, 2010; Rudman et al., 2014). Therefore, the purpose of this qualitative descriptive dissertation study was to identify the reasons newly graduated nurses are leaving the profession so future studies can begin to focus on methods to retain them. Newly graduated nurses are considered those in the first two years of practice. This chapter discusses background information on why nurses are leaving the profession and the current state of the problem.

Statement of the Problem

Nursing Solutions (2019) publishes a yearly report on nursing turnover by surveying hospitals throughout the United States (US) on their staffing and retention levels. In January 2019, hospitals experienced the highest turnover rates in the last decade. Over the last five years, the average hospital has turned over 87.8% of its workforce. The 2021 Nursing Solutions report

shows that in 2020, the rate of turnover for all nurses was 16.7% while in 2019 it was 16.1%. Showing that despite COVID 19, the overall turnover rate for nurses only went up 0.6% (Nursing Solutions, 2020). Here in the US, the average of newly graduated nurses leaving the profession is consistently around 17% in the first year and 33% in the second year (Kovner et al., 2014).

With the turnover rate at 35% it is important to remember that not all turnover is bad, for example nurses return to school to increase their education; nor is it completely preventable, for example nurses leaving for a few years to raise children. However, these individuals are not included in these numbers. These numbers only reflect individuals that are continuing to work in other industries and have completely left healthcare (Kovner et al., 2014). Meaning they are not leaving to seek an advanced degree in nursing or raise their family. They are choosing to continue working, just outside of nursing.

The Robert Wood Johnson Foundation (RWJF) funded the RN Work Project (RWJF, 2014), which highlights nurses leaving the profession. The RN Work Project (RWJF, 2014) found that within the first two years of practice, up to 33% of new nurses will leave their jobs in search of new jobs in other professions (Kovner et al, 2014). Many of them will end up leaving the profession entirely and never returning (Flinkman, Isopahkala-Bouret et al., 2013). The RWJF study was a 10-year longitudinal study comprised of newly graduated nurses in 34 states and 51 different locations, including large cities and rural areas. They found that 17% of new nurses left their first job within the first year of practice. While some of these nurses will take positions as nurses with other employers, some will altogether leave the profession (RWJF, 2014). Rudman et al. (2014) found that nurses who are dissatisfied left their employer first

before leaving the profession. The RN Work Project (RWJF, 2014) found that 31% of nurses switched employers after the first year, while many of them left the profession entirely after the second year. The RN Work Project (RWJF, 2014) findings are consistent with other studies. MacKusick and Minick (2010) found that within the first three years of working, 30-50% of nurses either left their employers for another one or left the profession entirely.

Despite such high numbers, very little research has been done to discover the reasons for this departure. Most of the current literature looks at intent to leave the profession (Alilu et al., 2017; Choi et al., 2013; Flinkman, Laine et al., 2008; Sabanciogullari & Dogan, 2014). “Intent to leave” means that the nurses are still working in the nursing profession, and are dissatisfied, but have not actually left their jobs. Surveys show that they are thinking about leaving. Very few studies are done that look at those who have left the profession (Flinkman & Salantera, 2015; Rudman et al., 2014), meaning they are no longer working in healthcare as a RN.

With such a great degree of turnover, the US is currently facing a nursing shortage. The current projection is that 1.1 million registered nurses (RNs) will be needed over the next 10 years to replace those nurses who are retiring and to handle the increase in patient volume as the population increases in age (American Association of Critical Care Nurses [AACN], 2019; Haddad & Toney-Butler, 2019). Nurses who are retiring will take with them their knowledge and experience (Buerhaus, Skinner et al., 2017). Predictions are that the shortage will be worse in the south and western parts of the US (AACN, 2019). The reason for the shortage is that the number of individuals that use healthcare will increase, and at the same time, the supply of nurses will decrease (AACN, 2019).

The impact on healthcare from “baby boomers” is two-fold: those that are working in healthcare will retire, creating jobs. Baby boomers are individuals who were born between 1946 and 1964 (Census Bureau, 2014). At the same time, more nurses will be needed to care for the increase in the patient population from the baby boomers (Buerhaus, Skinner et al., 2017). Recent data for nurses come from the National Council of State Boards of Nursing (NCSBN) and the National Forum of State Nursing Workforce Centers (2021) that conduct bi-annual surveys focusing on the nursing workforce. The last time these data were collected was in the Fall of 2020 and published in early 2021. Based on these data, the average age of RNs in the US is 52. Baby boomers started entering retirement in 2011, and by 2030, all baby boomers will be eligible for retirement (Census Bureau, 2014). By 2050, the number of individuals over 65 is projected to be 83.7 million, nearly double that in 2014 when the number was 43.1million.

Current predictions from the AACN (2019) are that nurse workforce demand will need to grow from 2.9 million in 2016 to 3.4 million in 2026 to accommodate the increase in patient volume. The increase is 15% of the number of nurses that are needed, which means that an additional 203,700 nurses will need to graduate every year to meet the demand. The increase in demand is due to baby boomers, the largest generation in US history, entering retirement. There are currently 79 million individuals in this generation, which represents 29% of the entire US population. This group is currently the largest generation in the US (Buerhaus, Skinner et al., 2017; Census Bureau, 2014). This large cohort of older individuals will increase the number of patients who are using geriatric care and have chronic diseases and co-morbidities. Age 65 and over is typically when most individuals consume the most amount of healthcare within their lifetime (AACN, 2019; Census Bureau, 2014).

American Mobile Nurses (AMN Healthcare) (2018) Surveyed Chief Nursing Officers (CNO) throughout the US which indicated that there is a nursing shortage at their hospitals. Approximately 72% of those CNOs surveyed also indicated that their organization has a moderate to severe shortage. Only 7% of CNOs indicate that their hospital is adequately staffed (AMN Healthcare, 2018).

Efforts to address this shortage have focused on recruiting and training new individuals into nursing programs and growing the programs to accommodate more students (American Association of Colleges of Nursing [AACN], 2019). In another effort to reduce the shortage, the American Association of Colleges of Nursing (AACN) and other organizations have focused on increasing the number of nurses that are graduating from nursing school. To accomplish this, the AACN's focus has been on increasing capacity of nursing schools and ensuring that every seat in a school is filled. For example, the Robert Wood Johnson Foundation (RWJF) has started focusing on expanding America's capacity to educate nurses. They started forming partnerships to address faculty shortages (AACN, 2019). States, such as Wisconsin and Minnesota, are investing millions in nursing schools to expand capacity, and hospitals are partnering with schools to expand capacity (AACN, 2019).

To date the focus to reduce the shortage has been to grow nursing programs, expanding their capacity so they can produce more nurses. However, this is just one way to decrease the shortage. Another solution would be to retain the current work force through improving retention efforts (Efendi et al., 2019). While graduating more nurses is a valid attempt to help with the shortage, with such high turnover rates in the first two years, these attempts could be futile. Money and efforts spent retaining nurses might be more valuable.

Focusing on retention of nurses to the profession has helped with nursing shortages in the past. During the early 2000s, a nursing shortage existed. However, due to the recession that started in 2007, many nurses who had left, returned to the profession because of financial insecurity within their household. During this time, the demand for nurses did not change, but 250,000 nurses returned, helping to eliminate the shortage (Snavey, 2016). Despite these nurses returning, the US is still facing a shortage. According to the AACN (2019), by 2022 there will still be more RN jobs available than any other profession.

Background

Poor retention in the nursing profession, specifically that of new graduates, is not a new phenomenon. When nurses decide to leave, the decision not only affects them, but also the patients and the entire healthcare system. The following is a summary of the impact nursing turnover has on patients and the healthcare system as well as a discussion on Kramer's work on the transition from school to bedside nursing.

Poor Patient Outcomes

In a survey, 75% of RNs believed that a nursing shortage presents a problem for their quality of work-life, quality of patient care, and the amount of time nurses spend with patient; these same nurses believed that a shortage would increase stress on nurses, lower patient care quality, and cause nurses to leave the profession (Buerhaus, Auerbach et al., 2009). The idea that a shortage affecting patient care was supported by another study done in San Francisco, CA, where increasing the nurse-to-patient ratio was associated with fewer deaths, lower failure to rescue rates, lower rates of infection, and shorter hospital stays (Blegan et al., 2011). The mortality risk of patients is 6% higher on units that are understaffed (Needleman et al., 2011).

When a nurse's workload is increased by one patient, the likelihood of a patient dying within 30 days of admission increased by 7% (Aiken et al., 2017). High patient workloads, meaning more than four patients, were associated with higher hospital readmission rates (Tubbs-Cooley et al., 2013). Higher patient ratios have also been associated with urinary tract infections (UTIs) and surgical site infections. Increasing a nurse's ratio by one patient caused an increase in the rate of infection. More nurses at the bedside are associated with better outcomes for the patient and the nurse. Higher nurse-to-patient ratios increase the rate of preventable deaths and errors when providing care (Aiken et al., 2017).

Increased Costs

The nursing shortage also increases costs in healthcare, including the cost to train new nurses, and those associated with the impact to patient care, like the number of infections and readmissions that occur (Snavely, 2016). The average cost to train a new nurse is between \$28,000- \$51,000 (Nursing Solutions, 2021). Combined with the number of nurses that are leaving, it is estimated that it costs an average midsize hospital \$3.6 to \$6.5 million every year to replace nurses that leave (Nursing Solutions, 2021). Higher nurse-to-patient ratios increase infection rates. Urinary tract infections (UTIs) and surgical site infections, both preventable infections, add an estimated \$28.4 billion annually to the cost of healthcare throughout the US (Cimiotti et al., 2012).

Transition

A cornerstone in nurses' struggle to transition into practice after graduation was coined *reality shock* by Kramer (1974). Reality shock is defined as a condition where an individual enters a profession, but finds they are unprepared. In the nursing profession, new nurses often

find that what was emphasized in school, caring and compassion, are not as valued when they enter employment, where speed and completing tasks are valued. This discrepancy leaves the individual struggling to adapt to a culture they were never prepared for (Kramer, 1974).

In the 1970s, 28% of nurses left direct patient care; however, in that 28%, Kramer (1974) included both nurses who left the profession and nurses who returned to school for higher degrees in nursing or who sought management positions. Kramer (1974) believed that many of the nurses that were seeking higher education or positions were doing so because they were dissatisfied with their current positions at the bedside. While the current number of nurses leaving the profession has risen to 33% it does not include nurses who return to school or seek promotion (Kovner et al., 2014). When one includes those that are leaving the bedside like Kramer did, the 33% would be much higher.

Building on Kramer's work, Duchscher (2009) found that during the first few months, new nurses will experience many changes in four different areas: emotional, physical, intellectual and socio developmental. Emotionally, new nurses report feeling terrified, scared, and high levels of anxiety that are routine for months after they first start practicing. Those individuals that suffered the worse trauma were those that had little to no support from their managers or colleagues. Physically, the new nurses were exhausted from changes in life patterns, such as sleep, to accommodate their new jobs. Developmentally, new nurses want to "fit in" with their colleagues. They want but do not receive feedback about how they are performing their jobs. Intellectually the new nurses did not know or expect that they would struggle with transitioning into being a nurse that was fully responsible for their patients (Duchscher, 2009).

New nurses that enter the profession also struggle with their skills as they are still novices. The first two years of practice are critical, as this is when nurses begin gaining experience (Benner, 1982). Benner's *Stages of Clinical Competence* state that there are five stages in a career that range from 'Novice' to 'Expert.' Stage 1 is 'Novice,' here the nurse has no experience, and the new nurse is taught the rules or skills to perform. After the first year to two years, the nurse enters the 'Advanced Beginner' stage. This stage is when the nurse begins to use critical thinking, and time management develops. At this point, even if they change positions, they will never go back to being a novice because they have developed a necessary foundation (Benner, 1982). Kramer (1974) also pointed out how important not only the first two years are for learning and growth, but also how the transition from school to nurse can affect the new nurse. Nurses that are leaving after two years are those highly trained nurses that the CNOs are seeking out and cannot find (AMN Healthcare, 2018; Benner, 1982).

Recently, a qualitative study was done that also identified transition to practice as a reason for nurses to leave the profession. The researchers interviewed three individuals separately and then two groups for a total of 38 nurses (Mills et al., 2016). Researchers asked nurses that intended to leave in the first three years of their career what it would take to get them to stay. The main themes that were identified were *clear transition*, *career advice*, *empowerment*, and *opportunities* (Mills et al., 2016). The theme *clear transition* was defined as how newly graduated nurses were acclimated to the hospital. Many of the participants want to be able to orient on different floors and units to gain different skills. Gaining experience and skills went along with *empowerment*. The participants wanted advice on which unit to start in, but also wanted to be empowered and able to make their own decisions about which units or areas of the

hospital they would work in. Many of the participants felt that they were forced into areas they were not interested in, such as surgery, and where they would not be able to transfer out of later (Mills et al., 2016).

