2018 Press Ganey Nursing Special Report

Optimizing the Nursing Workforce: Key Drivers of Intent to Stay for Newly Licensed and Experienced Nurses

By understanding the trends and differential predictors of intent to stay across each generation of nurses, HR and nurse leadership can develop targeted recruitment and retention strategies

Executive Summary

Despite being one of the fastest-growing occupations in the country,[1] nursing is at a critical crossroads. The combination of the aging population, the rising incidence of chronic disease, the increasing number of nurses approaching retirement age, and the capacity limitations of nursing schools has resulted in a nurse attrition rate that continues to outpace current and projected nurse supply.

Furthermore, the stream of incoming nurses is neither stable nor predictable. The findings of one recent study designed to track career changes among new nurses over a 10-year period showed that more than 17% of newly licensed RNs leave their first nursing job within the first year, 33% leave within two years and 60% leave within eight years.[2]

These high turnover rates have serious consequences. A large body of evidence indicates a strong association between high levels of nurse turnover and deficiencies in care safety and quality.[3] Additionally, in units with high turnover, nurses who remain bear the brunt of a damaging spillover effect, as their workloads, stress levels and vulnerability to burnout rise and their job satisfaction and job enjoyment diminish, potentially causing them to leave their jobs as well.[4] Finally, high nurse turnover threatens health systems' bottom line, both directly through recruitment and replacement costs and indirectly through decreased reimbursement rates associated with less-than-optimal care.[5, 6, 7]

Considering the depth and breadth of its impact, and the critical role of nurses across the patient experience and performance goals, nurse turnover is a hot-button topic for health system executives, who frequently look to nursing and HR leadership to "fix" the problem. In reality, however, nursing shortages and nurse turnover are not exclusively nursing or HR problems. They are systemic problems that impede health care organizations' ability to deliver safe, high-quality, patient-centered care. And there are no quick or easy fixes.

Recruiting and retaining the right nurses in the right roles at the right time is a complex and continuous process. It requires understanding that the sources of professional satisfaction and job enjoyment among nurses vary, and that these sources differentially affect nurses' motivation and intent to stay. With this understanding, leaders can develop targeted interventions that address the unique needs of newly licensed and experienced RNs and measure the effect of these interventions on related nurse, patient and organizational outcomes.

In this report, we present the findings of a mixed-methods study designed to identify trends in registered nurses' intent to stay (a sensitive predictor of nurse turnover) based on age, tenure and unit type, as well as drivers of intent to stay. We also describe the outcomes of qualitative research designed to identify retention strategies currently in place for both newly licensed and experienced nurses on units with high intent to stay, as reported by direct care RNs and their nurse managers.

Following are some of the key insights from the collective research that have important implications for nurse workforce development.

- Newly licensed nurses and those who have been in practice for two to four years are at highest risk for attrition.
- Nurses who plan to leave their job within the next year most commonly cite dissatisfaction with the work environment as their reason.
- Second to job satisfaction and joy in work, quality of care and career development opportunities are strong retention drivers among experienced nurses, while nurse manager support, joy in work, and praise and recognition are more important to newly licensed nurses.
- Nurses in units with low rates of intent to stay are more likely to perceive turnover as a threat to the quality of care being delivered than nurses in units with high intent-to-stay rates.
- Priority targets for retention strategies include quality of care, joy in work, staff tenure mix, nurse manager support, staffing, and scheduling and workforce cohesion.

Taken together, the findings confirm that nurses' intention to stay in their job is differentially influenced by multiple variables. Therefore, interventions for reducing nurse turnover should be designed and implemented with these differences in mind to meet the unique needs of a multigenerational nurse workforce.

Introduction

The capacity of health care organizations to deliver safe, high-quality, patient-centered care while also remaining viable in the face of the continuously evolving competitive landscape rests on their ability to nurture a robust, engaged, qualified workforce.[8] Doing so, however, is becoming increasingly challenging as the demand for health care services, driven by the expanding consumer base, aging population and external market forces, has continued to grow exponentially while the supply of caregivers and other employees needed to provide those services has not.

Nowhere in health care is this challenge more palpable than in the recruitment and retention of nurses. As the largest sector of the health care workforce, nurses are employed across every segment of the care delivery

system and they spend more time delivering direct patient care than any other professionals. It is therefore not surprising that research has consistently demonstrated strong associations between the work and the work environment of nurses and patient, nurse and organizational outcomes.[9]

Optimizing this relationship requires keeping units fully and appropriately staffed with enough skilled, committed nurses to meet patients' needs, while also supporting nurses' personal and professional fulfillment. Unfortunately, current and projected rates of job turnover among nurses are making this increasingly difficult to do. According to a national RN staffing report, in 2017 the turnover rate for bedside nurses in the United States was 16.8%, up more than 2% from 2016, and more than 25% of hospitals reported a vacancy rate exceeding 10%.[10] These numbers become even more striking when considered in the context of nurse staffing projections, which suggest that the industry is expected to need approximately 4.14 million nurses by 2025, yet it is estimated that only 3.95 million will be available at that time.[11]

In addition to the impact that an insufficient supply of nurses can have on the safety, quality and experience of care, the direct and indirect financial costs associated with nurse turnover can drastically influence health systems' operating margins. The average cost of turnover for a bedside nurse is estimated to range from $38,000 to $61,100, resulting in an estimated per-hospital cost of between $4.4 million and $7 million annually. Based on these estimates, each percent change in nurse turnover is worth $337,500 in either direction.[12] These turnover trends and costs are further complicating financial performance that is already burdened by increasingly complex payment models and a rapidly changing regulatory environment.

Considering the impact on clinical, financial and operational outcomes, nurse turnover should not be perceived as a nursing problem or an HR problem. Rather, it should be viewed as an urgent patient care problem that requires the attention and support of leadership across an organization.

The first and most crucial step on the path to improving nurse retention is understanding what drives and detracts from it. Nurses' intent to stay in or leave their job can vary considerably based on multiple personal, professional and environmental considerations.

Previous research has indicated that nurse turnover may be differentially influenced by such factors as nurse age, length of time with an organization, and unit type.[13] To investigate these associations, Press Ganey researchers analyzed the responses of nearly 250,000 registered nurses who participated in the 2017 NDNQI® RN Survey (see Appendix for sample details).

