Dignified Descent: Older Experienced Nurses Leaving the Workplace

Cynthia Tagg

UNM College of Nursing

Date of Submission: April 20, 2016

Author Note

Cynthia A. Tagg, Doctor of Nursing Practice Nursing Student, College of Nursing, University of New Mexico, in partial fulfillment of the requirement for the Doctor of Nursing Practice Scholarly Project.

Capstone Chair: Judith Harris, DNP, FNP-BC

Capstone Committee Members: Angeline Delucas, DNP, MPH, NEA-BS &

Sara Frasch, PhD

No grants or financial support were requested for this project.

Correspondence concerning this article should be addressed to Cynthia Tagg,

220 Sutton Lane, Bosque Farms, New Mexico 87068. Email: ctagg@salud.unm.edu

Signature Page

"Dignified Descent: Older Experienced Nurses Leaving the Workplace"

Cynthia A. Tagg, DNP (c), MSN, CDP I, CHS III

_____
Judith Harris, DNP, FNP-BC, Chair

_____
Angeline Delucas, DNP, MPH, NEA-BC

_____
Sara Frasch, PhD

Abstract

Registered nurses are tasked with providing high-quality health care and this is becoming more difficult to execute, given the worsening nursing shortage. Registered nurses are aging and leaving the workforce and profession, making the shortage of nurses one of the most critical concerns facing health care delivery in our times. It is a complex, multifaceted issue that is not only costly to organizations, but also jeopardizes patient care and safety. This study queried older, experienced nurses (aged 40 years and up with at least 2 years of nursing experience) at a large academic and Level I trauma center in the Southwestern United States. Nurses responded to a survey asking whether—given a variety of options or enhancements related to work type, schedule, and environment were offered—they would be willing to consider a delay in leaving and if perceived empowerment makes a difference in this decision.

Keywords: nursing, nursing shortage, older, experienced, empowerment

Dedication

I dedicate this body of work to several people who have stood by me, not only for this doctoral scholarly project, but throughout my nursing career. Thirty-five years ago this adventure didn't have a place in my life plans. My zest for learning was reignited when I was hired by Dr. Francis Byrn, professor in the Department of OBGYN at the University of New Mexico. Thank you for taking a chance on me, on a critical care nurse who wanted to make a difference in the lives of infertile couples. Together, we did.

It is for you, my nursing colleagues at the University of New Mexico Hospital who believed in this work before the results were in and knew inherently that your voices would be heard. It is for the visionary leadership provided by Steven McKernan, CEO and Sheena Ferguson, CNO and Jamie Silva-Steele, CEO and the multitude of educational and professional opportunities provided by our phenomenal organization.

Without my distinguished Scholarly Project Committee of Dr. Judith Harris, Dr. Angeline Delucas and Dr. Sara Frasch, the attainment of this degree would have stayed a dream. Thank you for the recommendations, encouragement, rebooting, and sincere desire for my success. We did it!

And finally this 2-year journey is dedicated to my loving and supportive family who went above and beyond with their love, comfort, and encouragement throughout this challenging yet rewarding journey.

Acknowledgments

My family deserves a lifetime worth of acknowledgement. My husband, Phil, has been amazing and ensured that I had everything I needed to be successful. My daughters and their families, Jodie and Jason, Abby and Aaron, Erin; you will perhaps never know the impact of the love and strength and joy and hope you provided me when I needed it most. To my son Greyson, who most likely didn't bank on his mom graduating the same month as he —thank you for your humor, your integrity, your love, your errand running skills and for learning how to cook. To my grandchildren; I hope you understand why I missed some of your activities for the past couple of years—Justin, Jared, Jake, Kameron, and Berkeley, I love you beyond measure. My siblings, Karen, Sandy, Kip and Mark – though far in geographical distance I could feel your love and support.

My father, Ervin Hill, instilled in me a work ethic that I am grateful for and know played a significant role in my being successful in this venture. We traveled around the world and not everyone can say that. Thank you for all of this, dad, and for believing in me.

I'm blessed to have been raised by two mothers, my birth mother Winona Hancock Hill until I was 5 years old when you left this earth to soon, and then by Karen Sine, who stepped into a ready-made family and has always treated me as her own. You and Tad were pillars for me through these last 2 years and I love you both.

I would be remiss to not acknowledge and thank my coworkers Kris, Connie, Christina, Rosa, Frances, Karen and Kori. I'm indebted to my DNP colleagues, Stephanie, Diane, Dianna, Sylvia, Theresa, Charlie and Rainbeaux, who handed out just the right amount of encouragement, perspective, and humor. My road to a DNP would not have been as smooth had it not been for class of 2015, who paved the way and to the class of 2017- good luck! Last but not least, Dr PJ Woods, thank you for that last minute phone call.

Hubert H. Humphrey said “the greatest gift of life is friendship and I have received it,” and these people make it so: Debb, Cindy, Annie, Adena, Lorena, Steve, Suzanne, Chad, Sharon, Michelle, Milton, Brent, Annie J., Stephanie, Sheena, Crystal, Pam, Carolyn, Erin, Natalie, Kim, Jennifer, and Quentin. What a blessing you all are.

