New Nurse Retention in a Private Medical Practice in Metropolitan Detroit, Michigan

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by
Naiya L. Ortiz

Project Instructor:
Dr. Patricia A. Kelley

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EXECUTIVE SUMMARY

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By Naiya L. Ortiz

This research study examined the factors causing high turnover among newly graduated nurses at Priti Bhardwaj, M.D. and Assoc., a moderate-sized private medical practice in the Metropolitan Detroit, Michigan region. To understand the factors contributing to high turnover, the following sub-questions were investigated:

1. What is the turnover level for the past year and how does that compare to turnover at similar private medical practices?
2. To what extent are work-related factors (nature of work, work schedule, and work-related stress) contributing to desire to leave the organization?
3. To what extent are people-related factors (interpersonal relations with co-workers and supervisors, generational differences, and job expectations) contributing to turnover?
4. Are home-based factors (work-family conflict) contributing to retention issues?
5. What actions can be taken to improve working conditions, reduce stress, and retain employees at this medical practice?

Beginning with a review of the related literature, the researcher gathered data that addressed the known factors causing high new graduate nurse turnover in similar organizations. The literature provided information regarding average turnover level, work-related fatigue and burnout, workplace incivility and interpersonal relations, generational differences, career expectations, work-family conflict, and retention strategies.

The research typology selected was a program evaluation. New graduate nurses at Priti Bhardwaj, M.D. and Assoc. were surveyed via an online survey through SurveyMonkey.com.
The survey contained a mixture of open-ended and Likert scaled questions. Information collected from the surveys was used to reasonably determine the factors causing high turnover among new nurses at Dr. Bhardwaj’s medical practice. Recommendations were made based on analysis of the data.

Data from the surveys were analyzed and compared to the literature reviewed. While the data generally supported prior research; in several instances, survey results were inconsistent with the literature reviewed. Regarding sub-question one, the research found that Dr. Bhardwaj is experiencing above average turnover among newly graduated nurses. Results from sub-question two confirmed the relationship between work-related fatigue and increased intent to leave. Data from sub-question three both supported and refuted the literature. Expectations of nursing not coinciding with the reality of the profession was discovered to be attributing to the turnover rate, supporting the literature, while the other people-related variables studied (job satisfaction, work environment in regards to friendliness and cordiality, and supervisor civility) were found not to be an issue for this practice, thereby refuting the literature. Lastly, sub-question four was found not to be relevant for this research, since the variables studied for work-family conflict did not relate to most of the participants.

This research yielded data that could be useful for improving retention of new nurse graduates at Priti Bhardwaj, M.D. and Assoc. Based on these findings, the study concluded with three recommendations for management to review. By taking the time to analyze these results and implementing the researcher’s recommendations, Dr. Bhardwaj’s management team could not only enhance the probability of retaining newly graduated nurses, but increase the success of the practice, overall.
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Chapter 1: Problem Definition

Background

Dr. Priti Bhardwaj, M.D. is one of metro Detroit’s leading doctors in internal medicine. She owns three private medical practices in the Detroit suburbs of Taylor, Lincoln Park, and Saint Clair Shores. She is affiliated with several hospitals in the metro Detroit area, including Henry Ford Wyandotte Hospital, Beaumont Hospital in Dearborn, and Oakwood Hospital in Taylor. She has been in practice for over 20 years and she opened her first private office in Taylor, Michigan in 2001 (Healthgrades Operating Company, 2016).

Despite Dr. Bhardwaj’s success as a medical doctor, she is having a difficult time retaining her nursing staff, especially new graduates. This problem is a global issue: one in five newly licensed nursing graduates leave their first job within a year and one in three leave within two years (Robert Wood Johnson Foundation, 2014). This trend is not new. Historically, new graduate nurses have a high turnover rate within their first year of employment (Beecroft, Dorey, & Wenten, 2008).

Nursing turnover and retention have received considerable attention worldwide because of the documented implications on patient safety outcomes. Nursing shortages have been extensively linked to unfavorable clinical outcomes. Aiken (2002) found, in a study of over 10,000 staff nurses, that a higher patient-nurse ratio was linked to an increased risk of patient mortality. Furthermore, additional patient-nurse ratios increased the odds of nurse burnout by 23% and the odds of job dissatisfaction by 15%.

Nursing turnover also has a significant financial cost. The 2016 National Healthcare Retention & RN Staffing Report found that the average cost of turnover for a bedside RN
ranges from $37,700 to $58,400 resulting in the average hospital losing $5.2M – $8.1M. The financial cost for privately owned medical practices is not as widely studied as moderate to large hospitals. Regardless of the size of a healthcare organization, frequently recruiting and hiring new nursing staff involves a great deal of time, effort, and money. The human cost of nursing turnover should not be ignored, either.

**Research Problem**

Given the preceding background on new graduate nursing turnover, Dr. Bhardwaj is facing challenges with retaining her nursing staff, particularly her newly hired nurses who have recently graduated. The problem is that her new nurses are dissatisfied and she is losing valuable members of her medical team. Nursing turnover carries significant financial and human costs that affect multiple levels of a healthcare practice.

This research examined the following question: What factors are causing high turnover among newly graduated nurses at Dr. Bhardwaj’s medical practice and what actions can be taken to address it? In order to answer the primary research question, the following series of sub-questions were investigated:

1. What is the turnover level for the past year and how does that compare to turnover at similar private medical practices?
2. To what extent are work-related factors (nature of work, work schedule, and work-related stress) contributing to desire to leave the organization?
3. To what extent are people-related factors (interpersonal relations with co-workers and supervisors, generational differences, and job expectations) contributing to turnover?
4. Are home-based factors (work-family conflict) contributing to retention issues?
5. What actions can be taken to improve working conditions, reduce stress, and retain employees at this medical practice?

Research Audience and Rationale

The audience for this study is Dr. Bhardwaj and her office management staff. Recommendations are geared towards improving new graduate nurse retention in two of three of her offices, with hopes that the results from her Taylor and Lincoln Park locations also apply to her Saint Clair Shores office. The Saint Clair Shores office is co-owned with another doctor and the researcher was not given permission to collect data at this location. The results from the data focused on strategies to retain her nursing staff based on the answers that the nurses provided.

Nurse turnover is a recurring problem for health care organizations. Nurse retention focuses on preventing nurse turnover and keeping nurses in an organization’s employment. Retaining qualified nurses is important and worth the expense because nurse turnover is costly and increases the risk of patient errors, compromises quality of care, decreases productivity, and results in additional turnover. Hospitals and private medical practices alike would not survive without their nursing staff so great care should be taken to retain nurses. This research provides recommendations for retaining nurses and reducing the financial and human costs associated with nursing turnover.

Research Study Scope/Delimitations

This research focused on nurses recently hired within Dr. Bhardwaj’s Taylor and Lincoln Park, Michigan office locations and therefore may not be applicable to all privately owned medical practices. Nurses hired within the past 2 years were the research focus. Retention among other medical personnel such as medical assistants, office assistants, and office managers were not studied or discussed. The study includes data taken from the Taylor and Lincoln Park office
locations but not from the Saint Clair Shores office since the researcher was not given permission from the co-owner to collect data from this location. Recommendations for new nurse retention are therefore limited to the Taylor and Lincoln Park office locations.
Chapter 2: Review of the Related Literature

Introduction to the Literature

Extensive literature exists about new graduate nursing turnover and retention practices. In this chapter, the literature has been organized into subtopics to provide clarity on the research questions. The following topics are discussed: the turnover level of new graduate nurses in hospital settings, work-related factors that are contributing to nurse turnover (burnout, fatigue, and workplace bullying and incivility), people-related factors that are contributing to nurse turnover (interpersonal relations with supervisors and coworkers, generational differences, and job expectations), home-based factors that are contributing to nurse turnover (work-family conflict), and proven nurse retention strategies.

The purpose of reviewing this literature is to gain insightful knowledge about the reasons why new graduate nurses are leaving their jobs at alarmingly high rates. By learning about these contributing factors, the researcher is better equipped to further understand why new nurses may be leaving Dr. Bhardwaj’s medical practice. In so doing, the researcher seeks to devise effective strategies to decrease these factors as well as increase retention of new graduate nurses.

Turnover Level of New Graduate Nurses. The turnover rate among new nurses is 30% within the first year of practice and 57% by the second year (Yi Liu, 2016). One of the main reasons that new nurses are leaving within their first year is work-related fatigue. The effects of work-related fatigue on new graduate nurses are discussed further in the next section; however, it is noteworthy in this section because it is correlated with the turnover level.

New graduates reported experiencing intense stress and challenges transitioning from school to their first work setting. New graduates compose a large amount of the nursing
workforce and are a major source to meet patient needs. It is well-documented that high patient ratios increase the likelihood of fatigue.

Cho, Lee, Mark, and Yun (2012) found that 17.7%, 33.4%, and 46.3% of new graduate nurses were estimated to leave their first job within 1, 2, and 3 years, respectively. These turnover rates indicate that new graduates had a great risk of leaving their first job within a year, yet the risk did not decrease after one year of working. Furthermore, nurses with higher levels of education (a bachelor’s degree) were more likely to leave, possibly due to their greater occupational mobility. Small and nonmetropolitan hospitals also had greater turnover rates. These findings support prior evidence that small, rural hospitals have difficulties in recruiting and retaining nurses.

Nursing in primary health care (PHC) settings is notably different than hospital settings because of higher levels of isolation and autonomy (Pauline Murray-Parahi, 2016). There is much ambiguity in primary care and this could pose a challenge for new nurses who typically need more structure and guidance. As mentioned above, transition to practice from the education setting is a common problem for new nurses, particularly in the PHC setting since typical undergraduate curricula does not focus on primary care (Pauline Murray-Parahi, 2016).

Due to limited research in the PHC setting, barriers to transition are likely underestimated. On average, it takes 12 months for a new graduate nurse to feel confident in familiar settings (Pauline Murray-Parahi, 2016). Transition experiences in unfamiliar roles or environments can take much longer and is often doubly challenging since the new nurse has to undergo the transition process as well as the feeling of dislocation from lack of experience.

Work-Related Factors: Fatigue, Burnout, and Workplace Incivility. Yi Liu (2016) found that 65% of the variance in new nurses’ intent to leave was due to work-related fatigue,
working conditions, and issues concerning health. Work-related fatigue was found to be the major determinant of new nurses’ intent to leave. Since nurses are known to have higher psychological and physical demands than is found for most other professions, it is thought that nurses may have higher needs in terms of recovery. Together with intent to leave, problems pertaining to performance breakdown, health problems, sick leave, and psychological distress appear as indicators of insufficient recovery from work fatigue.