Conceptual Framework: Needs Theory

The conceptual framework that underpinned this study was *Needs Theory* (Maslow, 1998). Needs theory was first introduced in 1943 by Maslow in “A Theory of Human Motivation,” and is still used today in psychology, business, and nursing courses. Motivation is defined as the reason one acts in a particular manner. When discussing the motivation of employees, researchers believe that motivation stimulates a desire for individuals to exert energy in pursuit of an interest or reward, such as their job (Maslow, 1998). Motivation results from the interaction of both conscious and unconscious factors, such as desires or needs. The value that is placed on the reward, what the individual gains, will vary from individual to individual. Factors that influence motivation are either internal or external (Maslow, 1998).

An internal motivator refers to when a person engages in an activity for its own sake. Usually, there are strong feelings associated with the activity, such as happiness or joy. Individuals associate the action with the values and goals related to them. Essentially, individuals do activities because they want to, not because they must (Maslow, 1998). For example, a nurse might volunteer her time at a free medical clinic. The nurse is not doing this for financial reward, which is an external motivator, they are doing this for the emotional reward they feel from helping others. This would make it an internal motivator. External motivators are reasons outside of the person, such as money, or pressure from a parent or a boss. The employees or individuals

are engaging in the activity because they must. Examples of external motivators include money, grades, or promotions. Any praise or punishment is an external motivator (Maslow, 1998).

According to Maslow's theory, people are motivated by unfulfilled needs. These needs are arranged in a pyramid, showing that all needs are related to one another in a specific order. Individuals seek to fulfill needs starting with the most basic, or those at the bottom, and working their way up to self-actualization (Maslow, 1998). A need is when there is a psychological or physiological insufficiency that provokes some type of behavioral response. These responses can range from 'weak' to 'vigorous.' What one needs is based on environmental factors, time, and place. An individual's needs can change over time (Maslow, 1998). By understanding individuals' needs and creating a healthy work environment where individuals can reach self-actualization, an employer will retain their employees (Benson & Dundis, 2003).

The shape of the pyramid indicates that there is a hierarchical order. Lower levels must be met first, and then the higher levels. Individuals do not stop on their quest for self-actualization. Once one set of motivators has been achieved, they no longer motivate the individual. Individuals will only act to satisfy unmet needs (Maslow, 1998). If a demand cannot be met where individuals are employed, they will begin looking elsewhere; if an employer is not meeting needs, the employees will leave their job. However, if the employees cannot meet their needs elsewhere, they will stay in their current position, but will double down or want more of the needs that they are already getting. For example, if individuals cannot achieve safety at their current job and cannot find this elsewhere, they will want more money, which comes from the lower levels (Kremer & Hammond, 2013).

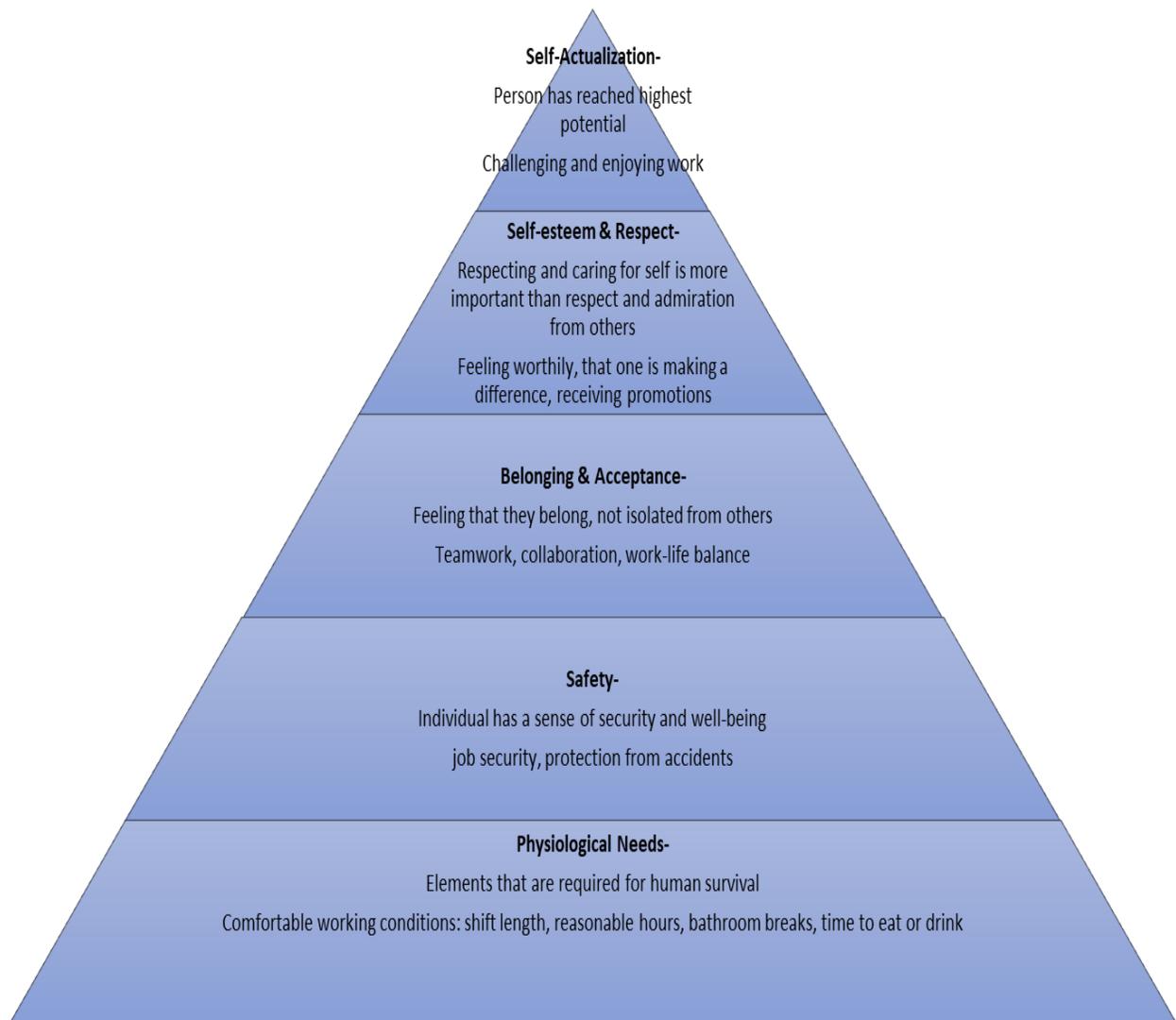
Figure 1*Needs Theory Applied to Employees*

Figure 1 shows the shape of the pyramid and summarize the following analysis. Maslow's pyramid starts with the bottom rung, which is comprised of *physiological needs*. These are elements that are required for human survival, such as air, food, or water. However, when discussing work or work conditions, physiological needs would be comfortable working

conditions, reasonable work hours, breaks, and accessible bathrooms (Maslow, 1998). Work should also provide individuals with the means to meet their basic needs outside of work. For example, a salary should be sufficient so the employees can pay for shelter and food. The employees should also feel that their work is steady and stable, so they do not have to worry about their income disappearing. If these needs are not met, the employees will look elsewhere (Benson & Dundis, 2003).

After individuals have fulfilled their physiological needs, they begin seeking out *safety*, the second rung. Safety provides individuals with a sense of security and well-being — personal security, financial security, good health, and protection from accidents or harm. When discussing safety in the workplace, examples would be safe working conditions and job security (Maslow, 1998). Safety not only includes physical protection, such as from being injured, but emotional safety, such as the amount of stress that is caused by the workplace. Individuals also seek out fair work practices, such as equitable promotion or raises (Benson & Dundis, 2003).

The third rung, located in the middle of the pyramid, is *social needs* (also called love and belonging). Here, having obtained a sense of safety, the individuals will seek out belonging and acceptance. Individuals do not want to feel alone, isolated, or depressed. Individuals seek out friendships, a sense of family, and even relationships that can extend beyond work (Maslow, 1998). All these relationships fulfill social needs at work. Examples include getting to know one another, encouraging cooperative teamwork, having an accessible and kind supervisor, and an environment that promotes work-life balance, so the employee has time to spend with family (Maslow, 1998). The amount of teamwork and camaraderie that individuals want to feel at work will vary as people can be introverts or extroverts (Benson & Dundis, 2003).

The fourth rung is *esteem needs*, where individuals have developed a need for self-esteem and respect. Self-respect is more important than gaining respect and admiration from others. Managers can account for esteem by offering praise and recognition when the employees do well and offering promotions and additional responsibility to reflect the belief that they are valued employees (Maslow, 1998). At this level, individuals want to feel competent, confident, and self-assured (Benson & Dundis, 2003). However, they also desire the image they are portraying to be positive and respected not only in their workplace but also outside of it.

The very top rung in the 'needs theory' is *self-actualization*, which describes a person's need to reach their full potential. Self-actualization is highly personal and can vary from individual to individual. However, a general definition is doing what you were placed on the planet to do (Kremer & Hammond, 2013). At work, managers can promote self-actualization by providing challenging tasks, inviting employees to participate in decision making, and giving flexibility and autonomy. Autonomy would be letting the individuals be as involved or uninvolved as they want at work (Maslow, 1998). Mostly, employees want to expand in some manner, which could be achieved by cross-training in other areas, making decisions or feeling that they have a level of trust and freedom from the employer.

Purpose of the Study

High rates of newly graduated nurses leave the profession within the first two years; yet little research has been done to understand what motivates them to leave. To address this gap in the literature, this study will look at what motivates nurses to enter the nursing profession and what ultimately drives them away. For this study, new nurse is defined as an individual who has

graduated from nursing school and began practice but then left the profession within the first two years of practice.

Research Questions and Aims

Aim 1: Describe the Events and Decision Process for Entering and Leaving the Profession

Research Question 1: What were the individuals' reasons for deciding to enter the nursing profession?

Research Question 2: What specific events led to the individuals' decisions to leave the profession?

Research Question 3: What was the process of them deciding to leave the profession?

Aim 2: Describe the Transition into Practice

Research Question 4: What were individual expectations of the nursing profession, i.e., what did they think being a nurse would entail?

Research Question 5: What support did newly graduated nurses receive from their employer as they transitioned from being a nursing student into being a nurse in a hospital?

Research Question 6: How did an individual's nursing education prepare them to be a nurse?

Summary

The US is facing a nursing shortage as the population ages and nurses retire. Chief Nursing Officers (CNOs) are already reporting difficulties in attracting qualified nurses to work at their facilities. Consequences of the shortage are poor patient outcomes including higher mortality rates, infections, and errors. There is not only a human cost to these errors, but also a

monetary one. The cost of those errors combined with the cost of recruiting and training nurses is raising the cost of healthcare in the US. So far, efforts to halt the shortage have focused on expanding schools' capacity to produce more nurses. However, retention of the nurses already in the profession is another option that has been overlooked. Turnover for nurses, especially in the first two years of practice is high. Despite this, little research has been done to determine reasons for the turnover. By identifying ways to retain new graduate nurses within the profession, there will be more nurses remaining in the profession, increasing patient outcomes, and potentially lowering the cost of healthcare. However, before interventions can be developed, a study must be done to identify the causes of nurses leaving the profession.

CHAPTER 2: LITERATURE REVIEW

This chapter offers a review of the current literature and is organized using Abraham Maslow's *needs theory* (1998) as described in the previous chapter. When individuals' needs are not met, they will seek elsewhere for those needs. This seeking can help to explain what employees need from their employers and why they are leaving those jobs when their needs are not met. When *needs theory* is applied to the nursing profession, viewing nurses as the employees, this theory can offer a framework to help explain why so many are leaving the nursing profession.

Literature Review

Search Criteria

An initial search looking for articles on nurses leaving the profession was done using PubMed, CINAHL and Google Scholar databases. Search terms used were “nursing,” “retention,” and “new grad.” The term “profession” was added to eliminate articles that were related to hospital retention where nurses leaving one floor or area and moving to another. The first search was done in PubMed, where 12 articles were found. CINAHL and Google Scholar yielded another four articles that were different from those identified in PubMed.

Articles were found that were published throughout the world. All articles were either published in English or had been translated to English. Only two articles were not used as they were subsequent manuscripts of already included articles. They were published as part of the larger European study and then re-published just looking at two specific countries within the larger study. Due to the results already being published with the larger study, these two articles were excluded.

