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Retention Outcomes of a Nursing Engagement Platform: A Program Evaluation

Kimberly Denning

School of Nursing, Duquesne University

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Dr. Mary C. Loughran

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Abstract

Nursing leaders continue to face challenges in retaining an adequate nursing workforce. This project assesses a nursing engagement platform's value and feasibility for its effectiveness in retaining nurses in the Salt Lake City Veterans Affairs (VA) hospital. The platform consists of educational release time, monetary incentives, and tuition reimbursement. This project aims to analyze the organization's current nursing engagement platform for effectiveness in increasing nursing retention, nursing satisfaction, and patient satisfaction while reducing nursing turnover. A retrospective data analysis was used to compare nursing retention from the previous year, and data analysis was conducted on the use of the engagement platform initiatives for their effectiveness in retaining nurses.

Summary of Findings

The program evaluation revealed that nurses appreciated the efforts of the organization to provide a nursing engagement platform. Many nurses voiced in a nursing town hall that the platform should be continued, and other projects should be conducted to look at retention and nursing satisfaction. The intent to leave the organization decreased and patient satisfaction increased while satisfaction decreased and turnover increased. Further analysis is needed to understand the trends in these areas.

Recommendations

Further studies on the nursing engagement platform are needed during non-pandemic periods. More investigation is necessary for determining what factors influence the reduction of nursing turnover.

Key Words: Nursing Turnover, Nursing Retention, Nursing Satisfaction

Introduction

Many factors influence a nurse's intention to leave a current position. Job dissatisfaction, increased workload, lack of professional development, and understaffing are just a few factors that affect retention. Globally, nursing leaders have had issues with recruiting and retaining a nursing workforce. Keeping bedside nurses and maintaining their job satisfaction is still a challenge (Bugajski et al., 2017). Organizations should actively strategize for ways to retain an adequate workforce. Nurses and midwives represent nearly 50% of the healthcare workforce's current global shortage (World Health Organization, 2018).

Patient care can be negatively affected if retention issues are not addressed (Bugajski et al., 2017). Retention issues and the costs associated with turnover can negatively impact financial resources. Nurses face unique challenges related to demographic changes and an increasingly aging population (Maré et al., 2018). Healthcare organizations need to be ready for these unprecedented changes. The purpose of the program evaluation on using a nursing engagement platform and its influence on retention is to determine what factors entice nurses to stay within an organization.

The United States (US) is no exception to nursing shortages. In the year 2030, several states in the US will not have the needed number of nurses to care for their population (US Department of Health and Human Services, 2017). Nursing leaders must act now to retain nurses in the profession and reduce frequent turnover of positions. Nursing turnover is costly for organizations and can negatively impact the quality of care and workload for existing staff. Identifying and implementing strategies to keep nurses in their jobs will benefit organizations and patient outcomes. Within each system are different variables that affect the way that nurses

will deliver care. Sound systems are those that encourage and facilitate growth and creativity and embrace diversity.

With a rapidly growing and aging population globally, nurses' high turnover rate is widespread and has become a global issue. Nursing shortages from turnover are found everywhere. When comparing the United States with Canada, New Zealand, and Australia, Australia's nurse turnover rate was 15.1, the lowest of the rates. New Zealand reported the highest rate at 44.3%, followed by the United States at 26.8%, and Canada, with 19.9% (Duffield et al., 2014). Although Australia had the lowest turnover rate, their termination rate was 50%, which is exceptionally high when compared to the other countries in the study.

According to a systematic review of nursing turnover in Japan, no single factor can contribute to nurses' turnover. Factors listed by the study are consistent with the findings of other studies that suggest significant factors are workload, burnout, job dissatisfaction, lack of professional development, and work/life balance (Nayaga, 2018). In a study of nursing turnover in Ireland, nurses cited their reasons for quitting as feeling overworked, morale, and a feeling of dejection (MacNamee, 2017).

Nursing turnover is a measure that is used by healthcare facilities to analyze nursing workforce readiness. Significant turnover could indicate problems within the healthcare organization or a division. Turnover could also mean that new hires versus tenured staff are leaving. Nursing turnover can be defined as voluntary turnover if they leave at their discretion or involuntary due to dismissals, injury, or death (Kovner et al., 2014). Studies have shown that nurses' vacancy and inadequate staffing influence adverse patient outcomes (Stanton & Rutherford, 2004). The causes of the nursing turnover have no single global or local measure of

its nature (Marcé et al., 2019). Nursing turnover has impacted nursing shortages that have reached a critical point for healthcare services on both the local and global levels (Carayon & Gurses, 2008).

