Experienced Nurses: Improving Retention by Implementing Strategies Found in Research and
those applied in Practice

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On my honor, I pledge that I have neither given nor received any unauthorized assistance on this paper. January 31, 2023.

Abstract

Background & Purpose: The literature has shown not much has been done to ensure that our more experienced nurses stay in the profession, it did identify that they were looking for safe workplace environment, good collegial relationships, supportive leadership and organization, and professional development to their retention. The purpose of this quality improvement project was to evaluate the effectiveness of a 12-week educational intervention aimed at professional development.

Methods: The quality improvement project was implemented at a community teaching medical center with outpatient services, located on the east coast post IRB approval. A pre/post educational interventional design method was implemented on two medical-surgical units. The professional development section of the Casey-Fink Retention survey, Turnover Intention Scale-6, and an organizational evaluation was utilized for the purpose of this project.

Results: The pre-survey determined that nurses were seeking more opportunities for professional development in the cover of educational opportunities. The data from this study can be applied to future educational interventions where nurses can attend on site opportunities in a more flexible manner.

Conclusions: Professional development was one of the items that was tested via this quality improvement project extracted from the review of the literature. Experienced nurses are looking for opportunities to refresh their bedside skills and to grow professionally. Continued research in what experienced nurses need is warranted to better understand their expectations from the professions as they vary from that of a novice nurse. Their retention is key and understanding interventions that could be implemented to retain them should be front and center.

Implications: The experienced nurse give importance to professional development. Findings from this study support the idea that this factor place a key role in retention of experienced nurses. This study also suggest that more research is needed to show how effective strategies can be implemented to provide our experienced nurses with educational opportunities in a more flexible manner.

Keywords: experienced nurses, retention, intervention, professional development

Introduction

Retention and recruitment have been the theme of multiple articles in various journals many having identified skillful strategies to offset the dire need for nurses however their focus has been on novice nurses. A limited number of articles were found with a focus on what the experienced nurses (those with greater than 3 years of experience) are looking for that will keep them in the profession (Daykin et al., 2018; Loft et al., 2020; Lartey et al., 2014; Wargo-Sugleris et al., 2017; & Walsh, 2018). Experienced nurses possess extensive clinical skills and practical experiences, they are a valuable source of knowledge and stand as a role model for our novice nurses (Wan et al., 2018). An organization's ability to provide high-quality care is dependent on its ability to retain an experienced highly skilled nurse workforce (Hirschikorn, et al., 2010). Retention of the more experienced nurses at the bedside not only supports in the care for patients with increasing acuity but the ability to precept novice nurses for transfer of knowledge as it is reported that globally 17% of the nursing workforce is expected to retire within the next ten years that would require an additional 4.7 million nurses to be educated and employed just to maintain adequate numbers towards the workforce (ICN, 2021).

Organizations need to conduct more research focused how to meet the needs of the experienced nurse to improve retention. Considering retention strategies that are directly tailored to the needs of experienced nurses and decreasing assumptions that experience nurses do not need support, or they have already disengaged from the profession (O'Brien-Pallas et al., 2010). Experienced nurse turnover has been associated with to contributing to rising costs associated with orientation of new staff, loss of mentorship for new graduates, and reduced quality of patient care (Roberge, 2009; O'Brien-Pallas et al., 2010).

Kuykendall et al., (2014) state an organizations success and stability comes from an experienced, engaging nursing workforce. Adverse patient events and medication errors increase in areas of high experienced-nurse turnover as stated by Ellison (2021). This turnover can lead to inadequate staffing, potentially increase length of hospital stay, medication errors and to the overall safety of the patient (Ellison, 2021).

Providing our experienced nurses with a professional practice environment where work engagement is more likely to retain and mitigate future shortages thereby provide optimal care (Kuykendall et al., 2014). Increased workloads, higher patient acuity, moral distress, burnout, lack of leadership support and poor interprofessional working relationships (Daykin et al., 2018; Loft et al., 2020; Lartey et al., 2014; Wargo-Sugleris et al., 2017; & Walsh, 2018) are just some of issues noted in the literature. Job satisfaction for experienced nurses needs to be measured both intrinsically and extrinsically as it encompasses professional autonomy, group cohesion with peers, professional development, and organizational/managerial (Daykin et al., 2018; Loft et al., 2020; Lartey et al., 2014; Wargo-Sugleris et al., 2017; & Walsh, 2018). To cater to the experienced nurses' organizations, need to shift ideologies to their professional needs as they differ from that of a novice nurse (Wargo-Sugleris et al., 2017).

Background

There is a global population of nurses that is ageing rapidly. With a large baby-boomer generation entering retirement, higher demands, and patient acuity aligned with burnout and turnover it is imperative that we retain as many nurses in the profession as possible (Furunes et al., 2018). The United States is projected to experience the retirement of one million registered nurses (RN) by the year 2030 (Rosseter, 2019). This is expected to intensify as baby-boomer nurses age and the need for health care grows (Rosseter, 2019). The median age of RN, as

reported by National Council of State Boards of Nursing (NCSBN, 2021) was 52 which is up from 51 in 2017. They also report that nurses aged 65 or older account for 19% of the RN workforce which is up from the 14.6% in 2017 and 4.4% in 2013 (NCSBN, 2021).

