FACTORS CONTRIBUTING TO RETENTION OF HOSPITAL NURSES IN URBAN AND RURAL AREAS

by

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ABSTRACT

The purpose of this study was to learn about the characteristics of nurses who have maintained employment relationships with hospitals and to identify differences in characteristics among nurses working in urban and rural areas. Using a three section self report questionnaire, data was collected from 257 registered and licensed practical nurses from two hospitals (one rural, one urban as defined by the definition of metropolitan statistical areas) in the state of Maryland. This represented 61.4% of the available nurse population in these two facilities.

The results found that rural nurses reported significantly more nursing experience and service to their hospitals; and experience significantly greater satisfaction regarding issues of salary/departmental support, teamwork, schedule/work environment, and patient/family interaction. Nurses from both the rural and urban samples listed location, friends, schedule and salary as factors affecting their own reasons for maintenance of their positions.

Further research should focus on validating the results of this study to determine trends in retention based on geographic regions. Consistent with The Model of Nurse Retention, (Curran & Minnick, 1989) nurse retention was found to be a highly complex and personal concept and each institution must assess its own employees when developing strategies to enhance employee retention.

DEDICATION

I dedicate this work to the loving memory of my mother, Marilyn Ruth Kelly Magness, R.N., the role model and mentor of my nursing career.

This project is also dedicated to my mother-in-law, Beatrice Jane Weisman, who for without her loving support, dedication to my family, and endless hours of babysitting I would never have been able to complete my studies.

Thank you to the two mothers in my life.

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Also, I would like to express my thanks to the two hospitals and to the nurses who participated in the survey; without their assistance this project would never have been completed.

And, to the loves of my life...Dave, Molly, and Will...thank you for being patient while mommy played with her "puter".

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CHAPTER I

Introduction

As shortages of health care professionals increase through the 1990's, the issues of selection and retention of employees will achieve even greater importance to health care organizations (Ulschak & SnowAntle, 1992). According to the Bureau of Labor Statistics, 8,061,000 workers were employed in the health care industry in 1986 representing seven percent of the labor force in the United States. It is projected that this figure will increase 40% (11,276,000) by the year 2000 (Ulschak & SnowAntle, 1992).

Retention may be defined as the "programs and processes within the organization whose purpose is to make sure that employees continue working for the organization" (Ulschak & SnowAntle, 1992, p. 1). Historically, health care organizations focused their efforts on recruitment and selection of employees as "health care workers were mobile (nurses could float from hospital to hospital), they existed in the market place in sufficient numbers to keep positions filled, and hospitals only occasionally experienced manpower shortages" (Ulschak & SnowAntle, 1992, p. 2).

The issue of employee retention achieved importance as a result of the nursing shortages

experienced by healthcare organizations in the 1980's. Although such shortages had occurred before, the nursing shortages of the 1980's were characterized by two important differences: the decline in the absolute number of persons entering the nursing profession and the relative lack of unemployed nurses (Curran, 1989). During this period, greater than 80% of the licensed nurses were working in nursing positions. Retirements and disability leaves were characteristic of the remainder of those nurses not working. (U.S. Department of Health and Human Services, 1984). Therefore, responses to the nursing shortages had to focus on prevention of vacancies as hospitals were less likely to fill available positions with the recruitment of new graduates and inactive nurses.

The cost of employee turnover also had to be considered. Recruitment and orientation of a nurse in a hospital setting is estimated to cost as much as $20,000 (Miller, 1990). A new nurse may be in orientation for as long as six to twelve weeks, even longer if the nurse is being oriented to a specialty area. An effort on the part of the hospital to maintain its nursing staff is not only fiscally responsible but enables the hospital to consistently deliver quality patient care.

The Magnet Hospital Study of 1983 (American Academy of Nursing, 1983) clearly identified factors associated with a hospital's success in attracting and retaining professional

nurses. Of the 41 hospitals included in the study, successful retention strategies included: flexible staffing and scheduling; strong leadership in Nursing Administration; opportunities for advancement; participative management; open communication; career planning; and professional advancement and development (American Academy of Nursing, 1983).

In Maryland, the Maryland Hospital Association's Personnel Survey of 1991 (M.H.A., 1991) reported a statewide RN vacancy rate of 11.7% and a statewide turnover rate of 14.2%. Although the rural areas of the state (Western Maryland and the Eastern Shore) experienced lower vacancy rates than the metropolitan areas (7.5% vs. 12%), retention is important for the rural areas as these areas of the country have traditionally experienced a lesser distribution of healthcare professionals per population. Among the factors thought to explain why nurses leave rural areas are aging populations, increased incidence of occupational injuries, higher infant-maternal mortality and morbidity rates, increased patient acuity, substandard salaries, limited opportunities for professional development, and a shortage of other health care professionals (American Nurse's Association, 1989).

Although the nursing shortages of the 1980's have produced volumes of recruitment and retention literature, very little has been written about characteristics of nurses

who have maintained employment relationships with acute care hospitals for extended periods of time. By learning why certain employees have "stayed", hospitals may be able to develop effective nurse retention strategies. Therefore, the purpose of this study was to learn about the characteristics of nurses who have maintained employment relationships with acute care settings (hospitals) and to identify differences in characteristics among these nurses working in urban and rural areas. Findings from this research might assist hospitals in designing and evaluating retention strategies for their nurses based on the geographic location of their facility.

A Model of Nurse Retention

The Model for Nurse Retention (Curran & Minnick, 1989) will offer the framework for this study. Developed in 1989, the model is the result of research by the Hospital and Education Trust, the research affiliate of the American Hospital Association. The research was funded by the Pew Charitable Trusts. The study, "Development and Dissemination of a Model of Nurse Retention in Hospitals" was designed to identify a comprehensive model for nurse retention in hospital settings. The research team consisted of a ten member Advisory Panel. Members of this panel included hospital chief executives, chief nurse executives, and human resource officers. The principle investigators were Constance R. Curran, EdD, RN, FAAN and Ann Minnick,

PhD, RN.

The project was conducted from March, 1988 to January, 1989. After a comprehensive review of the literature, the data collection strategies were devised. A qualitative study explored the beliefs and actions of nurse managers in terms of nurse retention, and a quantitative study analyzed variables considered to be under the hospital's control (identified by earlier studies), in an effort to explain variance in turnover rates.

Three principles of retention were developed from the research findings:

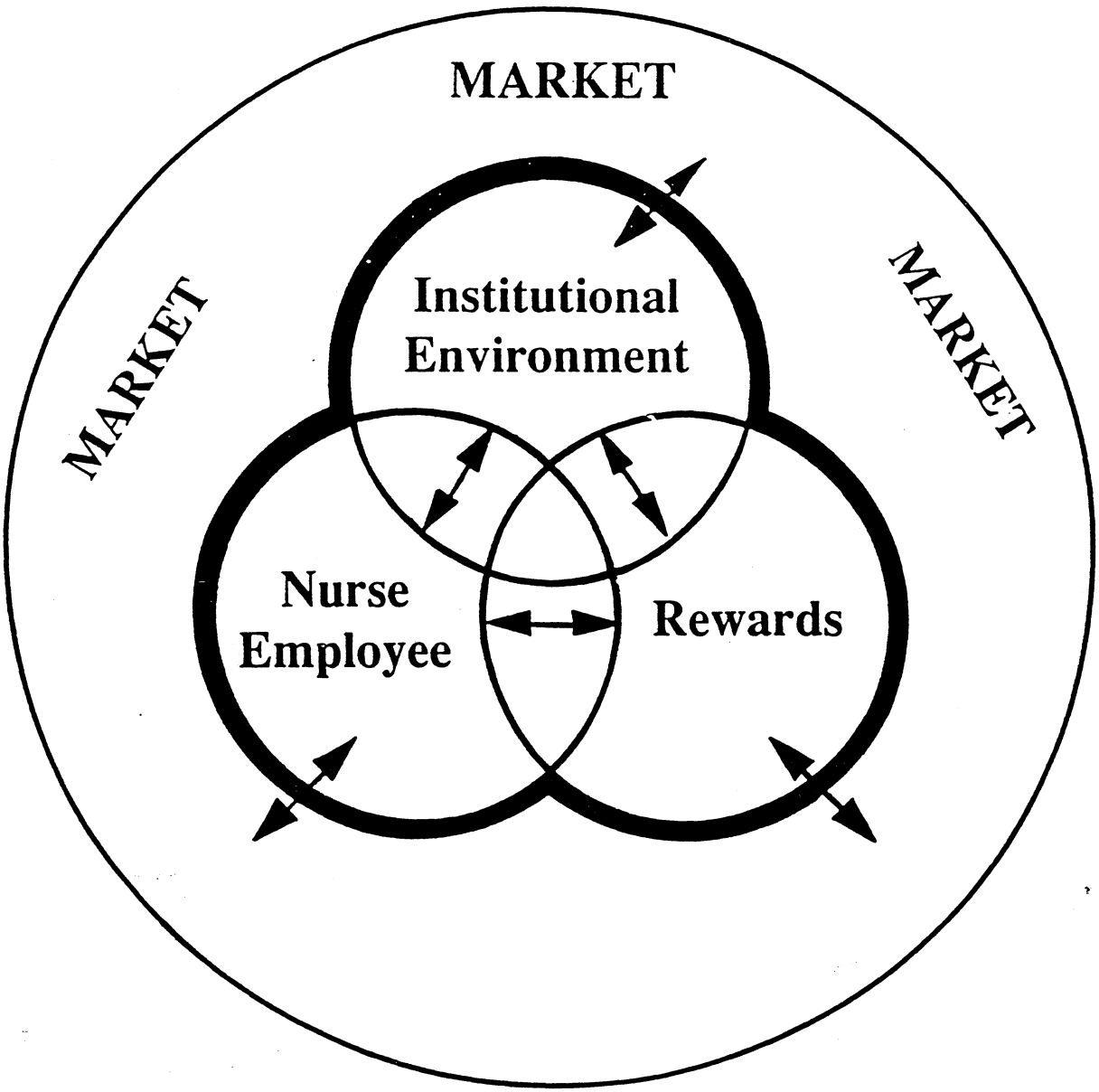
1. Retention is affected by the interaction of multiple internal and external factors, difficult to predict universally due to the complexity of their inter-relationships.
2. Each institution must develop, maintain, and regularly use retrievable professional human resource data from an ongoing organizational assessment.
3. Findings from the organizations' internal and external environmental assessments must be used in designing strategies for nurse retention.

(Curran & Minnick, 1989, pp. 326-327)

The components of the model include the nurse employee, the institutional environment, the rewards structure,

and the external environment or market (see Figure 1). "Communication among the components is essential for optimal retention" (Curran, 1989, p. 2). This model will be applied to the results of this study.

A MODEL FOR NURSE RETENTION IN HOSPITALS



The diagram above illustrates the components of the model and the relationship each has to the other. Although this illustration presents the model as simply as possible, the assessment needed to understand any component and to develop strategies to respond to the needs of other components must be comprehensive, detailed, and customized by institution.

CHAPTER II

Review of the Literature

Introduction

The research regarding the recruitment and retention of nurses can be divided into two categories. These categories are the research related to recruitment and retention variables, and the research measuring job satisfaction.

Recruitment and Retention Variables

One of the most noteworthy studies in the recruitment and retention literature is the American Academy of Nursing's Magnet Hospital Study of 1983. The study, conducted by the American Academy of Nursing's Task Force on Nursing Practice in Hospitals described the perceptions of staff nurses and directors of nursing about conditions within their hospitals that contribute to career satisfaction for registered nurses. The purpose of the study was to identify factors associated with a hospital's success in attracting and retaining professional nurses.

Hospitals were selected for the study based on nominations from fellows of the American Academy of Nursing. Nominations were based on the following criteria: nurses had to consider the hospital a good place to work and practice nursing, the hospital had to have the ability to recruit and retain nurses as evidenced by a relatively low turnover rate, and the hospital had to be located in a geographic region where it competed with other hospitals and

agencies. A total of 165 nominations were received and each of the hospitals were invited by the Task Force to participate in the study. Of those nominated, 155 participated and 41 of those hospitals were designated as magnet hospitals. Group interviews were conducted by the task force in eight geographical regions with the directors of nursing or nurse executives and staff nurses of each nominated hospital (groups were interviewed separately). Participants discussed the facility's success in recruiting and retaining registered nurses. The findings of the interviews were grouped in one of three categories: administration, professional practice and professional development.

The Magnet Hospital Study implied nurses will remain in practice when their practice is satisfying to them. Magnet characteristics included: flexible staffing and scheduling; participative management; and open communication. Creative retention strategies included: career planning; staff meetings; multiple opportunities for clinical advancement; and participation and the provision of opportunities for professional advancement development (American Academy of Nursing, 1983).

Hinshaw and Atwood (1987) tested a five stage theoretical model specifying the organizational and individual factors influencing job satisfaction and anticipated as well as actual turnover of staff. Stage I

was mobility factors (age, education, kinship, responsibility, nursing experience, and tenure in the agency). Stage II was group cohesion, job stress, control over nursing practice, and autonomy. Stage III was organizational and professional/occupational work satisfaction. Stage IV was anticipated turnover defined by the degree to which the nursing staff member "perceived" they would terminate their position at some time in the unspecified future; and Stage V was actual turnover as defined by voluntary termination from the agency. Data were obtained from 1,597 nurses working three shifts or more per week in seven urban and eight rural hospitals. Instruments with known psychometric properties were used to measure the staff member and organizational variables of the model. The results showed that actual turnover was only weakly predicted by anticipated turnover. A major finding of the study was that job stress is buffered by job satisfaction. Job stress was also found to have no direct effect on anticipated turnover. Since 73% of the "stayers" could be predicted by their self-reported anticipated turnover scores, educational level, and clinical service, the authors suggest that retention strategies should be created based on these factors.

The objectives of a study done by Neathawk, Dubuque, and Kronk (1988) were to: 1) determine what factors were reviewed by nurses currently practicing in hospitals as

playing key roles with respect to recruitment and retention; and 2) access the degree of satisfaction of these nurses with those variables within their own hospital settings. Using an instrument developed by the researchers, nurses from five general not-for-profit hospitals participated in the study (n=416). The instrument designated "Nurses Evaluation of Recruitment and Retention Variables" was a seven-item survey in which nurses evaluate: 1) the most important factors contributing to job satisfaction (rank-ordered question); 2) the level of job satisfaction with those factors as they relate to the nurse's current position (Likert scale); 3) the most important methods that should be used to attract nurses to a specific hospital (rank-ordered question); 4) ways to make nursing a more attractive profession (rank ordered question); 5) an evaluation of whether the respondent is pleased with the choice of nursing as a career; 6) an evaluation of whether the respondent is pleased with the specific hospital as a place of employment; and 7) demographic information. The top five job satisfaction factors were pay/benefits, standards of patient care, scheduling, level of respect, and administrative support. Although pay/benefits was listed as the most important variable contributing to job satisfaction, the nurses were least satisfied with this variable in their current position (only 48.5% were satisfied with their pay and benefits). The investigators

believed the results of the study only reinforced the hypothesis that there are few if any universal or simple answers to retention of nursing staff.

Whaley, Young, Adams, and Biordi (1989) attempted to compare characteristics of nurses who chose to commute from the suburbs to work in urban hospitals with those who chose to work at nearby suburban hospitals. Using data from the 1986 Biennial Survey of Illinois RNs, the researchers studied demographic variables of sex, ethnicity, age, marital status, gross annual household income, number of children, and travel time to the principle job. Group 1 was comprised of 2,759 RNs who lived in suburban areas, but commuted to urban hospitals, and Group 2 was comprised of 9,475 RNs who lived in suburban areas and worked in suburban hospitals. The researchers found that nurses who were more likely to commute from the suburbs to an urban facility were likely to be male, younger than 34 years old, single, have fewer dependent children, have a lower family income, and be non-white. The researchers also found that the percent of baccalaureate-prepared nurses was twice as high among urban employees and that urban employees spent more time supervising and teaching staff members than their suburban counterparts.