There have been recommendations regarding nursing turnover and implications for nursing practice. These recommendations have not transpired into practice in my current workplace. However, nursing retention and recruitment problems still exist, and further projects are needed to evaluate this issue.

Literature Review

The John Hopkins Evidence-Based Practice (EBP) model and guidelines were used to approach the literature review. The model focuses on the involvement of staff nurses to be involved in (EBP). This model uses six steps to evaluate Clinical Practice Guidelines (CPG) and current evidence that support optimal outcomes. The stages in my literature review using this framework include the following rationale.

Identify Clinical Practice Guidelines

- Safe staffing
- Flexible scheduling

Identification of Stakeholders

- Nurses
- Patients
- Family members
- Multidisciplinary team members

Environmental Readiness

- Staff willingness to change
- Morale
- Survey response to burnout
- Survey response to intent to leave organization
- Results from exit/stay interviews

Implementation Strategies

- Deployment of interventions

Evaluation

- Evaluation of interventions by stakeholders and unit-based practice council
- Internal and external factors
- Quality measures

Resources

- Continual support for staff
- Clinical Practice Committee involvement
- Executive team support

Literature Review

Five electronic databases were searched, including PubMed, CINAHL, Medline, Google Scholar, and Healthsource. There were 20 relevant articles from year 2015 to 2020, which included articles with level of evidence ratings between level 2 and level 5, with most articles having a level 3 rating for level of evidence. The key terms used include the following:

- Nurse turnover - an undesirable trend for healthcare employers, nurses leave organization for various reasons
- Nurse retention - focuses on keeping nurses in an organization's employment

- Job satisfaction - factors that influence satisfaction and dissatisfaction for nurses

Summary of Relevant Literature

Recognition

Recognition programs should be started at the unit or organizational level. An employee of the month and saying thank you can change an organizational climate (Shimp, 2017). A healthy work climate has been associated with increasing a nurse's intent to stay. One study found that improving the allocation of organizational rewards for nurses decreased turnover intention. Organizational rewards were identified as autonomy and training opportunities, recognition, supervisor support, salary, and promotion opportunities (Takase et al., 2015).

Mentorship

Mentorship programs are strategies to retain and recruit nurses. Newer nurses may like New Nurse Residency programs that focus on mentoring recently graduated students. Mentorship programs can be designed for nurses new to the organization but not new to nursing also. One study found that the retention of mentored nurses was 25% higher than that of nurses who didn't have mentorship. This study also identified fundamental policy changes that prevented nurses from floating more than twice in a 12-hour shift and eliminating mandated 16-hour shifts (Schroyer et al., 2016). Those policy changes may have also influenced the retention rate of the study cohort.

Job Sharing

Job Sharing can be used to create a healthy balance to keep experienced nurses in the field and delay retirement. Compensation is not the only benefit prospective employees or current employees want. Things that may matter are job sharing and compressed work weeks.

With an aging nursing workforce, many nurses who are eligible for retirement may not want to work full time; job-sharing may give organizations an opportunity to retain experienced nurses in the workforce. Organizations that offer work-life benefits may be perceived as a better organizational fit by those who seek employment (Firfiray & Mayo, 2017).

Self-scheduling

In Bugajski et al., (2017) study, it was noted that 86.9% of nursing staff responded that flexible scheduling was essential. Self-scheduling can help nurses create a healthy work-life balance. Another study found that it was significant for organizations to offer flexibility in schedule and be creative in finding ways to keep the seasoned nurses at the bedside (Yarbrough et al., 2017). According to Shimp (2017), implementing strategies such as staffing and scheduling committees can influence resources in facilities. Such committees lead to healthy practice environments that impact retention.

Educational Benefits

Tuition remission and educational release time support an employee's belief of career mobility, which increases a nurse's intent to stay. Educational release time will help nurses continue to develop and enhance their sense of perceived mobility. Tuition reimbursement and educational release time can serve as a strategy for both retention and recruitment (Dill et al., 2014).

