NURSE RETENTION: IS THE HEALTHCARE INDUSTRY MEETING NURSING NEEDS?

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ABSTRACT

The nation’s healthcare industry is currently faced with a nursing shortage more complex than any previous shortage, with the highest turnover rate in twenty years. Many organizations are trying to determine how to keep both the baby boomers with their institutional knowledge and the Generation X and Y employees with their technological expertise. Previous research has identified organizational culture, supervision, compensation, and work environment. Our research found organizations are not meeting nurses’ needs. The respondents indicated their opinions were neither valued nor considered in the normal activity of daily life in a hospital.

INTRODUCTION

The nation’s healthcare industry is currently faced with a nursing shortage more complex than any previous shortage. Retaining employees is a critical issue in today’s business environment. Employee turnover is one of the most significant causes of declining productivity and sagging morale in both the public and private sectors. Excessive turnover often engenders far-reaching consequences and, at the extreme, may jeopardize the organization’s objectives (Abbasi and Hollman, 2000). Research by Ernst and Young showed that attracting and retaining employees are two of the eight most important things investors use when judging the value of an organization (Michlitsch, 2000).

There have been many initiatives and programs created to address the current nursing shortage. Two major focus areas are the recruiting and the retention of nurses. While recruiting programs can be very effective, they are often only a short-term solution and can be expensive. Unless the healthcare industry is able to retain the nurses it recruits, then the recruiting efforts are wasted. This research focuses on the retention aspect, as it is a key factor in resolving the nursing shortage.

Unwanted employee turnover is one of the most costly problems that organizations face (Taylor, 2002). The cost of replacing employees continues to escalate, causing an undue hardship on many businesses (Steel, Griffith, and Horn, 2002). Losing employees can cost a company as much as eighteen (18) months salary for professionals and six (6) months salary for hourly employees (Thornton, 2001).

The cost to replace a nurse can be up to two times a nurse’s salary (Atencio, Cohen, and Goren, 2003). At an average salary of $51,090 (Department of Labor, 2004), the cost of replacing one nurse can cost over $100,000. The cost of replacing a worker is often underestimated, because in addition to visible costs, there are many “hidden” costs and consequences of turnover. They include disruption of customer relations, costs resulting from disruption of workflow and the erosion of morale and stability of those who remain (Abbasi and Hollman, 2001). The present research seeks an understanding of what nurses want from their employers. Given today’s employment relationships, it is important that a company determine how to influence the intent to stay and gain the commitment of the company’s employees (Galunic and Anderson, 2000). Whatever the cost, managing employee turnover and focusing on retention are more important than ever especially in today’s economy and business environment.
The current nursing shortage can be traced to the 1990’s, when managed care companies became popular. In an effort to cut costs, many organizations were reorganizing and laying-off nurses or replacing them with lower skilled, assistive personnel. This left nurses feeling they were not valued and many became unhappy and left the profession completely (Erickson and Nevidjon, 2001; Donley, Flaherty, Flanagan, Maloni, Sarsfield, Taylor, 2002; Cummings and Estabrooks, 2003). Other factors that have contributed to the current shortage are a high turnover rate, aging population, low nursing school enrollments, an aging workforce of nurses, a shortage of nursing instructors and more and better career opportunities for women.

The current nursing shortage is different from previous nursing shortages. Some key differences are the aging workforce of nurses and the fact that the current shortage is widespread across nations. Some of the past solutions used to solve shortages included sign-on bonuses, relocation pay and premium benefit packages (Erickson and Nevidjon, 2001). The problem with these solutions is that they are primarily short term in nature. Given that one in five nurses intend to leave the nursing profession within the next five years (Atencio et al., 2003), a short-term solution is not the answer.

**REVIEW OF LITERATURE**

Nurse and employee retention has been the subject of much research literature. The general consensus is that the work environment is the most influential factor in determining a nurse’s intention to leave a job or the profession altogether. One of the leading causes of turnover is job dissatisfaction (Atencio et al., 2003). Focusing on the retention aspect not only reduces turnover costs but also improves the quality of care a patient receives (Atencio et al., 2003).