Although work-related fatigue has a strong association with nurses’ intent to leave, working conditions, including overtime and workload, are significant factors in the decision process. The physical, emotional, and mental exhaustion known to be caused by excessive workload are, sometimes, the catalyst in nurses’ intent to leave as these longer shifts tend to incite fatigue. Compared to those working the average shift of 8 hours, nurses that worked 10 hour shifts were more fatigued and less recovered (Yi Liu, 2016).

Nurse fatigue in the United States is recognized as a source of adverse patient events and has a negative impact on nurses’ safety. Martin (2015) stated that fatigue is highly correlated with nurse performance and chronic fatigue is related to the number of hours worked. Longer work hours increased the risk for patient errors and decreased nurse vigilance. Although The Occupational Safety and Health Administration (2017) cautions against working more than 8-hour shifts (as longer shifts may result in reduced alertness), most nurses are routinely working twelve-hour shifts or more.

Stimpfel, Sloane, and Aiken (2012) reported that 65% of nurses worked 12-hour shifts or longer. This schedule typically gives nurses a three-day workweek and potentially provides a better work-life balance and flexibility; however, the actual shift lengths are often unpredictable because of fluctuations in patient needs and unanticipated staffing changes. As a result, nurses
often work unplanned overtime. When long shifts are combined with overtime, shifts that rotate between day and night, and consecutive shifts, nurses are at risk for fatigue and burnout, which compromises patient care.

A significant relationship exists between a nurse’s shift length and patient satisfaction. Most notably, hospitals with higher proportions of nurses working shorter shifts, 8–9 hours or 10–11 hours, resulted in more patient satisfaction; as the proportion of nurses working shifts of more than twelve hours increased, patients’ dissatisfaction with care also increased (Martin, 2015). The patients of nurses who worked longer shifts were more likely to report that the nurses sometimes or never communicated well, their pain was sometimes or never well-controlled, and they sometimes or never received help as soon as they needed. Furthermore, seven out of ten patient outcomes were significantly and adversely affected by the proportion of nurses working shifts of longer than twelve hours, including global assessments of care, patients’ rating of the hospital overall, and whether the patients would recommend the hospital (Stimpfel, Sloane, & Aiken, 2012).

Chronic fatigue can eventually lead to burnout syndrome. Burnout syndrome shows a significant relation to nursing turnover, especially as it pertains to new graduates. Stated to be primarily related to negative work conditions, 66% of new graduates claim to have experienced severe burnout. Fida (2013) described burnout as a psychological response to chronic job stressors consisting of emotional exhaustion, cynicism, and personal efficacy. As the core element of burnout, emotional exhaustion results in cynicism and emotional withdrawal from work as well as feelings of inefficacy when sustained over time. The prevalence of burnout in the field of nursing is particularly high. This is believed to be due to the elevated emotional and physical demands placed upon nurses on a daily basis.
In addition to fatigue and burnout, new nurses are often the target of workplace incivility and bullying. Incivility contributes to high levels of turnover often seen within the first two years of a new graduate nurse’s employment. Incivility within the workplace is shown to decrease job satisfaction and organizational commitment, as well as increases the intent to leave (D’ambra, 2014). As the most frequent and tolerated form of bullying, it is workplace bullying that shows a strong relation to turnover intent, absenteeism, and poor mental health (Fida, 2013).

Delving deeper into the subjects of incivility and workplace bullying, D’ambra (2014) discovered the following disturbing results: Supervisor incivility was reported by 67.5% of nurses and 77.6% of the nurses experienced incivility from a co-worker. Furthermore, over half (58%) of nurses reported feeling undervalued by other nurses, 34% reported having learning blocked, 20% felt a threat of repercussions for speaking out, 34% felt emotional neglect, 38% felt distress about the particular conflict, 46% felt a lack of supervision, and 17% felt a lack of support.

People-Related Factors: Interpersonal Relations, Generational Differences, and Expectations. Cho, Lee, Mark, and Yun (2012) found that nurses reporting overall job dissatisfaction were significantly more likely to leave than those who were satisfied. New nurse graduates reported feeling that they have poor interpersonal relationships, as well as experienced nurse-to-nurse horizontal violence in the workplace. Among 10 aspects of job dissatisfaction, it was interpersonal relationships that had the greatest impact on turnover rates. The second greatest impact on turnover was found in work content dissatisfaction. Dissatisfaction with work content may be reflective of the reality of nursing versus the idea of what it was thought to or ought to be in practice.
An important and well-documented source of low job satisfaction is in regards to conflict between what nurses anticipated or expected upon entering nursing versus what they experience in the workforce (Andrews, 2013). Job satisfaction and commitment are also demonstrated to be higher in workplaces with clear organizational structure and managerial support. Millennial nurses (those born after 1980) seem to have a particularly difficult time with the reality of nursing not coinciding with expectations.

The Millennial generation is a large and fast-growing cohort. The Millennials grew up in the age of domestic and international terrorism, along with the explosion in social networking and information technology (Johnson & Johnson, 2010). Havens (2015) succinctly and articulately described the Millennial generation as protective and careful, yet also confident, expressive, optimistic, as well as, self-indulgent. He notes that Millennials are the least religious, best-educated, and most racially diverse of the generations. He further states that Millennials prefer to work in teams and crave instant gratification, feedback, and recognition. He then indicates that the Millennial generation’s greatest disadvantage is impatience, elaborating that if they are unhappy, they will quickly move on to the next job at another organization.

Andrews (2013) found that the Millennial generation expects challenging work, opportunities for advancement, a social work environment, a work-life balance, and an employer who acknowledges corporate social responsibilities. She also noted that Millennials expect that their growth and development as professionals will be structured and supported by those in positions of leadership and authority. The expectation of structure and support is thought to be indicative of the Millennial generation. Most Millennials grew up in a social culture that promoted a nurturing and protected environment. Structure and support was provided by the influential people in Millennials’ lives, including parents, teachers, and coaches.
When new graduate Millennial nurses entered the nursing profession and their roles changed from student nurse to registered nurse, they generally experienced a great deal of uncertainty. Andrews (2013) noted that the Millennial nurses surveyed were reluctant to leave the familiar (the school setting) and felt like their safety net was taken away when they became registered nurses. All of the Millennial nurses surveyed expressed feelings of self-doubt, stress, and anxiety about making independent decisions as a nurse. They also expected that they would be supported throughout the transition process and commented on the importance of supportive personal relationships (parents, spouse, and friends).

With Millennial nurses comprising 62% of the new nursing workforce, it is detrimental for patients and employers to have their caretaker or employee experiencing these feelings (Andrews, 2013). The risk of voluntary turnover increases when new graduate nurses feel overwhelmed and unsupported, and one might reasonably conclude that this risk further increases when the new nurse is a Millennial, who typically have higher needs for structure and support. The literature seems to coincide with this conclusion; only 18% of Millennials expect to stay with their current employer for the long term, and 25% anticipate 6 employers or more over their lifetime (Andrews, 2013).

The greatest impacts affecting new graduate nurse turnover rates appear to justify the critical needs for newly graduated nurses to establish good interpersonal relationships, and gain a clear perspective of nursing (before graduation) if the potential to remain with their first employer is to exist. D’ambra (2014) suggests implementing mentor training programs for new nurses because mentoring greatly impacted new graduate retention. For the mentees who met regularly with their mentors, 94% stated that the mentor provided guidance and feedback, 68%
thought the mentor was a stress reliever and 94% clicked with their mentor. A healthy work environment had a positive effect upon new graduate transition.

**Home-Based Factors: Work-Family Conflict.** Past studies of work–family conflict have revealed that conflict increases dissatisfaction with work and family life and decreases quality of life (Fujimoto, 2008). Conflict occurs when one experiences pressure from two different roles simultaneously. It has two possibilities: 1.) work-to-family conflict, in which the quality of family life is lowered because of the pressure from work, and 2.) family-to-work conflict, in which the quality of work life is deteriorated because of the pressure in family life.

Most antecedents of work interference with family are work-related (e.g., long working hours, work stress); and the majority of antecedents of family interference with work are family-related (e.g., housework, family stress). Family-related stress predicts levels of work interference with family; work-related stress predicts levels of family interference with work. Work interference with family most strongly predicted hospital nurses’ intention to leave their organization or profession, while “family-related variables” (e.g. family stress) greatly predicted home healthcare nurses’ intention to leave their organization or profession (Yamaguchi, Inoue, Harada, & Oike, 2016).

According to a survey conducted by the Japanese Nursing Association in 2006, the primary reasons for turnover for currently non-working nurses were pregnancy and childbirth (30%), marriage (28.4%), and childcare (21.7%) (Fujimoto, 2008). These results align with Yamaguchi, Inoue, Harada, and Oike’s (2016) findings that family needs, kinship responsibilities, and the age of nurses’ youngest child significantly predicted nurses’ intention to leave work. Furthermore, Cho, Lee, Mark, and Yun (2012) found that nurses who were married were more likely to leave, suggesting that marriage may increase family responsibility and cause
work-family conflict. Additionally, married nurses may be more likely to leave because their income is not the only source of income in the household, therefore relieving some pressure to remain employed.

As indicated by the Japanese Nursing Association survey, enrichment of child care support is important for preventing turnover among active nurses and reemploying inactive nurses. Fujimoto (2008) found that nurses who received childcare support reported a lower level of conflict (75.1%) than those who did not receive support. Nurses who received little support for child-raising in the workplace reported greater work-family conflict (89.7%).

The potential effects of work-family conflict take a frightening turn with emerging research indicating that work-family conflict is positively associated with cardiometabolic risk (Berkman, et al., 2015) and a significant predictor for lumbar (lower back) and cervical (neck) pain in OR nurses (Nutzi, Koch, Baur, & Elfering, 2015). Ashen (2008) describes cardiometabolic syndrome (CMS) as “a clustering of interrelated risk factors that promote the development of atherosclerotic vascular disease (hardening and narrowing of the arteries, which could lead to a heart attack) and type 2 diabetes mellitus. These interrelated risk factors have a direct effect on atherogenic dyslipidemia (elevated levels of triglycerides and cholesterol), elevated blood pressure, and elevated plasma glucose (high blood sugar), and promote proinflammatory and prothrombotic states (abnormal blood coagulation that increases the risk of developing blood clots).”