Shimp (2017) believes that retention strategies are based on lifelong learning opportunities, leadership, and empowerment. Career development and job satisfaction correlated positively with retention in a survey conducted by Yarbrough et al. (2017). Creating staff growth through learning opportunities is essential for retention and reduction of turnover.

Supportive Leadership

The majority of studies reviewed for this project identified managerial competence and a supportive environment as having a positive impact on intent to stay. Positive leader relationships can be a significant predictor of turnover (Nei et al., 2015). In the study conducted by Bugajski et al. (2017), 81.7% of staff rated that it was essential that managers were engaged on the unit, and 97.5% rated that it was imperative that management support staff. Organizational climate has a positive correlation with the intent to stay (Ya-Ting, 2017). Leader-member exchanges are essential, and leaders must continue to work on their interpersonal skills to create caring environments (Dechawatanapaisal, 2018). Nurse managers needed to understand the importance of their role and the implications for retention.

The Department of Veterans Health Administration has data, as shown in Figure 1, which suggests that there are more resignations in the nursing workforce than there are retirements or adverse actions (2019). This data set could include erroneous statistics because the human resource departments in each VHA Medical facility may have coded the reason for leaving differently or incorrectly. The data displayed in Figure 2 suggests that most nurses leave the VHA between 1-5 years.

Figure 1

Nursing Losses by Category

Nature of Action - Losses by Category

NOA	SEP-FY18	OCT-FY19	NOV-FY19	DEC-FY19	JAN-FY19	FEB-FY19	MAR-FY19	APR-FY19	MAY-FY19	JUN-FY19	JUL-FY19	AUG-FY19	Grand Totals
☐ DEATH	1	7	3	7	9	5	8	3	3	8	4	3	61
☐ RESIGNATION	265	238	224	218	328	369	420	293	253	240	241	204	3,293
☐ RETIRE-DISABLE	6	9	12	6	13	16	27	17	20	13	10	7	156
☐ RETIRE-SPECIAL												1	1
☐ RETIRE-VOL	239	119	129	183	374	325	393	166	150	215	157	153	2,603
☐ SEPARATION							2						2

Figure 2

Loss by Tenure

Years Served	SEP-FY18	OCT-FY19	NOV-FY19	DEC-FY19	JAN-FY19	FEB-FY19	MAR-FY19	APR-FY19	MAY-FY19	JUN-FY19	JUL-FY19	AUG-FY19
<1	138	106	117	96	106	108	134	114	105	138	132	100
1~4	276	201	200	163	207	185	263	174	232	216	221	194
5~9	157	131	124	84	123	96	155	120	126	131	110	112

Note: Figure 1 and 2, Veterans Health Administration, 2019

Framework

The DNP project's clinical problem is nursing turnover, which is a measure used in healthcare facilities to analyze nursing workforce readiness. Significant turnover could indicate problems within the health care organization or a division. Turnover could also mean that new hires versus tenured staff are leaving. Nursing turnover can be defined as voluntary turnover if they leave at their discretion or involuntary due to dismissals, injury, or death (Kovner et al., 2017).

Studies have shown that nurses' vacancy and insufficient staffing influence adverse patient outcomes (Stanton & Rutherford, 2004). The sociotechnical model for assessing the impact on the DNP project is the Actor-Network Theory.

Sociotechnical Perspective

The Actor-Network Theory (ANT) provides a robust theoretical framework that offers underpinnings for understanding interventions as they interact with their environment and how the effects are sustained and disseminated. It has been used as a methodology to explain how various entities are linked together and displaced to produce social change (Bilodeau & Potvin, 2018). Therefore, ANT focuses on examining how individuals interact with inanimate systems and use findings to draw conclusions about the environment in which individual practices are situated (Cresswell et al., 2010). It is essential to understand the human and organizational factors for achieving successful systems adoption (Cucciniello et al., 2015).

Understanding who all the actors are in a major initiative can help streamline the implementation and adoption of new initiatives. The achievement of strategic goals and understanding of the information requirements of different stakeholders, as well as user-centered design, perceived and experienced benefits are needed for encouraging change and impact (Cucciniello et al., 2015). The ANT model helps define who the actors are within my network. Knowing before beginning the DNP project helps to guide needed resources and educational requirements for all actors. Focusing on all entities and their effect on social processes will help define my project's successful implementation. Identifying the existing social network helped guide my interactions with all actors and define the implementation process. Recognition of each actor as a separate entity and how they interact within the network helped with the sustainment of project goals.