Chan, O'Connor, McAdam, and Wasson (1990) designed a Nursing Retention Survey to identify factors critical for retention of RNs and to attempt to measure the degree of RN

job satisfaction for the Los Angeles County University of Southern California Medical Center. Containing two parts, the survey asked participants to rank on a five-point scale 46 factors important to them at any job in any institution. The second part contained 26 questions addressing demographic characteristics, career experience, and expectations of career goals in one and three years' time. The researchers found the most important retention factors were "quality of patient care, salary increases, salary level, work load, work schedule, involvement and independence in decision making, working relationships, and effective communication" (Chan et. al., 1990, p.326). Nursing Administration for the Medical Center used the survey to increase salaries, develop a new compensation plan, develop a career ladder, redesign the patient documentation forms, increase tuition reimbursement, and expand the philosophy and mission statement of the Department of Nursing.

Stratton, Dunkin, Juhl, Ludtke, & Geller (1991) surveyed 195 directors of nursing practicing in rural community hospitals regarding the recruitment and retention of registered nurses in their facilities. They found that the directors of nursing perceive recruitment of RNs as more difficult than retention and that the degree of such difficulties is distributed in a linear pattern across hospital size. That is, administrators in the very smallest

of the rural hospitals (25 beds or less) reported greater difficulties recruiting and fewer difficulties with retention. The authors note "because of the tenure and stability characteristics of many rural nursing staffs, rural nursing administrators may perceive recruitment as more difficult simply because of lack of experience" (Stratton, et. al., 1991, p. 33).

The authors suggest that more investigation is required into the reasons why rural nurses stay. They believe that a study of this type would "confirm what many nursing administrators already suspect: that, comparatively speaking, nurses who are raised in rural areas are more likely to be retained in rural practices. By identifying what makes nurses stay in rural areas as well as what makes them leave, we also could gain a better understanding of the effectiveness of the many strategies and incentives used by rural administrators to recruit and retain nurses" (p. 34).

Klemm and Schreiber (1992) described hospitals' use of paid and unpaid benefits as strategies for nurse retention. The researchers visited ten medical centers and interviewed various hospital administrators, personnel managers , and nurse recruiters regarding "questions that prospective nurses have about benefits as well as factors affecting job satisfaction that help retain nursing staff" (p. 52). The 10 hospitals surveyed were located in Maryland, Virginia and Washington D.C. and represented a cross-section of small,

large, urban, suburban, private, and public hospitals. The researchers found that tuition benefits were rated more important than leave time. Other factors identified by the interviewers as necessary for recruitment and retention were: the type of nursing care delivery system, nursing leadership, reputation of the hospital, and responsive management. The researchers concluded that responsive and flexible management is most successful in retaining quality employees. Therefore, "an organization staffed with contented employees generally attracts higher quality employment candidates more easily" (Klemm & Schreiber, 1992, p. 54).

Ames, Adkins, Rutledge, Hughart, Greeno, Foss, Gentry, and Trent (1992) developed a 33-item retention survey to supply nursing leaders at Vanderbilt University Medical Center with information regarding concerns of the staff in order to develop strategies for a long-term retention program. The goal of the survey was to determine what work-related factors were important and satisfying to the staff, leading to information regarding why staff stay. The instrument was comprised of five subscales identified as components of satisfaction. These were: interaction/communication, professional issues, pay/benefits, work environment, and team building.

The survey was administered to all patient care personnel within the Nursing Service (n=1,150) and an 85%

response rate was received (975). "Nursing personnel rated all subscales higher in importance than in satisfaction" (p. 39). "Items in which 50% or more of staff indicated an issue was important to them and in which dissatisfaction was present were chosen for intervention" (p. 40). These "dissatifiers" were addressed by workgroups designed to plan a solution to the problem. Since the administration of the survey and the implementation of the workgroups, Vanderbilt University Medical Center has experienced a declining turnover rate. Turnover dropped to 16% for 1990-1991 as compared to 21% for 1989-1990 (Ames et. al., 1992). Stratton, Juhl, Dunkin, Ludke, and Geller (1992) compared strategies and barriers in the recruitment and retention of registered nurses in rural hospitals and skilled nursing facilities using their 1991 interview data from directors of nursing in hospitals and skilled nursing facilities. Although the findings revealed many strategies to recruit and retain RNs in both hospitals and skilled nursing facilities, there were some basic differences. Geographic locality, and community related factors were reported more frequently as the greatest barriers to recruitment by hospitals, whereas salary/benefits and a "negative image of the professional environment" were reported as barriers to recruitment by the skilled nursing facilities (Stratton, et. al., 1992, p. 54). There were also reported differences in educational incentives. Paid continuing education,

inservices, and tuition reimbursement were cited more frequently by hospitals as a successful incentive for the recruitment and retention of RNs. The researchers concluded that offering less to retain registered nurses in skilled nursing facilities "only reinforces the underlying notion of long-term care nursing as less desirable than other practice settings" (p. 54). Although the authors admit that the type of patient care experienced in a long term setting is not appealing to all nurses, they suggest that such settings clearly "differ in terms of salary, fringe benefits, and career mobility" and believe it is "reasonable to assume that these discrepancies play a role in deterring registered nurses from practicing in skilled nursing facilities" (Stratton, et. al., 1992, p. 54).

In October 1992, Critical Care Nurse published survey results regarding factors that are most influential in a critical care nurse's decisions to accept or maintain employment with a healthcare organization. The survey consisted of 17 items and was distributed in the October, 1991 issue of Critical Care Nurse. A total of 279 surveys was received. Results indicated that in addition to the reputation of the employer and general work conditions, recruitment factors include salary and benefits as influential in a nurse's decision to accept employment. The decision to maintain employment was based on the ability to control one's schedule and the provision of "potential

salary increments" (Alspach, 1992, p. 18).

Lucas, Atwood, and Hagaman (1993), replicated the Anticipated Turnover Model Among Nurses (Hinshaw & Atwood, 1985) and provided support for the five-stage theoretical model. The replication study included 385 full-time nurses in two public and two private urban hospitals. The findings validated that group cohesion and job satisfaction effectively predicted anticipated turnover. As in the original study, job stress was again buffered by job satisfaction. The authors suggest that the Anticipated Turnover Model may assist in testing interventions designed to retain staff nurses in hospitals.

The recruitment and retention variables presented in this section of the literature review are salary, benefits, management, communication, scheduling, geographical location, and job satisfaction. Not surprisingly, job satisfaction was an important variable in all of the studies and is probably the best predictor of an individual's willingness to maintain their employment.

Job Satisfaction

Weisman, Alexander, and Chase (1980) assessed the relative importance of several variables as determinants of job satisfaction. Variables included the individual's characteristics (age, marital status, education), structural attributes of the nursing units (type, size, nursing delivery system), job attributes (position, level, shift),

and perceptions of the job and unit (autonomy, communication with the head nurse, and communication with the physician). Data were collected twice, five months apart, from staff nurses at two large university affiliated hospitals in one metropolitan area. Findings indicated that perception of job and nursing attributes, particularly autonomy and task delegation, predict satisfaction most strongly. The researchers also found that nurses' own characteristics are more important than either structural attributes of nursing units or job characteristics in predicting job satisfaction.

Another longitudinal study of nurses' job satisfaction was published in 1987 by Blegen and Mueller. These researchers tested a causal model of job satisfaction using a longitudinal analysis of 13 causal determinants (opportunity, routinization, autonomy, job communication, social integration, distributive justice, promotional opportunity, motivation, pay, workload, general training, kinship responsibility, and unit size) and five correlates (age, years worked, full time, day shift, and position rank). The causal determinants and correlates were measured at Time 1 and job satisfaction was measured at Time 2. Data were collected from 370 registered nurses at five hospitals in the Rocky Mountain area using questionnaires mailed eight months apart. Four causal models were analyzed using a regression analysis. Variables reaching statistically significant levels were routinization, promotional

opportunity, distributive justice, age, day shift, workload, kinship responsibility, and opportunity for jobs outside the employing hospital. When the prior level of job satisfaction was controlled, only the variable of day shift remained significant. In this study, nurses who were most satisfied were likely to be assigned to non-routine tasks, perceive opportunities for promotion, be older, perceive that rewards were fairly distributed, work the day shift, and not be over or under worked. These researchers also learned that job satisfaction at Time 1 is the best predictor of job satisfaction at Time 2.

Butler and Parsons (1989) identified the perceptions of hospital decision makers (medical staff, board members, nursing management, and hospital management) and staff nurses of factors promoting job satisfaction. The researchers identified seven criteria most likely to promote a positive environment and therefore promote job satisfaction. The seven criteria were control, free expression, professional development, recognition, monetary compensation, physician consideration, and managerial support of nurses' decisions. Survey participants ranked the seven environmental factors by indicating which factor would be influential in RN retention. Decision makers and RNs agreed that the top three factors influencing job satisfaction were monetary compensation, control, and managerial support of nurses' decisions. Although the

remaining four criteria did not show major differences in responses, the decision makers ranked professional development fourth while the RNs ranked it sixth. The study included 152 decision maker participants and 212 registered nurses.

Hanson, Jenkins, and Ryan (1990) studied nurses in ten small rural Georgia hospitals (100 beds or fewer) and examined the relationships among personal characteristics, factors of job satisfaction, autonomy, and job retention. Of the 550 nurses invited to participate in the study, 167 completed and returned the questionnaire. Contrary to the expectations of the researchers, personal characteristics of the nurse (age, education, salary, marital status, and number of dependents) were not strong predictors of job retention in this sample. The researchers found that the strongest relationships were those related to nursing autonomy and concluded that "autonomy was the most effective predictor of job satisfaction and intention to remain in the current position" (Hanson, et. al., 1990, p. 303).

Bushy and Banik (1991) identified factors contributing to the job satisfaction of rural nurses. The researchers developed a four part instrument that included: 1) selected demographic questions; 2) 15 paired questions relating to job satisfaction; 3) a list of work related factors developed by Stamps and Piedmonte (1986) that respondents ranked in order of importance; and 4) 44 statements rated on

a Likert scale indicating respondents' feelings about their work situation. The researchers also included an open ended question requesting the participants to write one suggestion that would make their employing institutions better places to work. Questionnaires were mailed to 100 nurses working in eight rural not-for-profit hospitals with less than 50 beds located in South Dakota communities with populations of less than 4,000. There was a 69% return rate and of the six work related factors, pay was rated as the most important, followed by professional status, interaction with physicians, autonomy, task requirements, and organizational politics.

The researchers learned in their analysis that the number of units on which nurses worked was the most positive influence on work satisfaction. RNs who worked on three or more units showed higher levels of job satisfaction than nurses who only worked on one or two units. The analysis also revealed that the longer an RN worked for an agency, the <u>less</u> was the job satisfaction. New employees and recent graduates tended to be more satisfied than long term employees. Another unexpected finding was related to the nurses' satisfaction with the primary shift assignment. More satisfied nurses in the sample worked the evening and night shifts. The researchers attempted to explain this finding by noting that in rural hospitals newer employees are often assigned to the "off-shift" whereas RNs with

longevity are given the day shift. They also hypothesized that nurses working evening or night shift experience greater nursing autonomy and are therefore likely to be satisfied. Three predominant themes emerged from the content analysis of the qualitative question: improved professional relationships (specifically, increased communication between nurses and administrators); nurses controlling nursing and having input in patient care decisions; and the need to increase salaries. The authors did caution that their results are not generalizable because of the rural diversity and the small size of the sample (n=69).

Kramer and Schmalenberg (1991) surveyed 1,800 nurses exploring the best strategies for retaining and satisfying nurses. Their sample compared findings from a group of magnet hospital nurses (as defined by the Magnet Hospital Study, American Academy of Nursing, 1983) and a sampling of nurses at large. Nurses were questioned about the organizational structure, professional practice, management style, quality of leadership, and professional development. They were asked to respond to the importance of the categories to their own job satisfaction and to how satisfied they were with the aspect in their current position. Overall, the researchers found that nurses working for magnet hospitals were more satisfied in each category. Magnet hospitals also showed lower vacancy rates,

turnover rates, and higher RN-to-patient ratios (Kramer & Schmalenberg, 1991).

Blegen, Goode, Johnson, Maas, McCloskey, and Moorhead (1992) described specific types of recognition positively related to a nurse's job satisfaction. Staff nurses (n=600) were asked to rate the meaningfulness of head nurses' recognition behaviors. A response rate of 57% was received. The researchers discovered that the most meaningful "recognition that head nurses can provide is salary commensurate with performance levels, private verbal feedback to the staff nurses, and written acknowledgement of the nurses contributions" (p. 63). Public acknowledgement, schedule adjustment, and opportunities for growth and development were categories identified as moderately meaningful (Blegen, et. al., 1992).

Gowell and Boverie (1992) described the effect of staffing factors on the level of stress and job satisfaction in registered nurses in a community hospital. Stressful situations were measured using the Nurses' Stress Scale developed by Gray-Toft and Anderson (1981) and job satisfaction was measured using Stamps and Piedmonte's Index of Work Satisfaction (1986). Of the 152 nurses invited to complete the questionnaires, 84 responded. Although the researchers found that there were no significant differences in stress or satisfaction as a result of working a particular shift, the level of stress was "significantly

higher for those nurses working 12-hour and 8-hour shifts than for those nurses working 10-hour shifts" (p. 17). Nurses also indicated that "most stressors are related to the amount of work, dealing with death and dying, and relationships with the physicians" (Gowell and Boverie, 1992, p. 18).

A study by de Savorgnani, Haring, and Galloway (1993) examined the personal and professional profiles of registered nurses, licensed practical nurses, and home health care aides in home care to determine the most influential factors affecting their recruitment, job satisfaction and retention. A four-part questionnaire developed by the authors was used for data collection. One section of the survey was adapted from Stamps and Piedmonte 's Index of Work Satisfaction (1986). Probability quota sampling was used to ensure adequate representation of three types of home care nursing employees. Managers of home care offices distributed survey questionnaires to employees according to their proportional representation and employees mailed their anonymous responses directly to the authors. For this analysis only the registered nurses' responses were considered (n=107, representing a 54% response rate).

The most common methods of recruitment were word-of-mouth referrals and newspaper ads. Flexibility, one-on-one patient care, salary, autonomy, decreased stress, location, opportunity to serve, and job availability were the main

reasons study participants had chosen home care. Job satisfaction/retention was surveyed with fifty statements using a five point Likert scale. Autonomy was the only dimension of job satisfaction averaging a response of four or greater (4.25). Nurse-to-nurse interaction (3.79), professional status (3.74), task requirements (3.26) and nurse-physician interaction (3.11) received only neutral responses regarding job satisfaction (de Savorgnani et al., 1993 p. 44). The authors conclude that as home care is one of the fastest growing sectors of healthcare in the United States, further research is necessary and should include home care nursing personnel in public health.

Blegen (1993) completed a meta-analysis of data from 48 studies with 15,048 participants to describe the variables most often associated with nurses' job satisfaction. Job satisfaction was most closely correlated to stress (-.609) and commitment (.526). Variables with correlations between .20 and .50 were: communication with supervisor; autonomy; recognition; routinization; communication with peers; fairness; and locus of control. Variables with correlations less than .20 were: age; education; tenure; and professionalism.

Blegan notes that "correlations derived from empirical research are only estimates of true population relationships, the correlations produced by a met-analysis can be regarded as more accurate estimates than those

determined by individual studies, to the extent that the combined sample is more representative of the population than the individual samples" (1993, p. 38). She suggests the results of her analysis should be useful to nurse managers and administrators as they develop methods to increase job satisfaction and retention emphasizing reduction of job stress as an important strategy.