A report by the World Health Organization (WHO), the International Council of Nurses, and Nursing Now, estimate almost 6 million more nurses are needed to meet a global demand. The Third Global Forum on Human Resources for Health estimates that by 2035 the nursing deficit will reach 12.9 million (WHO 2015, WHO 2020). These numbers are remarkably high, and based on previous years, are on the rise. The NCSBN reports the U.S. health care system needs to be prepared for large number of nurses exiting the profession sooner rather than later due to our recent COVID-19 pandemic, which may cause those considering retirement 5 years from now sooner.

Locally Massachusetts has the highest percentage of nurses working per diem or part time in the nation. According to the Board of Registration in Nursing, Mass. nursing schools graduate an average of 3,500 graduates per year, many of which leave our state because hospital executives refuse to hire them or refuse to post permanent or full-time roles (MNA, 2021). The 2021 Nursing Solutions, Inc report on Recruitment, Retention, and Results reported that in 2021 the rate of turnover for Full/Part time is 16.7%. Our organization reported turnover percentages at 19.59% for Full and Part Time RN and 44.72% for Per Diem RN as of July 2021 (Algeri, 2021). Our organization reported turnover percentages at 19.59% for Full and Part Time RN and 44.72% for Per Diem RN for the month of July 2021 (Algeri, 2021).

Aims

The aim for this qualitative study was two-fold; first to evaluate the effectiveness of a 12-week evidence-based project by implementing an educational intervention using preexisting

program from within the organization around professional development on experienced nurses for job satisfaction. Second, to identify the impact of the educational intervention on experienced nurses in maintaining higher retention numbers using the Turnover Intention Scale-6 and professional developmental portion of the Casey-Fink scale pre and post intervention.

Review of Literature

An extensive review of the literature conducted in 2021(in Appendix A) found articles that discussed burnout, high workload, lack of managerial support, and obligations of being a nurse with limited time for self-care (Bell & Sheridan, 2020; Hirschkorn et al., 2010; Heinen et al., 2012; Mefoh, Ude, & Chukwuorji, 2019; Kuykendall, Marshburn, Poston, Mears, 2014). While factors that contribute to novice nurses have been studied extensively, there is a limited understanding of what contribute to the experience nurses leaving the profession before it is time for retirement. key strategies on retaining our more experienced nurses.

Experienced nurses give more importance to workplace environment, collegial relationships, supportive leadership and organization, and professional development to stay where they are (Bell & Sheridan, 2020; Hirschkorn et al., 2010; Heinen et al., 2012; Mefoh, Ude, & Chukwuorji, 2019; Kuykendall, Marshburn, Poston, Mears, 2014). Many of the articles focused on factors that affected retention of experienced nurses, one article provided perceptions on potential roles for experienced nurses based on factors related to retention, while one article focused on promoting healthy leadership to promote retention of experienced nurses, and one article provided insight on what keeps experienced nurses in the profession itself. A majority provided focus on professional development.

To be professionally challenged was predominately expressed by most nurses as wanting to perform special nursing function and undertaking various administrative responsibilities and that many experienced nurses described the lack of profession challenge leading to their decision to leave (Loft et al., 2020). All nurses in Loft et al., (2020) agreed that courses were important to ensure professional development, while Zhao et al., (2015) organizations wanted their nurses to have the added education however there is no compensation towards it. Walker et al., (2018) found nurses leaving for a lack in professional development, and career progression, a nurse in the study reported no scope of advancement as one of the reasons she left her previous organization. There is little research examining the impact of experiential instructional techniques majority of hospital-based education programs have been in the form of a didactic instructional format (Zhao et al., 2015; Loft, 2020; Walker et al., 2018).

Translational Framework

The Iowa Model of Research-Based Practice was developed as a decision-making algorithm to guide nurses in using research findings to improve the quality of care (White et al., 2021). The multi-step algorithm allows the user to focus on a process of implementing using evidenced based practice (EBP) changes because nurses find it intuitively understandable, and it has been used in numerous academic settings (Gawlinski & Rutledge, 2008).

The Iowa Model starts by identifying a problem-focused trigger, where EBP change might be required or a knowledge-focused trigger that comes forward when new research is founded or when new practice guidelines are warranted (Brown, 2014). This quality-improvement project was initiated by knowledge-focused trigger, the nursing shortage; more specifically our more experienced nurses with 3 or more years of experience. As mentioned earlier, our experienced nurses make up 19% of our workforce. The need to focus on this

population is important as they provide the novice nurse with mentorship and better patient outcomes are associated with experienced nursing staff. Following this information leads us to identify whether this issue of retention of experienced nurses is critical to just our independent departments or the organizations as a whole, the next phase of the algorithm. Our organization currently has multiple openings and continues to have turnover issues. It is imperative that organizations understand/learn what factors affect their experienced RNs to stay in their current role and not leave.