The stability of an actor-network can be compromised at any time, depending on the reactions of the various actors. A shifting alignment between actors can cause networks to become unstable and collapse (Booth et al., 2016).

Background

At the Salt Lake Veterans Affairs Medical Center, the nursing turnover rate was 11.7% at a point in time during the fiscal year. This rate places the Salt Lake City VA medical facility in the bottom 10th percentile compared to other VA medical facilities in successfully retaining staff. The current 2019 All Employee Survey results have an aggregate average score for nursing staff satisfaction that is 2.9 out of 5. Although patient satisfaction scores are acceptable, there is still room for improvement. These metrics are the catalyst for this project because of the need to provide adequate staffing and quality care to patients. The identification of the problem was found by examining the nursing turnover rate and the need to review current nursing engagement platform initiatives at the Salt Lake City VA hospital. The significance of having a robust nursing workforce is the purpose of this evaluation.

The costs of recruiting and training a registered nurse (RN) are only a small portion of the expense of the hiring process. There are other costs, such as sign-on bonuses, lost productivity, benefits, credentialing, and the orientation expenses associated with replacing nursing staff. Additionally, those vacant positions may increase turnover due to increased workload for current staff. These costs are also dependent upon unit and specialty. Recruitment of RNs is expensive for any facility. It is estimated that the total cost is between \$62,000 and \$67,000 to replace a single RN (Kurnat-Thoma et al., 2017). The orientation process for nurses at the VA Medical Center is approximately \$46,000 per RN. The organization has already invested in the hiring

process and keeping these nurses would allow the facility to receive a return on its investment when the nurse is retained. Data that will be needed include the organization's nursing turnover rate, onboarding, orientation costs for nurses, and costs related to retention incentives. Data from the Salt Lake City VA Medical facility indicate the following:

- Salary of a registered nurse with no experience is \$54,800 + \$8,000 hiring costs = \$62,800.
- Salary of a registered nurse with an average tenure of 4 years is \$70,200 + \$8,000 hiring cost = \$78,200.
- Salary of a registered nurse with an average tenure of 6 years is \$80,000 + \$8,000 hiring costs = \$88,000.
- The costs to replace and hire six Registered Nurses leaving the facility = \$458,000.

Recommendations for Change

Evaluating our current nursing engagement platform may help reduce the nursing turnover rate at our facility. Multiple interventions are needed to aid in nursing retention (Lartey et al., 2014). The inherent harm, side effects, or perceived burden of this project are very low. It is vital that we share with the staff the project's purpose. Registered nurses were briefed that participation is voluntary, and they will have the autonomy to make decisions regarding participation without fear of reprisal.

In conclusion, the evidence produced by the literature review is relevant and applicable to this project. This analysis shows that an effective nursing engagement platform has great potential for a good investment both ethically and financially for the Salt Lake City, VA Medical

Center. The nursing engagement platform consists of educational release time, tuition reimbursement, professional development, and monetary incentives.

Methods

The W.K. Kellogg Foundation (WKKF) program evaluation was chosen for this project. The rationale for selecting the WKKF program evaluation tool is that projects should be evaluated to determine the organization's effectiveness and worth. Program evaluations can also lead to learning opportunities, more efficient practice, documentation of impact, and what's working and what's not. This program evaluation will focus on the effectiveness and outcomes of a nursing engagement platform.

Description of Project

The purpose of this project is to analyze the organization's current nursing engagement platform for the effectiveness of increasing nursing retention and nursing satisfaction while reducing nursing turnover. A program evaluation was conducted.

The project's goals were to evaluate the effectiveness of a nursing engagement platform.

The specific objectives were to:

- Evaluate the effectiveness of the nursing engagement platform on improving nursing retention.
- Evaluate the effectiveness of the nursing engagement platform on improving nursing satisfaction.
- Evaluate the cost/benefit analysis of the nursing engagement platform in relation to nursing turnover.
- Evaluate the effectiveness of the nursing engagement platform on improving patient satisfaction.