Miller and Carey (1993) tested nurse managers' attitudes (n=928) toward their work and positions over a seven year period (1981-1987). Using their Work Role Inventory, a 93 item seven-point Likert-type scale, the researchers assessed the nurse managers' work dimensions (content, power, dynamics and incentives), moderating beliefs (desirability, competence, and effectiveness), and work results (fulfillment, significance, and rewards). The authors developed a hierarchy of responses for upper, middle, and first level management. The task responsibilities of upper-level managers (directors and associate directors) were coupled with high levels of authority and accountability and were found to occur in an environment characterized by teamwork, cooperation, and a supportive supervisory system. Upper-level managers held strong beliefs in their competence and regarded their positions as meeting professional goals.

Middle-level managers (supervisors) were found to require high levels of cooperation and teamwork with more

complex communication patterns than other managers. Supervisors' responses were similar to upper-level managers, decisions that influence their work were found to combine a high degree of personal power and control.

First-level managers (charge nurses) lacked the degree of personal power and control evident at other management levels. Therefore these positions were viewed as less desirable and far less satisfying. Miller and Carey noted concern regarding the low levels of confidence expressed by the head nurse group who felt "feedback mechanisms in the system were woefully inadequate" (1993, p. 60).

Miller and Carey (1993) suggest that management at all levels should be required to: supervise, guide, and support lower-level managers; develop inservice programs to enhance management skills and knowledge; develop support groups to assist charge nurses cope with the demands of their positions; and question the practice of promoting staff nurses to crucial management positions without advanced preparation (p. 62). They believe that their Miller-Carey Work Role Expectations model can assist management to design nursing positions and workload which will yield increased levels of job satisfaction.

Muus, Stratton, Dunkin and Juhl (1993) surveyed staff nurses working in rural community hospitals and compared personal, demographic, and practice characteristics of nurses by their self-reported intentions to stay in their

present positions. Data were collected by mail questionnaires distributed to registered nurses practicing in rural areas of Arkansas, Colorado, Georgia, Montana, Nebraska, and Vermont. These states were selected based on supply/demand projections, geographic location, and presence of a rural population. Eligible facilities were located in counties not designated by the United States Census Bureau as a Metropolitan Statistical Area (MSA) and not geographically adjacent to counties designated as such.

Although the final sample consisted of 3,514 completed surveys (representing a 40.3% response rate), only those registered nurses who were employed in rural community hospitals at the time of the interview (n=2,488) were used for this analysis (representing a 37.59% response rate). The instrument used in this study consisted of 37 job satisfaction related items based on Stamps and Piedmonte's Index of Work Satisfaction (1986). Nurses rated satisfaction and importance of each item on a five-point Likert scale. Nurses were also queried regarding their intentions to stay or leave their current positions. Short term employees (n=145) indicated an intention to leave their current nursing position in less than one year. Long term employees (n=1,298) responded that they planned to remain in their positions for five years or greater. These categories were developed based solely on the nurses' response to their future intentions to remain in their present position and

were not reflective of their past job retention (i.e. the number of years employed in their present position).

Muus et al. (1993) showed marked differences between the demographic, personal, and professional characteristics of short-term and long-term nurses. Significantly larger percentages of the short-term group reported being unmarried, male, were less than 30 years old, lived in communities with populations larger than 50,000 and were less satisfied with their community (p.41). Both groups, however, reported common areas of job dissatisfaction. These were: unreasonable salary/pay scale; gap between administration and staff; insufficient amount of respect doctors show toward knowledge/skill of nursing staff; inadequate rewards for advanced training and education; and insufficient benefits (p. 42).

Dissatisfiers found to be highly prevalent among the short-term group only were: poor earning potential, administration rarely consulting with staff regarding day to day problems, few advancement opportunities, little control over the number of hours worked, and little control over scheduling. The authors note that "these factors when combined with those that are widely experienced by most rural staff registered nurses, contribute to a greater likelihood of intention to leave" (Muus et al., 1993, p. 42). "Making accessible those work related aspects that appear to be important to rural registered nurses is likely

to increase job satisfaction and decrease turnover among registered nurses in rural areas (Muus et al., 1993, p. 42).

The literature in this section focused specifically on the variables related directly or indirectly to an individual's job satisfaction. The variables presented in this section are very similar to those presented in the section concerning Recruitment and Retention variables.

Summary

Job stress, autonomy, professional development, pay/benefits, scheduling, level of respect, managerial and administrative support, quality of patient care, communication, relationships with physicians, and personal characteristics of the individual are aspects identified in the literature as critical to the recruitment, retention, and job satisfaction of registered nurses. Repeatedly, the literature shows that nurses who are satisfied are more likely to maintain their employment relationships and most authors concur that staff nurse retention is vital.

However, little has been published regarding factors critical to retention for nurses working in rural hospitals. Stratton, et. al. (1991) suggest that more research is required regarding why rural nurses stay and believe that nurses who are raised in rural areas will be likely to be retained by rural practices. The emphasis of this study was a comparison of the retention factors of nurses working in

acute care settings in rural and urban areas.

CHAPTER III

Methodology

The purpose of this study was to learn about the characteristics of nurses who have maintained employment relationships with acute care hospitals and to identify differences in variables among nurses working in urban and rural areas. A secondary goal of this research was to determine if there are differing retention characteristics among nurses with varying lengths of service. Specific objectives were to:

1. Describe the factors influencing a nurse's decision to remain employed with a hospital.
2. Describe the retention characteristics of nurses working in urban and rural hospitals.
3. Describe the retention characteristics among nurses with varying lengths of service and experience.
4. Apply the results to the principles of The Model of Nurse Retention (Curran & Minnick, 1989).
5. Utilize the results to design effective nurse retention strategies.

Study Design

This research used a descriptive, non-experimental cross-sectional design. A self-report survey questionnaire was used for data collection. "Cross-sectional studies

involve the collection of data at one point in time...and are especially appropriate for describing the status of phenomena or for describing relationships among phenomena" (Polit & Hungler, 1991, p. 243). A descriptive design of this type "aims at describing phenomena rather than explaining them" (Polit & Hungler, 1991, p. 144).

Study Variables

Information regarding the independent variables was collected using the demographic portion of the instrument. The independent variables in this study were: licensure status (registered nurse or licensed practical nurse); the urban or rural location of the hospital; the length of service/longevity; the amount of experience; the respondent's age; the number of positions the respondent has held during their term of employment with their current hospital; the practice specialty; the primary shift; the position within the facility (staff or management); the employment status (full time, part time, or relief); the amount of shift rotation required; the gender; the basic nursing preparation; the advanced degree status; the number of miles commuted one way to work; the number and ages of children; satisfaction with the choice of nursing as a career; and satisfaction with the current hospital of employment. The dependent variables in this study were the retention characteristics reported by the respondents. Independent and dependent variables were operationally

defined as follows:

nurse: A registered nurse or licensed practical nurse working in an acute care hospital setting reported by the individual respondent on the demographic section of the survey.

urban/metropolitan hospital: An acute care hospital located in a metropolitan statistical area as designated by the United States Department of Commerce.

rural/nonmetropolitan hospital: An acute care hospital,located in an area not considered a metropolitan statistical area as designated by the United States Department of Commerce.

The U.S. Department of Commerce (1990) defines metropolitan areas as having a large population nucleus, with a high degree of economic and social integration with the nucleus. This may include counties with a central city of 50,000 persons or more, and surrounding counties whose populations substantially depend on the metropolitan area for work and other services. Areas that do not meet this metropolitan criteria are classified as nonmetropolitan (Office of Technology Assessment, 1989). The terms rural and nonmetropolitan, as well as urban and metropolitan, will be used interchangeably for the purpose of this study.

length of service/longevity: The number of years the nurse employee has worked for the hospital

as a registered nurse or licensed practical nurse reported by the respondent in the demographic section of the survey.

amount of experience: The number of years the nurse has worked in the profession as either a registered nurse or licensed practical nurse reported by the respondent in the demographic section of the survey.

age: the age of the nurse reported by the respondent in the demographic section of the survey.

positions held: the number of positions the nurse has held at their current facility reported by the respondent in the demographic portion of the survey.

specialty: the specialty practiced by the nurse reported by the respondent in the demographic portion of the survey (Med/Surg, Maternity, Critical Care, Surgery, Pediatrics, Emergency, or Other).

primary shift: the primary shift worked by the nurse reported by the respondent in the demographic section of the survey (days, evenings, nights, weekend days, weekend nights).

staff position: the types of position held by the respondent reported in the demographic section of the survey (staff or management).

employment status: the employment status of the

respondent reported in the demographic section of the survey (full time, part time or relief).

shift rotation: the amount of shift rotation required to shifts other than the primary shift worked reported by the respondent in the demographic section of the instrument.

gender: the gender of the respondent reported in the demographic portion of the instrument (male or female).

basic nursing preparation: the respondents' entry level of education into the profession reported in the demographic portion of the survey (LPN, diploma, associate degree, baccalaureate degree).

advanced degree status/highest degree held: reported in the demographic section of the survey, current enrollment of the respondent in a program for an advanced degree and the highest level of education held by the respondent.

miles commute one way to work: the number of miles the nurse commutes one way to the hospital reported by the respondent in the demographic section of the survey.

number and ages of children: the number of children and their ages reported by the respondent in the demographic portion of the survey.

satisfaction with career choice: respondents

answered yes/no/not sure in Section II of the survey when questioned if they were pleased with their choice of nursing as a career.

satisfaction with current employer: respondents answered yes/no/not sure in Section II of the survey when questioned if they were pleased with their hospital as a place of employment.

retention characteristics: the variables reported by the respondents as reasons for maintaining their employment relationships reported in sections I and II of the survey.

The retention characteristics were measured using Sections I and II of the instrument. Section I contained 31 retention characteristics and requested the respondents to rate the importance and satisfaction of each item on a Likert-type scale ranging from 1=not important, not satisfied to 4=very important, very satisfied. Section II consisted of open ended questions allowing the respondents to write the single most important reason they had maintained employment with their facility. The responses were then grouped and coded by the researcher.

The study variables correlated directly to the components of the Model for Nurse Retention (Curran & Minnick, 1989). The nurse employee was defined in this research as either a registered or licensed practical nurse. The institutional environment was the rural or urban acute

care hospital setting. The rewards structure was considered the retention characteristics and the external environment correlated to the length of service/longevity and demographic characteristics (see Figure 2).

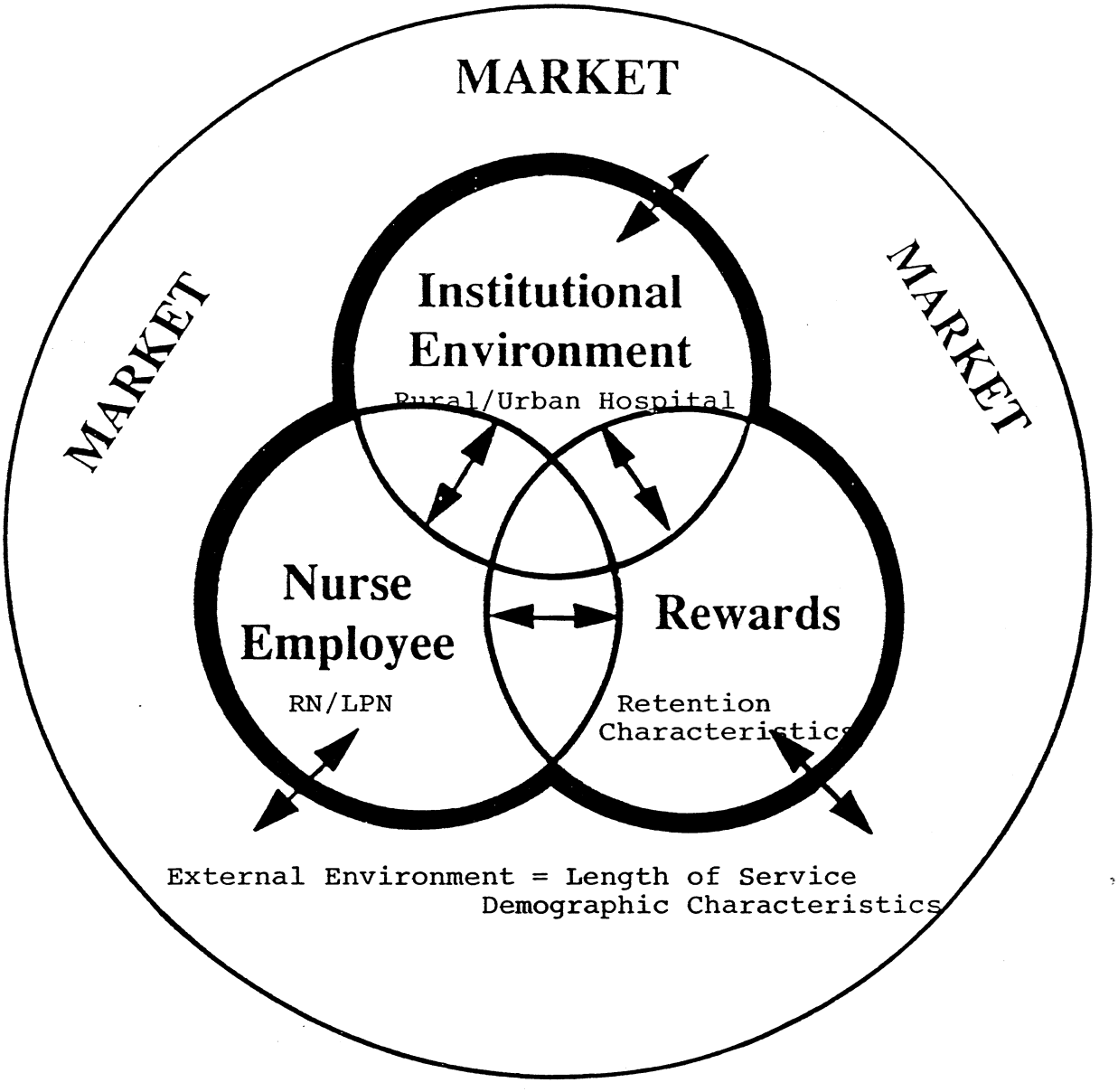
Instrumentation

The instrument used in this study was a three section survey with quantitative properties and open ended questions.

Section I was adapted from a retention survey developed by Ames, Adkins, Rutledge, Hugart, Greeno, Foss, Gentry, and Trent (1992) for use by a nursing retention task force at the Vanderbilt University Medical Center in Nashville, Tennessee. Permission for use of the tool was obtained from the researchers. The original survey was 33 items which factored into five subscales. The five subscales derived by factor analysis were: interaction and communication (items 1, 4, 5, 30,and 33); professional practice and advancement (items 7, 9, 12, 15, 16, 24, 25, 26, 27, 28, 31, and 32); pay and benefits (17, 18, 19, 20, 21, 22, and 23); work environment and scheduling (6, 10, 11, 13, 14, 29); and team playing (2, 3, and 8). The alpha coefficient for the entire scale was .90. The alpha coefficients for the subscales were: .73 for interaction and communication; .82 for professional practice and advancement; .71 for pay and benefits; .67 for work environment and scheduling; and .65 for team playing. These alpha coefficients indicated

Figure 2

A MODEL FOR NURSE RETENTION IN HOSPITALS



The diagram above illustrates the components of the model and the relationship each has to the other. Although this illustration presents the model as simply as possible, the assessment needed to understand any component and to develop strategies to respond to the needs of other components must be comprehensive, detailed, and customized by institution.

(Curran & Minnick, 1989)

moderate internal consistency reliability (Ames, et. al., 1992) (Appendix A).

The instrument was modified for use in this project. Two items specific to Vanderbilt University Medical Center were removed. Item 16, "opportunity to practice primary nursing", and item 22, "tuition reimbursement benefits for dependents", were removed from the survey as these items were not applicable to the settings in which the instrument was administered. The wording in items 7, 24, and 25 were changed to reflect a greater applicability in the settings in which the survey was administered. Item 7 was changed from "support from Clinical Nurse Specialist" to "clinical and teaching support from Clinical Nurse Specialist, or Clinical Level IV". Item 24 was changed from "clinical ladder program" to "career ladder program" and item 25 was changed from "peer review process" to "performance evaluation process". The way in which the questions were displayed was also revised for clearer readability.