Focusing on trends and predictors of RN intent to stay, which is widely recognized as a proxy for turnover, the researchers examined the following:

- Trends and differences by age, tenure and unit type in RN job plans and reasons for planning to leave
- Predictors of intention to stay for all nurses
- Differences in predictors of intention to stay for newly licensed and experienced RNs
- Predictors of unit-based rates of intention to stay

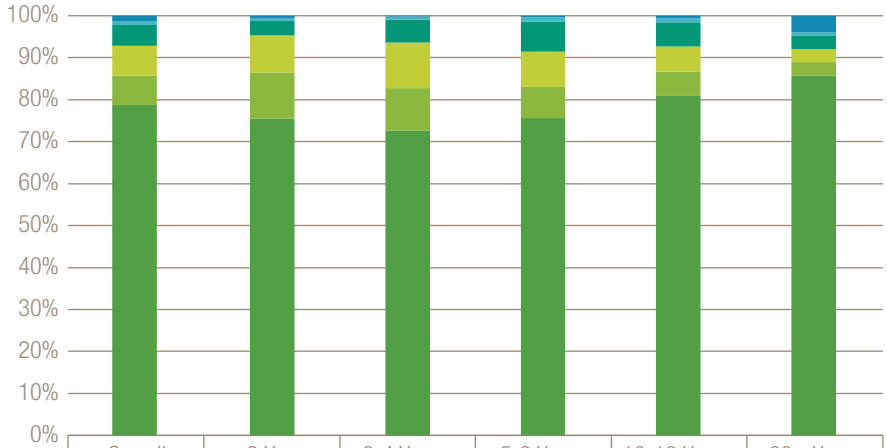
Trends and Differences in RN Job Plans

The intent-to-stay question in the NDNQI RN Survey asks nurses about their job plans for the next year and for the next three years. The analyses of responses identified significant differences in one- and three-year job plans across nurse age, tenure and unit type, as indicated in Figures 1–6. Among the notable findings:

- Younger nurses (<30 years old) were more likely than those in other age groups to indicate that they planned to leave their current position but remain in the hospital, or leave direct patient care but remain in nursing, over the next three years—a finding that points to current trends of younger nurses transitioning earlier in their careers into advanced practice clinical, administrative or education roles. This highlights the importance of succession planning at all levels in conjunction with leadership development in order to meet young RNs' need for career advancement while ensuring a sufficient flow of capable, qualified nurses to fill the ranks. To this end, nurse leaders should develop succession planning strategies that include the ongoing identification, recruitment, retention, development, coaching and mentoring of potential nurse leaders, while also focusing on the recruitment and retention of bedside nurses.
- Nurses working on adult step-down and adult medical-surgical units were the most likely to indicate plans for leaving within one or three years. These findings can be best understood in the practice context. Adult step-down and medical-surgical units can be the most challenging units to work on because the nurse-to-patient ratios are frequently less favorable and more variable there than in critical care units. Although patients in these units are not as unstable as those in critical care, they are often patients who are very sick and require complex care. Also, for many new nurses, these units are stepping stones to future work. It is not uncommon for nurses to gain skills in general medical-surgical and step-down units, as it can be hard to get a job in more specialized areas without experience.

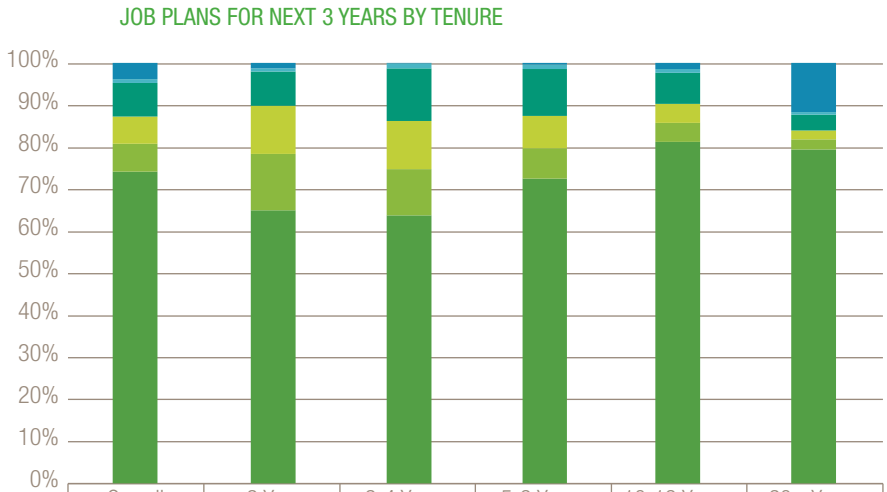
Figure 1

JOB PLANS FOR NEXT YEAR BY TENURE



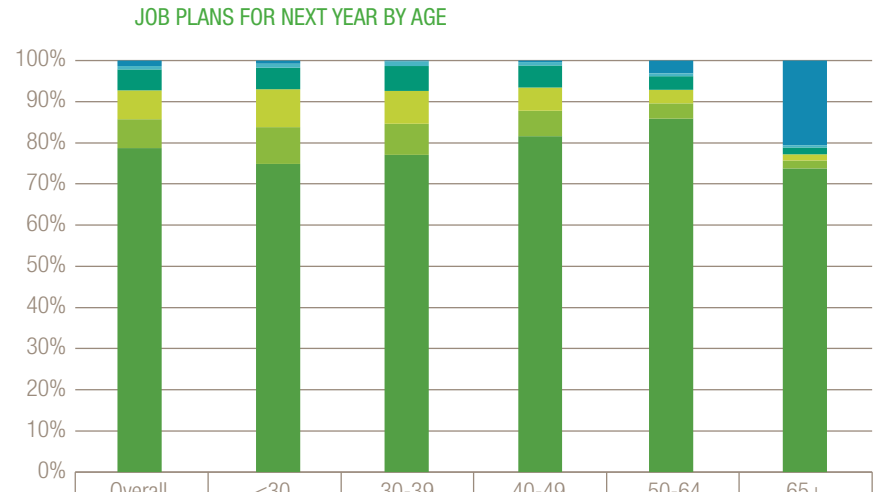
	Overall	<2 Years	2-4 Years	5-9 Years	10-19 Years	20+ Years
Retire	1.28	0.58	0.17	0.31	0.61	3.82
Leaving Nursing	0.9	0.7	0.77	1.09	1.09	0.79
Leave Direct Care, Stay in Nursing	5.05	3.43	5.37	7.22	5.64	3.3
Stay in Direct Care, Leave Hospital	7.04	8.83	10.94	8.32	6.02	3.19
Leave Unit, Remain at Hospital	6.94	10.96	10.04	7.51	5.81	3.23
Stay in Current Position	78.78	75.5	72.71	75.55	80.83	85.67