According to the Bureau of Labor Statistics, nurses are at an especially high risk for developing musculoskeletal problems. Musculoskeletal disorders (MSDs) affect the muscles, nerves, blood vessels, ligaments and tendons. Workers in various industries and occupations can be exposed to risk factors at work, such as lifting heavy items, bending, reaching overhead,
pushing and pulling heavy loads, working in awkward body postures and performing the same or similar tasks repetitively (United States Department of Labor, 2017). Overall, the annual occurrence of MSD for registered nurses ranges from 30% to 60%, depending on the specific body region involved (Nutzi, Koch, Baur, & Elfering, 2015). An even higher prevalence of MSD is found in operating room (OR) nurses. 66% of the OR staff surveyed in Nutzi, Koch, Baur, and Elfering’s (2015) study suffered from musculoskeletal pain. The most prevalent musculoskeletal complaints were lumbar (52.7%) and cervical pain (38.4%). Furthermore, 20.5% reported pain in the mid-spine region, 20.5% in the knees and legs, and 9.8% in the hands and feet.

There was a significantly higher probability of suffering from musculoskeletal pain for OR nurses that experienced a lot of work-family conflict than for nurses with less work-family conflict. The most significant factors that predicted work-family conflict for men were regular overtime, having a variable work schedule, and being in a management position. For women, the number of hours worked per week, workload, having a variable work schedule and a high job status were strongly associated with work-family conflict (Nutzi, Koch, Baur, & Elfering, 2015).

**Retention Strategies for New Graduate Nurses.** There are several retention strategies mentioned in the literature. Yi Liu (2016) recommends that nurse managers evaluate new graduate nurses’ work schedules, specifically overtime hours and shifts extending more than 10 hours. Workload and work-related fatigue are highly correlated and caution should be exercised when scheduling new nurses for long shifts. Furthermore, new graduate nurses’ fatigue level, work-related difficulties, and adaptation strategies should be assessed by mentors. Strategies for fatigue reduction should be implemented for new nurses to enhance their intention to stay, such as increasing the number of breaks and support from mentors.
Martin (2015) also recommends that nurse leaders monitor how many hours that nurses are working, including hours worked in second jobs. She elaborates further, stating that chronic understaffing at a hospital may lead to nurses working longer shifts or overtime to make up for the staffing shortages. Hospitals that do not require overtime but are short staffed may also face quality-of-care issues. Policies that facilitate manageable work hours can contribute to the development of a healthier nursing workforce.

Stimpfel, Sloane, and Aiken (2012) revealed that there are no national work-hour policies for registered nurses. Several states, such as Maryland and California, have prohibited mandatory overtime for nurses, but there is no limit to nurses’ voluntary overtime hours. Furthermore, the distinction between voluntary and mandatory is often blurred: Nurses frequently reported feeling coerced into working “voluntary” overtime. The researchers recommend that nursing leaders encourage workplace cultures that respect nurses’ days off and vacation time, promote prompt departure at the end of a shift, and allow refusal to work overtime without retribution.

Fida (2013) recommends that current nursing leadership be evaluated, noting that the quality of working conditions created by leaders play an important role in the extent to which employees experience work-related bullying, negative employee interactions, and poor organizational outcomes. She further elaborates that leadership is either directly or indirectly linked to employee experiences of burnout and supportive management is related to lower levels of emotional exhaustion in healthcare work environments.

The leadership style that Fida recommends could be described as resonant. According to Goleman, Boyatzis, and McKee (2013), there are two types of leaders: resonant and dissonant. Resonance, in terms of brain function, indicates that a person’s emotional centers are in synch in a positive way. The resonant leader is one that drives emotions positively. Conversely,
dissonance, in its original musical sense, describes an unpleasant, harsh sound; in both musical and human terms, dissonance refers to a lack of harmony. The dissonant leader produces groups that feel emotionally discordant.

The discussion of positive nursing leadership continues as Andrews (2013) calls for nurse leaders to create work environments that embrace generational diversity and respect the knowledge that new nurses bring. She notes that when workplaces address unit culture and empowers employees, nurses demonstrate greater job satisfaction and organizational commitment. She ends her sentiment by commenting that nurse leaders can plan for new graduates’ transition from nursing student to registered nurse by supporting these graduates as new, inexperienced team members rather than treating them as outsiders who need to gain acceptance.

The future of leadership in general essentially demands cultural intelligence. Cultural intelligence is the capability to function effectively across national, ethnic, and organizational cultures (Livermore, 2015). Healthcare organizations are serving an increasingly diverse public, which in turn calls for more culturally intelligent nurse leaders. Several studies have confirmed the relationship between diversity and organizational performance. Companies with workforces comprised of an equal balance of male and female employees performed better in their industries (Powell, 2011). As of 2016, women significantly outnumbered men in the nursing profession nationwide: 83% of nurses reported as female, 8% as male, and 9% as unspecified (The Henry J. Kaiser Family Foundation, 2016). Recruiting and retaining more male nurses may prove to be beneficial given the positive correlation between diversity and organizational performance.

Christmas (2008) notes that Millennials are the most ethnically and racially diverse of the generational groups. She expresses that it is in the best interest of nursing to have the
Generational cohorts in the workplace join forces to welcome the Millennial generation into the nursing profession and to provide the structure and feedback they need to make a successful transition. This is strikingly similar to Andrews’ stance on embracing Millennial nurses in the workplace. Stokowski (2013) explains that for the first time in history, there is a four-generation gap in nursing, consisting of the “Traditionalists”, the “Baby Boomers”, the “X Generation”, and the Millennials. In previous years, earlier retirement from nursing and shorter lifespans kept the workforce to 3 generations. Intergenerational communication as well as a mutual understanding and respect are crucial for a healthy and productive work environment.

In regards to strategies aimed at reducing work-family conflict, Fujimoto (2008) recommends that a flexible system be established for nurses where they can select their own work hours. He believes that this system will promote awareness regarding the indispensable importance of childcare support at work. By promoting this awareness, he notes that this will increase the retention of nurses because it will create a greater balance between work and family. Nutzi, Koch, Baur, and Elfering, (2015) propose the implementation of part-time work for nurses, reasoning that part-time work decreases the number of working hours, which reduces the conflict between work and family.

Finally, Yamaguchi, Inoue, Harada, and Oike (2016) believe that nurse retention policies should distinguish between care settings. Specifically, they recommend: Reducing nurses’ work-related stress and promoting work-family balance in the hospital setting, since work interference with family most strongly predicted hospital nurses’ intention to leave their organization or profession; allowing home healthcare nurses to fulfill their family responsibilities, since home healthcare nurses were more likely to prioritize family roles and responsibilities, causing family-related variables (e.g., work-family culture and family stress) to affect their intention to leave;
ensuring that nurses in the nursing home setting have the ability to gain adequate job control, since lack of job control was a significant factor in intent to leave for nursing home nurses.

**Summary of the Literature**

As new nurse graduates enter their nursing careers, they may find themselves faced with issues they never anticipated. From workplace fatigue and burnout to incivility, these areas could lead to doubts in their chosen career. As if the work-related factors were not enough to stress out the new nurse, they will also deal with people-related factors. From interpersonal relations that can include workplace bullying and co-worker support, to the generational differences of the Millennials who are second in size to the baby boomers, new nurse graduates can surely be flooded with what can feel like too many expectations.

The varied personalities and generations that will coexist together within the medical communities may actually have the same issues just under the surface. The home-based factors of adjusting to, and dealing with, work-family conflict while maintaining the professionalism it takes to care for another life might begin to feel all-consuming. With so many issues to resolve, and so many personalities to calm, it leads one to wonder whether the problem lies with the newly graduated nurses or with the way they are perceived or treated. Ultimately, society needs nurses; therefore, one must seek to expose the problem to find a solution.
Chapter 3: Research Methodology

Research Approach

New nurses often feel unprepared and overwhelmed by the challenges of the workplace during their first period of employment following graduation. The turnover rate among new nurses is 30% within the first year of practice and 57% by the second year (Yi Liu, 2016). The loss of new graduate nurses is costly to the healthcare organization as well as demoralizing for the new nurse. Several factors contribute to new graduate nursing turnover, mainly: work-related fatigue, burnout, workplace incivility, interpersonal relations with coworkers and supervisors, generational differences, job expectations, and work-family conflict.

This chapter describes the methodology of the study conducted by the researcher. The researcher used a program evaluation approach, specifically through the use of surveys that were distributed to new graduate nurses hired within the past two years in a private medical practice in Metropolitan Detroit, Michigan. The researcher used this approach for simplicity and convenience for the participants of the study in order to reach a larger population of new nurses within the practice. The research also used existing records data.

Data Collection Approach and Procedures

Data Collected. This section identifies the data used to answer the primary research question as well as the sub-questions, which are summarized in the table below for clarity.

<table>
<thead>
<tr>
<th>Research Primary and Sub-Questions</th>
<th>Data Needed to Answer Question(s)</th>
<th>Data Collection Sources and Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary: What factors are causing high turnover among nurses at Dr. Bhardwaj’s medical</td>
<td>• Number of nurses currently employed at her medical practice that have graduated within the past</td>
<td>• The number of newly graduated nurses currently employed at her medical practice that have graduated within the past two</td>
</tr>
</tbody>
</table>
practice and what actions can be taken to address it?

<table>
<thead>
<tr>
<th></th>
<th>two years.</th>
<th>years were collected via existing employment records data.</th>
</tr>
</thead>
</table>
| 1. What is the turnover level for the past year and how does that compare to turnover at similar private medical practices? | • Number of new nurses (defined as those who have graduated within the past two years) that have voluntarily terminated their employment with her medical practice within the past one year. | • The number of new nurses that voluntarily terminated their employment within the past one year was collected by existing employment records data.  
• The turnover level among newly graduated nurses within their first two years of employment at similar private medical practices. | |

| 2. To what extent are work-related factors (nature of work, work schedule, and work-related stress) contributing to desire to leave the organization? | • Workload, overtime, and perceived stress. | Survey includes specific questions about work-related factors. Survey questions use Likert scale (1-to-5) (see Appendix C). |

| 3. To what extent are people-related factors (interpersonal relations with co-workers and supervisors, generational differences, and job expectations) contributing to turnover? | • Workplace civility, demographic data (specifically, age – to answer the generational differences factor), and job perceptions about nursing. | Survey includes specific questions about workplace civility and demographic data (age). Survey questions use Likert scale (1-to-5) (see Appendix C). Survey also includes an open-ended question about perception of nursing before and after being hired. |

| 4. Are home-based factors (work-family conflict) contributing to retention issues? | Demographic data (relationship status, number of children), scheduling conflict, and childcare support. | Survey includes specific questions about work-family conflict. Survey questions use Likert scale (1-to-5) (see Appendix C). |
5. What actions can be taken to improve working conditions, reduce stress, and retain employees at this medical practice?