Section I of the final survey had 31 items. Respondents were instructed to rate the importance of the factors in their decision to work in their present job on a four-point Likert-type scale. They were also instructed to rate their level of satisfaction with the factor in their present nursing job on a four point likert-like scale. Importance was rated: not important; slightly important; moderately important; and very important. Satisfaction was

rated: not satisfied, slightly satisfied; moderately satisfied; and very satisfied.

Section II of the instrument used in this project contained five open-ended questions. Open-ended questions are an "appropriate form of data collection to use when some of the dimensions of the construct are known, but all possible responses cannot be anticipated" (Field & Morse, 1985, p. 73). The open-ended questions and demographic portions of the survey were adapted from the "Nurses' Evaluation of Recruitment and Retention Variables" (Neathawk, Dubuque, & Kronk, 1988) by Roger Neathawk of Market Strategies Incorporated in Richmond, Virginia. Permission was obtained from Mr. Neathawk to use any or all parts of the instrument (Appendix B). The questions were:

1. Are you pleased with your choice of nursing as a career?
2. Are you pleased with this hospital as a place of employment?
3. Because nurse retention is very important, please share the single most important reason you have maintained employment with this hospital.
4. Please share other reasons why you have stayed employed with this hospital.
5. What would you say to a nurse who was about to join the staff of this hospital?

Section III of the survey instrument contained the demographic questions (Appendix C).

A pilot study using the adapted survey tool was completed on a class of RN-to-BSN nursing students from the University of Maryland (n= 20). From the pilot study Cronbach's alpha coefficients were used to test the reliability of Section 1. Cronbach's alpha coefficient for the importance items was .88 and for the satisfaction items was .37. The demographic section of the tool was revised as a result of the pilot study to include categories of responses rather than open-ended answers to ease coding.

Content validity was determined using the literature review. All of the items in Section I of the tool are tested and represented through out the literature review as factors that may contribute to the recruitment, retention, and job satisfaction of nurses.

Study Population and Sample

As the population is the "entire set of individuals (or objects) having some common characteristic(s)", the population for this project was registered nurses and licensed practical nurses working in urban and rural acute hospitals (Polit & Hungler, 1991, p. 651). The sample was a convenience sample of registered nurses and licensed practical nurses in the hospitals where the survey was administered. Characteristics of the sample include nurses (RN's and LPN's) with varying lengths of experience working

in the hospitals.

Data Collection

Two hospitals participated in the survey. Hospital A is a non-profit, 183-bed acute facility located in a rural area. Rural was defined as an area which did not meet the criteria for a metropolitan statistical area by the United States Department of Commerce. Hospital A has 212 full-time equivalent positions for RNs and 27 full-time equivalent positions for LPNs. Hospital A experienced a 0%-3% vacancy rate and a turnover rate of 5% for 1993. (The low vacancy and turnover rates are reflective of the market conditions for nursing positions during 1993). The vacancy rate has steadily declined from a high of 22% in 1989 due in part to the development of a nursing recruitment and retention program and changing market conditions in the health care environment. Approval for completion of the survey was given by Nursing Administration (Appendix D).

Hospital B participated as the metropolitan facility. Hospital B is a non-profit, 303 bed-acute hospital. Hospital B has 317 full-time equivalent RNs and 47 full-time equivalent LPNs. The vacancy rate was 4% and the turnover rate was 5% for 1993. Hospital B has also had an active Shared Governance Program in place since 1990. Its Nursing Administration is organized in a series of Councils and both staff nurses and management participate in the decisions made by the facility. Approval for completion of

the study was obtained from Hospital B's Committee on Education, Evaluation, and Research (Appendix E).

The researcher visited both hospitals on two separate days (a Wednesday and a Saturday) two weeks apart. This was done in an effort to collect data at approximately the same point in time. A Wednesday was chosen as both hospitals considered this day to be one of the best staffed days during the week. A Saturday was chosen in an effort to survey the Weekend Alternative employees. (Those employees who only work the weekends and receive a full time salary).

A cover letter discussing the purpose of the study and requesting the staff nurse's participation was attached to the instrument. Consent was assumed by the nurse's participation. Surveys were distributed on each unit by the researcher on the day, evening, and night shifts. The researcher left a large envelope on each unit and requested that the completed surveys be placed in the envelope. Participants also had an envelope attached to their survey so that the completed survey could be sealed in an effort to protect confidentiality. The researcher then returned to each nursing unit to collect the completed surveys. Time lapse between distribution and collection varied as much as one hour to three weeks since some surveys were sent to the researcher's home by mail. In Hospital A, several surveys were returned to the researcher's office by inter-office mail. In all, surveys were received up to three weeks after

they were distributed.

A total of 186 surveys were distributed in Hospital A and 132 surveys were returned for a 71% rate of return. In Hospital B a total of 232 surveys were distributed and 125 were returned for a 54% rate of return. Therefore the entire sample was n=257.

Assumptions and Limitations

The assumptions of this research project are:

1. Staff nurse retention is a complicated and complex concept.
2. Nurses will participate in this study.
3. Respondents can read and express themselves in writing.
4. Respondents are honest regarding the reasons they have maintained employment relationships.

Limitations of this research project are:

1. Data was obtained cross-sectionally.
2. The complexity of the concept may offer limited generalizability.
3. Instrument reliability and validity is limited.
4. The sample is a convenience sample.
5. Not all employees of the facilities may have the opportunity to complete the survey.

CHAPTER IV

Data Analysis

An analysis of the statistical results of this project will be presented in this chapter. The purpose of this study was to learn about the characteristics of nurses who have maintained employment relationships with acute care settings (hospitals) and to identify differences in characteristics among those nurses working in rural and urban areas. Data was collected at two acute care hospitals, one rural and one urban, using a three section self report questionnaire. Section I of the survey instructed respondents to rate the importance of and their satisfaction with 31 items believed to be related to hospital nurse retention. Section II contained five open-ended questions and respondents were instructed to write in their responses. Section III was comprised of the demographic questions.

Sample Characteristics

The convenience sample for this project consisted of 257 registered and licensed practical nurses from two hospitals (one rural, one urban as defined by the definition of metropolitan statistical areas) in the state of Maryland. This represents 61.4% of the available nurse population in these two facilities. In the rural hospital, Hospital A, a total of 186 surveys were distributed and 132 returned for a 70.9% rate of return. In the urban hospital, Hospital B, a

total of 232 surveys were distributed and 125 returned for a 53.8% rate of return. Registered nurses made up the majority of the sample (96.1%), and there were no significant differences in the ages of the respondents between the two hospitals. Nurses from both facilities ranged in age from 20 to 61 years with the mean age of the Hospital A sample, 38.44 and Hospital B sample, 37.21 ($p=.261$). There was also no significant difference in the gender of the respondents with the largest proportion of the sample being female (97.3%) (Table 1).

Most of the nurses in the sample, 74%, were educated at the diploma or associate degree level with the urban hospital having a higher proportion prepared at the baccalaureate level (32% vs 12%), (chi square=45.49 $p<.05$), and pursuing advanced degrees (23% vs 16%), (chi square=2.3 $p>.05$). Interestingly, while only 21.8% of the respondents received their nursing preparation in a baccalaureate program, 37% responded that their highest degree held was a Bachelor of Science in Nursing, indicating a number of nurses in the sample had returned to school to obtain a higher degree.

This phenomenon appeared to occur to a significantly greater degree in the rural hospital, which is consistent with the lower number with basic preparation at the college level (chi square=30.65 $p<.01$). Experience as a nurse and years of service to the organization were variable between

Table 1.
Characteristics of the Sample

Variable	Rural #(%)	Urban #(%)	Chi-square/ t value	p
Mean age (years)	38.44	37.21	1.13	NS
Gender				
Female	129(97.7%)	121(96.8%)		
Male	3(2.3%)	2(1.6%)	.121	NS
License				
RN	123(94.7%)	124(99.2%)		
LPN	7(5.3%)	1(.8%)	4.2	p<.05
Nursing Preparation				
LPN	7(5.3%)	1(.8%)		
Diploma	83(62.9%)	32(25.6%)		
Associate	25(18.9%)	50(40%)		
BSN	16(12.1%)	40(32%)	45.49	p<.01
Pursuing Advanced Degree				
No	109(82.6%)	93(74.4%)		
Yes	21(15.9%)	29(23.2%)	2.3	NS
Highest Degree Held				
LPN	7(5.3%)	1(.8%)		
Diploma	58(43.9%)	21(16.8%)		
Associate	19(14.4%)	41(32.8%)		
BS	42(31.8%)	53(42.4%)		
MS	6(4.5%)	7(5.6%)	30.65	p<.01
Years of Nursing Experience				
(0-5)	23(17.4%)	18(14.4%)		
(6-10)	22(16.7%)	30(24%)		
(11-15)	24(18.2%)	34(27.2%)		
(gt 16)	52(47%)	30(32%)	7.24	p<.10

NS=no significant difference p>.10

(table continues)

Table 1. (continued)
Characteristics of the Sample

Variable	Rural #(%)	Urban #(%)	Chi-square/ t value	p
Years of Service in Hospital				
(0-5)	49(37.1%)	62(49.6%)		
(6-10)	34(25.8%)	32(25.6%)		
(11-15)	13(9.8%)	19(15.2%)		
(gt 16)	35(26.5%)	9(7.2%)	17.88	p<.01
Mean Number of Positions Held	2.32	1.74	3.95	p<.01
Specialty				
Med/Surg	41(31.1%)	45(36%)		
Obstetrics	15(11.4%)	20(16%)		
ICU/CCU	12(9.1%)	26(20.8%)		
Surgery	16(12.1%)	9(7.2%)		
Pediatrics	4(3%)	7(5.6%)		
ER	12(9.1%)	9(7.2%)		
Other	31(23.5%)	6(4.8%)	25.59	p<.01
Position				
Staff	107(81.1%)	117(93.6%)		
Management	25(18.9%)	6(4.8%)	11.9	p<.01
Status				
Full time	113(85.6%)	91(72.8%)		
Part time	14(10.6%)	28(22.4%)		
Relief	5(3.8%)	3(2.4%)	7.1	p<.05
Shift				
Days	89(67.4%)	61(48.8%)		
Evenings	14(10.6%)	22(17.6%)		
Nights	13(9.8%)	8(6.4%)		
Weekend Alternative	16(12.1%)	29(23.2%)	11.46	p<.01
Amount of Shift Rotation (shifts/month)				
Never	46(34.8%)	61(48.8%)		
(lt than 5)	56(42.4%)	38(30.4%)		
(gt 6)	27(20.4%)	22(17.6%)	5.79	p<.10

(table continues)

Table 1 (continued)
Characteristics of the Sample

Variable	Rural #(%)	Urban #(%)	Chi-square/ t value	p
Commute				
Average miles One way	12.16	13.39	-.90	NS
Children				
No	36(27.3%)	35(28%)		
Yes	96(72.7%)	89(71.2%)	.027	NS
Average Number of Children	3.72	3.89	-.50	NS
Ages of Children By Category				
Infant	11(8.3%)	19(15.2%)		
Preschool	30(24%)	17(12.9%)		
School Age	35(28%)	41(31.1%)		
Teenager	29(23.2%)	32(24.2%)		
Adult	29(23.2%)	30(22.7%)	6.29	NS

NS=no significant difference p>.10

the urban and rural hospitals. Although nursing experience appeared relatively evenly distributed, and 43% of the entire sample cited only 0-5 years of service to their hospital, chi-square analysis showed some differing trends. There was a trend for nurses from the rural hospital to report significantly higher levels of experience, with 65% reporting greater than ten years of nursing experience (chi square=7.24 $p<.10$). Rural nurses also reported significantly more years of service to their hospital than urban nurses (chi square=17.88 $p<.01$) with 36% reporting more than 10 years of employment (Table 1).

Several specialties were represented in the sample with 33% of the sample reporting medical/surgical nursing as their specialty. Interestingly, 21% of the urban sample identified themselves as "ICU/CCU" versus 9% of the rural sample, and 23% of the rural sample identified their specialty as "other" versus 4.8% of the urban sample (chi square=25.59 $p<.01$). This could be because the respondents' nursing specialty was not clearly listed (i.e. oncology, orthopedics, urology etc.) as a choice in the demographic question (Table 1).

Staff nurses comprised 87.2% of the entire sample. Nineteen percent of the rural sample identified themselves as "management" versus 5% of the urban sample (chi square=11.9 $p<.01$). Additionally, 86% of the rural nurses worked full-time as opposed to 73% of the urban group, a

difference that was significant (chi square=7.1 $p<.05$). Although day shift was the primary shift worked by greater than half of the respondents, 58.4%, the urban sample showed a significantly higher proportion of evening shift, night shift, and weekend alternative respondents (chi square=11.46 $p<.01$). There was a trend for shift rotation to be significantly different between the two groups with a higher proportion of the urban sample reporting no shift rotation (49% vs 35%) (chi square= 5.79 $p<.10$) (Table 1).

The respondents' commute to work (one way) ranged from less than one mile to 65 miles with an average commute of 12.75 miles. Interestingly, there was not a marked difference in distance commuted between the rural and urban samples ($p=.372$). There was also no significant difference in the number of children between the two samples. Seventy-two percent of the nurses in the sample had children, with most of the sample having schoolage children (Table 1).

Factor Analysis

Factor analysis of the 31 variables in Section I yielded seven subscales. The seven subscales derived by the factor analysis were: professional practice (items 7, 11, 23, 24, 25, 26, 28, 29, 30, 31); benefits (items 18, 19, 20, 21, 22); salary/departmental support (items 6, 16, 17); encouragement/recognition (items 3, 4, 5); teamwork (items 1, 5, 8); schedule/work environment (items 10, 12, 14, 27); and patient/family interaction (items 9, 13, 15) (Table 2).

Table 2.
Sub-scales Yielded from Factor Analysis of Section I (Items 1-31) of the Retention Survey

Sub-scale	Item	
Professional Practice	7.	Teaching support
	11.	Amount of paperwork
	23.	Performance evaluation process
	24.	Opportunities to use my ideas to promote change
	25.	Opportunities to use my leadership skills
	26.	Recognition for my practice from management
	28.	Input into unit based decisions
	29.	Opportunities to advance
	30.	Freedom in my practice
	31.	Support
Benefits	18.	Retirement
	19.	Health care benefits
	20.	Tuition reimbursement benefits
	21.	Funds for continuing education
	22.	Career ladder program
Salary/Departmental Support	6.	Support and assistance from other departments
	16.	Pay based on work assigned
	17.	Pay related to experience
Encouragement/ Recognition	3.	Encouragement and recognition by coworkers
	4.	Encouragement and recognition by supervisor
	5.	Communication in all levels of nursing
Teamwork	1.	Collaboration with the health care team
	5.	Communication in all levels of nursing
	8.	Inclusion of new staff

(table continues)

Table 2. (continued)
Sub-scales Yielded from Factor Analysis of Section I (Items 1-31) of the Retention Survey

Sub-scale	Item
Schedule/Work Environment	10. Supplies and equipment
	12. Workload
	14. Scheduling
	27. Input into setting schedule
Patient/ Family Interaction	9. Interaction with patients' families
	13. Safety
	15. Patient teaching

The subscales derived were similar to those in the original Vanderbilt survey (Ames, et.al, 1992) (Table 2).

In their article, "Assessing Work Retention Issues", Ames and the other authors discuss how they created their Retention Survey. Upon reviewing the literature, the researchers delineated important components of job satisfaction. These were: interaction/communication; professional issues; pay/benefits; work environment; and team building. Items for their survey were developed using these categories. The researchers then used a factor analysis to determine if the items were placed in the appropriate categories. Eight subscales were derived from the factor analysis and were then regrouped into subscales based on "congruence with the initial five components" (Ames, et.al, 1992 p. 39). Their final subscales and items were: interaction and communication (items 1, 4, 5, 30, 33); professional practice and advancement (items 7, 9, 12, 15, 16, 24, 25, 26, 27, 28, 31, 32); pay and benefits (items 17, 18, 19, 20, 21, 22, 23); work environment and scheduling (6, 10, 11, 13, 14, 29); and team playing (2, 3, 8) (Ames, et.al, 1992) (Appendix A).