The literature acknowledges that the current nursing shortage is different from any others experienced and more complex than previous shortages (Kimball and O’Neil, 2002; Erickson and Nevidjon, 2001; Auerbach, Buerhaus, Staiger, 2003; Given and Spetz, 2003; Patton and Warrino, 2004; Kimball, 2004). Research has shown that the past solutions, which were short-term and leaned toward financial incentives, will not be effective solution. If a nurse is dissatisfied with the overall work environment, it is unlikely that financial incentives alone will prevent the nurse from leaving (Brady, Geiger-Brown, Lirtmunalikaporn, Nielson, Trinkoff, Vasquez, 2004). The current nursing shortage needs to be solved with long-term solutions in mind. This means providing a care environment in which nurses feel they are part of the decision making process, are valued and receive equitable pay for their work.

**Turnover Drivers**

An employee’s decision to resign from an organization is complex. Rarely does an employee leave because of a single event, such as being passed over for a promotion or a plum assignment. One such event may serve as a catalyst, but most employees leave because multiple factors—the turnover drivers—create an environment that is no longer desirable to them (Oh, 2001).

Numerous surveys have been conducted to determine what influences employee turnover, and the results have varied between surveys. (Amig and Jardine, 2001; Dixon-Kheir, 2005; Dobbs, 2001; Jordan-Evans and Kaye, 2001; Withers, 2001; Abbasi and Hollman, 2000;) Some factors identified as affecting turnover include organizational culture (Sheridan, 1992), supervisory relationships (Tepper, 2000), compensation (Burgess, 1998), and work environment (Guthrie, 2001; Bilson, Blum and Shalley, 2000; Huselid, 1995).

Sheridan (1992) observed that an organization’s cultural values have an effect on all interactions with employees. Sheridan, (1992), noted that other researchers (Chatman, 1991; Schneider, 1987) have argued that the fit between an organization and an employee is important to retention. Schneider (1987) noted
that individuals are attracted to certain organizations, and when they do not “fit” an organization they will leave (Sheridan, 1992). Autry (2003) found a relationship between personal-organizational fit, job satisfaction and intent to stay. Sheridan (1992) found that professionals hired in the organizations emphasizing the interpersonal relationship values stayed 14 months longer than those hired in the organizations emphasizing the work task values. The magnitude of these differences raises important questions regarding the significance of person-organization fit and employee retention. Presumably new employees who fit the organization’s cultural values perform better. However, in this study, both strong and weak performers stayed much longer in the organizational culture that emphasized interpersonal relationships than in the work task culture (Sheridan, 1992; Mainiero, 1993).

**Effective Communication**

Communication means listening to employees and considering the information they may have, as well as, providing the training necessary for the employee to do a good informed job. Poor communication practices contribute to many of the problems that increase employee turnover. Thornton (2001) observed that when employees believe they do not receive enough information to do their job, they view their employer with a great deal of suspicion. They question all procedures and policies at the company.

Job satisfaction is associated with turnover. Overall job satisfaction can be defined as how an individual feels about their job after comparing actual outcomes with those that are expected (Lambert, Hogan, and Barton, 2001). An effective communicator may be able to change what the employee expects and thus increase job satisfaction and ultimately decrease employee turnover.

**Supervisory Relationships**

Studies show that managers and supervisors can have a significant impact on employee turnover. In a study of the consequences of abusive supervision, subordinates whose supervisors were more abusive reported higher turnover, less favorable attitudes toward job, life, and organization, greater conflict between work and family life, and greater psychological distress (Tepper, 2000). A Gallup Organization study based on queries of some two million workers at seven hundred companies found that the length of an employee’s stay is determined largely by his relationship with a manager (Dobbs, 2001). Eisenberger (2003) found supervisor support correlated with employees’ intent to stay. Ellickson (2002) found job satisfaction positively correlated with pay and benefits satisfaction, workload, supervisory and department relationships.

**Compensation**

A poorly designed wage policy where salaries and benefits are not competitive can lead to turnover. Workers expect tangible rewards for good work and they like to be paid or receive financial rewards commensurate with their worth to the organization (Abbasi and Hollman, 2000). Studies show that turnover is higher in plants with lower wages (Burgess, 1998). A survey reported in BNA Daily Labor Report (March, 2001) stated that fifty percent of part-time and full-time workers see salary increases as the best way to improve employee retention.