Figure 2



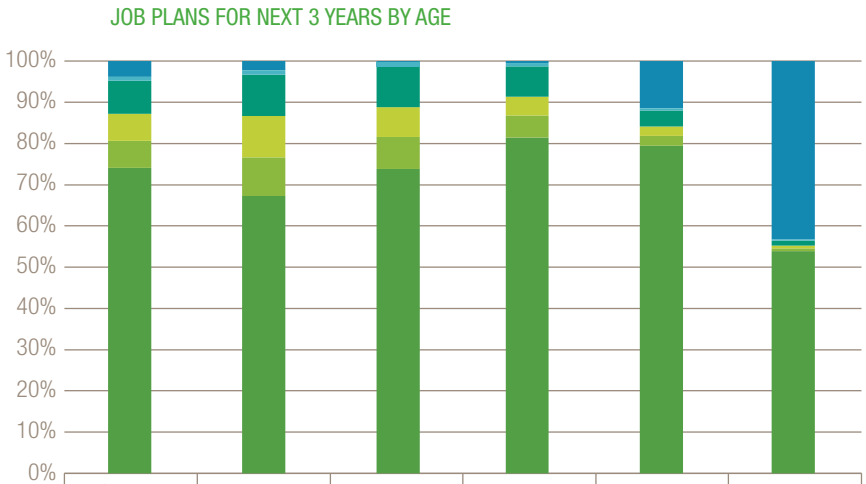
	Overall	<2 Years	2-4 Years	5-9 Years	10-19 Years	20+ Years
Retire	3.84	1.29	0.16	0.37	1.45	11.71
Leaving Nursing	0.89	0.81	1.11	1.15	0.88	0.62
Leave Direct Care, Stay in Nursing	8.09	8.08	12.55	11.05	7.45	3.76
Stay in Direct Care, Leave Hospital	6.49	11.51	11.41	7.68	4.43	2.14
Leave Unit, Remain at Hospital	6.63	13.3	11.02	7.27	4.55	2.31
Stay in Current Position	74.05	65.01	63.75	72.48	81.23	79.45

Figure 3



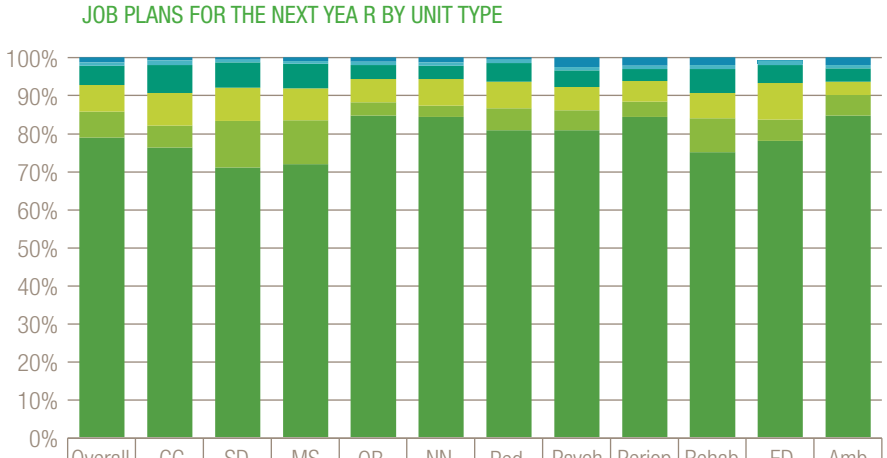
	Overall	<30	30-39	40-49	50-64	65+
Retire	1.28	0.81	0.27	0.34	3.05	20.58
Leaving Nursing	0.9	0.94	1.04	0.84	0.72	0.58
Leave Direct Care, Stay in Nursing	5.05	5.19	6.05	5.31	3.4	1.56
Stay in Direct Care, Leave Hospital	7.04	9.27	7.97	5.76	3.3	1.53
Leave Unit, Remain at Hospital	6.94	8.84	7.61	6.09	3.68	1.94
Stay in Current Position	78.78	74.94	77.06	81.65	85.86	73.81

Figure 4



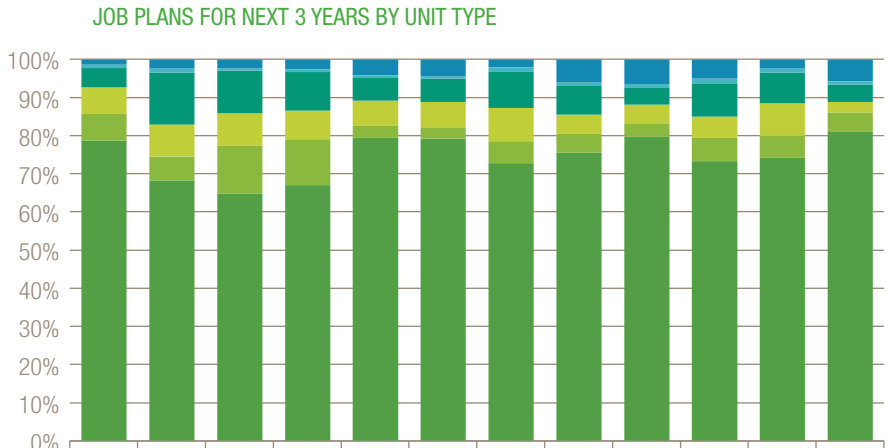
	Overall	<30	30-39	40-49	50-64	65+
Retire	3.84	2.24	0.28	0.54	11.41	43.3
Leaving Nursing	0.89	1.09	1.02	0.77	0.57	0.25
Leave Direct Care, Stay in Nursing	8.09	9.99	9.95	7.37	3.89	1.15
Stay in Direct Care, Leave Hospital	6.49	9.98	7.21	4.49	2.27	0.74
Leave Unit, Remain at Hospital	6.63	9.36	7.77	5.34	2.46	0.66
Stay in Current Position	74.05	67.34	73.76	81.49	79.41	53.9

Figure 5



	Overall	CC	SD	MS	OB	NN	Ped	Psych	Periop	Rehab	ED	Amb
Retire	1.28	0.82	0.65	0.94	1.23	1.39	0.72	2.55	2.25	2.04	0.79	1.99
Leaving Nursing	0.9	1.26	0.72	0.73	0.83	0.84	0.74	0.81	0.86	1	1.26	0.99
Leave Direct Care, Stay in Nursing	5.05	7.27	6.6	6.54	3.75	3.41	4.9	4.5	3.07	6.35	4.72	3.42
Stay in Direct Care, Leave Hospital	7.04	8.59	8.86	8.39	6.07	7.14	7.06	6.1	5.57	6.72	9.63	3.46
Leave Unit, Remain at Hospital	6.94	5.89	12.25	11.53	3.5	2.9	5.71	5.25	4.02	8.87	5.59	5.47
Stay in Current Position	78.78	76.16	70.92	71.87	84.62	84.32	80.86	80.8	84.22	75.02	78.01	84.67

Figure 6



	Overall	CC	SD	MS	OB	NN	Ped	Psych	Periop	Rehab	ED	Amb
Retire	1.28	2.25	2.26	2.57	4.15	4.23	2.09	5.9	6.45	5.05	2.21	5.68
Leaving Nursing	0.9	1.25	0.68	0.69	0.72	0.76	0.91	1.1	0.9	1.17	1.2	0.91
Leave Direct Care, Stay in Nursing	5.05	13.61	11.15	10.06	5.82	6.1	9.67	7.39	4.54	8.67	8.1	4.46
Stay in Direct Care, Leave Hospital	7.04	8.35	8.58	7.65	6.79	6.74	8.72	5.16	4.75	5.6	8.47	2.8
Leave Unit, Remain at Hospital	6.94	6.33	12.52	12	3.03	2.83	5.81	4.9	3.57	6.09	5.77	5.1
Stay in Current Position	78.78	68.22	64.81	67.05	79.49	79.34	72.8	75.55	79.8	73.41	74.26	81.05

Among the nurses who indicated their intent to leave their position within one or three years (Figures 7–12), the following trends were observed.