New nurses’ perceptions on what they believe will improve their working conditions and reduce their work-stress level.

- An open-ended question is included on the survey in order to collect ideas for improving retention (see Appendix C).

**Data collection procedures.** Data was collected from two sources. The first source is a survey questionnaire. The questionnaire was created by the researcher through SurveyMonkey.com, an online survey development software. The survey has not yet been tested for validity and reliability since this is the first time it was used. The questionnaire contained a mixture of open-ended and Likert scaled questions for the purpose of quantitative analysis. The second source is existing records data from Dr. Bhardwaj’s medical practice. The existing records data used are past employment records of new nurses (defined as those that graduated within the past two years) who voluntarily terminated their employment with Dr. Bhardwaj’s medical practice within the past one year, as well as, currently employed nurses hired within the past two years. Previous employees were not interviewed due to availability constraints.

**Target Population.** The target population was newly graduated nurses (those who have graduated within the past two years) hired within Dr. Bhardwaj’s Taylor and Lincoln Park, Michigan office locations within the past two years. The population size was fifty-two nurses.

**Sample Details.** Due to the small population size, every nurse in the target population was sampled. Each nurse had the opportunity to participate in the survey, limiting bias in the sample group. The sample was a convenience sample for two reasons: 1.) the research problem focused on two of three of Dr. Bhardwaj’s medical offices due to the researcher not being able to gain permission to conduct the study in the third office (which is co-owned with another doctor) and 2.) Due to time constraints on the researcher as well as on Dr. Bhardwaj, the researcher had limited time to distribute the surveys.
Potentially vulnerable populations (pregnant women and disabled persons) may have been a part of this study. Given that all members of the target population were registered nurses with at least an associate’s degree (the minimum educational requirement to become a registered nurse), it was reasonably assumed that none of the participants were under the age of eighteen (a minor). The researcher is unaware of any of the participants being pregnant or having a disability due to the sensitivity of this information, so the possibility remains.

Participants could choose to participate in the survey via an online survey consent form that was e-mailed to the participants’ work e-mail. E-mail addresses were obtained by an organizational list of e-mail addresses. A link to the survey was provided in the survey cover letter. Participants were asked to digitally sign the survey consent form and forward it back to the researcher before they began the survey. Participants could also choose to receive a summary of the results by e-mailing the researcher.

**Instrumentation.** The instruments used in this research were a survey questionnaire and existing records data. The survey questionnaire is included in Appendix C. The survey was solely created for this research and has not yet been tested for validity and reliability. The survey was through SurveyMonkey.com, an online survey software. The survey consisted of sixteen questions that are a mixture of open-ended and Likert (1-to-4) scaled questions. Open-ended questions were included to ensure that information normally missed with more structured questions was obtained. A Likert scale was used for some questions in order to provide for quantitative analysis.

**Procedures.** Existing records data was used to identify the target population. Specifically, employee files were reviewed for qualifying factors for the purpose of this study. Past employment records dating back to one year were also viewed to discover the turnover rate of
new graduate nurses at Dr. Bhardwaj’s medical practice. No issues were encountered with reviewing employee files or past employment records.

Surveys were distributed to every newly graduated nurse (those who have graduated within the past two years) hired within Dr. Bhardwaj’s Taylor and Lincoln Park, Michigan office locations within the past two years. Of the fifty-two surveys distributed, forty were returned, resulting in a significantly higher than average return rate of nearly 77%. The average response rate for internal surveys is between 30%-40% (Fryrear, 2015). Of the forty surveys returned, thirty-four were complete (all questions were answered.)

The survey was conducted using SurveyMonkey. A link to the survey was provided via a survey consent form that was e-mailed to participants’ work e-mail addresses. Although the researcher had access to the participants’ e-mail addresses, the survey responses were anonymous because the surveys were returned to the researcher through SurveyMonkey, not the participants. The survey was built to protect anonymity and excluded all personal information about the respondent. The respondent’s answers were also anonymous. The researcher was only aware of the number of respondents that completed the survey and was unaware of any identifying information. Furthermore, all surveys were deleted after the collected data was aggregated.

The researcher is a coworker of the respondents. To ensure that there was no coercion to participate, potential retaliation based on survey responses, or bias from either party, the researcher was unaware of which coworkers completed the survey. The researcher was also unaware of the participants’ responses.

**Timing.** Participants were given ten days to complete the survey. The surveys were distributed on January 25th, 2017, with a completion deadline of February 4th, 2017. Response
rates were above expectations, so an extension was not granted nor needed. There were also no issues encountered with the distribution and return of surveys, however, six survey responses were incomplete and had to be disregarded.

**Data Analysis Approach**

Information collected from the surveys and existing records data were used to reasonably determine the factors that affect new graduate nurse turnover in Dr. Bhardwaj’s medical practice. Recommendations were made based on analysis of this data. The data collected from the surveys provided the researcher with the relevant information needed to analyze the data. Tables were used to organize the data while charts were used to synthesize and illustrate the results from the data.

**Methodological Limitations**

This research study was designed to look at the factors of new graduate nurse turnover in one private medical practice in the Metropolitan Detroit, Michigan area. The results of this study are by no means indicative of the greater Detroit area, the state of Michigan, or the United States of America. The limitations of this study also rest in the small sample size that was available to the researcher. Furthermore, the data could be fundamentally divergent if sampled from a different or larger population of newly graduated nurses. In addition to the sample size limitations, the survey used in this study was created for this study and is therefore new and not tested for validity and reliability. The researcher also had time constraints while conducting this study and had to distribute the surveys conveniently (thus using convenience sampling), quickly, and within a designated timeframe.
Chapter 4: Data Analysis

Introduction

The data that was collected is presented in this chapter in both visual and text formats and the associated analysis links the data to the research questions. This research examines the factors causing high turnover among newly graduated nurses at Dr. Bhardwaj’s medical practice and the actions that can be taken to address it. The following variables were investigated:

- The turnover level at Dr. Bhardwaj’s medical practice for the past one year.
- Number of work hours/week, work-life balance, and work responsibility/workload.
- Perceptions about nursing before and after entering the field, job satisfaction, and work environment.
- Work-family conflict.
- Recommendations from nurses currently employed at Dr. Bhardwaj’s medical practice to improve working conditions as well as nurse retention.

The results from this study yielded findings that confirm the relationship between certain variables and reveal a conflict among others. Both are discussed and analyzed in the subsequent pages. Descriptive statistics is used throughout this chapter to provide quantitative analysis of the research problem.

Data Presentation and Analysis

Most of the data for this study was collected using an online survey through SurveyMonkey. The remaining data collected was from existing records to discover the turnover level for the past one year at Dr. Bhardwaj’s medical practice. The researcher also used existing records data to identify the target population, which were fifty-two nurses (forty responded, thirty-four responses were retained, six responses were incomplete and disregarded.) The records
used were past employment records of new nurses (defined as those that graduated within the
past two years) who voluntarily terminated their employment with Dr. Bhardwaj within the past
one year, as well as, currently employed nurses hired within the past two years.

**Turnover Level.** The employment records revealed that Dr. Bhardwaj hired thirteen new
graduate nurses within the past one year and five of those nurses voluntarily terminated their
employment within twelve months, yielding a turnover rate of approximately 38.5%. The
turnover rate at her medical practice is slightly above average; the average turnover rate among
new nurses is 30% within the first year of practice and 57% by the second year (Yi Liu, 2016).
This data answers the first research sub-question: “What is the turnover level for the past year
and how does that compare to turnover at similar private medical practices?”

Data collected from the surveys indicated that the vast majority of respondents (31 out of
34) working for Dr. Bhardwaj were in their second year of nursing practice and thus graduated
from nursing school one year ago or more. This is an interesting finding given that the average
turnover rate of new graduate nurses in their second year of practice is nearly double that of
nurses in their first year of employment. Figures 1 and 2 illustrate these results.

**Figure 1:**
Length of Employment

![Bar Chart](image-url)
Work-Related Factors. In order to answer the second research sub-question (the extent to which work-related factors are contributing to desire to leave the organization), the researcher studied the following variables: average number of hours worked per week, degree of work-life balance, and perceived workload/responsibilities. The researcher focused on these variables because previous research found that 65% of the variance in new nurses’ intent to leave was due to work-related fatigue and working conditions (Yi Liu, 2016). Work-related fatigue was found to be the major determinant of new graduate nurse turnover. Since nurses are known to have higher psychological and physical demands than is found in most other professions, it is thought that nurses may have higher needs in terms of recovery. Inadequate recovery often leads to chronic fatigue and if left untreated, chronic fatigue eventually manifests into burnout syndrome. 66% of new graduates reported experiencing severe burnout (Fida, 2013). Furthermore, working conditions, including workload and lack of a work-life balance, are also significant factors in the new nurse’s decision to leave.

Figure 3 illustrates respondents’ average number of hours worked per week. The data indicates that the vast majority (31 out of 34, or 91%) of new graduate nurses surveyed at Dr.
Bhardwaj’s medical practice worked 30 or more hours per week. Most notably, nearly 62% of new nurses worked 40 or more hours per week. Previous research reported that the most common workweek for nurses is three 12-hour shifts per week; however, the actual shift lengths are often unpredictable because of fluctuations in patient needs and unanticipated staffing changes. As a result, nurses often work unplanned overtime (Stimpfel, Sloane, & Aiken, 2012). Given that 50% of new nurses surveyed work 40-49 hours per week and almost 12% work over 50 hours per week, this could indicate that nurses employed at Dr. Bhardwaj’s medical practice are experiencing similar trends.

**Figure 3:**
Average Number of Hours Worked per Week

The degree of work-life balance is most associated with the number of hours worked per week. There is a finite amount of time in the day; the more hours that one spends at work, the
less time they can spend on lifestyle or leisure activities. When asked how easy or difficult it is to balance work life and personal life, nearly 53% of the new nurses surveyed at Dr. Bhardwaj’s medical practice said that it was “difficult” or “extremely difficult.” Almost 12% said it was “neither easy nor difficult”, while 20% and 15% reported that it was “easy” or “extremely easy,” respectively. Considering that nearly 62% of respondents worked 40 or more hours per week, this could indicate that their work schedules are interfering with their personal lives. Figure 4 illustrates the responses given by new nurses regarding their work-life balance.