**Work Environment**

Employees want a feeling a belonging and security. Their decision to stay or leave may depend on working conditions and the “toxicity” of the work environment (Abbasi and Hollman, 2000). In a survey of 2,200 individuals, higher job satisfaction and lower intentions to leave were found for individuals whose work environments complemented the creative requirements of their jobs. Characteristics that enhance job satisfaction include having a sense of control or autonomy on the job, viewing the work as
important, challenging, and urgent, and receiving encouragement from supervisors. On the other hand, characteristics that diminished employee job satisfaction include the existence of rigid procedures, use of surveillance, lack of resources, and restricted control over work procedures (Blum, Gilson and Shalley, 2000).

Retention Factors

While it is important to understand what impacts employee turnover, it is also important to understand what work issues are important to employees. Research results varied in what employees identified as important for continuing their employment. A 1999 Hay Group study of more than 500,000 employees in 300 companies found that, of 50 retention factors, pay was the least important. The three top retention factors in this study included career growth, learning and development; exciting work and challenge; and meaningful work (Jordan-Evans and Kaye, 2001). Mulvey, (2002), found that even though pay is important to an employee, if an employee understands how their pay was determined and how their performance was rated, they would be better satisfied with what previously was unacceptable. Mulvey, (2002), concluded that an organization should determine employees’ knowledge on pay and then communicate the pay processes.

Reasons for Nurse Dissatisfaction

One comprehensive study used focus groups to examine 15 of the country’s healthcare markets. The largest concern reported by the nurses in all the focus groups was the increase in their daily workload (Kimball, 2004). In a cooperative summit study (A Call to the Nation, 2002), other sources of career dissatisfaction among nurses were identified as constant changes to healthcare systems, stressful work environments, and rigorous paperwork requirements. A 2006 report stated that 74% of nurses would like to see the staff to patient ratios improve, reduced paperwork and less administrative duties (Joint Commission on Accreditation of Healthcare Organizations, 2006). Some registered nurses have voiced frustration in their ability to advocate for their patients, their ability to maintain professional integrity and their physical well being (Peterson, 2001). All of these concerns are related to the work environment and therefore should be addressed by employers.

Around one third of the current nurses are over 50 years old (Erickson and Nevidjon, 2001; Atencio et al., 2003). It is predicted that by the year 2010, 40 % of nurses will be 50 years or older (Erickson, 2001). In a study of 257 nurses surveyed, the older nurses with more years of experience reported feeling more work pressure and did not feel they had as much input as some of the less experienced nurses (Athencio et al., 2003). Given the aging workforce of nurses, and the survey responses of the older nurses, the authors of this study suggest more research be done on the retention of older nurses.

In another study, which focused on nurses’ comments to open ended questions asked, nurses expressed their frustration about the excessive demands of the job and their feelings of injustice about their work environment (Brady et al., 2004). The study shared the actual comments that were made by the nurses. In regards to the excessive demands, the nurses commented about the daily pain and injuries they were suffering as a result of the physical demands of the job. In addition to the injuries being sustained, many commented on the amount of overtime they worked and the inadequate staffing. The study’s authors make special note of the fact that when staffing issues were the main cause of dissatisfaction, the nurses almost always indicated a desire to leave. The other areas of excessive demands did not seem to have as much of an impact on the nurse’s desire to leave (Brady et al., 2004). The feelings of injustice were a result of little or no professional advancement being available, a disparity in pay raises between management and themselves and being devalued at work.
What Is Currently Being Done

One of the biggest complaints from nurses is inadequate staffing (Cline, Moore, Riley, 2004). While some states are considering mandating patient-to-nurse ratios, California is the only state that has actually passed minimum staffing ratios (Auerbach et al., 2003). Therefore, this continues to be an ongoing problem for many hospitals. Some hospitals are making an effort to better manage their capacity by monitoring bed use and availability, as well as tracking their patient flow (Bazzoli, Brewster, Liu, Kuo, 2003). This can be effective in understanding the hospital’s staffing needs. The growing movement of registered nurse unions being formed is also being counted on to bargain for better staffing levels as well (Given and Spetz, 2003).