- Dissatisfaction with the work environment was the most commonly cited reason for plans to leave a current position for a different job situation within one year (excluding retirement), followed by home or personal reasons, and then a change in nursing career.
- Planned attrition within three years was most commonly attributed to home or personal reasons, followed by a change in nursing career, and then dissatisfaction with the work environment.
- When segmented by age and tenure, older nurses were more likely to cite dissatisfaction with the work environment, while younger nurses and those with fewer than four years of experience were more likely to cite plans for a change in nursing career. This is consistent with the finding noted earlier regarding younger nurses' intention to leave their positions within three years to pursue other nursing opportunities.

Figure 7

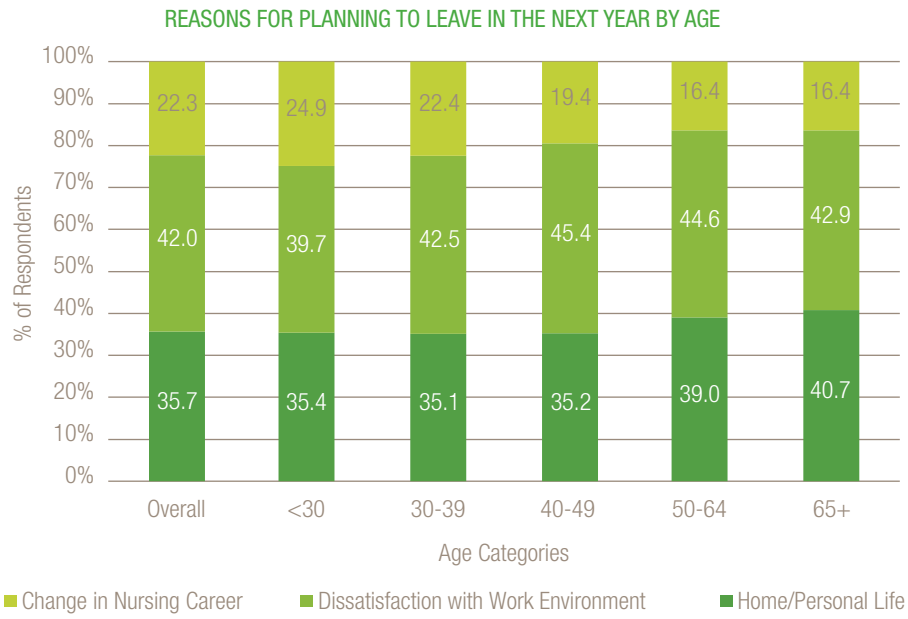


Figure 8

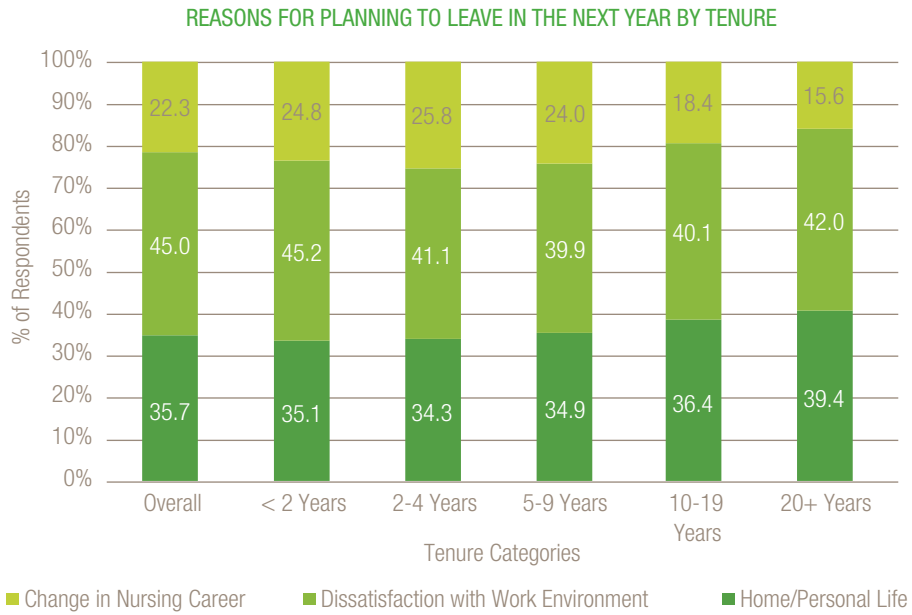


Figure 9

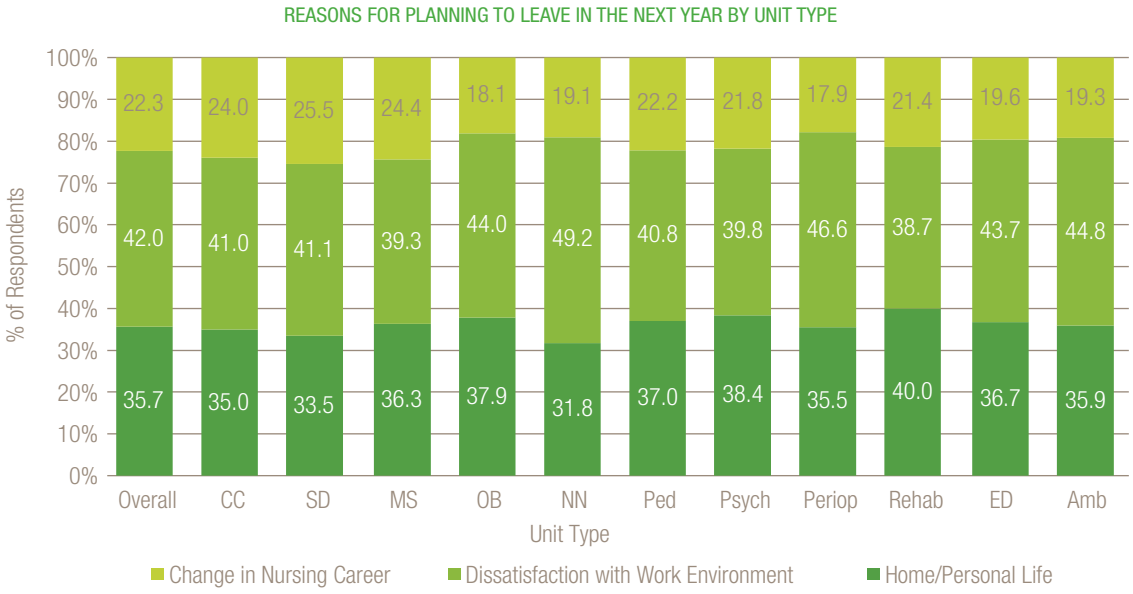


Figure 10

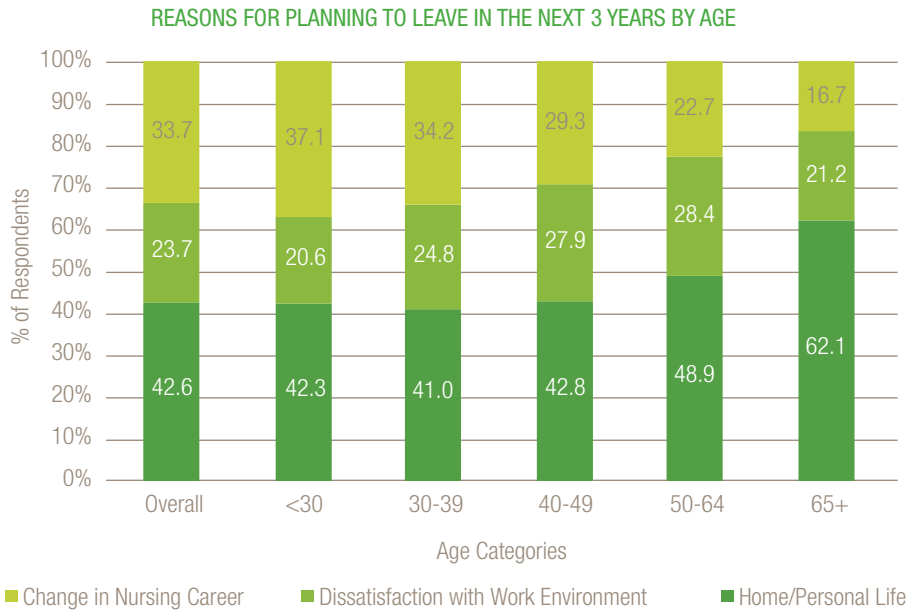


Figure 11

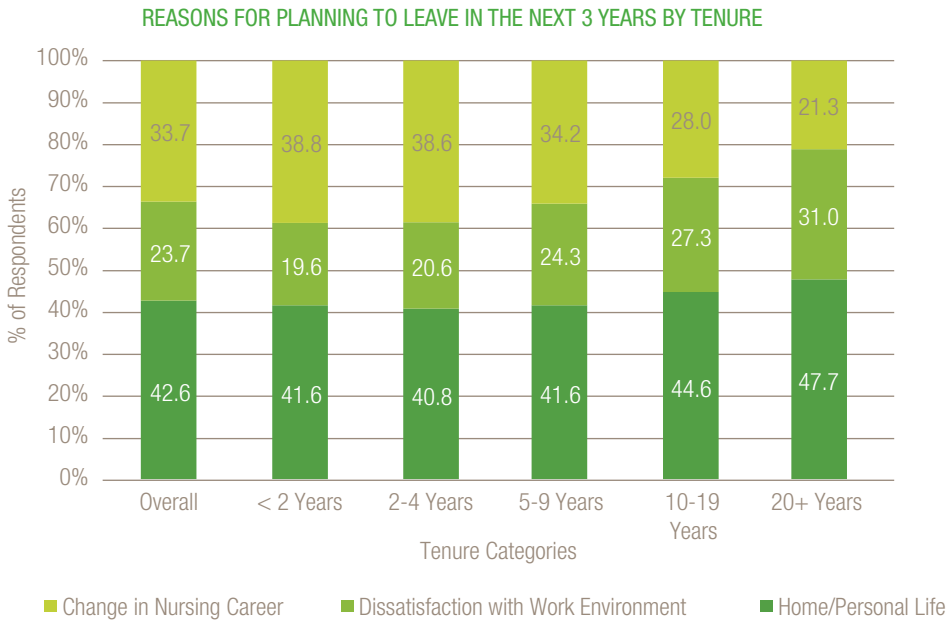
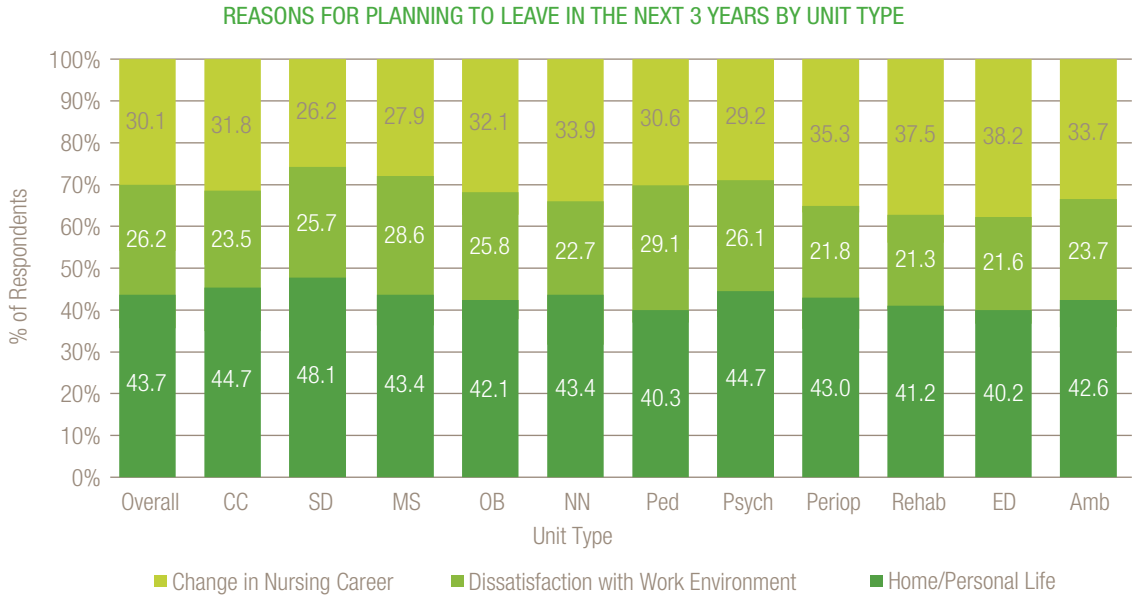


Figure 12



Predictors of Intent to Stay

To identify the strongest predictors of intent to stay across all nurses, the researchers used a modified theoretical model of clinical nurses' intent to stay in their current position[14] (see Appendix).