Reliability of Retention Survey

The internal consistency of the retention survey, Part I of the instrument, was measured using Cronbach's alpha. The Cronbach's alpha for the importance variables was .90 and was .91 for the satisfaction variables indicating a high

level of internal consistency. The alpha coefficients for the subscales ranged from .49 to .86 indicating low to high levels of internal consistency (Table 3). The low to moderate internal consistency of some of the subscales reflects the small number of items within those subscales. Cronbach's alpha was also used to measure the internal consistency of the Vanderbilt tool using the satisfaction data (Ames, et.al, 1992). The overall scale alpha was .90; coefficients for the subscales ranged from .65 to .82 indicating moderate internal consistency reliability (Ames, et.al, 1992, p. 39). Internal consistency was probably enhanced in the Vanderbilt study due to the regrouping of items and the development of five subscales from the eight original subscales thus increasing the number of items in the subscales.

Validity of the Retention Survey

Content validity was supported by the literature review. All of the items in Section I of the instrument are tested and have been represented throughout the literature review as factors contributing to the recruitment, retention, and job satisfaction of nurses. Also, the similar results derived from the factor analysis, even with the regrouping of items by the Vanderbilt researchers, contributed to the validity of this survey.

Table 3.
Internal Consistency Coefficients for Importance and Satisfaction of the Retention Survey Sub-scales

Sub-scale	Cronbach's Alpha Importance	Cronbach's Alpha Satisfaction
Entire Scale Items 1-31	.90	.91
Professional Practice	.86	.86
Benefits	.76	.66
Salary/Departmental Support	.59	.69
Encouragement/ Recognition	.65	.65
Teamwork	.54	.53
Schedule/Work Environment	.57	.67
Patient/Family Interaction	.49	.55

Research Objectives

Factors Influencing A Nurse's Decision To Maintain Employment

Section II of the survey, derived from "Nurses' Evaluation of Recruitment and Retention Variables" (Neathawk, et.al, 1988), asked open-ended questions to assess a nurse's attitudes regarding the factors influencing the decision to maintain employment. The questions were:

1. Are you pleased with your choice of nursing as a career?
2. Are you pleased with this hospital as a place of employment?
3. Because nurse retention is very important, please share the single most important reason you have maintained employment with this hospital.
4. Please share other reasons why you have stayed employed with this hospital.
5. What would you say to a nurse who was about to join the staff of this hospital?

Responses to questions one and two were coded for yes, no, and not sure. The rural nurses expressed significantly greater satisfaction with both their choice of nursing as a career (96% vs. 80%, chi square=14.08 $p<.01$) and with their hospital as a place of employment (83% vs. 66%, chi square= 13.42 $p<.01$) (Table 4). Written responses were based on the personal opinion of the respondent and included phrases such

Table 4.
Satisfaction with Career Choice and Place of Employment

Variable	Rural #(%)	Urban #(%)	Chi-square	p
Career				
No	2(1.5%)	14(11.2%)		
Yes	127(96.2%)	100(80%)		
Not sure	2(1.5%)	11(8.8%)	14.08	p<.01
Employment				
No	3(2.3%)	15(12%)		
Yes	110(83.3%)	83(66.4%)		
Not sure	18(13.6%)	27(21.6%)	13.42	p<.01

as: "nursing has always been rewarding", I enjoy helping my patients' stay out of pain", "the convenience of flexible hours", " nurses do not support each other, administration worries about money only", "I can't see myself doing anything else", "many new career fields are open to women that weren't well known when I was in school", "administration makes decisions affecting my practice without the expertise or collaboration of clinical experts", and "my role offers me a high level of practice function and professional autonomy".

Questions three and four, which sought information about why nurses have retained employment with their hospital, were coded based on categories of responses. The categories compiled for nurse retention were: location/close to home; friends/staff/people I work with; teamwork; schedule/weekend alternative; salary/payscale; specialty; fear of change; specialty; loyalty; physicians; job security; and comfort. Frequencies were determined for each category and then each category was ranked based on frequency. The top four reasons for both samples were location, friends, schedule/weekend alternative, and salary (Table 5).

Question five asked respondents to share what they would tell a new nurse joining their unit. This question was coded as a positive, negative, or neutral response. Examples of written responses included: "welcome", "I would

Table 5.
The Reasons Listed by Respondents for Retention of their Current Positions

Variable	Rural #(%)	Urban #(%)
Reason #1		
Location	43(32.6%)	64(51.2%)
Friends	19(14.4%)	18(14.4%)
Schedule/WEA	11(8.3%)	17(13.6%)
Salary	9(6.8%)	4(3.2%)
Reason #2		
Location	26(19.7%)	20(16%)
Friends	14(10.6%)	30(24%)
Salary	17(12.9%)	13(10.4%)
Benefits	11(8.3%)	10(8%)

encourage", "I would ask her if she really looked around", "come and join if you are compassionate, warm and loving", "that your job satisfaction must come from yourself because it isn't given in other areas of the facility", "excellent, high patient care standards", and "it's a very friendly hospital" (Table 6). There was a trend toward significantly more negative comments being expressed by the urban nurses.

Retention Characteristics of Nurses Working in Urban and Rural Hospitals

The second research objective sought to describe the retention characteristics of nurses working in urban and rural hospitals. Section I of the research instrument derived from a retention survey used at the Vanderbilt University Medical Center (Ames et.al, 1992), was used to describe the retention characteristics. Comprised of 31 items believed to be related to staff nurse retention, respondents were instructed to rate the importance of each item and their satisfaction with each item in their current work environment. For purposes of analysis, frequencies were computed on each item's importance/satisfaction scale, means were derived, and t-tests were used to compare each item between the urban and rural hospitals. The items factored into seven categories and t-tests were used to compare both settings by each subscale (Tables 7-13).

Respondents from both facilities scored each of the items higher in importance than satisfaction and significant

Table 6.
The Type of Comments Respondents Would Offer a New Nurse Joining Their Unit

Variable	Rural #(%)	Urban #(%)	Chi-square	p
New Nurse Comments				
Negative	12(9.1%)	24(19.2%)		
Positive	83(62.9%)	67(53.6%)		
Neutral	10(7.6%)	11(8.8%)	5.57	p<.10

differences were found between the urban and rural hospitals on several subscales. Overall, the rural nurses reported significantly higher satisfaction. Results from the comparative analysis of each subscale is presented individually.

Professional practice.

Although there were no significant differences in the subscale scores for professional practice, significant differences did exist among individual items. Urban respondents rated teaching support significantly higher in importance ($t=-2.82$ $p<.01$). Rural respondents were significantly more satisfied with the: amount of paperwork ($t=3.36$ $p<.01$), performance evaluation process ($t=2.42$ $p<.05$), opportunities to use ideas to promote change ($t=2.05$ $p<.05$), recognition for practice from management ($t=3.41$ $p<.01$), input into unit based decisions ($t=2.67$ $p<.01$), opportunities to advance ($t=3.14$ $p<.01$), freedom in practice ($t=4.58$ $p<.01$), and support ($t=4.56$ $p<.01$) (Table 7).

Benefits.

The subscale benefits was rated higher in importance by the rural sample ($t=2.02$ $p<.05$) but there was no significant difference in satisfaction reported by the two groups. Individual items that were different among the two groups were: a significantly higher importance placed in retirement benefits by the rural sample ($t=3.08$ $p<.05$), and a

Table 7.
Differences Between Rural and Urban Nurses in their Perception of Importance and Satisfaction of Professional Practice

Variable	Rural Mean	Urban Mean	t	df	p
IMPORTANCE Professional Practice	33.9835	34.2870	-.50	223.94	.619
Imp #7 Teaching support	2.9113	3.2131	-2.82	243.91	.005
Imp #11 Amount of paperwork	3.1163	3.2927	-1.70	242.24	.091
Imp #23 Performance evaluation process	3.3130	3.2869	.27	239.57	.789
Imp #24 Opportunities to use my ideas to promote change	3.3636	3.2195	1.48	237.80	.141
Imp #25 Opportunities to use my leadership skills	3.3712	3.2869	.86	242.60	.393
Imp #26 Recognition for my practice from management	3.2672	3.2066	.62	247.14	.536
Imp #28 Input into unit based decisions	3.6462	3.6860	-.51	248.21	.610
Imp #29 Opportunities to advance	3.439	3.3496	.94	244.64	.346

(table continues)

Table 7. (continued)
Differences Between Rural and Urban Nurses in their Perception of Importance and Satisfaction of Professional Practice

Variable	Rural Mean	Urban Mean	t	df	p
Imp #30 Freedom in my practice	3.7481	3.6967	.81	248.84	.422
Imp #31 Support	3.7538	3.7769	-.35	238.57	.727
SATISFACTION Professional Practice	27.3945	24.6071	3.61	218.83	.409
Sat #7 Teaching support	2.6000	2.6612	-.50	228.44	.619
Sat #11 Amount of paperwork	2.4419	2.0560	3.36	249.57	.001
Sat #23 Performance evaluation process	2.4063	2.2016	2.42	247.22	.016
Sat #24 Opportunities to use my ideas to promote change	2.4385	2.2016	2.05	246.7	.041
Sat #25 Opportunities to use my leadership skills	2.8939	2.7377	1.52	243.75	.131
Sat #26 Recognition for my practice from management	2.5736	2.1901	3.41	247.59	.001

(table continues)

Table 7. (continued)
Differences Between Rural and Urban Nurses in their Perception of Importance and Satisfaction of Professional Practice

Variable	Rural Mean	Urban Mean	t	df	p
Sat #28 Input into unit based decisions	2.9767	2.6667	2.67	246.13	.008
Sat #29 Opportunities to advance	2.6202	2.2683	3.14	248.36	.002
Sat #30 Freedom in my practice	3.2656	2.8468	4.58	244.67	.000
Sat #31 Support	3.2093	2.6532	4.56	245.67	.000

significantly higher satisfaction with health care benefits by the urban sample ($t=-4.52$ $p<.01$) (Table 8).

Salary/departmental support.

The subscale salary/departmental support was rated significantly higher in satisfaction by the rural nurses ($t=2.57$ $p<.05$). This could be attributed to the rural nurses reporting significantly higher levels of satisfaction with the support and assistance from other departments ($t=4.08$ $p<.01$). There were no significant differences between the urban and rural samples in the importance or satisfaction of pay based on the work assigned or pay related to experience (Table 9).

Encouragement/recognition.

Although there were no significant differences between groups in the importance or satisfaction of this subscale, the rural nurses exhibited a trend toward higher satisfaction with encouragement and recognition ($t=1.88$ $p<.10$). Rural nurses reported a significantly higher level of satisfaction with the encouragement and recognition by their supervisor ($t=4.10$ $p<.01$) (Table 10).

Teamwork.

There were no significant differences reported in the importance of teamwork in the two samples; however the rural nurses reported significantly higher satisfaction with the subscale teamwork ($t=2.79$ $p<.01$). Items rated significantly higher in satisfaction by the rural nurses were:

Table 8.
Differences Between Rural and Urban Nurses in their Perceptions of the Importance and Satisfaction of Benefits

Variable	Rural Mean	Urban Mean	t	df	p
IMPORTANCE					
Benefits	16.8699	16.0583	2.02	228.00	.044
Imp #18 Retirement	3.4809	3.1311	3.08	219.92	.002
Imp #19 Health care benefits	3.6769	3.5565	1.17	231.59	.242
Imp #20 Tuition reimbursement benefits	3.2283	3.1210	.86	234.69	.388
Imp #21 Funds for continuing education	3.4773	3.3659	1.21	239.80	.228
Imp #22 Career ladder program	2.9688	2.9016	.56	246.64	.578
SATISFACTION					
Benefits	13.3130	13.6449	-.83	218.06	.409
Sat #18 Retirement	2.7907	2.7241	.59	235.39	.559
Sat #19 Health care benefits	2.6508	3.1333	-4.52	242.23	.000
Sat #20 Tuition reimbursement benefits	3.0000	3.1466	-1.28	235.96	.202
Sat #21 Funds for continuing education	2.5000	2.3415	1.32	250.91	.187

(table continues)

Table 8. (continued)
Differences Between Rural and Urban Nurses in their Perceptions of the Importance and Satisfaction of Benefits

Variable	Rural Mean	Urban Mean	t	df	p
Sat #22 Career ladder program	2.2903	2.1901	.83	241.90	.410

Table 9.
Differences Between Rural and Urban Nurses in their Perceptions of the Importance and Satisfaction of Salary and Departmental Support

Variable	Rural Mean	Urban Mean	t	df	p
IMPORTANCE					
Salary/Departmental Support	10.7188	10.3934	1.63	230.95	.105
Imp #6 Support and assistance from other departments	3.6718	3.6504	.32	248.9	.749
Imp #16 Pay based on work	3.5469	3.5161	.35	249.56	.728
Imp #17 Pay related to experience	3.7099	3.7581	-.75	251.42	.452
SATISFACTION					
Salary/Departmental Support	8.0938	7.4508	2.57	247.70	.011
Sat #6 Support and assistance from other departments	2.9237	2.5645	4.08	237.84	.000
Sat #16 Pay based on work	2.6016	2.4878	1.05	248.11	.294
Sat #17 Pay related to experience	2.5954	2.4240	1.47	253.89	.142

Table 10.
Differences Between Rural and Urban Nurses in their Perceptions of the Importance and Satisfaction of Encouragement and Recognition

Variable	Rural Mean	Urban Mean	t	df	p
IMPORTANCE					
Encouragement/ Recognition	10.7099	10.9106	-1.24	249.63	.217
Imp #2 Willingness of co-workers to help	3.8931	3.9032	-.25	250.69	.790
Imp #3 Encouragement and recognition by coworkers	3.3511	3.4839	-1.62	252.25	.106
Imp #4 Encouragement and recognition supervisor	3.4656	3.5203	-.68	246.19	.498
SATISFACTION					
Encouragement/ Recognition	9.0308	8.5854	1.88	249.95	.061
Sat #2 Willingness of co-workers to help	3.1832	3.2258	-.46	250.96	.646
Sat #3 Encouragement and recognition by coworkers	2.9692	2.9032	.67	249.37	.506
Sat #4 Encouragement and recognition by supervisor	2.8931	2.4160	4.10	250.65	.000

collaboration with the health care team ($t=3.43$ $p<.01$) and communication in all levels of nursing ($t=3.33$ $p<.01$) (Table 11).

Schedule/work environment.

Again, while there were no significant differences reported in the subscale scores of importance in the schedule/work environment of the two samples, the rural nurses reported a significantly higher overall level of satisfaction with schedule/work environment ($t=2.55$ $p<.05$). Items rated significantly higher in satisfaction by the rural nurses were supplies and equipment ($t=3.53$ $p<.01$) and workload ($t=3.46$ $p<.01$). Interestingly both samples reported nearly identical levels of importance and satisfaction related to scheduling and their input into setting their schedules (Table 12).

Patient/family interaction.

Rural nurses reported significantly higher importance ($t=2.73$ $p<.01$) and satisfaction ($t=3.58$ $p<.01$) with the subscale patient/family interaction. Items rated significantly higher in importance by the rural sample were interaction with patients' families ($t=2.01$ $p<.05$) and patient teaching ($t=2.54$ $p<.05$). Items rated significantly higher in satisfaction by the rural nurses were safety ($t=2.47$ $p<.05$) and patient teaching ($t=3.72$ $p<.01$) (Table 13).