Retired nurses are being recognized as a valuable resource in retention efforts. In order to reduce some of the paperwork requirements hospitals are hiring retired nurses for the sole purpose of completing paperwork and performing other administrative functions (Bazzoli et al., 2003). This enables the nurses to focus more on the patient and provide the needed care. Retired nurses are also being recruited in an effort to create programs of professional mentoring (A Call to the Nation, 2002). In the past many programs such as orientation and mentoring (commonly called preceptor programs) were previously eliminated in an effort to reduce costs during reorganizations. The elimination of these programs ultimately ended up costing more because many organizations are now returning to these programs once again (Peterson, 2001). Because of their experience, older nurses are a valuable resource in developing mentor programs and can be of much help to the younger nurses (Auerbach, et al., 2003). The need for training and mentoring is evident in research findings where nurses are unable to pursue what would be perceived as the correct action, due to practice constraints (Andrews, 2004).

Hospitals are starting to provide more flexible scheduling in an effort to retain nurses who are working mothers or closer to retirement age (Bazzoli et al., 2003). A specific strategy was employed in Belgium where nurses over the age of 45 and 55 get paid for a standard work week, although the actual hours they work are less than the standard work week hours (Peterson, 2001). In order to better support and retain the older workforce, it is suggested that patient care models be redeveloped (Erickson and Nevidjon, 2001) and that changes be made in the work environment to keep the physical strain to a minimum (Auerbach et al., 2003).

In order to reduce some of the physical demands some organizations have a “no lift” policy in place (Brady et al., 2004). This reduces nurses’ injuries and can provide long-term savings such as reduced workers’ compensation claims, reduced medical costs, time off for injuries, and prevents additional workload for the remaining staff that is forced to make up for the loss of a nurse.

Shared governance is a way in which some organizations empower nurses to be a part of the decision-making process in establishing policies and managing patient care. Before putting any plan for shared governance into action, much care and thought should be used. Shared governance takes a lot of planning and resources, so its total impact on the organization must be considered. Hess defines three models of shared governance that have emerged (Hess, 2004). The three models are the Councilor Model, the Administrative Model and the Congressional Model. The Councilor Model is the most common and utilizes subcommittees to make decisions. The Administrative Model is split into two focuses, clinical and management. The Congressional Model gives nurses the ability to vote on issues as a group. The biggest predictor to a successful shared governance program will be the expertise and knowledge of the people and their commitment to the profession and organization (Hess, 2004).

The Robert Wood Johnson Foundation study has recommended that a National Forum to Advance Nursing be created (Kimball, 2004). The purpose is to include a wide range of stakeholders in the nursing
shortage to come together and by providing input and addressing issues related to the nursing shortage. The four strategic areas that were identified for the forum to address are creating new nursing models and new models of healthcare provision, reinventing work environments, establishment of a national workforce data collection system and creating strategies to advance change in the nursing profession (Kimball, 2004). All of these strategic areas will add value and improve the nurses’ care environment. By addressing the needs of the current workforce and improving the care environment in which they work, more nurses will stay in the profession and new nurses will be more inclined to join the profession.

Congress has also played a role in addressing the retention aspect of the nursing shortage. In 2002 Congress passed the Nurse Reinvestment Act. The funding for this legislation was passed in 2003. Title II of the Nurse Reinvestment Act specifically addresses the issue of nurse retention and emphasizes the importance of retaining nurses as well as providing for their professional development (Donley et al., 2002). Title II encourages building career ladder programs and provides for the awarding of grants to fund projects geared at promoting nurse involvement in the decision making process (Donley et al., 2002). Title II poses numerous other initiatives and challenges, but the primary goal is to provide the health care industry with support at a legislative level.

RESEARCH METHODOLOGY

In an effort to better understand where organizations are not meeting nurses’ needs, a survey was conducted at two hospitals in a large southeastern city. The sample was a convenience sample as one author was related to a nurse at one of the facilities. The nursing supervisors agreed to our surveying part of the nurses on one shift. The respondents indicated whether or not they felt their needs were being met by their organization. The nurses were enthusiastic in completing the surveys and gave many comments at the end of the survey.

A sample of 83 nursing personnel completed the survey. The survey was adapted from the Drivers of Commitment survey in the 2002 Healthcare @ Work study (Wilkins, 2003). All respondents were either registered nurses or licensed practical nurses (LPN’s made up only 3% of the responses). 93% of the survey respondents were female.

Results

The participants were asked to respond to how well their organization was meeting their expectations and needs. 63% of the respondents were unhappy with their compensation in regards to their job performance. Another 63% of the respondents were dissatisfied with their organization’s willingness to receive input and equitable pay for job performance (See Table 1). 72% of those surveyed felt satisfied with their organization’s ability to provide quality patient care over the next few years.