Of 15 items across five major predictor domains, the strongest positive predictors of intent to stay were the affective responses of job satisfaction and joy in work, followed by nurse manager support, career development, and praise and recognition. Notably, all of these ranked higher than influence over schedule and staffing—a finding that is consistent with previous research indicating that the nurse work environment is a more influential driver of nurse outcomes than staffing considerations.[15] The items and the rank order of their positive or negative associations are shown in Figure 13.

Nurses and nurse managers who participated in the qualitative RN Retention Survey overwhelmingly reported that workgroup cohesion is an extremely important consideration in both high and low intent-to-stay units. However, workgroup cohesion and nurse to nurse consultations, which can have a strong positive influence on intent to stay were actually inversely related to this outcome across all models. Although seemingly counterintuitive, this finding is also consistent with earlier research related to the nurse work environment. While strong team cohesion and teamwork are known to be important factors that contribute to good nurse and patient outcomes, on their own they are not enough to create a high intent to stay if the overall work environment is poor.

Figure 13

RANK ORDER OF INTENT TO STAY PREDICTORS

Manager Characteristics:	Organization Characteristics:	Work Characteristics:
■ Nurse Manager Support (+) 3 ■ Praise and Recognition (+) 5 ■ CNO Leadership (-) 8 ■ Shared Decision Making	■ Career Development (+) 3 ■ Influence schedule (+) 6 ■ Staffing (+) 7	■ RN-RN Consults (-) 2 ■ Work Group Cohesion (-) 4 ■ Abuse/incivility (-) 7
Cognitive Response to Work:	**Affective Response to Work:**	
■ Quality of Care (+) 6 ■ Missed Care (-) 8 ■ Empowerment	■ Job Satisfaction (+) 1 ■ Joy at Work (+) 2	

+ Significant positive association with intent to stay – Significant negative association with intent to stay
Predictors are rank ordered by relative strength of significant association, with the lower values indicating the strongest relationships.

Predictor Differences between New and Experienced Nurses

Newly licensed nurses are likely to stay in—or leave—their jobs for different reasons than experienced RNs. Separate models examining the predictors of intent to stay for each group showed that praise and recognition, nurse manager support, certification, and joy in work were significant predictors for nurses who had been practicing for fewer than two years but not for nurses in practice for 20 years or more. In contrast, CNO leadership, influence over schedule, and quality of care were significant predictors for the long-tenured group but not for the novices (Figure 14).

Figure 14

PREDICTORS OF INTENTION TO STAY FOR NLRN AND EXPERIENCED RNS

Manager Characteristics:	Organization Characteristics:	Work Characteristics:
■ Nurse Manager Support (N+) ■ Praise and Recognition (N+) ■ CNO Leadership (E-) ■ Shared Decision Making	■ Career Development Support (N+, E+) ■ Influence over schedule (E+) ■ Staffing	■ Work Group Cohesion (N-, E-) ■ RN-RN Consults (N-, E-) ■ Abuse/Incivility
Cognitive Response to Work:	**Affective Response to Work:**	
■ Quality of Care (E+) ■ Missed Care (N-, E-) ■ Empowerment	■ Job Satisfaction (N+, E+) ■ Joy at work (N+)	

N Newly-licensed nurses E Experienced nurses + Significant positive association – Significant negative associationy

In addition, with the exception of job satisfaction, the relative influence of predictors that were common across newly licensed and experienced RNs varied by group (Figure 15). For example, career development, work group cohesion, RN-to-RN consults and missed care were less influential on intent to stay among the new nurses than on the experienced ones.

Figure 15

RANK ORDER OF PREDICTORS OF NLRN AND EXPERIENCED RN INTENTION TO STAY

Rank order of Predictors for NLRNs	Rank order of Predictors for Experienced RNs
1. Job Satisfaction (+)	1. Job Satisfaction (+)
2. Nurse Manager Support (+)	2. Quality of Care (+)
3. Joy in Work (+)	3. RN-RN Consults (-)
4. Praise and Recognition (+)	4. Career Development Support (+)
5. RN-RN Consults (-)	5. Work Group Cohesion (-)
6. Career Development Support (+)	6. CNO Leadership (-)
7. Work Group Cohesion (-)	7. Missed Care (-)
8. Missing Care (-)	8. Influence Over Schedule (+)

+ Significant positive association with intent to stay – Significant negative association with intent to stay
Predictors are rank ordered by relative strength of significant association

Unit-Level Impact of Intent-to-Stay Predictors

To understand the impact that work environment has on intent to stay at the unit level, researchers ran the same model using the percent of nurses planning to stay in their current position as the outcome. Compared with the individual model, the cognitive and affective responses to work domains were similarly influential on intent to stay at the unit level, but there were notable differences in the manager, organization and work characteristic domains (Figure 16). Specifically, the following predictors that were significant in the individual model were not significant in the unit model: praise and recognition, CNO leadership, career development, influence over schedule, and abuse/incivility.

Figure 16

PREDICTORS OF UNIT LEVEL RATES OF INTENTION TO STAY

Manager Characteristics:	Organization Characteristics:	Work Characteristics:
■ Nurse Manager Support (+) 6 ■ Praise and Recognition ■ CNO Leadership ■ Shared Decision Making	■ Career Development ■ Influence over schedule ■ Staffing (+) 5	■ Work Group Cohesion (-) 8 ■ RN-RN Consults (-) 2 ■ Abuse/incivility
Cognitive Response to Work:	**Affective Response to Work:**	
■ Quality of Care (+) 4 ■ Missed Care (-) 7 ■ Empowerment	■ Job Satisfaction (+) 1 ■ Joy at Work (+) 3	

+ Significant positive association with intent to stay – Significant negative association with intent to stay
Predictors are rank ordered by relative strength of significant association, with the lower values indicating the strongest relationships.

The findings of these quantitative analyses demonstrate that factors influencing nurse retention can vary considerably, suggesting that there is no one-size-fits-all approach to building and sustaining a robust, engaged nursing workforce. Rather, health system and nursing leaders should carefully consider the composition of nursing staffs across units and the differential needs of nurses by age, tenure and role when developing recruitment and retention strategies.

Identifying Retention Targets and Strategies

To identify the targets and strategies that best address the range of differential needs of newly licensed and seasoned nurses across inpatient and ambulatory settings, researchers analyzed responses from a cross section of nurses from units with high and low rates of intent to stay on the 2017 NDNQI RN Survey. High intent-to-stay units were those in which 100% of nurses indicated their intent to stay, while low intent-to-stay units had the lowest percent-to-stay ranges compared with the overall sample (see Appendix).