Inclusion criteria was the article being available in English and focused on nursing retention to the profession. Originally, inclusion criteria also included that the population of the study was newly graduated nurses. However, this limited the number of articles to three, so this inclusion criterion was removed. Exclusion criterion was articles that focused on nursing turnover within the profession, meaning nurses that left their current employer but remained in the nursing profession. The total number of included articles was 22 (Appendix G).

Once the *needs theory* was decided on as the conceptual framework, a second literature search was done looking at violence in the workplace. Again PubMed, CINAHL and Google Scholar were used. The search terms were “bullying,” “violence,” and “nursing.” Four articles were found that focused on bullying and its relationship to nursing satisfaction (not nurses leaving the profession).

A third literature review was done looking specifically for articles published by Dr. Kovner and Dr. Brewer who were the leads on the RN Work Project (RWJF, 2014), as well as looking at all the literature that was published for the RN Work Project. The RN Work Project (RWJF, 2014) was a national study that focused on new nurses entering the profession after graduation. The RN Work Project started in 2006 and followed nurses for 10 years after they graduated. It was a national study with nurses being recruited through the US through state boards of nursing. Initially, 3,350 individuals were recruited. Their primary focus was on transition to practice and work attitudes (RWJF, 2014). These articles were found through using the RN Work Project Site and using PubMed with research words “RN Project” and the author’s last names. An additional three articles were identified and included.

Role of Demographics in Nurses Leaving the Profession

Descriptive studies suggest that the individuals most likely to leave the profession are males and younger nurses, ages 25-35, with less than 15 years of experience (Borkowski et al., 2007; Flinkman, Laine et al., 2008). Education remains controversial, as one study showed that training was not a factor (Rudman et al., 2014). Another study showed nurses with diplomas or less than a master's degree were more likely to leave (Borkowski et al., 2007). Another study found that those with higher education, i.e., masters or higher, were more likely to leave (Flinkman, Laine et al., 2008). One explanation of this could be that education on its own is not an indicator, but what education represents is a factor. For example, lower levels of education were associated with a lack of commitment to the profession. The more committed the nurses are, the more likely they are to continue their education. Commitment or lack of engagement is a predictor of leaving the profession (Alilu et al., 2017; Flinkman, Laine et al., 2008; Rudman et al., 2014).

Applying Maslow's Hierarchy to the Literature

The remainder of the literature is organized using the theoretical framework of Maslow's "needs theory." An individual will start at the bottom rung. Once they have met those needs, they will seek out the items on the next rung and continue to move up until they reach self-actualization at the very top. Needs theory indicates that once an employee or nurse has met basic needs, they will seek out or desire a new set of needs (Maslow, 1998).

Physiological: Work Conditions

One variable that has been correlated to nursing retention is the work environment. The top three reasons for nurses leaving the profession in the RN Work Project (RWJF, 2014) was

poor management, stressful work and wanting to experience another area (Kovner & Brewer, 2010). The RN Work Project (RWJF, 2014) mailed out a survey to nurses from 34 states. They received 1,141 responses. From the data, they found that there is an indirect link between the physical environment and job satisfaction. Meaning that while the layout of the nurses' unit, lighting and décor would not cause the nurses to want to leave, those elements impact teamwork which did affect satisfaction and the nurses' desire to leave (Djukic et al., 2014).

Work environment not only includes the physical layout of the unit, but also the work hours, length of shift, patient to staff ratio, access to supplies, and physical layout of the units. Some studies included management in work conditions, while other studies addressed management separately. Flinkman, Isopahkala-Bouret et al. (2013) did a qualitative study with nurses in Finland. The three nurses in the study were medical-surgical nurses that were identified as wanting to leave the profession. The interviews were completed just before they left their jobs and the profession. The interviews focused on why they were leaving. One of the main themes they identified was the work environment. The participants reported being abused (either from patients, providers, or other nurses), long shifts, low salaries, and poor management. Poor management was defined as management not being approachable to them, not addressing bullying, or not being supportive of the nurses on the unit.

Flinkman and Salanterä (2015) did a follow-up study, also in Finland with medical-surgical nurses, but this time they interviewed nurses after they had left the profession. This second study confirmed the initial findings that a poor work environment, (specifically the work hours, patient abuse, & staff bullying) was the reason that the participants had left the profession.

These participants also reported that their management did not address bullying and did not support them when conflicts with patients arose.

Poor pay and lack of benefits also contributed to nurses leaving the profession. One study done in Turkey found that 61% of nurses were contemplating leaving the profession within the next year (Masum et al., 2016). One main reason for wanting to leave was pay and lack of benefits. Hospitals in Turkey employ only some of their staff full-time, hiring temporary staff as needed. These temporary staff are ineligible for benefits. Most of the nurses are hired temporarily when the hospital census increases. This way, when the census drops, those nurses' contracts are not renewed, and the hospital does not have to pay extra staff. For many nurses working in Turkey, only being employed month-to-month, and not having benefits are fundamental reasons why they consider leaving the profession (Masum et al., 2016). Continually being a temporary employee also meant there were work conditions issues and a lack of teamwork. Since they were always working in different hospitals with new individuals, they were often given more patients than the full-time staff and not supported by management since they were only there temporarily. While most hospitals in the US do not practice this way, pay and lack of benefits could still be a concern in the US.

Chachula et al. (2015) did a qualitative study interviewing new graduates in Canada who wanted to leave the profession in the first two years of practice but had not yet left. The researchers recruited nurses throughout Canada who were in all different specialties. The main themes related to why nurses were leaving included the length of shift that nurses were working, the nurse-to-patient ratio, violence, and hierarchies on the unit. In the same study, they also

asked nurses what it would take for them to stay. Participants reported that they would stay if they felt more supported by management and valued by their co-workers.

Other work environment variables included the number of patients that the nurses had to care for and the mandatory overtime. One quantitative study done in China surveyed 1,283 nurses from all age groups looking at the quality of work-life and intention to leave the profession. The researchers found that the quality of work-life was highly correlated to leaving the profession. Lack of teamwork and poor communication predicted nurses leaving the unit and moving to another one. Poor work environment, high patient-to-nurse ratio, and length and time of shifts interfering with work-life balance were reasons for nurses leaving the profession (Lee et al., 2015).

Relationships with co-workers, management, and providers contributed to the work environment. Cortelyou-Ward et al. (2010) did a quantitative study in Florida which involved sending surveys to nurses that work in rural areas. The survey contained two measures, Blau's *Intent to Leave* (Blau, 2008) and the *Nurse Work Index* (Lake, 2002). The results of the study indicated that the main reasons nurses of any age group left the profession were due to poor management, poor work environment, and poor relationships with co-workers.

Management, while contributing to the work environment, was also a variable in several studies. Nurses felt that management was not available, nor did management support the nurses (Choi et al., 2013; Cortelyou-Ward et al., 2010). However, another study done in Germany found that poor management was more likely to indicate a nurse's intent to leave the organization that they were working for, and not necessarily the profession (Simon et al., 2016). These researchers sent out the European NEXT (Nurses Early Exit) survey to 2119 nurses working on 71 different

units in 16 different hospitals. The European NEXT survey is a set of measures evaluating job satisfaction, and intention to leave the profession. It has been used throughout Europe to compare nurses' intention to leave the profession (Simon et al., 2010).

Safety, Belonging and Acceptance

Horizontal violence or nurses' bullying one another have been well established in the literature. Bullying is defined as one employee's negative behavior towards another. These behaviors can be nonverbal actions such as eye-rolling or ignoring others. It can also be verbal, such as derogatory comments, yelling, or teasing (AACN, 2019). These situations must occur for six months to be classified as bullying. One study in the US indicated that 48% of nurses were bullied in the workplace (Etienne, 2014); however, for new nurses, the number is closer to 72% (Penny & McCoy, 2018). This issue is also an international one that ranges from 22% of nurses in Turkey reported being bullied to 62% of nurses in Australia experiencing bullying (Penny & McCoy, 2018).

Vertical violence is violence from physicians, which has also been linked to nurses leaving the profession. The RN Work Project (RWJF, 2014) received 1,328 responses to a survey sent out to nurses asking about their experience with violence from physicians. The researchers found that there is a correlation between physicians' violence and work satisfaction; as the violence increased, the level of satisfaction decreased. The researchers also found that there is a correlation between the verbal violence and the units being understaffed. Verbal violence was also more common on nightshifts when less experienced nurses were working (Brewer et al., 2013).

Nurses are not only experiencing violent working conditions from their co-workers, but also from the patients. Patient violence and the number of patients who are assaulting healthcare workers is on the rise. According to the Occupation Safety and Health Administration (OSHA) (OSHA, 2016) 75% of all workplace assaults take place in a healthcare setting. OSHA also acknowledges that this number is probably higher as many assaults in healthcare are underreported. The National Crime Victimization Survey also reports that healthcare workers have a 20% higher chance of experiencing workplace violence than any other worker in any other industry (Wong et al., 2019). Due to such high numbers of nurses and healthcare workers being assaulted at work, The Joint Commission is now tracking these incidents and has placed them on the top ten list of sentinel events (OSHA, 2016).

The stresses of nursing can also cause mental and emotional problems in the form of burnout. Burnout is defined as a lack of energy and negative attitudes toward work and is caused by stress (Rudman et al., 2014). Burnout is one reason that nurses leave the profession according to a study done by Rudman et al. (2014). The researchers followed nurses that graduated from any school in Sweden for five years after they began practicing. The original intent of the research was to monitor intention to leave the profession and understand how that intention developed over time. Nurses were surveyed every six months. They measured intention to leave the profession and dissatisfaction using a five-point Likert scale and responded to questions asking about if they were considering leaving the profession and actively searching for a job. The researchers found that over the five years, 80% of nurses at some point thought about leaving the profession. However, only 30% were actively searching for other jobs, and only 20% ended up

leaving. The main reasons for nurses leaving, as identified in the study, was mostly related to burnout; however, lack of commitment to the profession, and exhaustion also contributed.

Another study done in Canada was consistent with these findings. The researchers sent out surveys with 342 nurses that had been in the profession for less than two years responding. The purpose of this study was to discover the reasons nurses intended to leave the profession. Participants that were intending to leave indicated that the reasons were lack of empowerment, poor work engagement, and being burned out (Laschinger, 2012).

Burnout was also identified as a reason new graduates' intended to leave the profession in a study that was done in Japan (Ishihara et al., 2014). Researchers received 148 surveys from nurses that were both bachelor's and diploma prepared. The purpose of the study was to discover the reasons for new graduates' intent to leave the profession. Other reasons, besides burnout, that were identified were lack of support from management and lack of commitment to the profession (Ishihara et al., 2014).

Self-Esteem and Respect

Commitment to the profession was a factor that appeared quite frequently as a reason for nurses wanting to leave the profession. Flinkman and Salantera (2015) interviewed 15 participants who had left the profession. In the study, one theme for leaving was lack of commitment to the profession, which was defined as nursing not being what the participants wanted to be or as a "second-best choice." One participant reported not knowing what to study after high school and "just ended up" studying nursing. Other participants reported wanting to pursue other careers, but not being accepted into those programs, and being accepted into the nursing program. After a few years in nursing, the participants decided to leave nursing to pursue

their chosen careers (Flinkman, Laine et al., 2008; Ishihara et al., 2014). Alilu et al. (2017) also found that lack of commitment to the profession was a reason for nurses to want to leave. Researchers interviewed 21 nurses, all of whom were considering leaving the profession. However, many could not leave because they needed the income, and, as a result, stayed but with low commitment and low levels of satisfaction. Alilu et al. (2017) also found that lack of empowerment and feelings of worthlessness were reasons nurses leave. In their qualitative studies they identified the theme of “worthlessness,” where several nurses felt that efforts did not matter. Participants in the study stated, “I work in a low level and worthless profession,” “I was not valued” and “they (doctors) looked at me negatively ... when I suggested, they did not pay any attention to me” (Alilu et al., 2017, p. 17). These feelings of worthlessness came up in several other studies. In one study, nurses described worthlessness as not being able to care for patients’ needs, not being able to provide what patients deserved due to a lack of resources on the unit and the demands they faced with high patient ratios (Flinkman, Isopahkala-Bouret et al., 2013).

Mills and his colleagues (2016) interviewed 35 Australian nurses, both individually and in groups, regarding what it would take to keep them in the profession. The participants reported that they wanted to have support by their managers. When they went to management with concerns about bullying, the managers often did nothing. Participants wanted to be empowered and have opportunities to advance in their careers. They wanted to “better” themselves and continue to grow and learn but did not always know how to do this within the profession, so they were leaving to seek opportunities elsewhere.