**Figure 4:**
**Work-Life Balance**

**Q9 How easy or difficult is it to balance your work life and personal life where you work?**

Answered: 34  Skipped: 0

Furthermore, perceived workload was assessed among survey respondents. Yi Liu (2016) previously discovered that excessive workload caused physical, emotional, and mental exhaustion in nurses, particularly new graduates. Excessive workload was also correlated with nurses working longer shifts, which in turn, results in less work-life balance. Nearly 59% of the nurses surveyed at Dr. Bhardwaj’s medical practice rated their work responsibilities/workload as
“heavy” or “extremely heavy,” possibly supporting a positive relationship between excessive workload and number of hours worked per week. Figure 5 displays these results.

Figure 5: Perceived Workload

Q10 On average, I would say that my work responsibilities/workload is:

- Extremely heavy 17.65% (6)
- Light 14.71% (5)
- Heavy 41.18% (14)
- Moderate 26.47% (9)

Answered: 34  Skipped: 0

**People-Related Factors.** The third research sub-question (to what extent are people-related factors contributing to turnover?) was examined by studying perceptions about nursing before and after entering the field, job satisfaction, and work environment. A well-documented source of low job satisfaction is the conflict between what new graduate nurses expected upon entering nursing versus what they actually experienced in the workforce (Andrews, 2013). It was previously thought that Millennial nurses had a particularly difficult time adjusting to the reality of nursing; however, perhaps the most significant finding of this research was that generational differences were not a factor in the expectations of nursing not coinciding with reality.
Respondents’ generational group was measured by age. Figure 6 illustrates the age demographics of the new graduate nurses surveyed.

**Figure 6:**
Age Demographics

Q5 What is your age group?

- **Less than 30**: 17.85% (6)
- **30-45**: 11.76% (4)
- **46 or older**: 70.59% (24)

A noteworthy finding is that the majority (nearly 71%) of respondents were 46 years old or older. This could indicate that most of the new graduate nurses surveyed at Dr. Bhardwaj’s medical practice chose nursing as a second career. According to data from the 2008 National Sample Survey of Registered Nurses released in September 2010 by the federal Division of Nursing, the average age of the registered nurse (RN) population is 47.0 years of age. Furthermore, more than 40 percent of students studying to become registered nurses are over the age of 30, and have had successful careers in other fields (Rosseter, 2014). 82% of new graduate nurses employed with Dr. Bhardwaj are over the age of 30, indicating that her demographic of older nurses is significantly higher than average.
A telling finding was revealed when the new nurses were surveyed about their perceptions of nursing before and after entering the field. Perceptions of nursing as student nurse were overwhelmingly positive, with almost 71% (24 out of 34) of respondents indicating that: 1.) nurses help and/or care for people (29.4%), 2.) nursing is a meaningful, rewarding, and/or honorable career (14.7%), 3.) nursing holds good employment prospects and pays a good income (14.7%), and 4.) nursing is exciting and has much variety and opportunities to learn/grow (11.8%). However, upon entering the field, these perceptions changed. Over half of the respondents reported that their perception about nursing changed once they became a nurse, and an additional 9% reported that their perception did not immediately change but eventually changed later. Tables 1 and 2-1 illustrate these responses.

**Table 1:**
**Perceptions of Nursing as a Student Nurse**
**Q3: “What was your perception about nursing as a student nurse (if any)?”**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Helping/caring for people”</td>
<td>10 (29.4%)</td>
</tr>
<tr>
<td>“Hard work”</td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td>“Meaningful/Rewarding/Honorable career”</td>
<td>5 (14.7%)</td>
</tr>
<tr>
<td>“Good job/Good employment prospects/Good income”</td>
<td>5 (14.7%)</td>
</tr>
<tr>
<td>“Exciting/Opportunity to Learn/Variety”</td>
<td>4 (11.8%)</td>
</tr>
<tr>
<td>“None”</td>
<td>3 (8.8%)</td>
</tr>
</tbody>
</table>

**Table 2-1:**
**Perceptions of Nursing after Becoming a Nurse**
**Q4: “Did your perception about nursing change once you entered the field?”**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not initially, it changed later</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 (55.9%)</td>
<td>12 (35.3%)</td>
<td>3 (8.8%)</td>
</tr>
</tbody>
</table>

13 out of the 19 respondents who answered “yes” to the above question provided the following reasons why their perception about nursing changed after becoming a nurse. The remaining 6 respondents simply answered “yes” to the question and did not provide further
clarification. The respondents who answered “no” also did not provide further insight.

Furthermore, those who indicated that their perception changed later did not elaborate.

**Table 2-2:**
**Reasons Why Perception of Nursing Changed after Becoming a Nurse**

<table>
<thead>
<tr>
<th>Continuation of Q4</th>
<th>Responses</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“Nurses are underpaid and overworked.”</td>
<td>7 (53.9%)</td>
</tr>
<tr>
<td></td>
<td>“Nursing school did not prepare me.”</td>
<td>4 (30.7%)</td>
</tr>
<tr>
<td></td>
<td>“There’s less patient care and more charting.”</td>
<td>2 (15.4%)</td>
</tr>
</tbody>
</table>

The predominant response was that nurses are underpaid and overworked, with over half of the new nurses surveyed indicating as such. The second most frequent response (just under one-third) was that nursing school did not prepare them for the reality of nursing. Finally, two respondents reported that there is more focus on charting than on patient care. Job expectations that are inconsistent with reality were previously shown to be a major determinant in new nurses’ intent to leave. Furthermore, excessive workload is a significant predictor in nurse turnover.

Considering that over half of the new nurses surveyed at Dr. Bhardwaj’s medical practice felt that nurses were “overworked,” and nearly 59% perceived their workload as “heavy” or “extremely heavy”, this could indicate that they feel overworked, as well.

Overall job satisfaction as well as workplace and supervisor civility was also assessed by the researcher in an effort to understand the factors that may be contributing to new nurse turnover at Dr. Bhardwaj’s medical practice. Cho, Lee, Mark, and Yun (2012) found that nurses reporting overall job dissatisfaction were significantly more likely to leave than those who were satisfied. Among ten aspects of job dissatisfaction, it was interpersonal relationships (between coworkers as well as with supervisors) that had the greatest impact on turnover rates.

Respondents were first asked to rate their overall job satisfaction using a Likert scale (1 to 4, or
strongly disagree to strongly agree.) The results were overwhelmingly positive: 82% of new nurses surveyed either agreed or strongly agreed that they were satisfied with their jobs.

**Figure 7:**
*Job Satisfaction*

<table>
<thead>
<tr>
<th>Q11 Overall, I am satisfied with my job.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answered:</strong> 34  <strong>Skipped:</strong> 0</td>
</tr>
</tbody>
</table>

- **Strongly disagree:** 5.80%
- **Disagree:** 11.76%
- **Agree:** 41.18%
- **Strongly agree:** 41.18%

Respondents were then asked to rate their work environment on friendliness and cordiality, as well as the degree of appreciation and respect that they feel they receive from their boss (which is Dr. Bhardwaj.) Both questions use a Likert scale of 1 to 4, or strongly disagree to strongly agree. The results to both questions were compellingly positive, once more. Nearly 80% of new nurses surveyed agreed or strongly agreed that their work environment is friendly and cordial and almost 74% felt appreciated and valued by Dr. Bhardwaj. These findings are significant because D’Ambra (2014) previously noted that workplace incivility contributed to
high levels of turnover within the first two years of a new nurse’s employment. Incivility was also shown to decrease job satisfaction and organizational commitment. Disturbingly, on average, supervisor incivility was reported by 67.5% of nurses and 77.6% of nurses experienced incivility from a coworker.

Although no one should experience supervisor or coworker incivility, new nurses employed at Dr. Bhardwaj’s medical practice reported significantly less incivility than average, with just over 20% disagreeing or strongly disagreeing that their work environment is friendly and cordial. Furthermore, most of the nurses surveyed (nearly 74%) felt valued and appreciated by Dr. Bhardwaj. These results are encouraging and possibly eliminate two significant factors that may be contributing to high turnover at Dr. Bhardwaj’s medical practice. Figures 8 and 9 illustrate this data.

Figure 8: Workplace Civility

**Q12 Overall, my work environment is friendly and cordial.**

Answered: 34   Skipped: 0
Figure 9: Supervisor Civility

**Q13 Overall, I feel appreciated and valued by my boss.**

- Strongly disagree: 8.82%
- Disagree: 17.65%
- Agree: 41.18%
- Strongly agree: 32.35%

Answered: 34  Skipped: 0

**Home-Based Factors.** Work-family conflict was the final retention factor that was studied in this research. The researcher focused on relationship status and age of children (if any) to draw inferences on the degree of work-family conflict experienced by survey respondents. Work-family conflict is strongly correlated with the degree of work-life balance. Conflict occurs when one experiences pressure from two different roles simultaneously. It has two possibilities: 1.) work-to-family conflict, in which the quality of family life is lowered because of the pressure from work, and 2.) family-to-work conflict, in which the quality of work life is deteriorated because of the pressure in family life. Furthermore, most antecedents of work interference with family are work-related (e.g., long working hours, work stress); and the majority of antecedents
of family interference with work are family-related (e.g., housework, family stress). Family-related stress predicts levels of work interference with family; work-related stress predicts levels of family interference with work. Past studies of work–family conflict have revealed that conflict increases dissatisfaction with work and family life and decreases quality of life (Fujimoto, 2008).

Almost half (47.06%) of the new nurses surveyed at Dr. Bhardwaj’s medical practice are married, 20.59% are single, 11.76% are cohabiting with a significant other, 11.76% are divorced, and 8.82% are widowed.

Figure 10: Marital Status

Additionally, over half (nearly 56%) of respondents have children and 44% did not have children. This finding aligns with recent survey results from the United States Census Bureau's Current Population Survey: Nearly half of women between the ages of 15 and 44 did not have kids in 2014, up from 46.5% in 2012 to 47.6% in 2014 (Luckerson, 2015). Data trends over the
past two decades have shown that more women are choosing not to have children in order to pursue careers. Considering that 44% of the new nurses surveyed at Dr. Bhardwaj’s medical practice did not have children, the predominant age group of respondents was found to be 46 years of age or older, 62% reported working 40 hours or more per week, and previous surveys have indicated that over 90% of nurses are women, this could be a reasonable notion.