Finally, I thank the 463 registered nurses who allowed me access to their honest thoughts, opinions, and desires in order to try and make a difference in our profession. Without your participation, this body of work would not exist.

Table of Contents

List of Tables

List of Figures

List of Abbreviations

AACN	American Association of Colleges of Nursing
CWEQ-II	Conditions for Work Effectiveness Questionnaire II
HSC	Health Sciences Center
IPRA	Information of Public Records Act
IRB	Institutional Review Board
JAS	Job Activities Scale
ORS	Organizational Relationships Scale
RN	Registered Nurse

,

Chapter 1: Introduction and Background

Registered Nurses (RNs) comprise the largest sector of health care workers in the United States (FON, 2011), at just above 3 million (Health Services and Resources Administration, 2014). This means that almost three out of every five health care professional or technical jobs, or approximately 57% of the 6.1 million jobs in the health care industry, belong to nursing (Carnavale, Smith, & Gulish, 2015). According to the American Association of Colleges of Nursing (AACN, 2014), the supply of RNs in the United States is not expected to keep up with demand. The U.S. Bureau of Labor Statistics (2013) reports that only 2.79 million RNs are actually practicing in the field. This equates to approximately 500,000 RNs who are not employed in nursing.

Furthermore, new laws providing expanded health care coverage for more Americans, many of whom are aging, will further challenge the way hospitals and other organizations deal with the nursing shortage (AACN, 2014). The National Council on Aging reports that 80% of older adults suffer from at least one chronic condition, and 50% suffer from two (Russell, 2016). With RN employment forecasts showing 3.5 million nursing jobs available by the year 2020 (Spetz, 2014), professional nursing organizations are calling for strategies to retain and attract registered nurses. By 2025, the shortfall of RNs will be 2 times as large as any shortage we have experienced since the 1960s, when Medicare and Medicaid were introduced (Grant, 2016).

The Future of Nursing Workforce: National and State Level Projections 2012–2025, predicted that between the years 2012 and 2025, RN supply will outpace demand (Human Resources and Services Administration, 2014). This may appear promising in terms of occupational outlook, but states like New Mexico show a shortage likely to continue (Human Resources and Services Administration, 2014). Nursing workforce projections predict the nursing shortage may exceed a half million nurses by 2025 (AACN, 2014; MacKusick &

Minnick, 2010). Furthermore, as baby boomers (born between 1946 and 1964) are reaching retirement age, there will be an increased strain on the medical services industry as they enter the Medicare program and attempt to access more health care and long term care services (Atchison, 2013). This, along with the significant growth in the number of insured Americans due to the Affordable Care Act (Kaiser Family Foundation, 2015; Yamey, 2010), will place increased strain on health care delivery in the United States. Additionally, the average age of the working RN in the United States today is 50, with 53% of employed RNs over the age of 50 (American Nurses Association, 2014). Likewise, the percentage of working RNs under the age of 40 has dropped dramatically since 1980 (American Nurses Association, 2014; see Table 1).

Table 1

Percentage of Nurses Working Under Age 40

Year	Percentage of Nurses Under Age 40
1980	54%
1992	44.8%
2000	31.7%
2004	23.6%
2008	29.5%

Problem Statement

New Mexico has approximately 15,700 RNs to care for a population of greater than 2 million residents (Health Services and Resources Administration, 2013). This puts New Mexico in a position of having one of the lowest concentrations of RNs (fewer than 0.9 per 100 residents) per capita (Health Services and Resources Administration, 2013) in the United States. Furthermore, New Mexico is projected to have a decline in per-capita RN supply,

meaning new nurses entering the profession by the year 2030, of 3% (Auerbach, Buerhaus, & Staiger, 2011).

This study will query older (40 and above) experienced (at least two years of nursing experience) nurses at a large academic, Level I trauma center in the Southwestern United States. This facility has 2,193 practicing RNs. Of these, 1,022 are 40 years of age or older with at least 2 years of nursing experience. During the 2014 calendar year, 184 older, experienced RNs left this medical center and 82 were hired. The average age of the nurses leaving was 52.25 years (Personal communication, March 17, 2015).

Nurses consider leaving their jobs for a period of time before they actually leave (Flinkman, Leino-Kilpi, & Salanterä, 2010), but perceived empowerment can in some cases, overturn the intent to quit the profession (Hayes et al., 2012; Spence Laschinger & Finegan, 2005a, 2005b). Thus, the development and implementation of formal retention programs could be used effectively if the signs during this crucial period are recognized in advance. This is critically important, as high quality patient care is fostered through experienced nurses and a productive, satisfied staff (Spence Laschinger, 2008). It is crucial to articulate the determinants of RN turnover and the factors that may lead them to reconsider leaving, as the nursing shortage in New Mexico shows no sign of improving.

Study Purpose

Given the dire shortage of nurses, the primary purpose of the study was to evaluate whether the older, experienced RNs would be willing to consider a delay in their intentional exits (retirement or otherwise) from the organization, if changes to certain variables—such as work environment, schedule, and job—were made. The secondary purpose was to see if levels of perceived empowerment for the RNs had an impact on this decision.