The projects' objectives were:

- Aim 1: Evaluate the effectiveness of nursing engagement platform initiatives on increasing nursing retention by 10% from the previous year.
- Aim 2: Evaluate the effectiveness of the nursing engagement platform on increasing nursing satisfaction by 10% from the previous year.
- Aim 3: Cost-benefit analysis with an ROI of 10%.
- Aim 4: Decreased intent to leave the organization by 10% from previous year.

Overview of Methodology

This was a program evaluation on outcomes to measure the program effectiveness on the target population by assessing the progress in the results or outcome objectives that the program is to achieve. The evaluation approach used is a systems-oriented model, which will help understand the distinguishing changes in systems due to intervention from changes that are due to systems' internal dynamics or external influences that are not part of the intervention. A nursing engagement platform's targeted approach to enhance the awareness of resources available to nurses to reduce nursing turnover. The assumption is made that these initiatives could reduce nursing turnover in the facility.

A Stakeholder Analysis was performed for the nursing engagement platform noted below in Figure 3.

Figure 3

Stakeholder Analysis

High Stake/Low Power

RNs – decreased turnover
 Chief Financial Officer – decreased costs
 Multidisciplinary Team – adequate nursing workforce

High Stake/ High Power

Chief Nursing Officer – decreased turnover rate
 Patients – increased reports of satisfaction and receive quality care

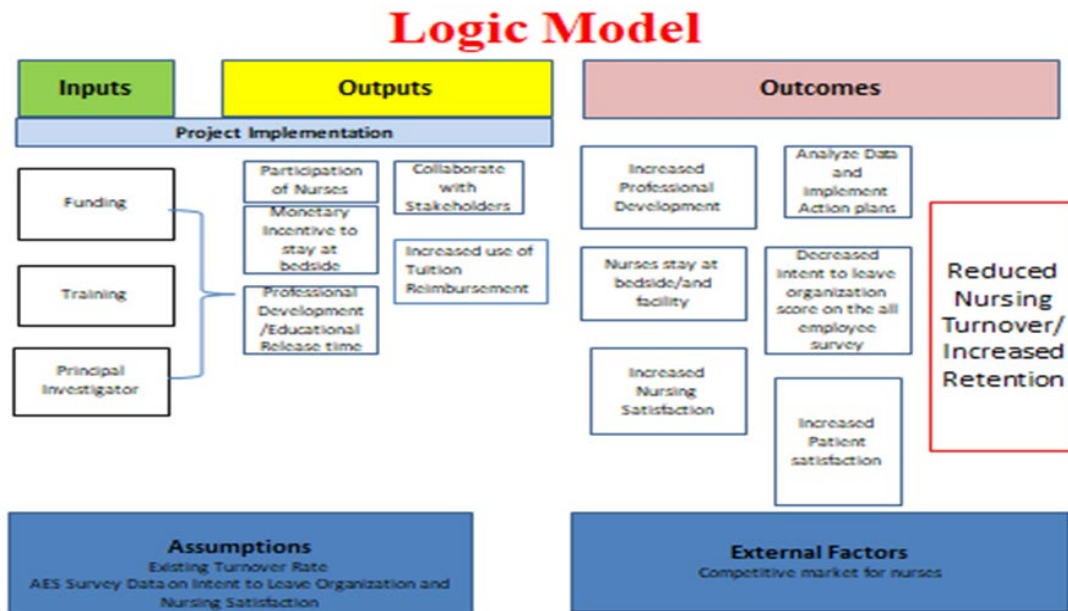
Note: Stakeholder analysis conducted at the beginning of project.

Logic Model

As shown in Figure 4, the inputs for the logic model were funding for monetary incentives. The training of nurses to use the nursing engagement platform. The work of the principal investigator to seek approval from executive leadership. The outputs for the logic model were the participation of nurses using the nursing engagement platform and the collaboration of stakeholders. The anticipated outcomes would be use of the nursing engagement platform yielding positive results. The positive results would be increased nursing satisfaction, decreased intent to leave the organization and reduced nursing turnover.

Figure 4

Logic Model for Nursing Engagement Platform



Evaluation Questions:

The following questions were developed to guide the evaluation of the nursing engagement platform.