Gaps in Literature

One apparent gap in the literature is studies done in the US. Only three of the 22 studies were done in the US. One of which were done in Florida while the third was administered through a professional nursing organization using the internet (Borkowski et al., 2007; Cortelyou-Ward et al., 2010). The third study was the RN Work Project (RWJF, 2014). All the other studies were done in China (Choi et al., 2013), Europe (mainly Turkey & Finland) (Flinkman, Isopahkala-Bouret et al., 2013; Masum et al., 2016; Rudman et al., 2014), Canada (Laschinger, 2012), Australia (Parry, 2008) and Iran (Alilu et al., 2017). Generalizing results from these countries to the US is difficult and possibly inaccurate for two reasons. First, the education for nurses in these countries is different from the US, and most importantly, those countries have universal healthcare, so how the hospital is run is different from the US.

Choi et al. (2013) note in their article that all the nurses who participated in their study worked in government run hospitals, so even generalizing their results to the private hospitals in other parts of China would be difficult. For example, studies found that the work environment influences nurses' decisions to leave practice. However, studies done in China were explicitly done in government hospitals (Choi et al., 2013), where wards still exist. Wards are large rooms with multiple patients, and only one or two nurses. This hospital design is vastly different from hospital rooms and work environments in the US. In Turkey, work conditions include a contract that nurses sign, which only allows them to work a few months at a time. After that, the employers can extend the contract; otherwise, the nurse is no longer employed. Due to the nurses being contract employees, they receive no benefits. While this was cited as a reason for nurses leaving in Turkey, these conditions, again, are not typical in the US (Masum et al., 2016).

Another gap is the paucity of studies of new graduates that have *left* the profession. Of the three studies that were found that focused on newly graduated nurse, only one, a qualitative study done in Sweden, focused on new nurses, and interviewed them after they had left. It followed nurses starting before they graduated and then every six months for the first five years of their careers (Rudman et al., 2014). Other studies were a quantitative study done in Canada (Chachula et al., 2015), and a qualitative study done in Finland (Flinkman & Salantera, 2015). All three studies had different goals and found slightly different results. For example, the Finnish study aimed to describe reasons why nurses were leaving in their own words and found that they were leaving due to poor work environments, lack of support, and lack of professional commitment (Flinkman & Salantera, 2015). Whereas the Canadian study's goal was to explore factors that would keep these nurses in the profession. While the work environment was also found to be a factor, they found a lack of empowerment and burnout contributed to nurses leaving (Laschinger, 2012).

The reasons why nurses leave is mixed as each study used different instruments and looked at different variables. For example, one variable that has been identified as a predictor for nurses leaving is satisfaction. Satisfaction is defined the same in most study, as the level of serenity that one feels for their work. How one feels about their job and the work that they are doing directly impacts their performance (Ishihara et al., 2014; Masum et al., 2016). While the definition of satisfaction is the same throughout the studies, how it was measured varied, one asked "are you satisfied with your job? Yes or no" while another used a 5-point Likert scale. Some studies did not include satisfaction at all, in other studies, satisfaction was the only variable being investigated.

Summary

There are a limited number of studies that have been done focusing on nurses that have left the profession. Of these, very few focused on newly graduated nurses. Of the studies that have been done, what is notable is the fact that nurses are leaving because of the violent working conditions that they are being exposed to from co-workers bullying them or patients attacking them. Within these work conditions they are faced with unsupportive management, long hours, and poor benefits. Nurses working are physically exhausted, and mentally depressed from the conditions with which they are confronted. However, most of these studies have focused on nursing who are still working but are contemplating leaving. Few studies have asked nurses that left why they did so. This dissertation aims to add to the literature on newly graduated nurses' reasons for leaving, and the research that is done in the US by doing a qualitative study on nurses that have already left the profession.

CHAPTER 3: METHODS

The purpose of this study was to identify reasons that nurses leave the profession within the first two years of practice. This chapter offers a description of the proposed methodology, the sample, and procedures for obtaining data and how those data will be analyzed.

Purpose

The purpose of this research was to discover why nurses are leaving the profession of nursing within the first two years of practice. The study addressed the following aims and research questions:

Research Questions and Aims

Aim 1: Describe the Events and Decision Process for Entering and Leaving the Profession

Research Question 1: What were the individuals' reasons for deciding to enter the nursing profession?

Research Question 2: What specific events led to the individuals' decisions to leave the profession?

Research Question 3: What was the process of them deciding to leave the profession?

Aim 2: Describe the Transition into Practice

Research Question 4: What were individual expectations of the nursing profession, i.e., what did they think being a nurse would entail?

Research Question 5: What support did newly graduated nurses receive from their employer as they transitioned from being a nursing student into being a nurse in a hospital?

Research Question 6: How did an individual's nursing education prepare them to be a nurse?

Study Design

This study used qualitative descriptive (QD) design, also referred to as basic or fundamental qualitative description, has been interpreted as elementary, simple, or merely preliminary (Kim et al., 2017). QD is used when straightforward answers are desired, such as when describing one's desire to study causes of nurses leaving the profession. This approach provides raw qualitative data (Neergaard et al., 2009). QD stays very close to the data providing a straightforward description in the participants' language, allowing the participants' voices to be clearly heard (Neergaard et al., 2009). Staying close to the data and allowing the participant to explain in their own words why they left nursing is the goal of this research study.

Data in a QD study are obtained through semi-structured questions. The questions that are asked focus on the who, what and where of experiences (Sandelowski, 2000). Techniques to collect data include open-ended interviews either individually or in focus groups, observation of targeted events, and examining documents (Neergaard et al., 2009). Sampling is purposeful, where participants are selected because they have experience with the phenomena being investigated. It is also one of the most natural methods to use, so it is appropriate for novice qualitative researchers, such as graduate students (Neergaard et al., 2009).

Sample

Sample and Setting

The target sample for this study was nurses who left the nursing profession within the first two years after obtaining a nursing license. Once they graduate, the nurse must first obtain a

license from their individual states Board of Nursing (Ohio, 2017). After receiving their license, they can begin to practice. Some will have already obtained jobs others will start applying after they have their license.

Sample Size

The aim was to begin by recruiting 12 participants however recruitment continued until saturation was reached with 17 participants. Saturation is defined as when new interviews or observations do not yield new data or information (Mason, 2010). Unlike quantitative research, there is no set number of participants that need to be reached. Saturation can occur with as few as three participants or as many as 60 (Mason, 2010). Saturation can occur faster with a more homogenous sample than it would with a more diverse group (Mason, 2010). A similar study done in Sweden was able to reach saturation after three participants (Flinkman, Isopahkala-Bouret et al., 2013).

Inclusion and Exclusion Criteria

Inclusion criteria was nurses who graduated with a bachelor's degree from a four-year university in the traditional undergraduate program within the last two years who subsequently passed the NCLEX-RN licensure exam and then practiced in the hospital setting for at least one year. Exclusion criteria was anyone who did not graduate or pass the NCLEX-RN exam and nurses who practiced longer than two years. Those who graduated with an associate degree or from accelerated programs, even with a bachelor's degree, will be excluded. Current research is inconclusive as to whether bachelor's or associate degree students are more likely to leave the profession (Borkowski et al., 2007; Rudman et al., 2014). Focusing on a bachelor's degree allowed for a more homogeneous sampling. Likewise, traditional students tend to be of a similar

age, whereas accelerated students could be of any age and have different backgrounds and degrees. To help control for this variation, limiting the sampling to just traditional students, will help create a more homogeneous sample and allow for saturation to occur more quickly (Mason, 2010).

Ethical Considerations

The study received approval from the IRB at Cleveland State University and from The University of Arizona (Appendix B). Participating in the interviews was entirely voluntary. Participants were not exposed to any physical harm. Should the participants have encountered emotional harm from recalling stories, they could withdraw their participation and receive mental health resources available for free in the community. All the recordings and transcriptions of the interviews were saved onto a Box account at The University of Arizona. Only the primary investigator (PI) and the dissertation committee had access to this account.

Procedure

Sampling Method

One sampling method used in QD is centered purposeful sampling, with an emphasis on variation, to provide a broad range of data and thus a better understanding of the phenomena being studied (Neergaard et al., 2009). Purposeful sampling is when individuals who have encountered the phenomena are identified. For this study, both the Ohio Board of Nursing and Cleveland State University were identified as two sources to recruit from. The Ohio Board of Nursing keeps a record of all nurses who entered the profession or a university with a traditional bachelor's program. Cleveland States University also keeps a record of all the students that have graduated and if they are still practicing. Going through a university would ensure that all

participants have the same education, which would also make a more homogeneous population (Mason, 2010; Munhall, 2012). Another recruitment method that was used is social media. Posting on social media will allow for more individuals to be aware of the study and potential recruited. The downside to using social media is that characteristic such as where they received their BSN from can't be control. This could mean that saturation will take longer.

Recruitment

Recruitment occurred using different methods, recruiting from a University, the Ohio Board of Nursing and through social media. For the first method, an email describing the study was developed and given to advising services at Cleveland State. They were able to send the email out to all their former students who had been practicing as nurses. The email directed interested parties to a REDCap survey where they could enter their information to be contacted by the researcher (see Appendix C for survey.) Unfortunately, no participants were recruited using this method.

Next, the Ohio Board of Nursing was contacted. The board provided a list of all nurses who had graduated in the last five years. With this list, the researcher was able to send out an email, approved by the IRB (Appendix D) to individuals listed on the list. In total, close to 3,000 emails were sent out. It is not known how many of the individuals who took the REDCap survey were directed to the survey through these emails.

In addition to recruiting through the school and Ohio Board of Nursing, the PI also recruited through social media. First, a Facebook account specifically for this project was created. A post was created that explained the importance of the project, what participation would entail, and provided the REDCap survey information. The same post that was used on

Facebook was also posted on Reddit sites that were specific for nurses or nursing and sent out through 'Research Match.' Recruitment began in March of 2021 and continued until the middle of July 2021.

Data Collection: Interview Procedures

Once individuals completed the REDCap, they were interviewed by the PI regarding the reasons that they have left the profession (see Appendix A for list of questions). The interviews all occurred online via Zoom (2020). This allowed for privacy and for the audio of the conversation to be recorded. Interviewing in this situation was the best option due to current social distancing, and participants living away from the researcher. After each interview, the interview was transcribed verbatim by the researcher.

The interview was semi-structured, with the participants being asked the questions on the interview guide (Appendix A). These questions are directed towards finding out what prompted them to become a nurse, what their expectations of nursing were, how they transitioned from nursing school, what support they received from management and co-workers, and what lead them to leave the profession.

One key aspect to gathering rich data is to develop a rapport with the participants. Rapport is the ability to connect with others in a trusting way, essentially developing a relationship with the participant. Ways to build rapport include starting by introducing oneself, and then beginning with small talk. The interviewer also needs to be open minded, reassuring, and flexible. This includes not getting upset or frustrated with the participant if they are not answering the questions asked. The researcher also needs to avoid passing judgment. The researcher needs to use active listening, making eye contact, asking follow up questions and

show that they are listening and interested in what the participant is saying (Zakaria & Musta'amal, 2017). During these interviews, the researcher and the participant were not in the same room, as the interviews were done on Zoom; however, the researcher used both video and audio on Zoom. This allowed the participant to see the researcher's body language. The researcher also used active listening techniques and started the interview with small talk. Interviewing individuals online also made some participants feel more comfortable as they were able to leave at any time by clicking a button. Other advantages of using online interviews were being able to record the video. It was also more convenient for participants as they can do it in their own home, making them more likely to participate. Some researchers also suggest that meeting with participants online instead of face to face allows them to be more open and less intimidated (Janghorban et al., 2014).

Data Management and Analysis

Data Management

All interviews were transcribed by the PI. The transcriptions were all kept on a Box cloud protected by The University of Arizona, and only the PI and the committee members had access. In addition, a notebook was kept providing an audit trail of what decisions were made through the data collection and analysis processes. An audit trail is used to explain every step of the data analysis process with a rationale for the decisions made and helps to establish an accurate portrayal of participants' responses. This trail includes raw information or data without interpretation, such as excerpts from field notes or interviews, how the data were analyzed, summaries and brief notes, and personal notes which were also kept in the Box at University of Arizona.

For this research project, the interviews were conducted via Zoom but only the audio was recorded, not the videos of the individuals or the researcher. The participant especially their non-verbal behaviors were noted. The description of the interview including if any questions were changed or if additional questions were asked and the reason for these changes was also noted. Finally, the researcher completed a critical reflection of their own performance interviewing the participants.

Coding Process and Analysis

Content analysis was done using inductive coding, specifically as described by Thomas (2006) which is a straightforward set of procedures to follow. The inductive approach derives codes from the data that are generated, whereas deductive coding uses a set of pre-determined codes that were already developed and are applied to the new set of data that were collected (Munhall, 2012). The first step in inductive analysis is to prepare the data. Each interview was transcribed, and then the data was cleaned, meaning going back over the transcript to ensure that it was transcribed accurately, all the text is in the same font and size. At this time, any information that could identify the participant was removed from the transcript. Two copies of the data, one to work with and the other was a back-up and original, were saved.