To achieve the next steps a team is formed. This project the team consisted of me, my organizational mentor, and unit educators. This step is important as it should include interested interdisciplinary stakeholders (Brown, 2014). Once the team has formed the next step is to gather and critique pertinent research related to the change required.

Challenging workplace environment, good collegial relationships, leadership and organizational support, and professional development were some of the themes that emerged through the articles. Based on these findings the model's next step is to design and pilot change in practice. This step was one the main reasons why this model aligned with the direction of my project. Here the team focus is not on conducting a full practice change for the entire organization but rather implement a pilot change in one or two smaller areas (Brown, 2014). The key reason is to make sure the change will be feasible on a smaller scale before we can go organization wide. As seen in Appendix B, Design and Pilot change in Practice lays out the desired outcomes for the project, the ability to collect baseline data (demographics), and guidelines. It is imperative that these guidelines and outcomes are deemed appropriate for adoption in practice.

Methods

Setting

The quality improvement project was implemented at a community teaching medical center with outpatient services, located on the east coast after IRB approval was obtained from through the Johns Hopkins School of Nursing Project Ethical Review Committee and the Institutional Review Board along. Approval to run the project at the site was also obtained through the medical centers' IRB committee. Using a pre/post educational interventional design methods, and surveys to gain background information on participants (demographics, education, and other) the educational intervention was implemented on two medical-surgical units that were identified by the organizational mentor that had similar patient population, functioned similar in nature, and whose rates of turnover were aligned.

Sample and Participants Recruitment

Registered nurses from the two units were recruited with the help of the unit educators and nurse managers. They were instrumental in securing a location for the educational intervention, and time the nurses needed to attend it. Registered nurses (consisting of staff nurses only, as no travelers were employed at the time) from both units were invited to participate in the educational intervention, however those with less than 3 years of nursing experience were excluded from the study. In utilizing the G-power program it was determined based on the specific aims for this project that paired t-test would be used to statistical test the difference between two dependent means using a power analysis of α priori that computed a required minimum sample size of 34 based on a two-tail test, an effect size of 0.5 (reflecting a medium effect), a α error probability of 0.05, and a power of 0.80.

Measure and Analytical

The interventions initial phase consisted of collecting baseline data, and a more focused look on what nurses are looking for professionally. This will be accomplished with the Casey-Fink Scale that consists of 6 sections:

1. Work environment, support, and encouragement

2. Stressors experienced by nurses.

3. Job satisfaction

4. Professional development, goal setting, and mentoring.

5. Demographic data

6. Recognition and retention

(Buffington et al., 2012)

The professional developmental portion of the Casey-Fink scale (2009) was utilized for the purpose of this QI project. Once responses were received from the units, they were analyzed, and data was extracted. Information obtained from the returned surveys was then compared to the evidence found in the literature to organize an educational program that is geared towards professional development from already existing programs within the organization. The final phase consisted of evaluations and feedback in two-fold. One via the Turnover Intention Scale-6 (TIS-6), which is a modified version of the original 15-question scale.   The scale is Likert based, with a rating from 1 to 5 (1= Never and 5 = Always). The questions focus on nurse engagement, consideration to leave current employment, level of frustration, and job satisfaction. The main purpose behind this paper is to better understand what is causing nurses to leave their current role in the organization, and this scale targets that by asking those questions. Finally, an organization

provided satisfaction survey was used understand how satisfied and impactful the educational intervention was perceived by the participants.

Intervention

The intervention consisted of developing an in-service around a skill that the nurses on the two units that was identified by the pre-survey. In conjunction with the nurse educators, it was identified that "ostomy care" was one skill that needed to be refreshed. The certified wound nurse (CWN) and this DNP student developed an in-service around the care, management, and troubleshooting of ostomy care. A presentation board was developed that consisted of commonly used ostomy products, basic information on location of stoma, reasoning, and troubleshooting ideas. The presentation was timed at 10-12 minutes with open discussion time for participants. The presenter, with the help of the unit educators identified two one-hour time blocks where nurses would drop in for the in-services. There was one drop-in session in the morning and one during the evening, allowing for better participant coverage. This occurred twice a week for 10 weeks.

Data Analysis Plan

Aim 1: Evaluate the effectiveness of a 12-week evidence-based project implementing educational intervention using preexisting program from within the organization around professional development on experienced nurses for job satisfaction.

Analyses: The Casey-Fink scales' professional development section will be used to better understand what the nurses are looking for when it comes to educational opportunities. Use of the organization evaluation survey to gain a better understanding of how effective the intervention was, and whether it met the needs of the experienced nurses on the two units. To

gauge job satisfaction, the TIS-6 will provide a better understanding of where they stand. Qualtrics platform will be utilized to convert the TIS-6 and the organization evaluation survey portion to allow for mean differences to be calculated and analyzed using descriptive statistics.

Aim 2: Identify the impact of the educational intervention on experienced nurses in maintaining higher retention numbers using the Turnover Intention Scale-6 and professional developmental portion of the Casey-Fink scale pre and post intervention.