- Does the nursing engagement platform decrease turnover?
- Does the nursing engagement platform increase nursing satisfaction?
- Is the intent to not leave the organization increased by nursing staff?
- Should the facility continue the nursing engagement platform?

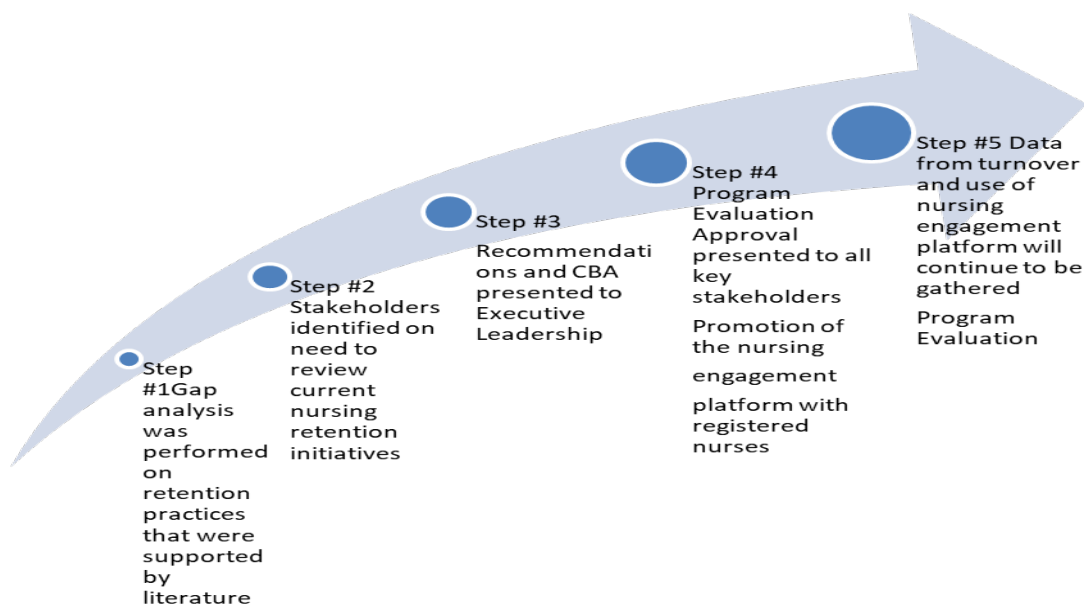
Setting & Population

The setting is the George E. Whalen Veterans Affairs Medical Center, in Salt Lake City, Utah, which has 132 inpatient beds. The facility offers inpatient and outpatient care and serves

adult patients, males and females between 18 and the end of life. The nurses assessed are between 20 and 77 years of age.

Implementation Plan

A gap analysis was performed on retention practices that were supported by literature to our current practices. Stakeholders were identified to review current nursing retention initiatives. Recommendations and cost-benefit analysis were presented to the executive leadership team. The nursing engagement platform was approved and presented to all key stakeholders. The promotion of the platform initiatives began. A multifaceted approach was used to inform the registered nursing staff of the benefits of each initiative. Strategies included emails, poster boards, town halls, and face to face meetings. The timeline for the project was October 1st of 2019 thru September 30th, 2020. The implementation plan involved a gap analysis was performed on retention practices that were supported by literature. Stakeholders were identified to review the facility's current nursing retention incentives. A cost-benefit analysis and project plan were presented to executive leadership and final approval was given. See Figure 5

Figure 5*Implementation Timeline*

This program evaluation was conducted in the summer of 2020 and continued until the end of the fiscal year 2020, on September 30th, 2020. Survey data related to nursing satisfaction were compared for the fiscal year 2019 to 2020. The nursing turnover rate was compared for the fiscal year 2019 to 2020. Patient satisfaction scores were compared for the fiscal year 2019 to 2020. The registered nurses' intent to leave the organization was compared for the fiscal year 2019 to 2020.

Data Management Plan

The plan for obtaining the quality measure and organizational data includes the use of the VHA Support Service Center Capital Assets (VSSC) database. This database will allow the tracking of the nursing turnover rate monthly at the organization. This data is reviewed and discussed at the monthly Executive Leadership Board meeting. Quality metrics are accessed via

the VA SHEP inpatient survey, which uses the same items as the Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) Survey. The VA SHEP survey asks a random sample of recently discharged patients about important aspects of their hospital experience.