Table 11.
Differences Between Rural and Urban Nurses in their Perceptions of the Importance and Satisfaction of Teamwork

Variable	Rural Mean	Urban Mean	t	df	p
IMPORTANCE					
Teamwork	10.8450	11.1083	-1.62	242.66	.108
Imp #1 Collaboration with health care team	3.7000	3.8033	-1.49	245.04	.137
Imp #5 Communication in all levels of nursing	3.6718	3.7258	-.83	250.79	.410
Imp #8 Inclusion of new staff	3.4769	3.5820	-1.19	247.25	.236
SATISFACTION					
Teamwork	8.8240	8.2373	2.79	240.92	.006
Sat #1 Collaboration with health care team	3.2171	2.9174	3.43	234.29	.001
Sat #5 Communication in all levels of nursing	2.6308	2.2880	3.33	251.19	.001
Sat #8 Inclusion of new staff	3.0000	3.0164	-.17	246.91	.866

Table 12.
Differences Between Rural and Urban Nurses in their Perceptions of the Importance and Satisfaction of Work Environment and Schedule

Variable	Rural Mean	Urban Mean	t	df	p
IMPORTANCE					
Schedule/Work Environment	15.1484	15.0992	.31	246.70	.759
Imp #10 Supplies and equipment	3.7308	3.7742	-.73	244.60	.466
Imp #12 Workload	3.8538	3.8871	-.68	243.66	.497
Imp #14 Scheduling	3.8154	3.7500	1.08	247.59	.283
Imp #27 Input into setting schedule	3.7576	3.6777	1.14	225.40	.257
SATISFACTION					
Schedule/Work Environment	12.2344	11.4262	2.55	246.83	.011
Sat #10 Supplies and equipment	3.0077	2.6480	3.53	250.88	.001
Sat #12 Workload	2.8846	2.4880	3.46	252.99	.001
Sat #14 Scheduling	3.1705	3.1760	-.05	250.57	.962
Sat #27 Input into setting schedule	3.1742	3.0984	.68	251.99	.497

Table 13.
Differences Between Rural and Urban Nurses in their Perceptions of the Importance and Satisfaction of Patient and Family Interaction

Variable	Rural Mean	Urban Mean	t	df	p
IMPORTANCE					
Patient/Family Interaction	10.9921	10.5447	2.73	244.23	.007
Imp #9 Interaction with patients' families	3.5156	3.3333	2.01	248.88	.046
Imp #13 Safety	3.8168	3.7581	1.12	243.49	.266
Imp #15 Patient teaching	3.6615	3.4516	2.54	230.48	.012
SATISFACTION					
Patient/Family Interaction	9.3701	8.6048	3.58	248.88	.000
Sat #9 Interaction with patients' families	3.3307	3.2097	1.33	246.46	.184
Sat #13 Safety	3.1527	2.8960	2.47	252.64	.014
Sat #15 Patient teaching	2.8615	2.4880	3.72	252.17	.000

Retention Characteristics of Nurses with Varying Lengths of Nursing Experience and Years of Service

Research objective three described the retention characteristics among nurses with varying lengths of service and experience. Frequencies were used to describe these differences. Not surprisingly, the top four reasons for retention among each sample were location, friends, scheduling, and salary. Overall, urban nurses reported a trend toward higher frequencies for location of the facility as being a self-reported reason for retention (Tables 14-15).

The Model of Nurse Retention/Nurse Retention Strategies

The fourth research objective applied the results of this study to The Model of Nurse Retention (Curran & Minnick, 1989) and the fifth research objective was to utilize the results to suggest effective nurse retention strategies. Questions four and five will be addressed in Chapter V of this paper.

Table 14.
Differences Between Nurses in Rural and Urban Hospitals Regarding Self Reported Reasons For Retention Based on Years of Nursing Experience

Years of Experience Reason for Retention	Rural #(%)	Urban #(%)
0-5 Years of Experience		
Location	2(8.7%)	11(61.1%)
Friends	7(30.4%)	3(16.7%)
Scheduling	1(4.3%)	3(16.7%)
Salary	2(8.7%)	0(0%)
6-10 Years of Experience		
Location	4(18.2%)	17(56.7%)
Friends	4(18.2%)	2(6.7%)
Scheduling	6(27.3%)	4(13.3%)
Salary	0(0%)	1(3.3%)
10-15 Years of Experience		
Location	13(54.2%)	18(52.9%)
Friends	1(4.2%)	3(8.8%)
Scheduling	3(12.5%)	5(14.7%)
Salary	0(0%)	3(8.8%)
Greater than 16 Years of Experience		
Location	24(38.7%)	17(42.5%)
Friends	7(11.3%)	9(22.5%)
Scheduling	1(1.6%)	5(12.5%)
Salary	6(9.7%)	0(0%)

Table 15.
Differences Between Nurses in Rural and Urban Hospitals Regarding Self Reported Reasons For Retention Based on Years of Service to their Hospital

Years of Experience Reason for Retention	Rural #(%)	Urban #(%)
0-5 Years of Service		
Location	13(26.5%)	32(51.6%)
Friends	8(16.3%)	7(11.3%)
Scheduling	4(8.2%)	13(21%)
Salary	4(8.2%)	1(1.6%)
6-10 Years of Service		
Location	9(26.5%)	16(50%)
Friends	5(14.7%)	5(15.6%)
Scheduling	6(17.6%)	4(12.5%)
Salary	2(5.9%)	0(0%)
10-15 Years of Service		
Location	6(46.2%)	11(57.9%)
Friends	1(7.7%)	3(15.8%)
Scheduling	1(7.7%)	0(0%)
Salary	0(0%)	3(15.8%)
Greater than 16 Years of Service		
Location	15(42.9%)	4(44.4%)
Friends	5(14.3%)	2(22.2%)
Scheduling	0(0%)	0(0%)
Salary	3(8.6%)	0(0%)

CHAPTER V

Discussion, Conclusions & Recommendations

This study was conducted in an effort to describe characteristics of nurses who have maintained employment relationships with acute hospitals and to compare differences in retention characteristics between nurses working in urban and rural settings. Using a three-section self-report questionnaire, data was collected from 257 registered and licensed practical nurses from two hospitals (one rural, one urban as defined by the definition of metropolitan statistical areas) in the state of Maryland. This represented 61.4% of the available nurse population in these two facilities. This chapter will include a discussion of the research findings, conclusions and limitations of the study, implications for nursing and recommendations for future research.

Research Objectives

Factors Influencing a Nurse's Decision To Maintain Employment

Section II of the survey derived from "Nurses' Evaluation of Recruitment and Retention Variables" (Neathawk, et.al, 1988), asked open-ended questions to assess nurses' attitudes regarding the factors influencing their decision to maintain employment. Rural nurses in this sample demonstrated significantly greater satisfaction with nursing as a career choice (96% vs. 80%) and with their

hospital as a place of employment (83% vs. 66%) (Table 4). Rural nurses also exhibited a trend toward significantly more positive comments when asked what they would tell a new nurse joining their unit, indicating a higher level of satisfaction among the nurses in the rural sample (Table 6). Although the Neathawk (1988) study did not include a rural/urban comparison, five hospitals were surveyed. Overall, 63% of the entire sample were pleased with their choice of nursing as a career and 76% were pleased with their hospital as a place of employment. Only 46% of the entire sample had positive comments to share with new nurses joining their hospitals (Neathawk, et.al, 1988).

Although the literature does not confirm enhanced job satisfaction in rural areas, the Magnet Hospital Study (American Academy of Nursing, 1983) implies that nurses will remain in practice and thus be "retained" when their practice is satisfying to them. Rural nurses in this study reported significantly more years of service to their hospital than urban nurses with 36% of the rural sample reporting greater than ten years of employment with their hospital vs. 22% of the urban sample. Rural nurses also reported significantly more job satisfaction in several categories. One must not assume though, that job retention always indicates job satisfaction.

Respondents from both samples were consistent with the primary reasons they had maintained their current positions.

The top four reasons in both samples for nurse retention were location/close to home, friends/staff/people I work with, schedule/weekend alternative, and salary (Table 5). Therefore, personal rather than professional reasons were given for maintenance of the employment relationship.

Schedule and salary are found repeatedly in the literature as variables important to the job satisfaction and retention of nurses (American Academy of Nursing, 1983; Neathawk et.al, 1988; Butler & Parsons, 1989; Chan et.al, 1990; Bushy & Banik, 1991; Alspach, 1992; Blegen, et.al, 1992; and Muus, et.al, 1993); however, location of the facility and friends are not mentioned as variables directly correlated to the retention of a nurse. Interestingly, both samples in the present study reported location and friends as reasons for job retention with the greatest frequencies.

Retention Characteristics of Nurses Working in Urban and Rural Hospitals

This research objective described the retention characteristics of the urban and rural nurses surveyed in this project. Using Section I of the survey derived from a nurse retention survey used at Vanderbilt University Medical Center (Ames et.al, 1992), the respondents were asked to rate the importance of and their satisfaction with their current position on seven subscales (31 items) believed to be related to staff nurse retention. The original survey was comprised of five subscales (33 items) and was developed

to supply nursing leaders at Vanderbilt University Medical Center with information regarding concerns of the nursing staff in order to develop strategies for a long-term retention program (Ames et.al, 1992). Respondents in both studies rated all of the subscales higher in importance than satisfaction.

The seven subscales derived from factor analysis in this project were: professional practice; benefits; salary/departmental support; encouragement/recognition; schedule/work environment; and patient/family interaction. These subscales are supported in the literature as variables important to staff nurse satisfaction, recruitment, and retention (Weisman et.al, 1980; American Academy of Nursing, 1983; Blegen & Mueller, 1987; Neathawk, et.al, 1988; Butler & Parsons, 1989; Chan et.al, 1990; Bushy & Banik, 1991; Kramer & Schmalenberg, 1991; Blegen et.al, 1992; Klemm & Schreiber, 1992; Ames et.al, 1992; Alspach, 1992; Muus et.al, 1993). Significant differences between the urban and rural samples were found in several of the subscales with the rural sample being significantly more satisfied than the urban sample. Each subscale is discussed individually.

Professional practice.

Overall subscale scores for professional practice were not significantly different between the urban and rural samples; however, significant differences in individual items did exist. Urban respondents rated teaching support

significantly higher in importance. This could be related to a higher proportion of the urban sample having received their nursing preparation at the baccalaureate level (32% vs 12%) (Tables 1 and 7).

Rural respondents rated significantly higher differences in their satisfaction with the: amount of paperwork; performance evaluation process; opportunities to use my ideas to promote change; recognition for my practice from management; input into unit based decisions; opportunities to advance; freedom in practice; and support (Table 7). Although it is difficult to conclude why these differences exist, the rural hospital is smaller than the urban hospital (by approximately one third) and perhaps because of the smaller numbers of employees the nursing staff perceive themselves to be involved in decisions to a higher degree and are therefore more satisfied.

These findings were interesting because the urban hospital has a formal system of shared governance in place. Its Nursing Administration is organized in a series of Councils and both staff nurses and management participate in the decisions made by the facility. One may have hypothesized that satisfaction regarding professional practice would have been higher in the urban hospital and this was found not to be true in this project.

Benefits.

This subscale was rated significantly higher in

importance by the rural nurses. Individual items that were different among the two groups were: a significantly higher importance placed on retirement benefits by the rural sample, and a significantly higher satisfaction with health care benefits by the urban sample (Table 8). Not surprisingly, the rural sample probably placed higher importance on retirement benefits due to their significantly higher number of years of service to their facility. Thirty-six percent of the rural sample reported greater than 10 years of service to their hospital.

The higher satisfaction with health care benefits demonstrated by the urban nurses may be related to the larger size of the hospital and therefore the ability of the hospital to offer lower group rates to its employees, or be self-insured. Also, nurses in the urban hospital may have an increased choice of health providers or health plans due to their easier access to metropolitan centers.

Salary/departmental support.

Although the rural nurses reported significantly higher levels of satisfaction with the support and assistance from other departments, there were no significant differences in the importance of or the satisfaction with salary between the urban and rural groups (Table 9). This is interesting in that nurses in rural areas are assumed to have substandard salaries (American Nurse's Association, 1989) and one may have expected the urban nurses to report higher

levels of satisfaction with their salaries. Mean satisfaction ratings for pay based on work assigned and pay related to experience were 2.6 and 2.4 for the rural and urban samples respectively (Table 9). This indicates slight to moderate satisfaction with the salary structure and thus challenges both facilities to improve.

Encouragement/recognition.

Rural nurses exhibited a trend for higher satisfaction on this subscale by reporting a significantly higher level of satisfaction with the item encouragement and recognition by their supervisor (Table 10). Again, this satisfaction might be attributed to the smaller size of the facility as well as the higher years of service and experience by the rural nurses thus contributing to a collaborative work environment.

Teamwork.

Rural nurses were again significantly more satisfied with teamwork than urban nurses. Items rated significantly higher in satisfaction by the rural nurses were collaboration with the health care team and communication in all levels of nursing (Table 11). Again, this finding is interesting because the urban hospital has a formal shared governance structure in place for collaboration and communication. Mean scores for collaboration were 3.2 for the rural sample, indicating moderate to high satisfaction, and 2.9 for the urban sample, indicating moderate

satisfaction. Therefore both samples were satisfied, but the rural sample was significantly more satisfied.

Mean satisfaction scores for communication were 2.6 for the rural sample and 2.2 for the urban sample, indicating slight to moderate satisfaction. Although the rural sample was more satisfied, both hospitals have room for improvement in this area.

Schedule/work environment.

Results in this subscale showed nearly identical ratings of importance and satisfaction related to scheduling and input into setting their schedules. The rural nurses however did report significantly higher satisfaction with supplies and equipment and workload (Table 12). It is difficult to conclude why the rural nurses would experience greater satisfaction in these areas, but it may be related to the size of the facility, the years of nursing service to the facility, and to the fact the rural nurses were more satisfied regarding collaboration with other members of the health care team.

Patient/family interaction.

Rural nurses reported significantly higher importance of and satisfaction with the subscale patient/family interaction (Table 13). Although it is difficult to conclude why this difference existed, it might be attributed to the fact that the rural hospital is located in a small community and provides services for a three-county area.

Therefore, it is probable that nurses who work in this facility also receive health care for themselves and their families from this hospital, highlighting the importance of patient/family interactions.

Summary.

This research objective discussed the retention characteristics of nurses in this sample and highlighted differences in importance and satisfaction between the urban and rural nurses surveyed in this project. Although the retention characteristics shared nearly equal importance among the urban and rural nurses, the rural nurses were significantly more satisfied than the urban nurses. This may be explained based on the size of the hospital and community, the length of service to the facility, the length of experience as a nurse and generally higher satisfaction with the career of nursing and the hospital as a place of employment in the rural sample.

In addition, the significant higher level of satisfaction exhibited by the rural nurses may also be explained by greater lifestyle satisfaction of residents in rural areas. Often, people will leave an urban area to move to a rural area based on a perceived better lifestyle (less crime, less traffic, less population, lower cost of living). These attitudes may carry over into the professional environment. Therefore, people who are more satisfied in their personal lives, may demonstrate more satisfaction with

their professional lives.

Retention Characteristics of Nurses with Varying Lengths of Nursing Experience and Years of Service

This research question described the reasons nurses with varying lengths of service and experience listed for maintaining their jobs. Not surprisingly, the top four reasons for retention among each group were location, friends, scheduling, and salary (Tables 14-15). Location was listed by the urban nurses as the primary reason they had maintained their employment in all categories of experience and service. Location was also listed by the nurses in the rural sample based on years of service to the hospital as the primary reason for maintaining their employment relationship. However, nurses in the rural sample listed varied reasons regarding retention based on years of nursing experience. Rural nurses with 0-5 years of nursing experience listed friends as their primary reason for retention, and rural nurses with 6-10 years of experience listed scheduling as their primary reason for retention. This could be because nurses with less than 10 years of experience are younger and require different priorities in their lives. Nurses with 0-5 years of experience are usually at the beginning of their career and require a strong system of support (friends/peers) to validate confidence in their skill base. Nurses with 6-10 years of experience often have young families. Therefore,

scheduling is important as they must work around their family.