For the survey respondents that did have children, most were over the age of 18 (73%), thereby refuting the premise noted in the literature that lack of childcare support is a significant predictor in new nurses’ intent to leave. Furthermore, the literature indicated that the age of the nurses’ youngest child as well as the nurses’ marital status significantly predicted intent to leave. The vast majority of new nurses surveyed for this research were found to have adult children or no children and only about half were married.

**Figure 11:**
Parenthood Status

<table>
<thead>
<tr>
<th>Q7 Do you have children?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Answered:</strong> 34  <strong>Skipped:</strong> 0</td>
</tr>
</tbody>
</table>

- **No:** 44.12%
- **Yes, under the age of 18:** 14.71%
- **Yes, over the age of 18:** 41.18%
For Dr. Bhardwaj’s medical practice, work-family conflict does not appear to be a significant factor in new nurse turnover. This statement is further supported by the respondents’ answers. When asked: “I would be most likely to leave a job if:” only 20% responded with “The job lacks a work-family balance.” An equal number of respondents (38.24%) selected “I found another job with better pay and opportunities” and “The work environment is hostile” as the most likely reasons that they would leave their organization.

Interestingly, only one new nurse selected “The workload is too intense” as the most likely reason that they would leave their job. This may indicate that, although over half (59%) of the new nurses surveyed reported that their workload was either “heavy” or “extremely heavy,” this does not mean that workload is correlated with an increased intent to leave. This finding would refute the earlier premise that workload is contributing to desire to leave Dr. Bhardwaj’s medical practice. Figure 12 illustrates these responses.

Figure 12: Most Likely Reason to Leave an Organization

Q14 Please select one response. I would be most likely to leave a job if:

Answered: 34    Skipped: 0
Retention Strategies. The final question this research sought to answer was: “What actions can be taken to improve working conditions, reduce stress, and retain employees at this medical practice?” The researcher asked the new nurses for their insight on workplace and nurse retention recommendations. The results proved to be influential. Table 3 illustrates the responses given to the following question: “If I could change one thing about my workplace, it would be:”

**Table 3: Workplace Recommendations**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Increase staffing/Lighter workload/Better schedule”</td>
<td>10 (29.4%)</td>
</tr>
<tr>
<td>“None”</td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td>“Salary increase/Better compensation”</td>
<td>5 (14.7%)</td>
</tr>
<tr>
<td>“Better management/leadership”</td>
<td>5 (14.7%)</td>
</tr>
<tr>
<td>“Better communication among coworkers/supervisors”</td>
<td>4 (11.8%)</td>
</tr>
<tr>
<td>“More appreciation”</td>
<td>3 (8.8%)</td>
</tr>
</tbody>
</table>

As demonstrated above, the number one change that respondents would implement if given the opportunity would be to increase staffing, lighten their workload, and have a better schedule. This recommendation aligns with the data findings that 62% of the new nurses employed at Dr. Bhardwaj’s medical practice work 40 or more hours per week, 59% rated their work responsibilities/workload as “heavy” or extremely heavy,” and 53% reported it to be “difficult” or “extremely difficult” to balance their work and personal lives. Furthermore, nearly 54% of respondents mentioned that their perception of nursing changed after becoming a nurse because “nurses are underpaid and overworked,” implying that they feel overworked, as well. Increasing staff would lighten the daily workload as well as provide a better schedule. Work-life balance would also presumably increase if work hours are decreased and/or if one has a better work schedule.
Interestingly, one-fifth of respondents would not change anything about their workplace, possibly indicating that they are completely satisfied with their jobs. Considering that 82% of respondents reported that they were satisfied with their jobs overall, this could certainly be the case. Nearly 15% said that they would like a salary increase, while 26% mentioned the need for better leadership (13%) and communication among coworkers and supervisors (13%).

When the new nurses surveyed were asked to provide recommendations that they believed would positively impact nursing retention, the primary answer was “more appreciation/respect.” Curiously, nearly 74% of respondents indicated that they felt appreciated and valued by their boss and only three respondents (8.82%) cited “more appreciation” as the one change that they would implement in their workplace. Given these results, it may be presumed that the nurses are not referring to their own workplace; rather, they are making general recommendations for nursing retention.

Decreasing nurse-patient ratios and increasing staff were the second most frequent recommendation for nursing retention. Considering that increasing staff, decreasing workload, and providing better schedules was the number one change that the respondents would implement in their workplace, it can be inferred that these recommendations apply to their workplace. Furthermore, 20% of the new nurses surveyed did not have recommendations for improving nurse retention; this group could also be the same 20% that did not have workplace recommendations, implying that these nurses are satisfied with their workplace.

Finally, almost 18% believed that a salary increase would positively impact nursing retention. Nearly 15% of respondents suggested a salary increase in the workplace recommendations question and 54% believed that “nurses are underpaid and overworked,”
possibly insinuating that nurses employed at Dr. Bhardwaj’s medical practice are underpaid.

Table 4 summarizes the above responses.

**Table 4: Nurse Retention Recommendations**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>“More appreciation/respect”</td>
<td>13 (38.2%)</td>
</tr>
<tr>
<td>“Decrease nurse-patient ratios/Increase staffing”</td>
<td>8 (23.5%)</td>
</tr>
<tr>
<td>“No”</td>
<td>7 (20.6%)</td>
</tr>
<tr>
<td>“Increase salary”</td>
<td>6 (17.7%)</td>
</tr>
</tbody>
</table>

**Data Analysis Summary**

The data collected from the surveys provided insightful knowledge that was helpful in answering the research question and sub-questions. The primary objective of this research was to understand the factors causing high turnover among newly graduated nurses at Dr. Bhardwaj’s medical practice and the actions that could be taken to address it. In order to answer the primary research question, the following series of sub-questions were investigated:

- The turnover level for the past one year and how that compared to turnover at similar practices.
- The extent that work-related factors (average number of hours worked per week, degree of work-life balance, and perceived level of work responsibilities/workload) was contributing to turnover.
- The extent that people-related factors (perceptions about nursing before and after entering the field, job satisfaction, work environment in regards to friendliness and cordiality, and supervisor civility) was contributing to turnover.
- The extent that home-based factors (work-family conflict) was contributing to turnover.
• Actions that could be taken to improve working conditions and retain employees at Dr. Bhardwaj’s medical practice.

The following summary analyzes the data as it relates to these questions.

Employment records revealed that Dr. Bhardwaj had a turnover rate of approximately 38.5% in the past one year. The turnover rate at her medical practice was found to be slightly above average, as the average turnover rate among new nurses is 30% within the first year of practice and 57% by the second year (Yi Liu, 2016). Data collected from the surveys indicated that the vast majority of respondents (31 out of 34) working for Dr. Bhardwaj were in their second year of nursing practice and thus graduated from nursing school one year ago or more. These results demonstrated that she is having a particularly difficult time retaining first-year nursing graduates.

Work-related factors appeared to be a significant influence in turnover level. The vast majority (31 out of 34, or 91%) of new graduate nurses surveyed at Dr. Bhardwaj’s medical practice worked 30 or more hours per week. Most notably, 50% of the new nurses surveyed worked 40-49 hours per week and almost 12% worked over 50 hours per week. Furthermore, nearly 59% of the nurses surveyed rated their work responsibilities/workload as “heavy” or “extremely heavy.” Almost 53% of respondents said that it was “difficult” or “extremely difficult” to balance their work lives and personal lives, inferring that their work schedules are interfering with their personal lives.

These findings are further elaborated when the new nurses were asked open-ended questions regarding perceptions of nursing before and after entering the field, workplace recommendations, and retention strategies that they believed would positively impact nursing turnover. Perceptions of nursing as a student nurse were overwhelmingly positive (71%),
however, upon entering the field, these perceptions changed. Over half of the respondents reported that their perception about nursing changed once they became a nurse, and an additional 9% reported that their perception did not immediately change but eventually changed later.

The predominant reason for this change in perception was that “nurses are underpaid and overworked.” The second most frequent response was that “nursing school did not prepare me” for the reality of nursing. Job expectations that are inconsistent with reality were previously shown to be a major determinant in new nurses’ intent to leave; this supports the third research sub-question. Furthermore, excessive workload was previously found to be a significant predictor in nurse turnover. Over half of the new nurses surveyed at Dr. Bhardwaj’s medical practice felt that nurses were “overworked,” and nearly 59% perceived their workload as “heavy” or “extremely heavy”, possibly indicating that they feel overworked, as well, which would support the second research sub-question.

Increasing staff, decreasing workload, and providing better schedules was the number one change that the new nurses surveyed would implement in their workplace if given the opportunity. These responses further support the research that work-related factors are contributing to turnover at Dr. Bhardwaj’s medical practice. Furthermore, when the respondents were asked to provide retention strategies that they believed would positively impact nursing turnover, decreasing nurse-patient ratios and increasing staff was the second most reported response.

Both people-related factors (with exception to perceptions about nursing before and after entering the field) and work-family conflict (home-based factors) were not found to be significant contributors in turnover at Dr. Bhardwaj’s medical practice. The variables studied for people-related factors were job satisfaction, work environment in regards to friendliness and
cordiality, and supervisor civility. The data was compellingly positive for all three variables. Respondents were asked to rate each variable using a Likert Scale of 1 to 4, or strongly disagree to strongly agree. 82% of new nurses surveyed agreed or strongly agreed that, overall, they were satisfied with their jobs; 80% agreed or strongly agreed that their work environment was friendly and cordial; and 74% reported feeling valued and appreciated by their boss (Dr. Bhardwaj).

Additionally, the variables studied for work-family conflict were relationship status and age of children (if any). The literature indicated that the age of the nurses’ youngest child as well as the nurses’ marital status significantly predicted intent to leave. Only about half of the new nurses surveyed were married and the vast majority either had adult children or no children, thereby refuting this premise for the purposes of this research. Perhaps more telling is that, when the respondents were asked: “I would be most likely to leave a job if:”, only 20% responded with “The job lacks a work-family balance.”