Analyses: Turnover Intension Scale (TIS) will be implemented post intervention to assess for nurses' intention. The overall scores from the units will be calculated and analyzed using descriptive statistics.

Data Management Plan

The survey will be uploaded onto Qualtrics via the Johns Hopkins One server, where nurses can access it via link that will be sent to them through email. The responses will be blinded, all participants will be provided with a unique identifier to illustrate which unit they are responding from.

Results

The main goal of this QI project was to focus on experienced nurses and how and educational intervention would assist them in their professional development on the job. An initial pre-survey that consisted of questions from the Casey-Fink professional development section and basic demographics was developed and uploaded onto Qualtrics where a generic link was generated and then sent to the unit educators to distribute to their nurses. Participants were reached via help of the unit nurse educators. After two weeks of reminders and resending the

link a total of 31 responses were obtained (detailed look in *Table 1*). Of the 31 participants 38%

had 3-15 years of experience, 6.5% fell in the 16-35 years of experience and one outlier had 36

years of experience as a nurse (as seen in *Figure 1)*. Post intervention participants received an

evaluation survey (organization based) along with the TiS-6 to gauge the impact of the

intervention and where they stood with the organization.

Table 1: Pre-survey demographics of participants; N= 31, however there is missing data of N=5

Demographic characteristics	*(N = 31)*
Age, mean (SD)	
0-30 years old	5 (16.1%)
31-60 years old	7 (22.6%)
61-99 years old	8 (25.8%)
Sex, n (%)	
Male	0 (0)
Female	26 (83.9%)
Gender identity, n (%)	
Male	0 (0%)
Female	26 (83.9%)
Non-binary/third gender	0 (0%)
Prefer to self-describe.	0 (0%)
Prefer not to say	0 (0%)
Education, Degree n (%)	
Associate	4 (8.3%)
Bachelors	18 (58.1%)
Master's (Nursing)	0 (0%)
Master's (other)	1 (3.2%)

Doctorate (PhD, DNP)	0 (0%)
Unit A	7 (22.6%)
B	17 (54.8%)

Participants Experience as a Registered Nurse

Mean = 1.73
Std. Dev. = .778
N = 26

Key:

1.0 = 0-2 yrs. of exp as RN
2.0 = 3-15 yrs. of exp. as RN
3.0 = 16-35 yrs. of exp. as RN
4.0 = 36 + yrs. of exp. as RN
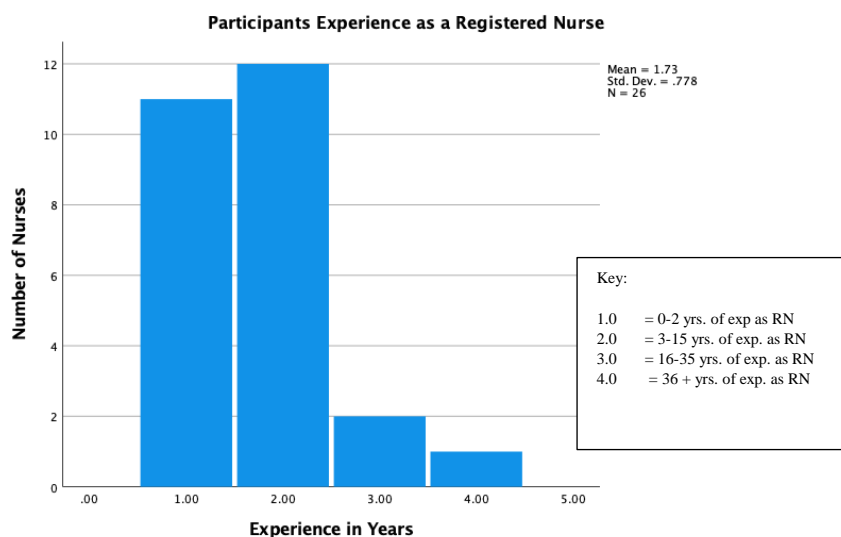
Figure 1: Years of Experience as a Registered Nurse among participants.

Aim 1

Pre-survey results identified that 41% of the nurses had filled the role of a charge nurse, while 48% has precepted a new nurse at one time. When asked what was keeping the participants in their current role 29% stated a collegial work environment while another 29% stated providing patient care and making a difference is what kept them going. There were 9.7% that reported opportunities for career advancement however none reported continuing education opportunities. When asked what would cause their departure from the organization, the top three responses were stressful job, lack of better pay, and staffing issues. Nurses also mentioned lack of support, feeling of community, continuing education, and better commute as other

determinants that would cause them to leave. Areas of improvement suggested by the nurses

was no surprise either, better pay, better benefits, and safer staffer ratios (as seen in Table 2).