The Model of Nurse Retention

The fourth research objective applied the results from this study with The Model of Nurse Retention (Curran & Minnick, 1989). The model is a result of research by the Hospital and Education Trust, the research affiliate of the American Hospital Association. The study, "Development and Dissemination of a Model of Nurse Retention in Hospitals" was designed to identify a comprehensive model of nurse retention in hospital settings. The components of the model are the nurse employee, the institutional environment, the rewards structure, and the external environment or market (see Figure 1). "Communication among the components is essential for optimal retention" (Curran, 1989, p. 2). These components were found to correlate directly to the study variables in this project. The nurse employee was defined in this research as either a registered or licensed practical nurse. The institutional environment was the rural or urban acute care hospital setting. The rewards structure was considered the retention characteristics and the external environment correlated to the length of service/longevity and demographic characteristics (see Figure 2).

Three principles of retention were developed from the research findings and principles of the model were upheld by

the research findings. Each are discussed individually:

Principle 1.

> Retention is affected by the interaction of multiple internal and external factors, difficult to predict universally due to the complexity of their inter-relationships.
>
> (Curran & Minnick, 1989, p. 326)

This study did show a variety of external and internal factors affecting retention. Retention, though, is probably best predicted when an individual finds a job satisfying or the individual is a long term employee (American Academy of Nursing, 1983; Blegen & Mueller, 1987). Interestingly, while the rural nurses in this sample experienced significantly higher job satisfaction in several retention characteristics, basic responses from both the urban and rural groups as to why they had maintained their jobs were location, friends, scheduling, and salary. Therefore, retention is difficult to predict universally and is complex due to the interaction of variables affecting a nurse's personal and professional lifestyle.

Principle 2.

> Each institution must develop, maintain, and regularly use retrievable professional human resource data from an ongoing organizational assessment.
>
> (Curran & Minnick, 1989, pp. 326-327)

The retention survey developed for use in this study is

a useful tool for a facility to use annually in its organizational assessment. Information was obtained regarding the importance and satisfaction of several variables related to job retention as well as allowing the respondents to write in their own responses to open ended questions. Also demographic information was obtained so that personal variables could be considered with the survey results. Any program that retrieves human resource data (e.g. surveys, interviews, rounds) is useful in assessing an organization and its employees.

Principle 3.

> Findings from the organizations' internal and external environmental assessments must be used in designing strategies for nurse retention.
>
> (Curran & Minnick, 1989, p. 327)

By using the results of this survey or any mechanism a facility has in place to assess the quality of its organization, effective strategies could be developed to enhance job satisfaction and nurse retention. Using these results, strategies could be developed around items that received low satisfaction but high importance ratings, or strategies could be developed around the reasons the nurses listed for retention (location friends, schedule, and salary).

Nurse Retention Strategies

The rural hospital and the urban hospital could use the

results of this research to evaluate or enhance existing retention strategies or develop new retention strategies since the top four reasons for retention given in both groups was location, friends, schedule, and salary. Although the location of the hospital will not change, the hospitals may want to focus recruitment on those nurses who live in the area but do not work at the hospital. The hospitals may also want to consider programs that boost moral to foster a family-like environment for their employees, thus enhancing existing friendships.

Hospitals should also continuously evaluate and assess their compensation and benefits packages, with the rural hospital considering benefit enhancements for long-term employees, since many of their employees had greater than ten years of service. New retention strategies should be focused on items scored high in importance, but low in satisfaction, in an effort to address the dissatifiers.

Limitations of the Study

Limitations of this study were:

1. Data was obtained cross-sectionally and the sample was a convenience sample of urban and rural nurses.
2. Data collection practices did not offer every registered nurse or licensed practical nurse the opportunity to complete a survey.
3. Results cannot be generalized due to the

convenience of the sample and the complexity of the concept.

4. Reliability and validity of the instrument was limited.

Implications for Nursing

Although information obtained from this project could assist nurse recruiters, nursing administrators, and hospital administrators with planning nurse retention programs, retention is a very complex and highly personal concept. Each individual hospital must assess its own nursing staff and develop retention strategies specifically for its own employees. Essentially, nurse retention can not be generalized from one institution to the next. At best, further research may delineate geographical trends for nurse retention. Retention strategies used for nurses are also applicable to other health care professionals, and hospitals should be encouraged to use specific strategies to minimize the turnover of other hospital employees.

Also, staff should be surveyed on a yearly basis since changes in market conditions may change an individual's perspective on why he/she has maintained his/her employment. This data was collected in the summer of 1993, approximately one year into a stabilization of nursing vacancies from the end of the nursing shortage of the late eighties and early nineties. Today, nearly one year later, there are very few vacant nursing positions and hospitals have experienced

declining censuses, resulting in a reduction of staff and lay-offs at the urban facility used in this project and a temporary delay in hiring of vacant positions at the rural facility used in this project. Therefore, reasons for retention may be different for the nurses if the samples were surveyed again. Job security and the lack of other available nursing positions might be areas of concern listed by the respondents.

Suggestions for Future Research

Future research should focus on validating the findings of this study. The nursing staffs of several rural and urban hospitals should be surveyed to measure and compare importance and satisfaction with retention characteristics and reasons regarding maintenance of the employee relationship. The hypotheses that rural nurses experience greater job satisfaction than urban nurses and that rural hospitals experience greater nurse retention than urban hospitals as well as the relationship of lifestyle and professional satisfaction require further investigation. Further statistical analysis of the existing data set could also be done to evaluate each hospital, specialty, and shift status (i.e. weekend alternative vs. day shift or day shift vs. alternative shifts) independently to develop nurse specific retention programs and to test the validity of the current results.

Conclusions

The purpose of this study was to learn about the characteristics of nurses who have maintained employment relationships with hospitals and to identify differences in characteristics among nurses working in urban and rural areas. Using a three section self report questionnaire, data was collected from 257 registered and licensed practical nurses from two hospitals (one rural, one urban as defined by the definition of metropolitan statistical areas) in the state of Maryland. This represented 61.4% of the available nurse population in these two facilities.

The results found that rural nurses reported significantly more nursing experience and service to their hospitals. Rural nurses in this study were found to experience greater satisfaction regarding issues of salary/departmental support, teamwork, schedule/work environment, and patient/family interaction. Nurses from both the rural and urban samples listed location, friends, schedule and salary as factors affecting their own reasons for maintenance of their positions. Consistent with The Model of Nurse Retention, (Curran & Minnick, 1989) nurse retention was found to be a highly complex and personal concept and each institution must assess their own employees when developing strategies to enhance employee retention.

Appendix A

Vanderbilt University Medical Center

Nursing Services

INTER-OFFICE CORRESPONDENCE

August 25, 1992

Karen Weisman, Manager
Nurse Recruitment
Memorial Hospital
P.O. Box 124
Bozman, MD 21612

Dear Ms: Weisman:

We are delighted that you are interested in our instrument and have our permission to use it. The survey gave us much rich information and has been the base for our retention programs. We look forward to learning of your findings.

The copyrighted instrument is attached. Please call if you have any questions.

Sincerely,

Adrienne Ames

Adrienne Ames, RN, MSN
Senior Associate Director for Nursing

cc: Becky Culpepper

/ljh

VANDERBILT UNIVERSITY MEDICAL CENTER
DEPARTMENT OF NURSING

RETENTION SURVEY

CONFIDENTIAL
(This form will not become part of personnel record)

1. AGE:
   _____ under 24
   _____ 24-29
   _____ 29-35
   _____ 35-45
   _____ over 45

2. SEX: _____ Female _____ Male

3. Educational Background:
   _____ diploma _____ BSN _____ other
   _____ ADN _____ MSN

4. Unit where employed:_____

5. Length of employment on unit:
   _____ 0-1 years _____ 1-3 years _____ 3-5 years
   _____ 5-10 years _____ over 10 years

6. Length of time in Nursing:
   _____ 0-1 year _____ 1-3 years _____ 3-5 years
   _____ 5-10 years _____ over 10 years

7. Position held on unit:

   _____ LPN
   _____ Staff Nurse I
   _____ Staff Nurse II
   _____ Staff Nurse III
   _____ CE Instructor
   _____ Clinical Nurse Specialist
   _____ Nurse Coordinator
   _____ Assistant Nurse Coordinator
   _____ Nursing Technician, Patient Care Assistant, Nursing Assistant

8. Employee status:
   _____ 40 hours
   _____ 30-39 hours
   _____ less than 30 hours
   _____ VWSOP

9. Shift worked:

   _____ Days (Rotation)
   _____ Evenings
   _____ Nights

RETENTION SURVEY

Listed below are several factors related to nursing. Please rate each of these factors on the following scales (mark the appropriate circle):

* **IMPORTANCE TO ME IN MY PRESENT JOB**- How important are these factors in your decision to work/not work in your present job?
* **SATISFACTION IN MY PRESENT JOB** - How satisfied are you with these factors in your present nursing job at Vanderbilt?

		IMPORTANCE TO ME IN MY PRESENT JOB				SATISFACTION IN MY PRESENT JOB			
		Very Important	Moderately Important	Slightly Important	Not Important	Very Satisfied	Moderately Satisfied	Slightly Satisfied	Not Satisfied
1.	Collaboration with physicians and other members of the health care team in deciding patient care issues	O	O	O	O	O	O	O	O
2.	Willingness of co-workers to pitch in and help each other	O	O	O	O	O	O	O	O
3.	Encouragement and recognition by co-workers	O	O	O	O	O	O	O	O
4.	Encouragement and recognition from immediate supervisor	O	O	O	O	O	O	O	O
5.	Open lines of communication between all levels of nursing	O	O	O	O	O	O	O	O
6.	Support and assistance from other departments and personnel to deliver patient care	O	O	O	O	O	O	O	O
7.	Clinical and teaching support from CNS	O	O	O	O	O	O	O	O
8.	Inclusion of new staff into our unit group	O	O	O	O	O	O	O	O
9.	Opportunity to interact with patients' families	O	O	O	O	O	O	O	O
10.	Supplies and equipment on the unit	O	O	O	O	O	O	O	O
11.	Amount of paperwork	O	O	O	O	O	O	O	O
12.	Workload that allows for quality patient care	O	O	O	O	O	O	O	O
13.	Safe, clean working environment	O	O	O	O	O	O	O	O
14.	Opportunities for flexible/alternative scheduling	O	O	O	O	O	O	O	O
15.	Time for patient teaching	O	O	O	O	O	O	O	O
16.	Opportunity to practice primary nursing	O	O	O	O	O	O	O	O
17.	Pay based on work assigned	O	O	O	O	O	O	O	O
18.	Pay related to experience	O	O	O	O	O	O	O	O
19.	Retirement fund program	O	O	O	O	O	O	O	O
20.	Health care benefits	O	O	O	O	O	O	O	O

AFTER YOU HAVE RATED each factor on both scales, **SCAN OVER ALL THE FACTORS** looking for a few that represent VUMC's greatest **STRENGTHS AND CHALLENGES** for nurse retention. In the column below, **SUGGEST ACTIONS** to take to build on the strengths and overcome the challenges.

MORE ITEMS ON OTHER SIDE

RETENTION SURVEY (cont.)
Listed below are several factors related to nursing. Please rate each of these factors on the following scales (mark the appropriate circle):

* **IMPORTANCE TO ME IN MY PRESENT JOB-** How important are these factors in your deciding to work/not work in your present job?
* **SATISFACTION IN MY PRESENT JOB -** How satisfied are you with these factors in your present nursing job at Vanderbilt?

AFTER YOU HAVE RATED each factor on both scales, SCAN OVER ALL THE FACTORS looking for a few that represent VUMC's greatest STRENGTHS AND CHALLENGES for nurse retention. In the column below, SUGGEST ACTIONS to take to build on the strengths and overcome the challenges.

	IMPORTANCE TO ME IN MY PRESENT JOB				SATISFACTION IN MY PRESENT JOB				
	Very Important	Moderately Important	Slightly Important	Not Important	Very Satisfied	Moderately Satisfied	Slightly Satisfied	Not Satisfied	
21. Tuition reimbursement benefits for self	O	O	O	O	O	O	O	O	
22. Tuition reimbursement benefits for dependents	O	O	O	O	O	O	O	O	
23. Funds for professional development experiences (conferences, workshops, continuing education opportunities)	O	O	O	O	O	O	O	O	
24. Clinical Ladder Program	O	O	O	O	O	O	O	O	
25. Peer Review Process	O	O	O	O	O	O	O	O	
26. Opportunities to channel my ideas into the Vanderbilt Hospital "system" to promote change	O	O	O	O	O	O	O	O	
27. Opportunities to utilize my leadership skills in my work environment	O	O	O	O	O	O	O	O	
28. Recognition for my professional expertise/practice from Departmental and Hospital Administration	O	O	O	O	O	O	O	O	
29. Input into the setting of my work schedule	O	O	O	O	O	O	O	O	
30. Input into unit-based decisions and functions that affect my work	O	O	O	O	O	O	O	O	
31. Opportunities for advancement	O	O	O	O	O	O	O	O	
32. Freedom in my work to make decisions about patient care	O	O	O	O	O	O	O	O	
33. Support from supervisor on my decisions related to patient care	O	O	O	O	O	O	O	O	

OTHER STRENGTHS -- AND SUGGESTIONS FOR HOW TO BUILD ON THEM:

OTHER CHALLENGES -- AND SUGGESTIONS FOR HOW TO OVERCOME THEM:

Appendix B

ADVERTISING • MARKETING • PUBLIC RELATIONS

April 22, 1992

Karen Weisman, R.N.
Manager Nurse Recruitment and Retention
Memorial Hospital
219 South Washington Street
Easton, Maryland 21601

RKET STRATEGIES, INC.

NORTH JEFFERSON ST.

TE 600

HMOND, VA 23220-4200

-783-8140

00-VIP-2-MSI

(804-783-0098

GIONAL OFFICE:

LUMBIA, MD

Dear Ms. Weisman:

As per our telephone conversation, this letter gives you permission to use the NERRV Survey Instrument. I would appreciate your sharing a copy of your results with me.

I have enclosed a "master" copy of the instrument. You will see that there are two pages. I would suggest that when you duplicate the instrument that you print it back to front. That way, the survey respondent and whoever will be tabulating the data have only one sheet of paper with which to deal.

As we discussed, feel free to modify the instrument to meet your needs.

Good luck.

Sincerely,

Roger D. Neathawk
Chairman

NERRV© SURVEY

Nurses' Evaluation of Recruitment and Retention Variables

1. Considering the items listed below, please choose the 5 that you consider to be the most important factors contributing to job satisfaction. Rank order your choices by placing a "1" by the item you feel is most important, a "2" by the next most important item, etc.

____ Physical Environment
____ Level of Respect Afforded Nurses
____ Scheduling (Shifts, Days Off, etc.)
____ Opportunities for Career Advancement
____ Level of Support from Administration
____ Pay/Benefits
____ Ability to Function Autonomously
____ Level of Cooperation Given by Doctors
____ Standards of Patient Care
____ Educational Opportunities
____ Job Assignment

2. For each of the items listed below, please indicate your level of satisfaction as it relates to your current position at this hospital. Indicate your choice by checking the appropriate block.

	Highly Satisfied	Satisfied	Unsatisfied	Highly Unsatisfied
Physical Environment	☐	☐	☐	☐
Level of Respect Afforded Nurses	☐	☐	☐	☐
Scheduling (Shifts, Days Off, etc.)	☐	☐	☐	☐
Opportunities for Career Advancement	☐	☐	☐	☐
Level of Support from Administration	☐	☐	☐	☐
Job Assignment	☐	☐	☐	☐
Pay/Benefits	☐	☐	☐	☐
Ability to Function Autonomously	☐	☐	☐	☐
Level of Cooperation Given by Doctors	☐	☐	☐	☐
Standards of Patient Care	☐	☐	☐	☐
Educational Opportunities	☐	☐	☐	☐

3. Considering the items listed below, please choose the 5 that you consider to be the most important methods that should be used to attract more nurses to this hospital. Rank order your choices by placing a "1" by the item you feel is most important, a "2" by the next most important item, etc.