Overall, the most significant factors that were discovered to be contributing to turnover at Dr. Bhardwaj’s medical practice were work-related factors and expectations about nursing not coinciding with reality. Other people-related factors such as lack of job satisfaction, workplace incivility, and supervisor incivility were not found to be of issue. Moreover, work-family conflict was seemingly not relevant for this research. Further conclusions and recommendations are provided in the final subsequent chapter.
Chapter 5: Summary, Conclusions, and Recommendations

Overview

This research study began with a description of Priti Bhardwaj, M.D. and Assoc., a moderate-sized private medical practice with three office locations in the Metropolitan Detroit, Michigan region. Dr. Bhardwaj has had a difficult time retaining her nursing staff, particularly new graduate nurses. The purpose of this research was to study the factors contributing to high turnover among newly graduated nurses at Dr. Bhardwaj’s medical practice and the actions that could be taken to address this issue. The primary research question and the series of sub-questions that were examined in the preceding chapters are the following:

- What factors are causing high turnover among newly graduated nurses at Dr. Bhardwaj’s medical practice and what actions can be taken to address it? The subsequent series of sub-questions were investigated:
  1. What is the turnover level for the past year and how does that compare to turnover at similar private medical practices?
  2. To what extent are work-related factors (nature of work, work schedule, and work-related stress) contributing to desire to leave the organization?
  3. To what extent are people-related factors (interpersonal relations with co-workers and supervisors, generational differences, and job expectations) contributing to turnover?
  4. Are home-based factors (work-family conflict) contributing to retention issues?
  5. What actions can be taken to improve working conditions, reduce stress, and retain employees at this medical practice?
This chapter provides a summary of the two sources of data that were used for the purposes of this research: the literature reviewed and the data collected through an online survey from new graduate nurses employed at Priti Bhardwaj M.D. and Assoc. Significant findings from both data sources are included and evaluated within the context of the research questions studied. Finally, the researcher draws conclusions based on the collected data and makes recommendations to increase new graduate nurse retention at Dr. Bhardwaj’s medical practice.

Summary

This sub-section includes a synopsis of key points from Chapter 2, the literature review, and Chapter 4, data analysis. Significant findings from prior research are discussed; data that was collected for this study is analyzed and applied to the primary research question and the series of sub-questions.

Chapter 2: Literature Review. The literature review began by revealing the average turnover level of new graduate nurses. Yi Liu (2016) found that the turnover rate among new nurses is 30% within the first year of practice and 57% by the second year, indicating that new graduates had a great risk of leaving their first job within a year, yet the risk did not decrease after one year of working. Furthermore, small and nonmetropolitan hospitals had greater turnover rates. These findings support prior evidence that small, rural hospitals have difficulties in recruiting and retaining nurses.

Work-related fatigue was found to be the major determinant of new nurses’ intent to leave. Yi Liu (2016) discovered that 65% of the variance in new nurses’ intent to leave was due to work-related fatigue and working conditions. It is widely thought that nurses have higher recovery needs due to the increased physical and psychological demands of nursing. Working conditions, mainly overtime and workload, tend to be the catalyst in nurses’ intent to leave as
these longer shifts were found to incite fatigue. Compared to those working the average shift of 8 hours, nurses that worked 10 hour shifts were more fatigued and less recovered. Strikingly, 65% of nurses worked 12-hour shifts or longer (Stimpfel, Sloane, and Aiken, 2012) and 66% of new graduates have experienced burnout, which was stated to be primarily related to working conditions and chronic fatigue (Fida, 2013).

Unfortunately, new nurses were found to be particularly vulnerable to workplace incivility: 67.5% of nurses reported supervisor incivility and 77.6% of nurses experienced coworker incivility (D’ambra 2014). Incivility was shown to decrease job satisfaction and increase intent to leave within the first two years of employment. Cho, Lee, Mark, and Yun (2012) revealed that nurses reporting overall job dissatisfaction were significantly more likely to leave than those who were satisfied. Among 10 aspects of job dissatisfaction that were studied, it was interpersonal relationships that had the greatest impact on turnover rates.

Continuing with job dissatisfaction, a significant source of low job satisfaction among new nurses was the conflict between what was expected upon entering nursing versus the reality of nursing (Andrews, 2013). The literature focused a great deal on the perceptions and expectations of nursing from the Millennial perspective. Interestingly, the predominant age/generational group for this research were not Millennials and this is discussed further in the Chapter 4 summary and conclusions section.

The literature indicated that work-family conflict was a significant predictor in new nurses’ intention to leave work. Work interference with family most strongly predicted hospital nurses’ intention to leave their organization or profession, while “family-related variables” (e.g. family stress) greatly predicted home healthcare nurses’ intention to leave their organization or profession (Yamaguchi, Inoue, Harada, & Oike, 2016). Moreover, the primary reasons for
turnover for currently non-working nurses were pregnancy and childbirth (30%), marriage (28.4%), and childcare (21.7%), (Fujimoto, 2008). The literature also mentioned that work-family conflict is positively associated with cardiometabolic risk (Berkman, et al., 2015) and a significant predictor for lumbar (lower back) and cervical (neck) pain in operating room (OR) nurses (Nutzi, Koch, Baur , & Elfering, 2015). This research did not study these possible effects of work-family conflict.

The literature review concluded with several nurse retention strategies mentioned by previous researchers. The most prevalent recommendations focused on nurse managers evaluating the number of hours new nurses are working (Yi Liu, 2016; Martin, 2015), implementing a system that allowed nurses to select their own work hours (Fujimoto, 2008), and creating a positive work environment that embraces generational diversity and is welcoming towards new nurses (Andrews, 2013; Christmas, 2008). Finally, Stimpfel, Sloane, and Aiken (2012) recommend that nursing leaders encourage workplace cultures that respect nurses’ days off and vacation time, promote prompt departure at the end of a shift, and allow refusal to work overtime without retribution.

Chapter 4: Data Analysis. Data was collected via a sixteen question online survey through SurveyMonkey. Six questions were formatted as demographic questions. An additional six questions were formatted on a four point Likert scale. Four questions were formatted as open-ended questions in order to obtain respondents’ opinions that would normally be missed in more structured questions. Significant findings are listed below.

Employment records revealed that Dr. Bhardwaj had a turnover rate of approximately 38.5% in the past one year. The turnover rate at her medical practice was found to be slightly above average, as the average turnover rate among new nurses is 30% within the first year of
practice and 57% by the second year (Yi Liu, 2016). Data collected from the surveys indicated that the vast majority of respondents (31 out of 34) working for Dr. Bhardwaj were in their second year of nursing practice and thus graduated from nursing school one year ago or more. These results demonstrated that she is having a particularly difficult time retaining first-year nursing graduates, which supports the literature.

Work-related factors were found to be the most significant influence in the turnover rate, specifically, excessive work responsibilities/workload and number of hours worked per week. 50% of the new nurses surveyed worked 40-49 hours per week and almost 12% worked over 50 hours per week. Furthermore, nearly 59% of the nurses surveyed rated their work responsibilities/workload as “heavy” or “extremely heavy.” These findings were further elaborated when the new nurses were asked open-ended questions regarding perceptions of nursing before and after entering the field, workplace recommendations, and retention strategies that they believed would positively impact nursing turnover.

Perceptions of nursing as a student nurse were overwhelmingly positive (71%), however, upon entering the field, these perceptions changed. Over half of the respondents reported that their perception about nursing changed once they became a nurse, and an additional 9% reported that their perception did not immediately change but eventually changed later. The predominant reason for this change in perception was that “nurses are underpaid and overworked.” The literature also found excessive workload to be a significant predictor in nurse turnover; these responses thereby support the second research sub-question. The second most frequent response was that “nursing school did not prepare me” for the reality of nursing. Job expectations that are inconsistent with reality were also previously shown to be a major determinant in new nurses’ intent to leave, supporting the third research sub-question.
Increasing staff, decreasing workload, and providing better schedules was the number one change that the new nurses surveyed would implement in their workplace if given the opportunity. These responses further support the research that work-related factors are contributing to turnover at Dr. Bhardwaj’s medical practice. Furthermore, when the respondents were asked to provide retention strategies that they believed would positively impact nursing turnover, decreasing nurse-patient ratios and increasing staff was the second most reported response.

Both people-related factors (with exception to perceptions about nursing before and after entering the field) and work-family conflict (home-based factors) were not found to be significant contributors in turnover. The data was compellingly positive for all people-related variables studied (job satisfaction, working environment in regards to friendliness and cordiality, and supervisor civility.) Additionally, work-family conflict was seemingly not relevant for this research. The variables studied for work-family conflict were relationship status and age of children (if any). The literature indicated that the age of the nurses’ youngest child as well as the nurses’ marital status significantly predicted intent to leave. Only about half of the new nurses surveyed were married and the vast majority either did not have children or had adult children, thereby refuting this premise.

Conclusions

The basis of this research study was to discover the factors contributing to turnover among new graduate nurses at Priti Bhardwaj, M.D. and Assoc. This research studied the following variables: The turnover level at Dr. Bhardwaj’s medical practice for the past one year; number of work hours/week, work-life balance, and work responsibility/workload; perceptions about nursing before and after entering the field, job satisfaction, and work environment; work-
family conflict; recommendations from nurses currently employed at Dr. Bhardwaj’s medical practice to improve working conditions as well as nurse retention. The results from this study yielded findings that confirmed the relationship between certain variables and revealed a conflict among others. Each research question and its key findings are briefly reviewed below.

**What factors are causing high turnover among newly graduated nurses at Dr. Bhardwaj’s medical practice and what actions can be taken to address it?** Overall, the most significant factors that are contributing to turnover at Dr. Bhardwaj’s medical practice are work-related factors, specifically, excessive workload and number of hours worked per week on average. Expectations about nursing did not coincide with reality and was found to be contributing to turnover, as well. Other people-related factors such as lack of job satisfaction, workplace incivility, and supervisor incivility were not an issue. Moreover, work-family conflict was found to be (seemingly) not relevant for this research.

**What is the turnover level for the past year and how does that compare to turnover at similar private medical practices?** Dr. Bhardwaj has a slightly higher than average turnover rate than other medical practices. Employment records revealed that approximately 38.5% of new graduate nurses voluntarily terminated their employment at her medical practice within the past one year. The average turnover rate among new nurses is 30% within the first year of practice and 57% by the second year (Yi Liu, 2016). The majority (91%) of nurses surveyed at Dr. Bhardwaj’s medical practice were in their second year of practice, revealing that she is having a particularly difficult time retaining first-year nursing graduates, as predicted.

**To what extent are work-related factors (nature of work, work schedule, and work-related stress) contributing to desire to leave the organization?** Work-related factors are the most significant contributor to desire to leave the organization, specifically, nature of work
(work responsibilities/workload) and work schedule (average number of hours worked per week). Work-related stress was measured by degree of work-life balance. Although 53% of respondents indicated that it was “difficult” or “extremely difficult” to balance their professional and personal lives, a lack thereof was not seemingly a deal-breaker for most of these employees.