Two different statistical analyses were used within this project. Descriptive analysis was used to describe quantitative data and summarize themes of a collection of information.

Inferential statistics analysis was used to sample data taken from this organization to describe and make inferences about this population of nurses and compare it with a similar facility.

Inferential statistics method was used to analyze the pre and post data and then compare it to similar 1A VHA facilities regarding turnover rate and nonuse or use of monetary incentives.

Descriptive analysis was used to analyze subjective data from the AES surveys and Survey Monkey. A summary of comments from the nursing staff described themes of the collection of information. The intent to leave the organization was analyzed to the prior year. Inferential statistics method was used to analyze the pre and post data gathered and then compare it to similar 1A VHA facilities regarding professional development use and turnover reduction. In defining professional development as educational release time and the use of tuition reimbursement, descriptive analysis was used to analyze subjective data from SHEP Survey. Themes related to the nursing care provided were extracted from this information and patient satisfaction. The sampling procedures used are the numerator of nurses who used the nursing engagement platform versus those who did not. Stakeholders will verify data to ensure accuracy, validity, and reliability. The timeline of the evaluation: October 1st – September 30th, 2020.

Evaluation Results:

The evaluation results revealed that in the fiscal year 2020, the nursing engagement platform initiative for professional development had 41 nurses use tuition support in the amount of \$93,249; 24 nurses had support for training or conferences in the amount of \$16,733. The nursing engagement platform initiative for educational release time gave nurses throughout the facility 6,081 hours. The organization spent \$1,345,772 in monetary incentives during the evaluation period. This evaluation was conducted during the COVID-19 pandemic, which caused delays in getting the same employee results collected from staff in 2019. A survey monkey was used as an alternative to get the data points for nursing satisfaction and intent to leave the organization.

Nursing turnover in the facility increased by 32.61%, nursing satisfaction decreased by 11.26%, patient satisfaction increased by 4.46%, and decreased intent to leave the organization increased by 11.11%. While patient satisfaction was not an objective, it was noted that it increased by 4.46%. The nursing engagement platform cost for the fiscal year 2020 was \$13,567,754. The cost of 61 RN's leaving the facility in the fiscal year 2020 had an approximate cost of \$4,440,800 bringing the total cost to the facility to \$18,008,554. The program evaluation did not reveal a return on investment by 10%. At the end of the fiscal year, the nursing turnover rate was 9.77%, which still left the facility in the bottom 10th percentile compared to other VA Medical centers. See Figure 6 for project results.

Figure 6*Project Results*

	Nursing Turnover	Nursing Satisfaction	Patient Satisfaction	Decreased Intent to Leave Organization
FY 19	46	3.99%	66.40%	67.5%
FY 20	61	3.54%*	69.36%	75.0% *
Percent Increase/Decrease	32.61% Increase	11.28% Decrease	4.46% Increase	11.11% Increase

Note: FY stands for fiscal year and fiscal year is between the time period of October 1st – September 30th, of a given year. Numbers followed by an asterisk denote a different method of survey collection from the previous year.

Potential Barriers and Facilitators

Potential barriers to the program evaluation results were the COVID-19 pandemic. Many nurses were detailed to other areas to provide support for COVID operations. The facility and the community had reduced educational offerings for staff participation. The nursing satisfaction and decreased intent to leave the organization scores had minimal responses as compared to the fiscal year 2019. Potential facilitators were the acknowledgment of factors that are important to nurses, and support from leadership during the COVID 19 pandemic.

Ethical Considerations

Nurses could have had a perception of pressure to use any component of the nursing engagement platform. The perceived notion of not getting promoted or being looked at as not wanting to develop themselves professionally was considered. The use of monetary incentives

and taking them away was also considered. An important ethical consideration was not having an adequate nursing workforce to provide care to our patients.

Summary

The organization spent approximately \$13,567,754 on the nursing engagement platform. The program evaluation revealed that nurses appreciated the efforts of the organization to provide a nursing engagement platform. Many nurses voiced in nursing town halls that the platform should be continued, and other projects should be done to look at retention and nursing satisfaction. The intent to leave the organization decreased, and patient satisfaction increased in the organization while satisfaction decreased and turnover increased. Further analysis is needed to understand the trends in these areas.