Table 2: Casey-Fink Professional Development Responses

Pre-survey Findings	(*N* = 31)
Charge Nurse n (%)	
Yes	13 (41.9%)
No	13 (41.9%)
Preceptor, n (%)	
Yes	15 (48.4%)
No	11 (35.5%)
Would Stay in Current Role for…, n (%)	
Good Collegial Relationship	9 (29%)
Patient Care/Making difference.	9 (29%)
Career Advancement	3 (9.7%)
Would Leave Current Role, n (%)	
Due to Stressful Job	3 (9.6%)
Non-competitive Pay	8 (25.6%)
Unsafe Staffing Ratios	2 (6.4%)
Other (lack of a sense of community/support, No opportunity, no continuing education)	13 (41.6%)

Nurses were also asked about *what their needs for professional development at the*

bedside were, the 11 that did respond 7nurses sought continuing education in some form and one

even stated having an experienced nurse around would be beneficial, as seen in Table 3. As

identified in the pre-survey results 8 of the 13 participants stated they would appreciate more

educational opportunities in some form.

Table 3: Professional Development needs at the bedside

		Value	Count	Percent
Standard Attributes	Position	34		
	Label	Tell me about your needs for professional development as a bedside nurse?		
Valid Values			18	58.1%
	Be able to spend more time providing patient education		1	3.2%
	Better peer support with nurses who have been bedside for a while		1	3.2%
	Continued education on things we don't do often, PPN/TPN, advanced tele course, med updates		1	3.2%
	Educational meetings as a resource		1	3.2%
	Educational opportunities, Shadowing opportunities		1	3.2%
	Getting feedback from my supervisor		1	3.2%
	Having experienced nurses around		1	3.2%
	Educational opport. time. The problem all the time is if you have 4 or more patients you don't have time to study or get to know your patients		1	3.2%
	I have all my needs met		1	3.2%
	Learning new techniques		1	3.2%
	More appreciation/support from management		1	3.2%
	Skills for things not used often (i.e., Zoll)		1	3.2%
	Tools/classes to gain skills to facilitate patient care		1	3.2%

Aim 2

As per the pre-survey results an educational intervention was developed with the help of the wound/ostomy nurse that would be delivered to the nurses on Unit A and B. The unit educators along with the unit managers identified that ostomy care was one skill that needed a refresher. The thought was to deliver the intervention in 10-15 mins segments two times a day once a week. The intervention consisted of the following:

- A poster board, consisting of all the components required for an ostomy.

- Printed images of where ostomies are surgical developed on the abdomen.

- A written script to lead the presenter into key discussion points.

- Visual and physical elements to allow the nurses to touch & feel and practice during the presentation.

- Open discussion at the end.

Again, participants were recruited through the help of the unit educators via emails, which were sent a week prior and then the day of the presentation. Participants were informed that the presenter would be on their unit for an hour, and they could drop in at any time during that hour. Participants were asked to fill a sign in sheet with their name, years of experience, email, and unit they currently worked on. They were informed they would receive post survey regarding the layout of the intervention and if they would appreciate similar setups for more educational interventions in this layout or if they had any other feedback.

Table 4: Post intervention survey; provided to participants post educational intervention on layout and method of in-service, along with delivery to measure effectiveness. Survey was a self-developed via Qualtrics Likert-scale where 1(extremely agree) to 7 (extremely disagree).

		I feel the skills provided in the in-service, provided background knowledge in ostomy care	*I feel more confident in assessing a patient's ostomy*	*I feel more confident in my skills to size, fit and apply or redress an ostomy*	*I feel confident that I am able to educate my patient on ostomy for home care*	*If I am unsure about any aspect of ostomy care I am aware of my in-house resources*	*I have a better understanding of Epic documentation for ostomy care.*
N	Valid	12	11	11	11	11	11
	Missing	3	4	4	4	4	4
Percentile	25	1.00	1.00	1.00	1.00	1.00	1.00
	50	2.00	1.00	2.00	2.00	2.00	2.00
	75	2.75	2.00	2.00	2.00	2.00	2.00

A post survey evaluation survey (organization based) was sent to the nurses that had attended the intervention, after 3 weeks of emails and onsite reminders only 16 responses were achieved with 5 missing data. As seen in Table 4 above, the median responses for all six questions were favorable, either "extremely satisfied" or "moderately satisfied". The nurses were asked in "open text" format for input and thoughts on the layout, and presentation style of "drop-in", their responses were;

"drop-in style, was on spot"

"allowed flexibility for staff to attend"

Nurses were asked if any barriers were noted during this in-service;

"drop-in is great, but also depends on how busy the unit is and how staffing is"

"Nothing, the in-service was great"

Nurses reported that it would be beneficial to have other in-services with this layout, such as wound care products, PCA pumps, and others that could allow a quick Q&A session. Finally, all nurses, regardless of attending the educational intervention were sent a Turnover Intention Scale- 6. This scale consisted of six questions, as seen in Table 5 below.