The survey results suggest that high-intent-to-stay units have fewer newly licensed nurses begin on the unit, yet those who do are more likely to stay than newly licensed nurses on low-intent-to-stay units (Figure 17). Presumably, this is because these units also have more experienced nurses available to guide the newer nurses. This highlights a critical HR/nurse manager consideration: maintaining a high level of sensitivity around the number of newly licensed nurses on a unit and ensuring that units have the appropriate mentoring and transition-to-practice resources to support them.

It is also likely that the experienced nurses on high-intent-to-stay units report greater satisfaction/engagement than those on low-intent-to-stay units, which is an important element of a positive work environment and role modeling for newer nurses.

The patterns observed among the low-intent-to-stay units also offer important lessons. Units with fewer experienced nurses and more new nurses by default have fewer tenured nurses available to mentor the novices. These units are more vulnerable to turnover risk because the incoming nurses are not receiving the guidance they want or need.

Figure 17

DIFFERENCES AMONG HIGH AND LOW INTENT TO STAY UNITS

Reported by RNs

	Total Sample	RNs in Low Intent to Stay units*	RNs in High Intent to Stay units*
	N=641**	N=216**	N=425**
Average years in practice as an RN	15.0 years	12.74 years	16.16 years
Average years on current unit	7.1 years	6.17 years	7.59 years
	1=strongly disagree, 6=strongly agree		
Turnover on my unit never affects:			
Patient Care	3.14	2.37	3.53
Workload	2.83	2.15	3.18
Job Satisfaction	2.87	2.19	3.23
NLRNs routinely begin on my unit	3.79	4.21	3.57
NLRNs who begin my unit tend to stay	3.63	3.16	3.88
My unit has enough experienced RNs to provide guidance to NLRNs	4.66	4.02	4.99

*Significant differences found between RNs in high intent to stay units and RNs in low intent to stay units on all variables in this table.
**N for each variable Differs slightly due to missing data

Intent to leave and intent to stay are sensitive predictors of nurse turnover. So, if there is high intent to leave/low intent to stay on a unit, turnover is usually higher, especially if there are other employment options for RNs in the region. The turnover risk increases when managers hire more newly licensed nurses than they should in an effort to fill the ranks, leading to a continuous revolving door if the cycle is not broken.

Breaking the Turnover Cycle

The key to stopping the revolving door of turnover is twofold: working with HR to hire the right people, including the correct ratio of new to experienced nurses; and addressing the work environment factors that are most influential to nurses' desire to stay in their job.

With respect to the HR collaboration, the return on investing time and effort to recruit and screen for the right fit up front will be seen in measures of workforce culture and financial outcomes. Seeking the "right" fit requires more than assessing candidates' clinical backgrounds and years of experience. It requires matching cultural values, including a high priority for quality patient care and appreciation of the importance of teamwork. It also requires assessing prospective candidates' desire to fully engage with the

manager and other colleagues to create and sustain a positive work environment, and their interest in and willingness to work with a multigenerational team and to mentor junior nursing staff.

In terms of the optimal work environment factors for nurse retention, the best insight into these comes from the responses of nurses working in high-intent-to-stay units.

To this end, the researchers reviewed the open-ended RN Retention Survey questions and responses to subsequent in-depth interviews with a subset of survey respondents, grouping the feedback under the five domains used in the quantitative analysis: organizational characteristics, work characteristics, manager or leader characteristics, nurse characteristics, and affective and cognitive responses to work.

The analyses of the open-ended survey responses showed that for new and experienced nurses, the majority of the suggested retention targets involved organizational characteristics, followed by work characteristics, manager characteristics, and affective or cognitive responses to work.

From the perspective of nurse managers of high-intent-to-stay units specifically, top priorities for retaining new and experienced nurses include workforce cohesion, staffing and scheduling. In addition, education and mentorship emerged as priority considerations for newly licensed nurses, while value/respect and shared decision making were perceived to be priorities for experienced nurses.

The responses from the subsequent in-depth interviews mirrored and extended these observations. The most prevalent retention priorities that emerged from these interviews focused on collaboration and leadership. For example, work group cohesion and positive unit culture were cited as key retention drivers by nearly all of the nurses interviewed. Teamwork, a supportive culture, and strong relationships and bonds between coworkers were also repeatedly mentioned as highly important factors influencing nurses' desire to stay on their unit, as were nurse manager support and strong leader relationships, described as support from direct supervisors, managers who had their nurses' backs, and trust in senior leadership.

Additional perceptions of important nurse satisfiers that contribute to intent to stay were the joy and meaning that nurses experience in providing quality care to patients; self-scheduling and schedule flexibility to support work–life balance; good staffing as a determinant of job satisfaction; and positive relationships with physicians in the context of nurses feeling that they are valued and empowered and that they are respected as important contributors in shared decision making.

Strategic Priorities

Based on the quantitative and qualitative analyses, the following focus areas—listed with suggested best practices for executing on them—should be considered top priorities for creating and sustaining a stable, multigenerational nursing workforce.

Quality of Care/Joy in Work

- Recruit and hire nurses who share organizational values.
- Model and expect an unwavering focus on quality of care.
- Create an environment that optimizes the rewards of nursing and minimizes the influence of associated stressors.[16]

Manager Support

- Support staff nurses' professional and career development goals.
- Encourage open communication and provide regular guidance and feedback.
- Cultivate a team of high-performing nurse managers to provide the support and leadership that new and experienced nurses need to be satisfied and successful.[17]

Staff Tenure Mix

- Ensure an appropriate mix of tenured and newly licensed RNs.
- Hire to the right skill set.
- Recruit experienced staff who are interested and invested in mentoring newer nurses.

Workforce Cohesion

- Foster a positive culture of teamwork and support in which newly licensed RNs are welcomed and nurtured.
- Encourage and recognize participation by RNs at all levels on the unit in the process of building and growing this culture.

Staffing and Scheduling

- Commit to staffing levels that protect patient and nurse safety.[18]
- Staff units based on patient acuity.
- Offer self-scheduling and flexible schedule options to optimize work–life balance and job satisfaction.

Conclusion

Maintaining a robust, engaged nurse workforce is essential to the consistent and reliable delivery of safe, high-quality, patient-centered care. Doing so requires nurturing a culture of retention in which nurses are fully engaged in efforts to move their units and their organizations toward their strategic goals.

To this end, nurse leaders and managers should seek to understand the differential drivers of nurse intent to stay across the nurse workforce and be actively engaged in implementing appropriately targeted strategies to promote job satisfaction and retention. This includes helping new and experienced nurses who are already on staff feel safe, valued, supported and empowered, and working with health system and HR leaders to develop a recruitment strategy that will make the organization an employer of choice for current and future nurses.