The finding that 63% of nurses are dissatisfied with their organization’s willingness to hear what they have to say and receive input from the employees is similar to much of the literature. Brady’s et al (2004) study showed nurses expressing disappointment in the lack of support they were shown by their employers. With the level of demand increasing, nurses have tried to reach out to their managers for support. One respondent stated that even though her career was important to her, it was overshadowed by the feelings of being undervalued. In another study where the researchers spoke with nurses who voluntarily left employment, one of the top reasons cited for leaving was the lack of support received from management and management’s failure to listen to concerns (Cline et al., 2004).

With employers failing to meet their nurses’ needs in regards to being supported and listened to, employers need to address how to better meet this need. Given the high failure rate it is likely that most organizations do not have participatory management style. As previously mentioned, shared governance
can be a powerful tool in alleviating some of this frustration. While shared governance gives nurses a voice in their profession and shows them they are valued, there is no research showing that shared governance leads to better patient care (Hess, 2004). However, a recent survey of nurses was done about the best practices at a hospital that has used shared governance since 1990. The survey showed that the number one thing that made a difference to the employees was shared governance (Hess, 2004). In an effort to understand just how effective shared governance is Hess has composed a list questions still in need of being researched and answered (Hess, 2004).

<table>
<thead>
<tr>
<th>Factors in Workplace Satisfaction</th>
<th>Meets Expectation</th>
<th>Does Not Meet Expectations</th>
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<tbody>
<tr>
<td>1.  Your organization's efforts to manage workplace stress</td>
<td>42%</td>
<td>56%</td>
</tr>
<tr>
<td>2.  The link between your job performance and compensation</td>
<td>35%</td>
<td>63%</td>
</tr>
<tr>
<td>3.  Faith in the current leaders in your organization to do what is right for the organization</td>
<td>67%</td>
<td>33%</td>
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<tr>
<td>4.  Your supervisor's ability to create an environment of trust, respect and communication</td>
<td>49%</td>
<td>49%</td>
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<tr>
<td>5.  Your benefits package covering the needs of your family</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>6.  Your organization's efforts to build a sense of spirit and pride</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>7.  The opportunities for personal growth provided by your job</td>
<td>51%</td>
<td>47%</td>
</tr>
<tr>
<td>8.  Your organization's ability to deliver quality patient care during the next few years</td>
<td>72%</td>
<td>28%</td>
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<td>9.  The willingness of coworkers to help each other in times of heavy workload</td>
<td>67%</td>
<td>30%</td>
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<tr>
<td>10. The satisfaction that you receive from the work you do every day</td>
<td>63%</td>
<td>33%</td>
</tr>
<tr>
<td>11. Your organization's willingness to receive input from its employees</td>
<td>35%</td>
<td>63%</td>
</tr>
<tr>
<td>12. Your organization's benefits package being comparable to other organizations</td>
<td>56%</td>
<td>37%</td>
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Due to the cost involved and the time needed for developing a plan, shared governance may not be a feasible solution for many organizations. Even if shared governance is not an option, organizations should still seek ways to involve nurses in the decision-making process. It has been shown that participative managerial styles tend to produce a high level of group cohesion along with decreased levels of job stress (Dendaas, 2004).

With 63% of respondents satisfied with their benefits package and another 56% believing their organization’s benefits package was comparable to others, it would appear the respondents in this survey are satisfied with their benefits. However, this is contrary to much of the literature. The fact that the sample size was small could be a contributing factor to this discrepancy between the two outcomes. In one survey, nurses noted that there was a perceived inequality between their organization’s benefit packages as compared to others in the industry (Brady et al., 2004).

Interviews conducted with registered nurses provided firsthand knowledge on the subject of training and preceptor programs. Nurses interviewed were part of a preceptor program at a major teaching hospital in a large southeastern US city. The Cardio Intensive Care Unit (CICU) found the preceptor program to be one of the single largest factors in retaining their nurses. The CICU environment was a high stress,
volatile work environment. Whenever new nurses were hired in the CICU unit, they were assigned a mentor. The new employee would then partner with the mentor and continue to observe the mentor for approximately one month. Without this program, new employees were uncomfortable with the level of stress in performing the job, which led to turnover. These interviews reinforce research that identified the opportunity to observe other nurses of proven performance interact with patients as a key factor in learning advocacy practices.