Table 5: Turnover intention scale-6 resulted only six participants. The TiS-6 focused on a briefed version of the full scale TIS focusing on nurses' overall intention to leave their current role and organization. The scale was based on a Likert based model, were 1=never, 2=rarely, 3=sometimes, 4=often, 5=always

		How often have you considered leaving?	*How satisfying is your job in fulfilling your personal needs?*	*How often are you frustrated when not given the opportunity at work to achieve your personal work-related goals?*	*How often do you dream about getting another job that will better suit your personal needs?*	*How likely are you to accept another job at the same compensation level should it be offered to you?*	*How often you look forward to another day at work?*
N	Valid	6	6	6	6	6	6
	Missing	0	0	0	0	0	0
Mean		2.83	3.50	3.50	3.83	2.50	3.33
Median		3.00	3.50	4.00	4.00	2.50	3.00
St. Deviation		.983	1.049	1.225	.983	1.378	1.033
Percentiles	25	2.50	2.75	2.00	3.50	1.00	2.75
	50	3.00	3.50	4.00	4.00	2.50	3.00
	75	3.25	4.25	4.25	4.25	4.00	4.25

The TiS-6 identified a mean across the six questions between 2.5 and 4, with a mean of 3.83 showing nurses were often thinking of leaving their current role or the organization.

Overall, 50% of the nurses felt they *dreamt of getting another job and often frustrated they were not achieving their full potential* in their current role.

In summary, the educational intervention that was developed was successful. Majority of the nurses scored the post intervention evaluation survey (organization based) a 1 or 2 (extremely or moderately satisfied). It is also noted that nurses are looking for better pay, better benefits, and staffing conditions to stay on with their current organization, as seen in Table 2. In looking at the results from the literature review and what was extrapolated from this QI project nurses are looking for good collegial relationships, patient care and making a difference, and career advancement (Table 2). When asked of their professional development goal nurses were keen on having educational opportunities, those that would build and refresh on skills needed at the bedside. Time was another concern voiced, the ability to attend educational opportunities either on site or off. Nurses report due to lack of proper staffing, they have more patients taking more time in patient care. Hence, better staffing can lead to more time for nurses to attend to their professional needs.

Conclusion

This project increases awareness on how an institution can provide educational opportunities to nurses as a form of professional development. The ability to implement these opportunities provides nurses with the ability to build on their skills and confidence when caring for patients. There was enough data in this project to support onsite educational opportunities for nurses. Professional development is key in any career and for nurses it's an ongoing battle to keep with the changing environment of healthcare. The project identifies the importance of being vigilant with nurses and their professional development as an aspect to their retention. The literature listed many concerns for retention and turnover related to nurses, challenging

workplace environment, good collegial relationships, leadership and organizational support, and professional development were some of the themes that emerged. Organizations must focus on a more tailored need for the experienced nurses and identify where professional development needs can be inserted.

Dissemination

The educational intervention implemented into practice allowed to gain a better perspective on the needs for what experienced nurses are seeking when it comes to professional development. As noted in the review of the literature professional development was one of the many concerns experienced nurses voiced. The pre-survey determined that nurses were seeking more opportunities for professional development in the cover of educational opportunities. The data from this study can be applied to future educational interventions where nurses can attend on site opportunities in a more flexible manner.

Sustainability

Professional development in nursing is ongoing. Nursing skills at the bedside are everchanging and require refresher ever so often. In some instances, it has may be years since a nurse may have performed certain tasks. Having constant needs assessment of what nurses professional needs are and having educational opportunities that mold to their needs is very important. The healthcare industry has suffered and continues to suffer through burnout and high rates of retention and turnover.   Going forward there should be quarterly needs assessments by the nurse educators as to the nurses are looking for. Taking that information and applying it would be the next step, allowing nurses the time to attend various conferences to build on various skills would also be important.