Appendix

To investigate trends and differences in nurses' job plans by age, tenure and unit type, researchers analyzed the responses of 253,738 registered nurses from 14,938 units who participated in the 2017 NDNQI RN Survey. The segmentation of the full sample included by age, tenure and unit type is shown in Figure A1.

Figure A1

RNS BY AGE, TENURE, AND UNIT TYPE

	Number of RNs	Percent of RNs
Age		
<30	90097	35.51
30-39	66261	26.11
40-49	46599	18.37
50-64	47290	18.64
65+	3491	1.38
Total	**253738**	**100**
Tenure		
<2 Years	33986	13.39
2-4 Years	45737	18.03
5-9 Years	53297	21
10-19 Years	56891	22.42
20+ Years	63827	25.15
Total	**253738**	**100**
Unit Type		
Adult Critical Care	27089	10.68
Adult Step Down	21152	8.34
Adult Med-Surg	50792	20.02
Obstetrics	19631	7.74
Neonatal	11027	4.35
Pediatrics	10891	4.29
Psychiatric	5197	2.05
Perioperative	29756	11.73
Rehab	4487	1.77
ED	21809	8.60
Ambulatory	16727	6.59
Other*	35180	13.86
Total	**253738**	**100.00**

To identify the strongest predictors of intent to stay across all nurses, the researchers used a modified theoretical model of clinical nurses' intent to stay in their current position,[19] with nurse (age, tenure, education, certification, and full-/part-time status), unit type, and hospital (bed size, Magnet® designation, hospital type, teaching or nonteaching status, rural or urban location, and for-profit or not-for-profit ownership) characteristics serving as control variables.

The model includes 15 items across five major predictor domains, including manager characteristics, organization characteristics, work characteristics, cognitive response to work and affective response to work (Figure A2).

Figure A2

INTENT TO STAY MODEL PREDICTORS

Manager Characteristics:	Organization Characteristics:	Work Characteristics:
■ Nurse Manager Support ■ Praise and Recognition ■ CNO Leadership ■ Shared Decision Making	■ Career Development ■ Influence over schedule ■ Staffing	■ RN-RN Consults ■ Work Group Cohesion ■ Abuse/incivility
Cognitive Response to Work:	**Affective Response to Work:**	
■ Quality of Care ■ Missed Care ■ Empowerment	■ Job Satisfaction ■ Joy at Work	

The researchers also conducted in-depth interviews with a subset of this sample to elicit additional details about retention targets or strategies for newly licensed and experienced RNs.

To identify the targets and strategies that best address the range of differential needs of newly licensed and seasoned nurses across inpatient and ambulatory settings, researchers analyzed responses from a cross section of staff nurses and nurse managers from units with high and low rates of intent to stay on the 2017 NDNQI RN Survey. High-intent-to-stay units were those in which 100% of nurses indicated their intent to stay, while low-intent-to-stay units had the lowest percent-to-stay ranges compared with the overall sample.

The sample for this qualitative survey included 641 nurses (50 nurse managers) across 61 units and 42 hospitals. The average unit-level responses to the one- and three-year intent-to-stay items for the participating units and for the 2017 RN Survey respondents overall are shown in Figure A3.

Figure A3

QUALITATIVE SURVEY SAMPLE

	2017 Survey Units	Participating Units
Unit Average RN Intent to Stay		
	Number of Units	
Total	**8,754**	**61**
Intent within Next Year		
Stay in Current Position	80.2%	73.7%
Leave Unit	6.7%	8.3%
Leave Hospital	6.3%	10.2%
Leave Direct Care	4.4%	4.4%
Leave Nursing	0.7%	1.0%
Retire	1.5%	2.4%
Intent within Next Three Years		
Stay in Current Position	74.2%	73.7%
Leave Unit	6.8%	7.8%
Leave Hospital	6.0%	6.2%
Leave Direct Care	7.8%	7.9%
Leave Nursing	.8%	1.0%
Retire	4.4%	3.4%

In addition to capturing data on respondents' tenure as nurses and tenure with their current unit, the survey included two open-ended items ("What do you believe currently supports the desire of the following groups of RNs to want to stay on your unit or in your hospital?" and "What do you believe needs to be done to support the desire of the following groups of RNs to want to stay on your unit or in your hospital?") and a series of six-point agree/disagree response options designed to understand respondents' perceptions about the influence that turnover has on nurses in their unit.

Specifically, the survey asked respondents to express their level of agreement with the following items.

- Turnover among RNs on my unit never affects patient care.
- Turnover among RNs on my unit never affects RN workload.
- Turnover among RNs on my unit never affects RN job satisfaction.
- Newly licensed RNs are routinely hired and oriented to the RN practice on our unit.

- Nurses who begin as newly licensed RNs on our unit tend to stay on our unit.
- My unit has enough experienced RNs to provide expert guidance to newer RNs whenever needed.

The breakdown of these responses by unit type and level of intent to stay, and by participating nurses per unit type and level of intent to stay, is shown in Figures A4 and A5, respectively. High-intent-to-stay units were those in which 100% of nurses indicated their intent to stay, while low-intent-to-stay units had the lowest percent-to-stay ranges compared with the overall sample.

Figure A4

PARTICIPATING UNITS,
INTENT TO STAY ON UNIT % BY UNIT TYPE

Types of Units	Low Intent to Stay units		High Intent to Stay units	
	N	Intent to stay % mean (range)	N	Intent to stay % All units
Adult inpatient	7	33% (27%-38%)	8	100%
Ambulatory	3	39% (27%-50%)	5	100%
Peri-operative	2	47% (44%-50%)	6	100%
Emergency	1	43%	1	100%
Obstetrics	4	51% (42%-60%)	4	100%
Pediatric inpatient	3	46% (33%-55%)	3	100%
Psychiatric	1	44%	2	100%
Neonate	1	50%	1	100%
Rehabilitation	4	33% (20%-40%)	1	100%
Total	26	40% (20%-60%)	31	100%

Figure A5

NUMBER OF PARTICIPATING UNITS,
MANAGERS, AND RNS BY LOW/HIGH INTENT TO STAY

Types of Units	Low Intent to Stay units			High Intent to Stay units		
	Number of			Number of		
	Units	RN Responses	Nurse Manager Responses	Units	RN Responses	Nurse Manager Responses
Adult inpatient	7	83	2	8	103*	5*
Ambulatory	3	23*	9	5	81	11*
Peri-operative	2	21	1	6	69	3
Emergency	1	5*	0	1	36	0
Obstetrics	4	42	1*	4	62	4
Pediatric inpatient	3	15*	2	3	28*	3*
Psychiatric	1	3	0	2	20	1
Neonate	1	6	1	1	13	1
Rehabilitation	4	18	3	1	13	1
Total	26	216	19	31	425	29

*One Inteview

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