The next step is to familiarize oneself with the data. This happens by reading and re-reading the data. This reading and re-reading also helps to start to identify codes. Next, the researcher examined each line of the interview and started to separate out the data into clusters that are similar. These clusters are then grouped together. These clusters became codes that were defined in the code book. At this point, it is important to go back to the data and ensure that as the data were broken down and re-arranged, the meaning of the data was not changed. Codes

consist of one or two words that describe the overall idea of the data in that is presented in those cluster. Each code that emerges was listed in a codebook (Appendix F). The next interview was then transcribed, the data separated and added to the codes that already exist. If data emerge with the second interview that are different from the first, that new codes were added to the codebook. The researcher coded eight interviews and then met with committee members to discuss the process of coding and what codes had been identified. At the meeting with the committee, the codes with their definition, and themes were presented. After this meeting, the remaining interviews were also coded. Three more codes were identified. The codes were then grouped into themes. Once the themes were identified, a second meeting was held with all members of the dissertation committee to discuss the process of identifying themes, and to present what themes had emerged for feedback.

Trustworthiness

Trustworthiness in qualitative studies is similar to validity and reliability in quantitative studies. It helps to establish to the readers that the results are accurate and reliable. In quantitative research, instruments are used, and measurements are taken. The accuracy of these instruments helps verify that the results being presented are “true.” Since instruments and measurements are not used in qualitative research, trustworthiness must be established. There are several different ways to accomplish this, but Lincoln and Guba (1985) have provided one of the most popular methods (Munhall, 2012). Lincoln and Guba (1985) established four criteria: credibility, transferability, dependability, and confirmability. All these need to be met for a qualitative study to be considered trustworthy. This study not only addressed these four elements but also reflexivity.

Credibility is how confident the researcher is in the “truth” of the findings. It helps ensure the findings are true and accurate. This study used peer debriefing to establish credibility. Peer debriefing is the process of talking to a disinterested peer to explore different aspects of the inquiry. The purpose of this debriefing is to uncover what the researcher is taking for granted: the researchers’ biases, perspectives, and assumptions (Lincoln & Guba, 1985). Peer debriefing was completed by discussing the coding process and findings from the analysis with the members of my dissertation committee. The researcher met with members of the dissertation committee, especially the chair of the committee, throughout the coding process to discuss how the coding was being done and how themes were being compiled.

Transferability demonstrates that the study’s findings apply to other similar situations, populations, or phenomena (Lincoln & Guba, 1985; Munhall, 2012). This study established transferability through use of thick descriptions. Thick description is where a researcher provides detailed accounts of their field experiences showing patterns and relationships so others can evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Lincoln & Guba, 1985; Shenton, 2004). To accomplish the thick description, the researcher, when writing up the results, used direct quotes from the participants’ interviews and provided as much detail as possible. Providing as much detail as possible regarding the participants and their reasons for deciding to leave the profession allows one to draw conclusions or transfer the results to others that may have worked in similar situations. Chapter 4 provides these direct quotes from the participants.

Dependability is the extent to which the study could be repeated by someone else, and the results would be consistent. Essentially, the researcher needs to ensure that enough

information is provided such that another researcher could replicate the study (Lincoln & Guba, 1985; Munhall, 2012). This study uses an inquiry audit to establish dependability. An audit involves a researcher not involved in the research process examining both the process and the product of the research evaluating it for accuracy and whether the findings, interpretation, and conclusion are supported by the data (Lincoln & Guba, 1985, Shenton, 2004). The researcher worked closely with the dissertation committee. The committee was aware of all aspects of this study from recruitment to meeting to discuss how coding was being completed.

Confirmability is the degree of neutrality or the extent to which the respondents shape the findings of a study, not the researcher's bias, motivation, or interest (Lincoln & Guba, 1985; Shenton, 2004). To establish confirmability, an audit trail was used, which highlights every step of the data analysis process with a rationale for the decisions made, which helped to establish an accurate portrayal of participants' responses. The audit trail includes raw information or data without interpretation (such as excerpts from field notes or interviews); how the data were analyzed, including summaries and brief notes; materials related to the intention and disposition including the proposal; and personal notes (Shenton, 2004).

Reflexivity was also used in addition to trustworthiness. Reflexivity is the degree of influence a researcher might exert on the findings, either intentionally or unintentionally (Jootun et al., 2009). Essentially, the researcher needs to be aware of their own biases to understand how those biases could alter the data to fit preconceptions. To establish reflexivity, an audit trail was used. An audit trail explains the study, and how choices were made and how the questions are developed, and data analyzed. This researcher created an audit trail that was available to the dissertation committee. Secondly, the researcher needed to separate themselves from the

participants. This will be accomplished by the researcher not having a previous relationship with any of the participants. If there was a previous relationship, such as instructor and student, the researcher could become defensive during the interviews.

Summary

The goal of this study was to allow individuals to explain, in their own words why they left the nursing profession. To accomplish this, a qualitative method, specifically, a qualitative descriptive approach was used. This chapter provided an overview of what qualitative descriptive method is, how participants were recruited and the procedures for both obtaining data and analyzing those data.

CHAPTER 4: RESULTS

The first three chapters discussed background information, literature review, and design of the research study. This chapter will present the results of the qualitative descriptive study that sought to understand the reasons for nurses leaving the profession.

Demographics

There were 17 participants that were interviewed via Zoom. These individuals were spread out over three different states, with most of them coming from New York, but there was also two from Illinois and 1 from Colorado. The interviews ranged from 11 minutes to 37 minutes, with the average time of 17 minutes spent talking with each participant. Of the 17 participants, 12 were females and five were males. The length of time they spent working as a nurse ranged from 12 months to 23 months. All of them worked in a hospital setting: one worked in a pediatric hospital, three worked in the emergency room, six worked on inpatient medical-surgical floors and seven worked in the ICU.

Codes and Themes

Participants were audio recorded during their interviews with their permission. After this, the PI transcribed each of the recordings. Inductive content analysis coding was completed in Microsoft Word using the comment function. Inductive coding is when codes and themes emerge from the data, as opposed to deductive coding, where codes are already established and are applied to the data. The researcher read through and coded 8 transcripts before meeting with committee members to discuss the coding process. After this meeting, the remaining interviews were coded. In total, 15 codes were identified and defined. Once these 15 codes were identified, each code was analyzed. Similar codes were group together to create six themes.

Themes

A total of six themes were identified: 1) lack of knowledge, 2) overworked, 3) family obligations, 4) management, 5) not completely gone from nursing, and 6) non- reasons for leaving. Each theme along with the codes that make up that theme are discussed below and are presented in Table 1.

Table 1

Themes

Theme Name	Definition	Codes
Lack of Knowledge	Not knowing or understanding what nursing is, the roles and responsibilities of a nurse, the hours that nurses work or even the opportunities outside of the hospital.	Not Aware of Role of Nurse First Job
Overworked	As feeling as though they were working too many hours or days in a week; they felt they never had a say in what schedule they worked or how much they worked.	Hours No Control Over Schedule Pay
Family Obligation	Feeling that the number of hours that they were working interfered with time they were able to spend with their families.	Family Obligation
Management	Not providing support or equipment that participants felt that they need to perform their jobs.	Management
Not Completely Gone	Willingness to return to the nursing profession if circumstances change.	Staying Return to Nursing
No Reasons for Leaving	Items that were asked about, but participants stated did not affect their decision to leave.	Coworkers School Training COVID-19

Lack of Knowledge

Lack of knowledge is defined as not knowing or understanding what nursing is, the roles and responsibilities of a nurse, the hours that nurses work or even the opportunities outside of the hospital for nurses. This theme was made up of two different categories: not aware of role of nurse and first job that nurses held.

Not Aware of Role of Nurse. This was defined as individuals entering the nursing profession without knowing or understanding what nurses do, or what nurses' roles and responsibilities are. When the researcher asked what their expectation(s) of nursing was, and how that differed from the reality of nursing, many stated that nursing was "much harder," and the hours were longer than what they were expecting. Participant 6 stated, "I thought nursing would be a good paying job. A tireless one whereby someone won't get tired, no long working hours, and all. That is what I thought was a nurse."

Participant 5 thought that nursing was "helping the sick in hospitals, being there for the sick giving them medicine and helping the doctor operating on someone and stuff," but stated that after being a nurse, she realized that nursing was "Kind of different. In most cases, it's kind of different considering like when you are a nurse you're meant to be. to more of a pharmacist ... more of a doctor like throughout your shift. Like working in the ICU, you ought to know everything. You are more of a doctor than as a nurse."

Other participants did not know the difference between doctors and nurses before becoming a nurse. Participant 4 stated, "First of all, I thought that nursing was just like doctors, I was very ignorant of the issue. So, I thought that a nurse is just like a doctor, and the funny part about it I also thought that nurses were ..., nursing was only meant for women, and only doctors

were to be male, so that as I enrolled in nursing school, I learned that males could become nurses. So, like I said I just thought that a nurse was just like a doctor, I didn't really know that a nurse and the doctor are very different people, and that, a nurse cannot really treat, and a doctor is responsible for treating the patients. That sort of thing." It is clear from these participants comments that they did not fully understand what nursing would entail.

First Job. Participants were asked what type of floor they worked on and how they ended up on that unit; did they want that area of nursing or did they just get assigned there. Many of the participants stated that they had no idea what specialty they wanted to work in. They simply applied to the hospital, and they were assigned an area. Participant 1 stated, "I just applied for a job. And, and it was easy to get because that hospital didn't have enough nurses, so I didn't know that I was going to be overworked. So, I joined that hospital." Many other participants reported a similar experience of simply applying to a hospital and not knowing which floor or specialty they would end up in until after they were hired.

Overworked

The next theme that emerged was being overworked. This is a term that many of the participants used when asked why they left nursing. It is defined as feeling as though they were working too many hours or days in a week; they felt they never had a say in what schedule they worked or how much they worked. The codes that make up this theme are hours and no control over their schedule.

Hours. Participants reported that they were working an extreme number of hours each day and for many days within the week. Their shift was typically 10-12 hours a day and they worked 5 or 6 days a week. This was the most frequent reason given for leaving the nursing

profession. Many were also required to work swing shift, where they worked days one day and then had to work nights the next day. Participant 1 stated, “No, no, no for management they really over-working us, the working hours made it difficult to get a life out. You couldn't get a small holiday, so it was horrible. The, the management was much.... not really looking at our needs.” Not only was getting time off around holidays an issue, but even week to week the number of hours the participants worked make life outside of work difficult. Participant 2 stated “Yeah, 10 hours per day. I was working 10 hours per day five days a week.” Almost all the other participants worked similar hours.

No Control Over Schedule. Management would make the schedule with no input from the nurses, so they were unable to request time off for family events. They were also not able to reduce the number of hours or days that they were working. Participant 8 stated “Yeah, for a day off, you must apply like, for more than a week before and it was not a guarantee that you can ...that you are given the day off. So, it was quite harsh.” Participants described this as a reason for leaving.

Family Obligations

Another theme that emerged was family obligations, closely related to the theme of being overworked. Participants felt that the number of hours that they were working interfered with time they were able to spend with their families. Leaving nursing provided them with more of this family time. Participant 15 stated “The working hours were so long, and I was not able to have time for my family at all, so it was causing some issues.” Similarly, Participant 4 stated “Yeah, as I said, my worst part was first the long working hours, because I was working about eight hours a day for five days a week. So, it limited my time, the time I used to spend with my

family, my wife, my kids. And the other, the other part that was challenging to me was the working conditions. The working conditions and the salary was not that great. I mean that they work us ... I was doing was not corresponding with the working hours, and the conditions are not so good, so it was quite a lot of challenge to me.” Most of the participants felt that the work schedule and long hours were interfering with family time.

Management

Management also emerged as a theme. This is defined as not providing the support or equipment that the participants felt they needed to perform their jobs. Many participants stated that they left because of their management. Management did not “support” them. Management did not provide the supplies that the nurses needed, such as personal protective equipment (PPE). Participant 4 stated “So the working conditions were not that great. When you look at for example the protective equipment, they must ... they were not given adequate by the management of the hospital I was working for. So that's what was ... that is what was a great challenge to me.” Tying in with the themes of being overworked and family obligations, participants went to management to request time off for family or a reduction in the hours that they were working. Participants felt that management was not only not open to this, but often pressured them into working more hours.