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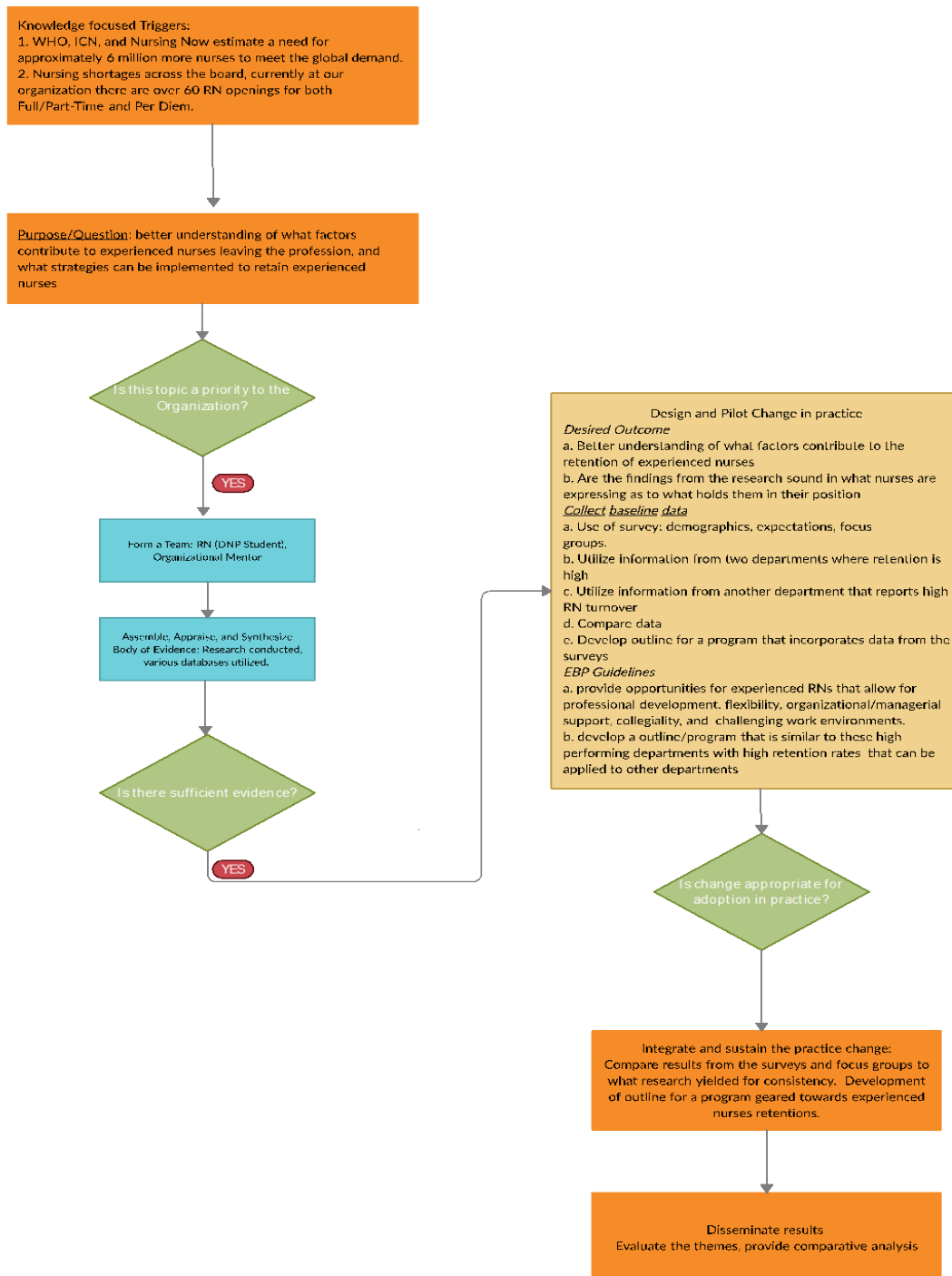**APPENDIX**

APPENDIX A

Table of Evidence

Article Number	Author and Date	Evidence Type	Sample, Sample Size, Setting	Findings That Help Answer the EBP Question: Factors that impact retention of experienced nurses	Observable Measures	Limitations	Evidence Level, Quality
1	Hayward et al., (2016)	Qualitative; Interpretive Descriptive; Thorne's interpretative design	Employed in critical care or med-surg units in Canada 12 RNs; purposeful Avg. experience 5-26 years Vancouver, Canada	Factors impacting retention: • Workplace Challenges: increased patient acuity and workload demands • Damaging professional relationships • Limited Leadership support • Personal health problem. • No work flexibility • Lack of strong leadership	Conversational-style interviews 30-60 mins Recorded and transcribed verbatim Reflexive, ongoing journaling	*Author identified*: small sample of only 12 nurses and limited to only one region and one hospital *Research identified:* only one author was used to interview, collect data, and verify it for authenticity. Finding is also specific to Canada.	Level III Quality: B/Good
2	Loft et al., (2020)	Qualitative; Descriptive	28 RNs Denmark 6 local and university Minimum of 3 yrs. of nsg. experience	• Being specialized in a specific area of nursing provides more security • Having experienced charge nurse and daily manager • Being professionally challenged as a nurse • Collegial relationships, loyalty with more experienced nurses	Interviews inspired by Kvale and Brinkmann (2014) 2 interviewers Semi-structured interviews 20-60 mins Recorded and transcribed verbatim	*Autor identified*: Limited to Danish nurses Findings maybe specific to Denmark region *Researcher identified*: one hospital in one area, could results be different if we went to rural area vs. urban	Level III B/Good

3	Wang et al., (2019)	Quantitative: Cross-sectional survey study	2504 Nurses Eastern China 7 hospitals	Factors affecting retention • 64% experienced job burnout • Lack of exposure to diverse work experience nurse could improve professionally which would mean promotions and better pay and positive factor in retention • Irregular shift work caused increased stress, better scheduling would help with this • Allowing for better patient-to-nurse ratios would decrease stress	Work-related quality of life scale survey(WRQoL) and Quality of Work life (QoWL) IBM SPSS version 22.0 Cronbach's a and independent t ANOVA to compare	*Autor identified:* self-report questionnaires could be impacted by participant attitudes *Researcher identified:* Since the survey was sent out, we have to question the timeframe of filling the survey. What the participants midframe was? We also have to question would the answer have been different if interviewed by authors, and gotten more descriptive responses.	Level III B/Good
4	Furunes et al., (2018)	Qualitative; Descriptive using Graneheim and Lundman (2004) method	Convenience sample of 12 RNs full time > 5 yrs. of experience 1 homecare setting Norway	• Lack of autonomy • Lack of role clarity and what the job actually demands • Lack of inclusion in decision process when it comes to any change that would reflect the nurse • To be provided with recognition	Application of Priori research questions using manifest and latent content analysis in line with Graneheim and Lundman (2004). Interview where nurses were encouraged to share their own experiences 30-70 mins	*Autor identified*: Home based nurses, only one institution used, limited sample size *Researcher identified:* Nurses utilized in this study were home based nurses. The use of hospital-based nurses could have shown a different view.	Level III B/Good