To what extent are people-related factors (interpersonal relations with co-workers and supervisors, generational differences, and job expectations) contributing to turnover? People-related factors were not found to be contributing to turnover, with exception to job expectations. The variables studied for this sub-question were job satisfaction, workplace civility, and supervisor civility, all of which were overwhelmingly positive: 82% of respondents agreed or strongly agreed that, overall, they were satisfied with their jobs; 80% agreed or strongly agreed that their work environment was friendly and cordial; and 74% reported feeling valued and appreciated by their boss.

Are home-based factors (work-family conflict) contributing to retention issues? Work-family conflict was not found to be contributing to retention issues. In fact, work-family conflict did not seem to apply to this research at all. Work-family conflict was measured by relationship status and age of children. The literature indicated that married nurses are more likely to leave their organization and the age of the nurses’ youngest child significantly predicted turnover (Yamaguchi, Inoue, Harada, and Oike, 2016); however, only about half of respondents were married and a majority either did not have children or had adult children, making work-family conflict in this context not relevant (at least for this research). Furthermore, when the respondents were asked: “I would be most likely to leave a job if:”, only 20% responded with “The job lacks a work-family balance.” The final research sub-question “What actions can be
taken to improve working conditions, reduce stress, and retain employees at this medical practice?” is discussed in the following sub-section of this chapter.

**Recommendations**

This research provided data and insight that can be used by Dr. Bhardwaj’s management team to help improve retention of new graduate nurses. Based on the literature reviewed, the survey results, and the conclusions above, the researcher advises that management consider implementing the following recommendations.

1. **Implement a Nurse Residency Program.** Similar in structure to a medical residency program, a nurse residency program facilitates the transition from the role of student nurse to professional nurse. The literature mentioned that transition to practice from the education setting is a common problem for new nurses. New graduates frequently experienced intense stress and challenges transitioning from school to their first work setting (Pauline Murray-Parahi, 2016). Moreover, the reality of nursing often does not match students’ initial expectations, contributing to this difficult transition.

   Nurse residency programs help to ease the student nurse into their new role as a registered nurse, while also providing much-needed support. These programs are widely acclaimed and have had monumental success, with a 95.6% retention rate among nurse residents (Welding, 2011). Considering that many new graduate nurses employed at Dr. Bhardwaj’s medical practice experienced difficulty transitioning into their new roles, implementing a nurse residency program could prove to be highly beneficial for both the nurses and for her practice, overall.

2. **Increase Nursing Staff.** The research found that many of the new nurses surveyed were experiencing an excessive (“extremely heavy” or “heavy”) workload, working long hours,
and had high nurse-patient ratios. Increasing the nursing staff would decrease the nurses’ workload, allow for better scheduling and shorter hours, and lower nurse-patient ratios. Increasing staff would also provide a better work-life balance for the nurses, as a lack thereof is most often correlated with the number of hours spent per week working. A noteworthy addendum is that, when the nurses were asked if they could change one thing about their workplace, the primary response was to increase the nursing staff.

3. Reduce Overtime. The literature found that nurses who worked more than 12 hours in a shift and 40 hours in a week were more prone to turnover and job dissatisfaction. Work-related fatigue was previously found to be the most significant factor in new nurses’ intent to leave (Yi Liu, 2016) and chronic fatigue, which can eventually lead to burnout syndrome, often results from inadequate recovery between shifts. Nurses are thought to have higher recovery needs than most other professions due to the physically and emotionally demanding nature of nursing. Nurse fatigue is recognized as a source of adverse patient events and has a negative impact on nurses’ safety, as well. Martin (2015) stated that fatigue is highly correlated with nurse performance and chronic fatigue is related to the number of hours worked. Longer work hours increase the risk for patient errors and decreases nurse vigilance.

Nearly 62% of the new nurses surveyed worked 40 or more hours per week and many indicated that the practice was short-staffed, inferring that overtime is mandatory. Management can reduce overtime by increasing the nursing staff (as mentioned above) but also by driving a fundamental culture change from overtime being the rule to overtime being the exception. By reducing shift and workweek length, as well as setting guidelines for what is an acceptable amount of overtime, nurses will not feel obligated to work extra hours.

Future Research Suggestions
Future considerations for research could include conducting interviews, adding additional questions to the survey, and studying nurse turnover from a generational perspective. The researcher did not have the time or resources to conduct interviews; however, interviewing new graduate nurses would provide more insight than a survey. Additionally, the survey could be improved by adding more questions or omitting others. The survey used for this research was created for this study so it was not tested for reliability or validity. Studying nurse turnover from a generational perspective could prove to be interesting and useful since for the first time in history, there is a four-generation gap in nursing. Intergenerational communication as well as a mutual understanding and respect are crucial for a healthy and productive work environment.

In closing, expanding the sample size, to other practice settings, and across geographic regions would greatly strengthen this research. This study was limited to one small group in one private medical practice in one region of the United States. Expanding to other geographic regions as well as to other practice settings could have a drastically different outcome. Moreover, a larger sample size could raise more awareness to the issue of new graduate nurse turnover. Unfortunately, the prevalence of this topic does not seem to be slowing down anytime soon unless drastic changes are made. Through reliable and credible research, one can expose the problem/s and begin the change.
References


https://www.osha.gov/SLTC/ergonomics/


Appendices

Appendix A  Permission to Conduct Study
Appendix B  Survey Consent Form
Appendix C  Survey Questions
Appendix D  RRA Approval Email
Appendix A

Permission Letter

PRITI BHARDWAJ, M.D. & ASSOC.
Internal Medicine

25420 Goddard Rd.
Taylor, MI 48180
Telephone: (313) 299-8006
Fax: (313) 299-8009

Permission Letter

01/18/2017

Naiya Ortiz
21564 Adams Drive,
Brownstown, Michigan, 48193

Dear Naiya Ortiz:

I have reviewed your request to conduct a research project involving the turnover of new nurse graduates at my medical practice and the survey and research methods that will be used. I feel that this project will be beneficial to my practice. You have my permission to examine nursing turnover at Dr. Priti Bhardwaj MD, PC for this project.

The only stipulation is that the final results of the study must be shared with me. You may begin distributing surveys at the Taylor, Michigan and Lincoln Park, Michigan office locations immediately after RRA approval from Central Michigan University.

If you have any questions regarding this letter of approval, please give me a call at (313) 299-8006

Sincerely,

Dr. Priti Bhardwaj, M.D.

[Signature]
Appendix B

Survey Consent Form and Cover letter

01/18/2017

Dear Participant:

My name is Naiya Ortiz and I am a graduate student at Central Michigan University. For my final project, I am examining turnover among newly graduated nurses at Dr. Bhardwaj’s medical practice. Because you are a newly graduated nurse employed with Dr. Bhardwaj’s practice, I am inviting you to participate in this research study by completing a confidential online survey through SurveyMonkey.com. If you wish to participate in this study, please go to the following link to access this web-based survey:
https://www.surveymonkey.com/r/V7QBPC2

The questionnaire consists of 16 questions and will require approximately 20 minutes to complete. There is no compensation for responding nor is there any known risk. In order to ensure that all information will remain confidential, please do not include your name. Copies of the project will be provided to my Central Michigan University instructor and to Dr. Bhardwaj. If you choose to participate in this project, please answer all questions as honestly as possible. Participation is strictly voluntary and you may refuse to participate at any time.

Thank you for taking the time to assist me in my educational endeavors. The data collected will provide useful information regarding the factors that contribute to nursing turnover among newly graduated nurses. If you would like a summary copy of this project, you may e-mail me anytime at the e-mail address provided below. Completion and return of the questionnaire will indicate your willingness to participate in this study. If you require additional information or have questions, please contact me at the number listed below.

Please note that if you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the MSA Program by calling 989-774-6525 or addressing a letter to the MSA Program, Rowe 222, Central Michigan University, Mt. Pleasant, MI, 48859. You may also contact Dr. Patricia Kelley at Kelle1pa@cmich.edu.

Sincerely,

Naiya Ortiz
Ortiz1n@cmich.edu
Appendix C

Survey

Nursing Turnover among New Graduates

1. How long have you worked for Dr. Bhardwaj?
   - Less than 1 year
   - 1 year or more

2. When did you graduate from nursing school?
   - Less than 1 year ago
   - 1 year ago or more

3. What was your perception about nursing as a student nurse (if any)?

4. Did your perception about nursing change once you entered the field?

5. What is your age group?
   - Less than 30
   - 30-45
   - 46 or older

6. Which of the following best describes your current relationship status?
   - Single, never married
   - Single, but cohabiting with a significant other
   - Married
   - Separated
   - Divorced
   - Widowed
7. Do you have children?

- No
- Yes, under the age of 18
- Yes, over the age of 18

8. On average, how many hours do you work per week?

- Less than 20 hours
- 20 hours to 29 hours
- 30 hours to 39 hours
- 40 hours to 49 hours
- Over 50 hours

9. How easy or difficult is it to balance your work life and personal life where you work?

- Extremely easy
- Slightly easy
- Neither easy nor difficult
- Slightly difficult
- Extremely difficult

10. On average, I would say that my work responsibilities/workload is:

- Extremely light
- Light
- Moderate
- Heavy
- Extremely heavy

11. Overall, I am satisfied with my job.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

12. Overall, my work environment is friendly and cordial.
13. Overall, I feel appreciated and valued by my boss.

- Strongly disagree
- Disagree
- Agree
- Strongly agree

14. Please select one response. I would be most likely to leave a job if:

- The work environment is hostile.
- The job lacks a work-family balance.
- The workload is too intense.
- I found another job with better pay and opportunities.

15. If I could change one thing about my workplace, it would be:

16. Do you have any recommendations that you believe would positively impact nursing retention?

Done

Appendix D

RRA Approval Email

Dear Naiya,

Your Research Review Application has been reviewed and approved. You may start your data collection. This approval will not expire as long as your topic and methodology remain
unchanged. If your topic or methodology changes, please submit a new Research Review Application and supporting documents to your instructor by e-mail.

Please contact your instructor if you have any questions. Also, be sure to check with your instructor concerning the due dates for your project.

Good luck with your project. This is the only notification you will receive. Please keep a copy for your records.

Kim Gribben

Assistant Director, MSA Program