**DISCUSSION**

Since the most potential for turnover is within an employee’s first three years with a company (Burleigh, Eisenberg, Kilduff and Wilson, 2001), conducting feedback sessions and communicating individually with new employees every 4 months during their first 2 or 3 years could be a powerful tool for reducing turnover. This communication would help provide valuable insight to any issues that, if addressed, might prevent the employee from leaving the organization.

Exiting employees have stated in the survey that the call-in system was one area they were most dissatisfied with. Improving the call-in system for new employees could lead to a significant reduction in turnover. Since this is a complex issue that could have a large financial impact on the plant, a team approach to help improve the call-in system could be productive. Representatives from management and hourly employees would be best suited to address this issue.

Work/life balance ranked high in importance to workers—second only to benefits and base pay. Clearly, employees regard the ability to balance their personal and work lives as a top priority. The structure of the company needs to allow for choices. The first step in addressing the work/life balance issue is to evaluate the company’s policies to see if they are supportive of a work/life balance. If not, steps should be taken to change the policies or make them more flexible to accommodate the needs of the workforce. Managers and supervisors should then be held accountable to be in tune with their employees’ needs and accommodate them whenever possible.

In the survey of the bakery employees, the results also varied between age groups within the organization. The survey results agreed with previous studies confirming the importance of the supervisor relationship to the Generation X employees (Dixon-Kheir, 2005). A good supervisor relationship is important to retaining employees in their twenties. Once an employee is hired, quality relationships with their manager or supervisor can be important to the employee’s decision to stay with the organization.

**RECOMMENDATIONS**

With the tremendous cost associated with employee turnover, it is imperative that organizations identify and address the issues that lead to employee turnover. Focusing on the supervisory relationship is important with all workers, but especially with the Generation X workers. The supervisory relationship not only influences job performance, career development, recognition and rewards, it also extends to such matters as teamwork, communication, organizational resources, and relationships with co-workers, customers, and other managers (Dixon-Kheir, 2005).

The workplace, the ways of conducting business and the nature of work are shifting, and organizations and managers must adapt to keep up (Abbasi and Hollman, 2000). The changing demographics of the workplace and the global nature of work mean that supervisors need the skills to develop and sustain quality relationships with employees of diverse cultures, races, religions, and languages. The old models of “top-down” and “team-based” communication in one language with a monolithic group of subordinates already oriented to U.S. culture are obsolete (Dixon-Kheir, 2005).
CONCLUSIONS

As the demand for hospital services continues to grow (Bazzoli et al., 2003) it is important to focus on retaining the current nursing workforce in order to provide the best patient care. Sooner or later, we all may find ourselves dealing with the healthcare system - whether it is in the capacity of receiving care as a patient, seeking care for a family member or helping someone else. It is most often the nurses who we rely on to help us through our healthcare experiences. Unlike doctors, nurses play an integral role in every phase of the healthcare process from the admittance process, until the patient’s care is complete, including the actual administering of medications and treatment and contact with patient and family members. Therefore, the current nursing shortage affects all of us.

Nurse retention is important to providing better patient care and can also minimize the risk and cost to healthcare organizations (Kimball and O’Neil, 2002). Organizations must consider not only what their nurses’ needs are but also how they show their nurses that they are valued. Unions and collective bargaining are becoming avenues through which nurses are finding themselves empowered to make changes (Patton and Warrino, 2004). Limited mandatory overtime, and provisions for professional development are also being addressed through collective bargaining agreements (Patton and Warrino, 2004).

The idea of shared governance and other styles of participatory management are also critical to nurse retention. This study and others reported many nurses do not feel their opinions are valued or that they have management’s full support. Trying to overcome these perceptions are critical to an organization’s efforts to retain their critical workforce.

Future Research

Future studies may want to investigate other variables as well as the influence of union membership on choices made. Comparing the differences in perceptions between the three shifts would have made this research stronger. Looking at shift preferences and hours worked as predictors of intent to stay is of interest also. Finally, this study was limited to two hospitals. Broader-based samples will need to be the norm in future studies in order to rule out variables attributing to the differences other than those under investigation.

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