Several participants also reported that management did not always pay them. Participant 4 stated “Yeah, the issue of the hours I just had to cope with it, because in the ... in the evenings, I just looked for time to spend with my wife and my kids. So, yes, it was an issue, but I just had to cope with the situation, and I think that my wife and my kids, and me on getting used to it. But ... like I say my life, maybe was on the line (from not having PPE). So that is when I really

decided to quit .so I can say that if the management was serious and very protective of our lives. I think I will still be a nurse.” This participant felt that the long hours and time away from his family could be managed and “worked around,” but not having necessary equipment, such as PPE during COVID-19, and management not addressing these issues was what ultimately lead him to leave.

Another code to emerge within management was that many of the managers were not nurses or other members of the healthcare team. When the research asked, “were your managers other nurses or individuals trained in management.” Most of the participants indicated that their managers, the individuals making the schedules, hiring, training, etc., had never worked or trained as nurses, but had degrees and background in management.

Not Completely Gone

The next theme to arise was that many of these nurses are not completely gone from the profession. This theme is defined as a willingness to return to the nursing profession if circumstances change. That codes that were identified were both staying and return to nursing.

Staying. When asked if they would have stayed if the hours were reduced or if management would have been more supportive, many stated that they would have stayed in their positions as nurses. Researcher asked, “Do you think that if your managers would have been more receptive to you working fewer hours that you would have stayed at your job?” Participant 16 replied “I definitely would have stayed.”

Return to Nursing. Many of the participants have found employment in other professions or jobs, but many stated that they would be open to returning to nursing if the hours were reduced or management was supportive. Researcher asked, “And you said that you might

go back to nursing one day?” Participant 17 replied, “Yeah, if I get, I get a job at a place where they are understanding, I can go back.”

No Reasons for Leaving

The literature review suggested that nurses may be leaving the profession due to bullying from co-workers, because of schooling or not having proper training; however, none of these were reasons for nurses leaving the profession.

Coworkers. This was defined as the way that co-workers treated and responded to nurse who left the profession. All participants were asked about interaction between themselves and their co-workers due to the literature. Almost all of them stated that their co-workers were supportive and helpful. Participant 15 stated “They were very supportive and say, whenever I was unable to do anything, they would ask me, and they would do it.”

School. Due to the literature suggesting school could be a reason for leaving the profession, all participants were asked about whether they believed their education prepared them to be a nurse. While many of the participants felt that their education could have provided them with more “hands on” experience, none of them felt that their education was not adequate or gave this as a reason for leaving the profession. Researcher asked, “Was there anything about your nursing school training that you would have changed or that you thought maybe you needed more or less of?” Participant 16 replied “Not at all. Everything was perfect.”

Training. This was defined as nurse receiving training during the transition from school to staff nurse. In recent years, the idea of a nurse residency program has begun to materialize in the literature, which suggests that having one of these nurse residency programs or offering nurses extensive training in their first year as a nurse can aid in the transition, which in turn

could help retain more nurses. All participants were asked if they received training and what the training entailed. The length of training program ranged from “a few weeks” to two, whole years.

While some of the participants still did not feel completely comfortable after the training program was over, none of them listed this as a reason for leaving nursing. Participant 10 stated “Yeah, we went through a training program. Um, the program was for two years. We were paired with other nurses, senior nurses, who also had been there before us. So, we ... that’s how the training program went.” In another interview, the researcher asked, “Did you feel comfortable when you started working on your own?” Participant 10 replied “Umm. I can’t really say I was comfortable. I had ... I had doubts in there, but I always had my ... the nurse that I was paired with, so I went to ask questions and clarifications from the partner.” Despite having these training programs, all the nurses in the study still left the nursing profession.

COVID 19. This is defined as the extent to which COVID 19 effected the nurse’s decision to leave the profession. All the nurses left the profession in the last 3 months to a year, during the COVID 19 epidemic. Participants were asked if this was a reason for them leaving the profession. All of them answered no. Participant 12 stated “No, I enjoyed helping patients. I really enjoyed it. Even those who came in with the COVID problems and all of that. I really ... I enjoyed it, But the hours were too long for working and the pay was ... in fact the pay was reduced during the COVID season.” Affirming that COVID-19 was not a reason for them to leaving the profession.

Findings Related to Research Questions

The purpose of this research was to understand the reasons for newly graduating nurses leaving the profession within the first two years of entering the profession. There were two aims and six research questions. Each one of those questions will be discussed in this section.

Research Question 1

What were the individuals' reasons for deciding to enter into the nursing profession?

This question was asked because another study found what they termed lack of commitment. Flinkman, Laine et al. (2008) found in their study that all the individuals they interviewed went into nursing as a “second best” option, meaning that they did not want to be nurses, but for different reasons, they “ended-up” in nursing. While there were a few individuals that stated that they entered the nursing profession because they wanted to be physicians, but were unable to for personal reasons, most individuals stated that they went into nursing because it was their passion: They had a desire to help others.

Research Question 2

What specific events led to the individuals' decisions to leave the profession? The literature does not address whether individuals decide to leave after a specific incident or if it is a build up over time that leads to their decision to leave. This was a gap in the current literature. All the participants in the study stated that there was not a specific incident that led to their decision, rather it was a build up over the years of having to work over and missing time with their families. Many were working, waiting, and hoping that the work environment would change, but when it became clear changes were not going to take place, this is when they decided

to leave. Many indicated that this was a difficult decision and that they may return to the nursing profession in the future if their work environment were to change.

Research Question 3

What was the process of them deciding to leave the profession? This was another gap in the literature where it was not clear if individuals were leaving the profession, and then looking for a new job, or if they look at new opportunities while they were still working as a nurse. About half of the participants stated that they were not currently working, but rather staying home with their families for the time being. This was possible because they had a spouse or another individual that could support them financially. For those without financial support, most indicated that they started looking for new jobs while they were still working as a nurse, with many of them unable to find new employment or lacked the time necessary to search for a new job until they left nursing.

Another finding is while these individuals were looking for new jobs, none of them looked at other opportunities within the nursing profession. For example, those that are currently looking for work are doing so in a wide array of other professions, from owner of a pharmacy to being a farmer. None considered going into home health, school nursing or any other outpatient nursing position. One participant did state that he “assumed that nursing would be the same everywhere” which is why he only considered a non-nursing career move.

Research Question 4

What were individual expectations of the nursing profession, i.e., what did they think being a nurse would entail? The literature suggested that many nurses entered the profession not sure what nursing was. They referred to this as commitment to the profession (Flinkman &

Salantera, 2015). They suggest that once the nurses discovered what nursing really was, they left. To address this, the researcher asked each participant what they thought nursing was before they entered nursing school and what it was like after they were working in the profession. One of the themes that emerged was lack of knowledge. This helps to demonstrate that there is some confusion on what these participants thought nursing would be like. However, while nursing was different from what participants thought it would be like, this was not a reason for leaving the nursing profession. These individuals were able to adapt and cope with the difference in the tasks that they needed to perform.

Research Question 5

What support did newly graduated nurses receive from their employer as they transitioned from being a nursing student into being a nurse in a hospital? This question was asked because the literature suggests that the transition period between leaving school and entering the profession can be difficult for many individuals. Having a nurse residency program or a training period can help make the transition less difficult which will in turn aid in retaining nurses. While the length of training varied, all the participants did receive training once they entered employment, yet they still all left the profession. More research needs to be done to determine what relationship, if any, these programs have on retaining nurses to the profession.

Research Question 6

How did an individual's nursing education prepare them to be a nurse? Again, the literature suggests that what individuals are taught in nursing school is different from practice. Nursing education tends to focus on nursing theory and thinking, whereas nursing practice is based more on skill and doing practical tasks. Each participant was asked about their education

and whether they felt that it prepared them for practice. While some felt that their education was adequate and they would not make changes, others stated that they would have liked more practical application in the hospital and working with patients. However, none of the participants stated their education was a reason for leaving the profession. This again contradicts the literature.

Summary

This chapter has discussed the findings in the study. The main reasons for individuals leaving the profession were related to being overworked, the number of hours that they were scheduled, feeling they had no control over their schedule, losing time with their families and a lack of support from management. This contradicts the literature which suggests that bullying from co-workers, education and not having a nurse residency program are the reasons for nurses to leave. These findings are similar to what Maslow's Hierarchy of Needs predicts.

CHAPTER 5: DISCUSSION

The purpose of this study was to discover reasons for newly graduated nurses leaving the profession. This final chapter will discuss the results that were presented in the previous chapter, through the lens of the literature and theory that were presented in Chapter 2. The key findings were: 1) Maslow's *Needs Theory* does apply to nurses leaving the profession, 2) Differences exist between what literature suggests and study findings and 3) Nurses are willing to stay and return to the nursing profession. Limitations of this study will also be presented as well as directions for future research.

Application

Finding 1: Maslow's Needs Theory Does Apply to Nurses Leaving the Profession

This study used Maslow's *Hierarchy of Needs*, or *Needs Theory*, as it's conceptual framework. Needs theory states that individuals start at the bottom rung of a pyramid and work their way up to the top of a pyramid of progressively more important needs. All individuals require their most basic needs, or physiological needs, met before they will seek to meet higher order needs, such as safety and belonging (Maslow, 1998). If an individual cannot get these needs met, they will leave that job or employer to seek somewhere else that will enable them to meet those needs (Kremer & Hammond, 2013). In context of work, the physiological rung is made up of hours that are worked, length of shift, being able to take breaks, and pay.

This study found that the reasons for nurses leaving the profession include work environment, being overworked, time working interfering with time with family, not being paid, and management, all of which are consistent with the psychological rung of the *Needs Theory*.

These findings are not only consistent with the theoretical framework that was used, but they are also supported by the literature.

Flinkman, Laine et al (2008) conducted a study in Finland in which they found that nurses were also leaving the profession due to what they term the “work environment.” The work environment was made up of long shifts and low salaries. Low pay was a reason for nurses leaving the profession in Turkey (Masum et al., 2016). The RN Work Project (RWJF, 2014) done in the US also found that the work environment, which they described as the hours, length of shift, access to supplies, and nurse to patient ratio, were all reasons that nurses were leaving (Djukic et al., 2014).

Another finding of this study is that management plays a role in nurses wanting to leave the profession. Flinkman, Isopahkala-Bouret et al. (2013) described poor management as not being approachable, not addressing issues on the unit, and not supporting the nurses was a main reason for nurses leaving. Other studies have also found that management not supporting nurses is a reason for nurses leaving (Choi et al, 2013; Cortelyou-Ward et al., 2010). While Simon et al. (2010) found that management was a reason for nurses to leave the organization and not necessarily the profession, many of the participants in this study felt that leaving and going to another employer would be the same, so leaving the profession was the only way to get these needs met.

One idea that did emerge in this study is that most of the managers for these participants were never trained and had never worked as nurses. Their managers were trained and had degrees in business. This is a gap in the literature that has not been addressed before. It is unclear what affect, if any, these managers not being nurses plays in nurses leaving the profession.

All the participants in the study felt that their basic workplace physiological needs were not met, causing them to leave the nursing profession. They were not able to work reasonable hours, were not paid on time and felt that management did not support them. Most of the participants stated that if these needs had been met, meaning they were able to work less hours and were paid on time, and felt that management supported them, then they would have stayed in the profession. One study done in Canada asked nurses that were thinking about leaving the profession what it would take to get them to stay (Choi et al., 2013). These nurses reported that they would stay in the nursing profession if management was more supportive (Choi et al., 2013). In that study, management support meant spending time on the unit with staff, being sensitive to staff needs, offering to help staff, and understanding the nurse's workload.

The significance of the above findings is vital, with the US facing a nursing shortage. Nurses that are entering the profession need to be retained. The study indicates that nurses can be retained if they are paid on time, can work reasonable hours, and have time off for family. Management can be trained to be responsive to these needs.

Finding 2: Differences Exist Between What Literature Suggests and Study Findings

While the literature supports some of the findings of the study, other findings contradict the literature. After an individual has met their physiological needs, *needs theory* suggests that the individual then moves on to meet the next set of needs in the 'Safety' and 'Belong and Acceptance,' the next two rungs up. In the work environment, safety and the belonging stages would include feeling safe at work and being accepted by co-workers. The literature suggests that nurses are leaving the profession at this rung due to violence from both patients and co-workers.

This study did not find this to be true. When asked about violence from patients, many of the participants indicated that they had never experienced it, and those that had experienced it, stated that this was not a reason for leaving. As far as bullying from co-workers, almost all the participant states that not only was there no bullying from their co-workers, but most of their co-workers were also supportive and helpful towards them.