					Recorded and transcribed verbatim		
5	Zhao et al., (2015)	Qualitative; exploratory, semi-structured interview using Giorgi Method	8 RNs with >5 years' experience Multiple departments within 1 general medical university hospital Tianjin, China	• Ability to being recognized • Furthering education for growth as a nurse • Collegial work environment	Interview 20-40 mins Recorded and transcribed verbatim	*AuthorIIdentified*: the study was conducted in Mandarin and then translated into English by the authors *Researcher identified:* one hospital in urban setting, would like rural setting information. Also study was initially in Mandarin then translated, was anything lost in translation.	Level III C/Fair
6	Walker et al., (2018).	Quantitative; Exploratory descriptive study	New Zealand Nurses Organization (NZNO)membership 459 RNs	• Staffing, lack of time to deliver appropriate patient care due to increased paperwork. • Workplace dissatisfaction was also the most common reason given for nurses leaving the workforce. • The need for greater support and recognition from managers was important. • Having flexible schedules was important to nurse over 55 years of age.	Online survey Responses analyzed using Microsoft Excel and Nvivo	*Author identified:* sampling bias and questions were closed ended, unable to follow up. *Researcher identified:* surveys were filled online, again not sure how they would have been answered if interviewer was asking the questions and probing	Level III B/Good
7	Graham et al., (2014)	Quantitative observational; Survey	459 RNs random sample via registration board Sydney, Australia	• 42.9% reported a need for more flexible scheduling • 61.9% reported the need for better income to stay on • Safer staffing • Manageable workloads • Healthy organizational culture	Demographic Survey, inclusive of: • Mature Age Workers Questionnaire	*Author identified*: None *Researcher identified*: No follow up on the interviews were done. Of the 1100 sent only 23% were returned.	Level III B/Good

					• Job in general Scale Job Descriptive Index		
8	Fackler (2019)	Qualitative; descriptive	Purposive sampling 20 RNs 4 hospitals Maine, USA	• Providing more time to manage patient workload especially during patient discharge • The need for flexible work hours, decrease shift work from 12 hours to 8 or even 4 hour shifts. • Having manageable workloads	Focus groups Semi-structured interviews 60-90 mins Recorded and transcribed verbatim Data organized my NVivo	*Author identified*: there was no comparison to other regions of US and their older nurse population to see if responses would be similar *Researcher identified*: participant age was 50 years, it was lowered from 55 due to limited nurses in the area with that age. Study in different region or urban location would have yielded more themes	Level III B/Good

APPENDIX B
TRANSLATIONAL FRAMEWORK: IOWA MODEL

Knowledge focused Triggers:
1. WHO, ICN, and Nursing Now estimate a need for approximately 6 million more nurses to meet the global demand.
2. Nursing shortages across the board, currently at our organization there are over 60 RN openings for both Full/Part-Time and Per Diem.

Purpose/Question: better understanding of what factors contribute to experienced nurses leaving the profession, and what strategies can be implemented to retain experienced nurses

Is this topic a priority to the Organization?

YES

Form a Team: RN (DNP Student), Organizational Mentor

Assemble, Appraise, and Synthesize Body of Evidence: Research conducted, various databases utilized.

Is there sufficient evidence?

YES

Design and Pilot Change in practice
Desired Outcome
a. Better understanding of what factors contribute to the retention of experienced nurses
b. Are the findings from the research sound in what nurses are expressing as to what holds them in their position
Collect baseline data
a. Use of survey: demographics, expectations, focus groups.
b. Utilize information from two departments where retention is high
c. Utilize information from another department that reports high RN turnover
d. Compare data
e. Develop outline for a program that incorporates data from the surveys
EBP Guidelines
a. provide opportunities for experienced RNs that allow for professional development, flexibility, organizational/managerial support, collegiality, and challenging work environments.
b. develop a outline/program that is similar to these high performing departments with high retention rates that can be applied to other departments

Is change appropriate for adoption in practice?

Integrate and sustain the practice change: Compare results from the surveys and focus groups to what research yielded for consistency. Development of outline for a program geared towards experienced nurses retentions.

Disseminate results
Evaluate the themes, provide comparative analysis

Appendix B: The 2017 Iowa Model-Revised: Evidence-based practice to promote excellence in healthcare. Adapted from White, K.M., Dudley-Brown, S., & Terhaar, M.F. (2021). Translation of evidence into nursing and health care (3rd ed.). New York: Springer Publishing Company. Translation Framework for Retention of Experienced Registered Nurses (diagram adjusted to fit the page.