Interpretation

There was an increase in the intent not to leave the organization score. However, only 97 nurses completed the survey as compared to the previous year. The COVID-19 pandemic caused increased turnover due to early retirements and nurses not wanting to care for COVID patients due to preexisting health conditions. Qualitative data taken from nursing town halls revealed that supportive leadership was an essential factor in retention, as cited in the literature review.

Nursing town halls also revealed that professional development, educational release time and monetary incentives mattered to nurses. However, the desire for many to pursue was delayed due to COVID and the exodus of nursing staff. The nursing engagement platform did impact the nurses who used them, and the feedback received was to continue initiatives as a way to retain staff. The reasons for the differences between observed and anticipated outcomes are related to the pandemic and rapid deployment of nurses to new areas, increased nursing quit rates,

retirement rates, and overall anxiety of the nursing workforce. The costs and strategic tradeoffs of the nursing engagement platform are the platform was more expensive than the turnover of 61 nurses; however, it may have enticed others to stay employed within the facility and attracted others to become employed at our organization.

Limitations

Program evaluation strategies that would address the areas for improvement could examine why nurses are not completing the All Employee Survey (AES) and an assessment of the end-users' attitudes, perceptions, and satisfaction of the application. All employee survey results need to be published with a follow-up of an action plan by leadership to address areas of concern. The action plan could help nurses realize that their input is valued and could increase completion rates. An assessment of the survey's complexity should be conducted to understand if the application should be modified.

Areas of resistance to change can be related to timing, communication, staff participation, and education. Timing is a critical component of change; new initiatives should be introduced slowly as this will give the staff member time to embrace and understand the change. Communication should be timely and ongoing and explain in entirety the reason for the change. Staff participation in any new endeavor will help gain insight for the employee and create a feeling of buy-in that can be used to sway other employees. It is essential that initial education should be conducted but also ongoing training to ensure adoption. This project will be using Roger's Diffusion of Innovation model to examine the nursing engagement platform's effectiveness. The innovators and early adopters are needed to become the cheerleaders for the change. These staff members could influence the late majority and laggards positively. The

COVID-19 pandemic may cause decreased participation in the use of the nursing engagement platform initiatives.

Conclusion

The program evaluation was during the COVID-19 pandemic. Nursing town hall meetings revealed that the platform was important to many nurses. However, the desire for many to use some of the initiatives was hastened by the pandemic and the exodus of nursing staff. The reasons for the differences between the observed and the anticipated outcomes were due to the rapid deployment of nurses to new areas, increased nursing quit rates, early and regular retirement rates, and overall anxiety of nursing staff. The nursing engagement platform was more expensive than the turnover of 61 nurses. However, it may have enticed other nurses to stay employed at this facility. The small sample size of the 2020 sample could be a significant factor for the differences between all of the data sets. The 2019 data set had a numerator of 401 out of 620 nurses, and the 2020 data set had a numerator of 97 out of 601 nurses.

Nursing leaders must take stances to reduce nursing turnover and lead campaigns in their organizational, state, and federal arenas. The nursing profession is comprised of many different nurses from different ethnic, gender, age, and cultural backgrounds. This is why it is extremely important that programs be initiated to retain nurses. Nurses are the frontline in the healthcare delivery model. Happier nurses are able to deliver quality, efficient, and safe patient care. Only through recognition of nursing turnover causes can we move forward to accomplish a goal of creating a culture that values the needs of the nursing workforce.

In conclusion, nursing retention initiatives should be considered a valuable tool in stopping out the negative effects of nursing turnover and decreased satisfaction. Ethical

organizations need to take action to create environments, cultures, and leadership values that support retention initiatives and set goals for individual and organizational success.

Recommendations

Further studies are needed to determine what factors help reduce nursing turnover once the COVID-19 pandemic has subsided. The facility should continue to monitor data for turnover and work on various retention initiatives. Continuation of the nursing engagement platform initiatives should continue until another evaluation can occur when not in pandemic crisis status. Opportunities exist for evaluating different pay scales for varying levels of care. The nursing residency programs should continue as they are a significant pipeline for new nurses to the facility. Continued literature searches on factors that retain and reduce nursing turnover should persist.

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Faculty Signature: 
Donna R. White, DNP, FNP-BC

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