One reason for this discrepancy could be that most of the literature has been done on nurses later in their careers, i.e., after the first two years, and on nurses with the intention of leaving the profession, i.e., they have not left yet. Nurses who have their physiological needs met stay beyond the initial two years and seek out safety and belonging but when those needs are not being met, they will start looking somewhere else. In the work environment, this would mean feeling that you would not be harmed and developing relationships with co-workers (Maslow, 1998). Bullying and violence could still be a reason for nurses leaving the profession just after the first two years. For nurses who can meet their physiological needs in the first two years, they will stay in the profession, but they will be will not be satisfied and will begin to seek out the safety, belonging, and acceptance (Maslow, 1998). When they are faced with bullying or violence and their needs are not met, they will leave the profession in those later years.

The literature is divided on what, if any, role that an individual's nursing education plays into nurses leaving the profession. Rudman et al. (2014) found that education does not play a role in a nurse's decision to leave the profession. Other studies have found that nurses with lesser education are more likely to leave the profession stating that these individuals were not as committed to the profession, and therefore did not obtain more education (Bokowski et al., 2007). Other studies found that individuals with higher levels of education, bachelor's, or

master's degrees, are more likely to leave (Borkowski et al., 2007; Flinkman, Laine et al., 2008; Rudman et al, 2014). The current study limited recruitment to individuals with a bachelor's degree who had left the profession. However, when asked about their education and training, while some of the participants stated they wish their education included more hands-on experience, none of the participants stated that their education played a role in their deciding to leave the profession. Future studies should include replicating this study, with nurses who are in accelerated programs and those in associate degree programs to see if they have similar results.

How to make the transition into the nursing profession over the first two years less difficult for nurses has been an area of focus since Kramer first brought it to the profession's attention in 1974. Current research suggests that having a nurse residency program can aid in the transition, thereby reducing the number of nurses that leave the profession. A nurse residency program is typically 6 to 12 months. During this time, the new nurse is working alongside senior nurses to gain critical thinking skills, decision making skills (Vaughn, 2020). The hypothesis is that through these programs, nurses will not experience the culture shock as they transition from student to bedside nurse. By reducing the stress of this transition, nurses will be retained. All the participants in this study received additional training or completed a residency. They ranged in length from 2 months to 24 months, with the activities of the residency programs varying. Some participants stated that all they did was work alongside senior nurses. Other participants stated that their residency program also included taking classes. Many of the participants felt that this was helpful, and they were confident once they were on the floor by themselves. However, others stated that they were not comfortable after the training to be on their own. Despite all of them having this a residency or training program, all of them still left the nursing profession.

With the length of the programs and the activities varying, it is possible that these programs are beneficial and should be studied farther to see if they help with retention.

While not addressed in the literature review, another area that this study did address was the role that COVID-19 is playing in nurses leaving the profession. Popular opinion, at this moment, suggests that nurses have been leaving the profession due to the COVID-19 pandemic. This opinion is because the number of nurses leaving the profession has increased over the last year, since the start of the COVID-19 pandemic in the US (Falatah, 2021). The results of this study contradict this opinion. None of the participants gave COVID-19 as a reason for leaving the profession, even though all of them worked and left nursing during this time frame. Lavoie-Tremblay and her colleagues (2021) surveyed nurses in Canada and found similar results. Nurses in this study indicated that during COVID-19, their job satisfaction was down and intention to leave the profession was high. The main reason for this low satisfaction was related to poor management during the pandemic and not the pandemic itself. While there is a correlation between nurses leaving and COVID-19, the pandemic has not been the cause of nurses leaving. One explanation for this could be that COVID-19 merely exacerbated problems with management, length of shift and pay that existed before the pandemic.

One of the reasons for incongruence between what the literature predicted about education and training and what the results of this study found could be because the populations of this study and the literature are different. Most of the literature focused on nurses leaving the profession was based on nurses who left after 10-15 years in the field, not nurses leaving in the first two years.

Another reason for the difference between the literature and the findings of these study could be that to date, the literature has primarily focused on nursing dissatisfaction and intention to leave the profession. This means that they are surveying or interviewing individuals that are still in the profession, but are dissatisfied and are thinking about leaving, rather than nurses that have left. This study demonstrates that there are differences between those that are thinking about leaving the profession and those that have left. Education, bullying, and burnout are the reasons for dissatisfaction. While length of shift, lack of control over schedule, and not being paid are potentially the reasons for nurses to leave the profession.

Finding 3: Nurses Are Willing to Stay and Return

Another key finding of the study was that it may be possible to retain nurses. These nurses are part of what is known as the “shadow workforce.” A *shadow workforce* is individuals that are no longer working in a specific profession but have the necessary training and skills to rejoin that profession (McIntosh et al., 2006). All the participants in this study have the training and experience of being a nurse but are no longer working in the profession. All the former nurses that were part of this study indicated that if conditions changed, meaning they were paid on time and could work reasonable hours, they would have stayed in the profession. All these changes could reasonably be made. Half of the participants indicated that they would be willing to return to the nursing profession if these changes were made. So not only could nurses be retained, but nurses that have already left could return to help with predicted shortages.

One change that could be made is allowing nurses to self-schedule. According to Koning (2014), allowing nurses to self-schedule is one of the main ways to increase work satisfaction. Koning points out that there are challenges with self-scheduling, one of which is balancing the

nurses needs with those of the organization. However, there are computer systems that help with achieving this balance and when self-scheduling is implemented, nurses feel they have more flexibility and control.

Another potential way to retain nurses is to expose them to other opportunities within nursing. One of the findings of this study was that the participants did not fully understand what nursing was and what opportunities existed outside of the hospital environment. Most of them simply applied for a job in the hospital and took the first one that was offered to them. When asked why they did not seek jobs outside of the hospital, in areas such as doctor's office or home health, many expressed that they were not sure what those areas were. Educating and mentoring nurses that are wanting to leave the hospital, due to the work hours, on other employers in the community could help retain them to the profession.

Limitations

The study was a qualitative study, which means results of this study cannot be generalized to other populations. There are two major limitations with this study: 1) only bachelor's prepared nurses were recruited and 2) all participants had worked in the hospital. The literature has been mixed on whether education level effects leaving the profession. Some studies have found bachelors are more likely to leave the profession, while other studies have found that associate's prepared nurses are more likely to leave. While qualitative research is not generalizable, it stands to reason those nurses with an associate degree would also want to be paid on time and work reasonable hours. The second limitation is that only nurses that had worked in the hospital setting were interviewed, none had worked in the community setting. This

was not intentional and does not mean that nurses that work in the community do not leave the profession within the first two years, none could be found to participate in this study.

A strength of this study is that it was able to fill a gap in the literature. Nurses leaving the profession have not been widely studied and even fewer studies have looked at those that leave in the first two years. The main reasons that this population has not been studied is because this population is difficult to find. Once nurses leave the profession, it is difficult to track them, which is potentially why most of the studies that have looked at nursing retention has studied nurses intending to leave the profession versus nurses that have left.

Future Research

Based on the findings and limitations of this study, potential areas for future research would include repeating this study with associate's prepared and/or nurses who completed an accelerated program. This may help to provide further evidence that the way nurses are educated is playing a role. Another population that this study should be repeated in are nurses working outside the hospital setting to discover if the results are transferable to this population, or if they are leaving for different reasons or at all. Nurses leaving the profession is a problem throughout the world. A similar study should be done in other countries to see if the findings are transferable to them as well.

Since one of the key findings of the study was that management plays a role in nurses deciding to leave the profession, future research could also look at how management is trained or what changes could be made within management to help retain nurses. Finally, an intervention should be developed and tested where nurses are allowed to have control over their own schedule and management is trained to be more supportive to see if implementing or changing these

factors would affect the retention rate. Additional research could also focus on what affect having non-nursing managers in the hospital environment is having. Essentially, are nurses more or less likely to leave when their managers are other nurses or when managers are non-nurses.

Summary

The key takeaways of this dissertation study are nurses are in this sample left the profession in the first two years due to being overworked, working long hours that interfere with family time, not being paid on time, and poor management. This chapter situates the findings in the existing literature on nurse turnover and nurses leaving the profession. Many of these results contradict what the literature predicted were the causes of nurses leaving. Mainly, that education and a nurse residency program are not reasons that nurses in this study indicated were reasons for them to leave the profession. However, Maslow's *needs theory* was correct in predicting that if physiological needs of an individual are not met, individuals will leave the profession. This has implications for retaining nursing. If these issues are addressed, future nurses could stay in the profession and other nurses could return to the profession. Future studies should include repeating this study in other countries and with nurses who hold an associate degree to see if results are the similar. An intervention study to address issues with management and scheduling should also be considered.

APPENDIX A:
INTERVIEW GUIDE

Research Question 1: What were the individuals' reasons for deciding to enter into the nursing profession?

What made you want to go to nursing school?

Why did you want to be a nurse?

Research Question 2: What specific events led to the individuals' decision to leave the profession?

Was there a specific event that led to your decision to quit the nursing profession?

Was there anything that could have made you want to stay?

Research Question 3: What was the process of them deciding to leave the profession?

Once you decided to leave, what was the process, i.e., did you quit first, start looking for another job, etc.?

Research Question 4: What were individual expectations of the nursing profession, i.e., what did they think being a nurse would entail?

What did you think being a nurse would entail?

What was it actually like?

Research Question 5: What support did they receive from their employer as they transitioned from being a nursing student into being a nurse in a hospital?

After graduating, when you started working, what was the training like from your employer?

Was there a mentorship program? Did you have a mentor or individuals you could ask for help?

Did you feel support from your manager and co-workers?

Research Question 6: How did your nursing education prepare you to be a nurse?

How did your education prepare you?

Did you feel prepared when you started working on your own?

APPENDIX B:
IRB APPROVALS



Human Subjects
Protection Program

1618 E. Helen St.
P.O. Box 245137
Tucson, AZ 85724-5137
Tel: (520) 626-6721
<http://hgw.arizona.edu/compliance/home>

Date: January 12, 2021
Principal Investigator: Stephanie Marie Tate
Protocol Number: 2101336166
Protocol Title: Nurses Who Leave the Profession in the First Two Years

Determination: Approved
Expiration Date: January 10, 2026

Documents Reviewed Concurrently:

Data Collection Tools: *RedCap.docx*
Data Collection Tools: *Semi-Structured Question Guide.docx*
HSPF Forms/Correspondence: *appendix_waiver_y2019-08 12-17-20.pdf*
HSPF Forms/Correspondence: *application_y2019-12 JGR 12-17-20.pdf*
HSPF Forms/Correspondence: *Tate list_of_research_personnel.pdf*
Informed Consent/PHI Forms: *Consent draft 12-17-20.doc*
Informed Consent/PHI Forms: *Consent draft 12-17-20.pdf*
Other Approvals and Authorizations: *COI review complete for 2101336166.docx*
Other Approvals and Authorizations: *Tate-Letter of Support 12-3-2020.pdf*
Recruitment Material: *Contact Email 12-17-2020.docx*
Recruitment Material: *Email 12-17-20.docx*
Recruitment Material: *Social Media Post 12-18-20.docx*

Regulatory Determinations/Comments:

- The project is not federally funded or supported and has been deemed to be no more than minimal risk.
- The project listed is required to update the HSPP on the status of the research in 5 years. A reminder notice will be sent 60 days prior to the expiration noted to submit a 'Project Update' form.

This project has been reviewed and approved by an IRB Chair or designee.

- The University of Arizona maintains a Federalwide Assurance with the Office for Human Research Protections (FWA #00004218).
- All research procedures should be conducted according to the approved protocol and the policies and guidance of the IRB.
- The Principal Investigator should notify the IRB immediately of any proposed changes that affect the protocol and report any unanticipated problems involving risks to participants or others. Please refer to Guidance Investigators Responsibility after IRB Approval, Reporting Local Information and Minimal Risk or Exempt Research.
- All documents referenced in this submission have been reviewed and approved. Documents are filed with the HSPP Office.

APPENDIX C:
CONSENT



Consent Version: 11/09/2020
Page 1 of 2

University of Arizona

Consent and/or Parental Permission to Participate in Research

Study Title: Nurses Leaving the Profession in the First Two Years

Principal Investigator: Stephanie Tate

You are being asked to participate in a research study. Your participation in this research study is voluntary and you do not have to participate. This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate.

The purpose of this study is to identify reasons for nurses leaving the profession within the first two years of practice. While this phenomenon is not new, it was first discussed in 1974, little research has been done to understand why nurses are leaving the profession and what can be done to retain them. The purpose of this study is to interview nurses that have left the profession to understand what events lead to this decision. Should you choose to participate, you will be asked to complete an interview via Zoom that should last no more than an hour, to discuss the events that lead to your decision to leave the profession, and complete a brief demographic questionnaire. While there is no risk of physical harm, discussing your decision to leave the nursing profession might bring up stressful memories. You have the right to end the interview at any time.