____ Local newspaper advertising
____ State nursing journal advertising
____ Incentives for staff who recruit other nurses
____ Attend nurse recruitment fairs
____ Billboard advertising
____ Radio advertising
____ National nursing journal advertising
____ Incentives for nurses who join the staff
____ Special pay for difficult to staff shifts
____ Television advertising

4. Considering the items listed below, please choose the 5 that you consider to be the **most** important things that could be done to make nursing a more attractive profession. Rank order your choices by placing a "1" by the item you feel is most important, a "2" by the next most important item, etc.

____ Opportunities for continuing education (once in nursing)
____ Increase number of males entering nursing
____ Higher pay/benefits
____ Encourage nursing as a "second career"
____ More respect from doctors
____ Make nursing education programs more accessible to students
____ Promote the status and image of nursing as a profession
____ More responsibility for nurses
____ Financial Aid for Nursing Students
____ More respect from administration
____ Improve nursing career opportunities

5. Are you pleased with your choice of nursing as a career? ☐Yes ☐No ☐Not Sure

Why? _____

_____

6. Are you pleased with your choice of this hospital as a place of employment?
☐Yes ☐No ☐Not Sure

Why? _____

_____

7. What would you say to a nurse who was thinking about joining the staff of this hospital?

_____

_____

8. *Demographic Information*

What is your age? _____ How many years have you been in nursing? _____

How many years have you worked at this hospital? _____

What specialty do you currently practice? _____

Is your position staff ☐ or management ☐?

What shift(s) do you currently work?
☐Straight Days ☐Straight Nights ☐Straight Evenings ☐Rotation (specify) _____

_____

What is your sex? ☐Female ☐Male

What is your basic nursing education preparation?
☐Diploma ☐Associate Degree ☐Baccalaureate Degree

Are you currently pursuing an advanced degree in nursing? ☐ Yes ☐ No.
If yes, ☐ Bachelors ☐ Masters ☐ Ph.D. ☐ Specialty Certification.

Please feel free to add any additional thoughts, comments, feelings, and/or suggestions.

Appendix C

DISCLOSURE FORM

Hello!

My name is Karen Weisman and I am a graduate student at Salisbury State University. As a registered nurse and the Manager of Nurse Recruitment and Retention for the Memorial Hospital in Easton, Maryland, I am very interested in the topic of nurse retention. I am very curious as to why nurses maintain employment relationships with acute care hospitals and wonder if there are differing reasons among nurses working in rural and urban areas.

As I have selected this topic for a research project, I hope you might take a few minutes to complete the questionnaire I have attached to this letter. Your participation is voluntary and all answers will be confidential. Please do not place your name on the survey. The survey should only take about ten minutes to complete and once you have completed the survey you may place it in the envelope provided.

If you have any questions regarding the questionnaire or would like to receive a copy of my results you may reach me at:

Karen Weisman, RN
P.O. Box 124
Bozman, MD 21612
(H) (410) 745-3301
(W) (410) 822-1000 ext. 5638

Thank you in advance for your cooperation and support!

Sincerely,

Karen Weisman, RN

RETENTION SURVEY

Section 1

Listed below are several factors relating to nursing. Please rate each of these factors on the following scales (mark the appropriate box):

* IMPORTANCE TO ME IN MY PRESENT JOB - How important are these factors in your decision to work/not work in your present job?

* SATISFACTION IN MY PRESENT JOB - How satisfied are you with these factors in your present nursing job at your hospital?

		IMPORTANCE TO ME IN MY PRESENT JOB				SATISFACTION IN MY PRESENT JOB				Please do not write in this column
		Not important	Slightly important	Moderately important	Very important	Not satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	
1.	Collaboration with physicians and other members of the health care team in deciding patient care issues	☐	☐	☐	☐	☐	☐	☐	☐	
2.	Willingness of co-workers to pitch in and help each other	☐	☐	☐	☐	☐	☐	☐	☐	
3.	Encouragement and recognition by co-workers	☐	☐	☐	☐	☐	☐	☐	☐	
4.	Encouragement and recognition from immediate supervisor	☐	☐	☐	☐	☐	☐	☐	☐	
5.	Open lines of communication between all levels of nursing	☐	☐	☐	☐	☐	☐	☐	☐	
6.	Support and assistance from other departments and personnel to deliver patient care	☐	☐	☐	☐	☐	☐	☐	☐	
7.	Clinical and teaching support from Clinical Nurse Specialist, or Clinical Level IV	☐	☐	☐	☐	☐	☐	☐	☐	
8.	Inclusion of new staff into our unit group	☐	☐	☐	☐	☐	☐	☐	☐	
9.	Opportunity to interact with patients' families	☐	☐	☐	☐	☐	☐	☐	☐	
10.	Supplies and equipment on the unit	☐	☐	☐	☐	☐	☐	☐	☐	
11.	Amount of paperwork	☐	☐	☐	☐	☐	☐	☐	☐	
12.	Workload that allows for quality patient care	☐	☐	☐	☐	☐	☐	☐	☐	
13.	Safe, clean work environment	☐	☐	☐	☐	☐	☐	☐	☐	
14.	Opportunities for flexible/alternative scheduling	☐	☐	☐	☐	☐	☐	☐	☐	
15.	Time for patient teaching	☐	☐	☐	☐	☐	☐	☐	☐	
16.	Pay based on work assigned	☐	☐	☐	☐	☐	☐	☐	☐	
17.	Pay related to experience	☐	☐	☐	☐	☐	☐	☐	☐	
18.	Retirement fund program	☐	☐	☐	☐	☐	☐	☐	☐	
19.	Health care benefits	☐	☐	☐	☐	☐	☐	☐	☐	
20.	Tuition reimbursement benefits	☐	☐	☐	☐	☐	☐	☐	☐	

(See Next Page)

RETENTION SURVEY

Section 1 (Cont.)

Listed below are several factors relating to nursing. Please rate each of these factors on the following scales (mark the appropriate box):

* IMPORTANCE TO ME IN MY PRESENT JOB - How important are these factors in your decision to work/not work in your present job?
* SATISFACTION IN MY PRESENT JOB - How satisfied are you with these factors in your present nursing job at your hospital?

		IMPORTANCE TO ME IN MY PRESENT JOB				SATISFACTION IN MY PRESENT JOB				Please do not write in this column
		Not important	Slightly important	Moderately important	Very important	Not satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	
21.	Funds for professional development experiences (conferences, workshops, continuing education opportunities)	☐	☐	☐	☐	☐	☐	☐	☐	
22.	Career Ladder Program	☐	☐	☐	☐	☐	☐	☐	☐	
23.	Performance Evaluation Process	☐	☐	☐	☐	☐	☐	☐	☐	
24.	Opportunities to channel my ideas into the hospital "system" to promote change	☐	☐	☐	☐	☐	☐	☐	☐	
25.	Opportunities to utilize my leadership skills in my work environment	☐	☐	☐	☐	☐	☐	☐	☐	
26.	Recognition for my professional expertise/practice from Departmental and Hospital Administration	☐	☐	☐	☐	☐	☐	☐	☐	
27.	Input into the setting of my work schedule	☐	☐	☐	☐	☐	☐	☐	☐	
28.	Input into unit-based decisions and functions that affect my work	☐	☐	☐	☐	☐	☐	☐	☐	
29.	Opportunities for advancement	☐	☐	☐	☐	☐	☐	☐	☐	
30.	Freedom in my practice to make decisions about patient care	☐	☐	☐	☐	☐	☐	☐	☐	
31.	Support from supervisor on my decisions related to patient care	☐	☐	☐	☐	☐	☐	☐	☐	

OTHER STRENGTHS – AND SUGGESTIONS FOR HOW TO BUILD ON THEM:

OTHER CHALLENGES – AND SUGGESTIONS FOR HOW TO BUILD ON THEM:

(See Next Page)

RETENTION SURVEY
Section 2

1. Are you pleased with your choice of nursing as a career? ☐ Yes ☐ No

   Why or why not?

_____

_____

2. Are you pleased with this hospital as a place of employment? ☐ Yes ☐ No ☐ Not sure

   Why or why not?

_____

_____

3. Because nurse retention is very important, please share the single most important reason you have maintained employment with this hospital?

_____

_____

4. Please share other reasons why you have stayed employed with this hospital.

_____

_____

5. What would you say to a nurse who was about to join the staff of this hospital?

_____

_____

(See Next Page)

Retention Survey
Section 3

1. What is your age? _____

2. How many years have you been in nursing?
   a) 0 - 5 years
   b) 6 - 10 years
   c) 11 - 15 years
   d) 16 - 20 years
   e) greater than 20 years

3. How many years have you worked at this hospital?
   a) 0 - 5 years
   b) 6 - 10 years
   c) 11 - 15 years
   d) 16 - 20 years
   e) greater than 20 years

4. During your employment with this hospital how many nursing positions have you held? _____

5. What speciality do you currently practice?
   a) Med/Surg
   b) Maternity
   c) Critical Care
   d) Surgery
   e) Pediatrics
   f) Emergency
   g) Other (please specify)_____

6. Is your position:
   a) Staff
   b) Management

7. What is your employment status?
   a) Full time
   b) Part time (at least 20 hours/week)
   c) Relief (less than 20 hours/week)

8. What is your primary shift?
   a) Days
   b) Evenings
   c) Nights
   d) Weekend days
   e) Weekend nights

9. How often do you rotate shifts?
   a) Never
   b) Less than 5 shifts per month
   c) 6 - 10 shifts per month
   d) Greater than 10 shifts per month

(See Next Page)

Retention Survey
Section 3

10. What is your gender?
    a) Female
    b) Male

11. Are you a
    a) RN
    b) LPN

12. What is your basic nursing preparation?
    a) Diploma
    b) Associate Degree
    c) Baccalurate Degree

13. Are you currently pursuing an advanced degree
    a) no
    b) yes (please specify degree and major) _____

14. What is your highest degree held?
    a) LPN
    b) Diploma
    c) Associate Degree
    d) Baccalurate Degree
    e) Master's Degree
    f) Phd
    g) Other (please specify) _____

    Please specify major _____

15. How many miles do you commute one way to work? _____

16. If you have children, how many do you have? _____

    What are their ages? _____, _____, _____, _____, _____, _____

Thank You!

Appendix D

The Memorial Hospital

219 South Washington Street
Easton, Maryland 21601

410/822-1000

October 26, 1992

Karen Weisman
P.O. Box 124
Bozman, MD 21612

Dear Karen,

After review of your research proposal and instrument, the Department of Nursing Services grants you permission to utilize the staff nurses of Memorial Hospital as the population for your research project.

We look forward to your results regarding the retention factors of our nursing staff and we wish you much luck and success in execution of your project.

Sincerely,

Ruth Ann Jones

Ruth Ann Jones, RNC, MSN, CNA
Director, Clinical Practice

RAJ/laf

Appendix E

Anne Arundel Medical Center

A Subsidiary of
Anne Arundel General
Health Care Systems, Inc.

Franklin & Cathedral Streets
Annapolis, MD 21401
(410) 267-1000
FAX: (410) 267-1624

November 20, 1992

Karen Weisman
Nurse Recruiter
P.O. Box 124
Bozman, MD 21612

Dear Ms. Weisman,

The research committee has reviewed the proposal entitled "Factors Contributing to Retention of Hospital Nurses in Urban and Rural Areas." The committee approved having the study conducted at Anne Arundel Medical Center (AAMC). Several concerns were discussed which might influence study results:

1. Hospital defined as urban rather than suburban.
2. AAMC does not use agency nurses.
3. AAMC has shared governance.

The Research Committee wanted you to be aware of these concerns, although they should not prohibit your conducting the study at AACC. The committee recommends that you attend staff meetings to collect your data.

Please contact me to make arrangements when you are ready to collect your data.

Sincerely,

Trellis

Trellis Moore, R.N.
Clinical Director for the
Center of Education,
Evaluation and Research

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Karen

STATEMENT OF APPROVAL

COMMITTEE ON HUMAN VOLUNTEERS

SALISBURY STATE UNIVERSITY

Date December 4, 1992

MEMORANDUM TO:

FROM: Chairman, Committee on Human Volunteers

SUBJECT: Factors Contributing to Retention of Hospital Nurses in Urban and Rural Areas

Title of Study

Grant Application No. SSU, Nursing Department

Sponsoring Agency

Dr. Karin E. Johnson

Principal Investigator or Program Director

Karen Weisman

Student Investigator(s)

The Committee on Human Volunteers has considered the above application and, on the basis of available evidence, records its opinion as follows:

(1) The rights and welfare of individual volunteers are adequately protected.

(2) The methods to secure informed consent are fully appropriate and adequately safeguard the rights of the subjects (in the case of minors, consent is obtained from parents or guardians).

(3) The investigators are responsible individuals, competent to handle any risks which may be involved, and the potential medical benefits of the investigation fully justify these studies.

(4) The investigators assume the responsibility of notifying the Committee on Human Volunteers if any changes should develop in the methodology or the protocol of the research project involving a risk to the individual volunteers.

Francis Kane

Chairman

KAREN HOPE WEISMAN

P.O. Box 124
8171 Bozman Neavitt Road
Bozman, Maryland 21612
(410) 745-3301

EDUCATION:

Master of Science, Nursing May, 1994.
Salisbury State University School of Nursing
and Health Sciences, Salisbury, Maryland

Bachelor of Science, Nursing June 1985.
University of Delaware College of Nursing,
Newark, Delaware

EXPERIENCE:

October 1993 - Present

Director of Physician/Nurse Recruitment
The Memorial Hospital at Easton, MD., Inc.

Responsible for the development and implementation of a physician recruitment program. Works with the medical staff and the hospital administration to determine recruitment goals. Maintains a constant source of information relating to new physician contacts and takes appropriate and timely measures to recruit physicians.

In addition to physician recruitment responsibilities duties include: development and administration of a nursing recruitment and retention program under the direction of the Director, Nursing Systems and in conjunction with the Human Resources Department.

July 1989 - October 1993

Manager, Nurse Recruitment and Retention
The Memorial Hospital at Easton, MD., Inc.

Responsible for the development, administration, implementation and evaluation of a nursing recruitment, retention and recognition program.

EXPERIENCE CONTINUED:

Duties include: initiation of hiring process for all applicants to the Department of Nursing, maintenance of an effective advertising program and field recruitment. Annual budget developed in conjunction with the Director of Nursing Systems. Special projects include the Recruitment and Retention Committee, the RN/Mentor Program, Nurse of the Year Reception Program and participation in physician recruitment as requested.

September 1991 - June 1992

Faculty, Macqueen Gibbs Willis School of
Nursing, Easton, Maryland

Served as contractual faculty member supervising clinical rotations in Adult Health I and II for Senior Nursing Students in the Evening/Weekend Program.

August 1987 - July 1989

Staff Nurse, Intensive Care Unit
The Memorial Hospital at Easton, MD., Inc.

Delivered patient care to critically ill medical/surgical patients. Emphasis in cardiac care, telemetry and arrhythmia management.

June 1985 - July 1987

Clinical Nurse/Senior Clinical Nurse
The Johns Hopkins Hospital, Baltimore, Maryland
Oncology Center, Bone Marrow Transplant Unit

Practiced primary nursing, directed and planned nursing care to meet the physical, emotional and psychological needs of the patient and family undergoing bone marrow transplant. Participated in research protocols and assisted in data collection. Supervised and assisted staff as charge nurse and participated in daily rounds with the multi-disciplinary team. Provided supportive environment as a preceptor and achieved Senior Clinical Nurse status in April, 1987, after researching a salaried professional practice model for use on the unit.

CERTIFICATIONS:

Cardio-Pulmonary Resuscitation, October 1994

Critical Care (CCRN), February 1995

PROFESSIONAL MEMBERSHIPS:

Sigma Theta Tau, Beta XI Chapter

National Association of Healthcare Recruitment
Area Representative for Maryland

Baltimore Association of Nurse Recruiters

Association of Staff Physician Recruiters