You will receive a \$15.00 e-gift card honorarium after the interview as a thank you for your time. Your participation could help researchers understand why nurses are leaving and eventually how to retain nurses.

Should you choose to participate; only the person interviewing you will know who you are. With your permission, I would like to audiotape this interview on Zoom so that I can make an accurate transcript. Only your voice will be recorded, and after the interview is over, the interview will be transcribed and I will erase the recordings. Your name will not be in the transcript or my notes. Your name will not be used in any report. Identifiable research data will



Consent Version: 11/09/2020
Page 2 of 2

be stored securely on UA BOX and password protected. Your responses will be assigned a participant number. All of the data will be categorized by this number and nothing will identify or connect you to it. Only the research team will have access to the file. When the study is completed and the data have been analyzed, the list will be destroyed.

The information that you provide in the study will be handled confidentially. Information collected about you will not be used or shared for future research studies. However, there may be circumstances where this information must be released or shared as required by law. The University of Arizona Institutional Review Board may review the research records for monitoring purposes.

If you have questions, please email: Stephanie Tate at state@email.arizona.edu or her chair Dr. Jessica Rainbow at jrainbow.email.arizona.edu.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the Human Subjects Protection Program Director at 520-626-8630 or online at <http://rgw.arizona.edu/compliance/human-subjects-protection-program>.

If you agree to participate, please click on the agree box and you will be taken to the next screen. If you do not wish to participate, please exit out of the website.

APPENDIX D:
REDCAP QUESTIONS

First page-Description of Study and inclusion questions:

Inclusion questions: Did you graduate from a BSN (four year) program? Yes or no

Did you pass the NCLEX? Yes or No

Did you work as a RN for at least three months but no longer than two year? Yes or No

Have you left the profession entirely and do not plan to return? Yes or No

If answered Yes to all questions,

You qualify for the study. Please View the consent form.

Consent shown.

Next page after consent

This study involves participating in an interview of no more than 60 minutes conducted via Zoom and completing a brief demographic questionnaire.

What email address can I contact you at?

Next screen (only if email provided).

Thank you for your interest. We will be contacting you shortly. In the meantime, we are collecting demographic information and would appreciate it if you would answer these questions prior to your interview. None of these responses or non-responses will impact your ability to participate in the study.

In what setting did you work? *Hospital, nursing home, home health or other*

How long did you work in that setting? *# of years*

Did you switch jobs during your time as a nurse? *Yes or No*

Did you switch jobs before you left nursing? *Yes or No*

How many hours a week did you work as a nurse? *# of hours*

How long ago did you leave the nursing profession? *# of years*

Before leaving the nursing profession, did you have another job lined up? *Yes or No*

Are you currently working? *Yes or no* If yes, where are you working? *Open answer*

APPENDIX E:
EMAILS SENT FOR RECRUITMENT

Recruitment Emails

First Email

Subject Line: Are you or a co-worker a nurse that left the profession?

Thank you for taking the time to read this. Cleveland State University is participating in an IRB approved research study looking at the reason's nurses are leaving the profession in the first two years of practice. We are reaching out to you because you graduated in the last two years. If you were a bachelor's prepared nurse who worked as an RN but left the nursing profession within the first two years, please consider participating. If you have friends or co-workers that left nursing, please share this information with them.

Voluntary participation will require you fill out some brief demographic information and participate in an interview via videoconferencing that will last no longer then 60 mins. If you go to <https://redcap.uahs.arizona.edu/surveys/?s=9TXXPKXRKY> you can learn more about the study. An Institutional Review Board responsible for human subject's research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Again, thank you for reading this email and if you have any questions about the study please reach out to the researcher, Stephanie Tate at state@arizona.edu.

Second Email

Subject line: Second Email Are you a nurse that left the profession?

Please disregard if you have already considered participating.

Thank you for taking the time to read this. Cleveland State University is participating in an IRB approved research study looking at the reason's nurses are leaving the profession in the first two years of practice. We are reaching out to you because you graduated in the last two years. If you were a bachelor's prepared nurse who worked as an RN but left the nursing profession within the first two years, please consider participating. Voluntary participation will require you fill out some brief demographic information and participate in an interview via videoconferencing that will last no longer then 60 mins. If you go to (insert web address) you can learn more about the study. An Institutional Review Board responsible for human subject's research at The University of Arizona reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Again, thank you for reading this email and if you have any questions about the study please reach out to the researcher, Stephanie Tate at state@arizona.edu.

APPENDIX F:
CODE BOOK

Lack of Knowledge: not knowing or understanding what nursing is, the roles and responsibilities of a nurse, the hours that nurses work or even the opportunities outside of the hospital.

First job- many were hired onto floors of their choice, others were not. Either way, the specific floor or specialty was not a reason for leaving the profession

Not aware of role of nurse- individuals entered the nursing profession without knowing or understanding what nurses do, their role and responsibilities

Overworked- the reason for wanting to leave nursing. Feeling that they were working too many hours which did not leave enough time for family. Also includes having too many patients or feeling overwhelmed during the shift. Being overworked can be broken down into:

Hours- many participants state that they were working an extreme number of hours each day and for many days and week. Usually, 10–12-hour days and 5 to six days a week. This is one of the main reasons being given for leaving.

No control over schedule- management made the schedule with no input from the nurses so they were unable to request time off for family events. Or reduce the time or days that they were working.

Pay- not being paid on time, having to wait for their money, taking pay cuts

Management- lack of support from management was another reason for leaving. Management did not “support” the nurses. Did not provide the supplies that the nurses needed such as PPE, did not allow/ respect nurses requests to reduce work hours, did not provide adequate staffing, did not provide training.

Not Completely Gone- willingness to return to the nursing profession if circumstances change.

Staying- many expressed that had management provided the equipment that they needed, training, money, been receptive to changes in schedule, they would not have left nursing.

Back to Nursing- return to nursing in the future

Family- the number of hours that the nurses were working interfered with family obligations. Many left to spend more time with family/ needed to spend more time with family.

No Reasons for Leaving: Items that were asked about, but participants stated did not affect their decision to leave.

School- nursing school, training, and experience before entering profession

Training- mixed results, many felt that their nursing education was adequate, others felt that their nursing education and the training that they received could have been better but either way this did not play a role in them choosing to leave the profession

Coworkers- way that co-workers treated and responded to nurse who left the profession.

(Subdivided into supportive)

APPENDIX G:
MATRIX OF ARTICLES

Author, Year	Purpose	Design	Sample	Findings	Other-Country
Alilu, Zamanzadeh, Valizadeh, Habibzadeh & Gillespie, 2017	Describe the reasons nurses are leaving profession	Qualitative; grounded theory	21 nurses; government teaching hospital; at least 1-year experience	Powerlessness, worthlessness, social image, culture, commitment;	Iran -won't leave if they need the income
Borkowski, Amann, Song & Weiss, 2007	Look at demographics as predictors to leave	Quantitative study: intent to leave and demographic information	284 nurses	Most likely to leave are males, white, less than master's degree -main reason was lack of benefits	Florida -46% intent to leave
Brewer, Kovner, Obeidat & Budin (2013)	Examine the relationship between physician verbal abuse and RN perceived work environment	Quantitative	National survey of 3,370 newly graduated nurses	RN's see verbal abuse as effecting teamwork, low support from management, increased workload, and more abuse from co-workers. This leads to lower job satisfaction, commitment, and intention to stay.	United States
Chachula, Myrick & Yonge, 2015	Reasons new graduates were leaving nursing; and how to get them to stay	Qualitative- grounded theory	New graduate nurses	-Difficulties adjusting to shiftwork and workload; social relationships, hierarchies and violence were reasons for intent to leave -retaining nurses was related to making them feel valued, accepted, respected, and supported	Canada

Author, Year	Purpose	Design	Sample	Findings	Other-Country
Choi, Cheung & Pang, 2013	Identify causes for nurses intending to leave profession	Quantitative- used Multiple surveys	1271 nurses, in 135 units, 10 different hospitals	Relationships, management, staffing and lack of resources on the ward were reasons nurses intended to leave.	Hong Kong, China
Cortelyou-Ward, Unruh & Fottler, 2010	Reasons for intent to leave the profession -nurses that work in rural areas	Quantitative; work index and Blau's intent to leave scale	259 surveys sent out Only 85 returned	Work environment, relationships, and management were indicators	Rural Florida
Djukic, Kovner, Brewer, Fatehi & Greene (2014)	Explore direct and indirect elements of the work environment on job satisfaction	Quantitative	1,141 newly graduated nurses throughout the U.S.	Physical environment does affect teamwork, nurse-physician relation, workload, promotions	United States
Etienne (2014)	Assess nurses' exposure to violence in the workplace	Quantitative- descriptive	95 surveys submitted- Northwest nursing association	48% were bullied in workplace Examples included: Being ignored Having opinions ignored	United States
Flinkman & Salantera, 2015	Describe reasons for nurses leaving the profession	Qualitative	15 nurses- left the profession	Poor environment, lack of support, orientation, second best choice for career	Finland
Flinkman, Isopahkala-Bouret & Salantera, 2013	Describe reasons for nurses leaving the profession	Qualitative- interviewed before leaving	3 nurses	Poor work environment, poor management, lack of career development, lack of support	Finland- done as Ph.D. dissertation

Author, Year	Purpose	Design	Sample	Findings	Other-Country
Flinkman, Laine, Leino-Kilpi, Hasselhorn & Salanterä, 2008	Discover who is most likely to leave the profession	Quantitative- used NEXT survey	147 nurses-intent to leave; under 30 yo (considered young)	Most likely to leave are: -age 25-35 years -male, higher degrees -in profession less than 15 years Reasons: burnout, poor opportunities, commitment, low satisfaction, work-family conflicts, poor environment	Finland
Ishihara, Ishibashi, Takahashi & Nakashima, 2014	Discover reasons for new graduates' intent to leave the profession	Quantitative; surveys	762 surveys sent out; 148 returned; BSN and diploma prepared	Support, work barriers, commitment, satisfaction, and burnout were indicators	Japan
Laschinger, 2012	Explore reasons nurse's intent to leave profession in first 2 years	Quantitative; mailed survey to them	342 nurses in profession less than 2 years; throughout country; intent to leave	Empowerment, work engagement and burnout were significant predictors	Canada, Ontario
Lee, Dai & McCreary, 2015	Look at connection between quality of life and intent to leave	Quantitative; survey on work life balance and intent to leave	1283	Low quality of life leads to leaving organization and profession -teamwork and communication predict leaving unit -work environment, staffing, and work/life balance predict leaving profession	China

Author, Year	Purpose	Design	Sample	Findings	Other-Country
Masum, Azad, Hoque, Beh, Wanke & Arslan, 2016	Look at satisfactions effect on intent to leave	Quantitative- job satisfaction survey	417 nurses- six different hospital; 31.5 yo; worked 12.7 years	60.9 intent to quit within next year -high satisfaction = environments, supervision, coworkers -low satisfaction caused by rewards, fringe benefits, and pay (cause them to want to quit)	Turkey -want to quit unit or hospital first, then want to quit profession
Mills, Chamberlain-Salaun, Harrison, Yates & O'Shea, 2016	What support new nurses need -How to keep nurses in the profession (not why they are leaving)	Qualitative- individual and group interviews	3 individuals 2 groups- 35 nurses -In practice less than 3 years	To keep nurses, they need: career advice, support, empowerment, and opportunities	Australia
Parry, 2008	Compare reasons for nurses leaving profession vs leaving their employers	Quantitative	131 nurses; all new graduates	-Commitment to profession and organization were reasons to leave profession -satisfaction, organization commitments indicated intent to leave employer	Australia
Penny & McCoy (2018)	Examine extent of bullying and its relation to nurses leaving the unit or hospital	Quantitative	309 nurses throughout United States	-40% had been bullied in the last 6 months -68% had seen co-worker being bullied -66% thought of leaving (only -8% were very likely to leave)	United States

Author, Year	Purpose	Design	Sample	Findings	Other-Country
Rudman, Gustavsson & Hultell, 2014	Describe what nurses are most likely to leave profession and why	Quantitative- using surveys every six months for 5 years after starting profession; followed up with those that left.	All nurses that graduated from nursing programs in Sweden during 2008	Burnout, and lack of commitment, and exhaustion were reason to leave	Sweden
Sabanciogullari & Dogan, 2015	Look at personal identification and satisfaction related to intent to leave	Quantitative description	2122 nurses throughout Turkey	Low professional identification (commitment) and low satisfaction predict intent to leave profession	Turkey
Simon, Muller & Hasslehorn, 2010	Identify factors of nurses leaving profession vs organization	Quantitative; European NEXT survey study	2119 nurses, 71 units, 16 hospitals	Leave profession was due to work/home balance. Leave organization was due to management and context with co-workers	Germany

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