Objectives and Aims

The objectives and aims of the study were to ask the older experienced RNs if they would be willing to consider a delay in leaving provided that changes in their work environment, schedule, and job were made, and whether perceived empowerment played a role in this decision. The PICOT question was as follows: Will variables such as job transitions, flexible hours, or opportunities for new roles in the organization play a part in older experienced RNs' willingness to delay their departure?

Information gained from this anonymous survey will aid in the planning and development of future formalized retention strategy plans. These plans will consist of contemporary approaches to retain older, experienced nurses, maintaining a level of satisfaction for them, and offering them an engaging and meaningful work environment. Answers to the survey questions and examining perceived empowerment will help determine if these avenues may improve retention at this medical center and may lend insight into nurse retention more broadly.

Scope of Study

This study will use employment data from the older, experienced RN workforce at a large academic, Level I trauma center in the Southwestern United States. The survey will be distributed to the intended population, working RNs who are older and experienced. For purposes of this study, *experienced* means RNs who have been on the job for 2 years or more. The term *older* is deemed to be 40 years of age and above, utilizing the federal definition of *older worker*. This study will include both direct care nurses at the bedside and nurses in all levels of management and administration.

Assumptions

Nursing is the most trusted profession in the United States (Riffkin, 2014). It is assumed that the survey responses from the RNs will be honest and truthful. Additional

assumptions include that (a) nursing serves as not only a job, but as a purpose, (b) nurses value patient contact, (c) nurses want to stay on the job, (d) nurses may need to work longer to bolster income, (e) perceived empowerment plays a positive role in a nurse's decision to stay or delay leaving. This study utilized a validated survey tool, the Conditions of Work Effectiveness Questionnaire II (CWEQ-II); it is assumed that the survey tool will yield credible results.

Hypotheses

H_1: Older experienced nurses will express a willingness to delay retirement or intent to leave if a variety of options related to their work type, schedule, and environment are available.

H_2: Empowerment will have a strong association with intent to stay.

Significance of the Study

Patient safety and quality outcomes depend on a highly skilled nursing workforce with nurses that have both expertise and experience. Experienced nurses leaving the workforce results in a loss of knowledge that can only stem from experience (Bleich et al., 2009). Additionally, limited numbers of nurses decreases access to care, delays treatment, and, in turn, escalates costs. As the number of nurses expected to retire continues to increase, innovative retention approaches are needed. The American Organization for Nurse Executives (AONE, 2010) published guidelines for the aging nurse workforce stating that "investments in programs to retain and to develop older nurses for new and emerging roles are essential" (p. 1). This is especially important with a nursing shortage that is only expected to increase in magnitude.

Losing experienced nurses will be detrimental to organizations, as it means loss of experience, knowledge, and wisdom. While these traits are hard to quantify, it is not difficult

to see how the departure of experienced nurses can have a negative impact on nursing care, productivity, hiring and recruitment, patient safety, quality care, and effectiveness.

Nursing turnover and replacement costs are of great concern to organizations. The average hospital loses approximately $300,000 per year for each percentage increase in yearly nurse turnover (Hunt, 2009). This includes the costs for advertising, recruiting, orientation, training, as well as the cost for filling the vacancy with overtime and staffing agency nurses. There are additional, unmeasured costs such as management and employee morale, decreased quality of patient care, and loss of patients to other organizations. Thus, increased levels of nurse turnover may cause a disruptive and unstable environment that may also impact the retention of ancillary and support staff (Hunt, 2009).

Over time, expert nurses tend to utilize care sets for patients that can only be developed through rich and deep clinical knowledge. These nurses account for the broader context when evaluating patients and families and use both cognitive process, pattern recognition, and intuition (Hill, 2010). The exit of experienced nurses who possess knowledge, expertise, and skills will, therefore, leave an organization with gaps in care that will jeopardize patient safety.

Chapter 2: Review of the Literature

A literature review was generated through a search of electronic databases, including CINAHL, PsychINFO, and PubMed. Publications selected for this review included peer reviewed academic literature and studies, white papers, consensus statements, editorials, expert opinions, reports, national workforce surveys, and executive summaries from a variety of sources, including professional nursing organizations and governmental agencies. There is a wealth of previous academic research, surveys, reports, and briefs discussing issues surrounding nurses leaving the profession, retaining nurses, the reasons nurses leave, and the nursing shortage. There are also many international studies (e.g., United Kingdom, Malaysia, Jordan, Finland, Thailand, Germany) on the topic of turnover and nurses leaving the profession and efforts to retain them.

A broad search used keywords *nurses*, *retention*, *empowerment*, *retirement*, *leaving*, *shortage*, *programs*, and *intent to stay*. Searches were completed using major subject headings, exact subject headings, and Cochrane. Central terms were refined by adding additional terms and filters; for example, the date range selected was 2005 through 2015. The intent was to have a variety of critically appraised, peer-reviewed, scientific studies which used various methods of design, data collection, and analysis.

Nurses Leaving

Factors identified as reasons nurses leave the profession along with retirement, include job stress, low social support from coworkers, low supervisory support, inflexible work hours, and high job demands (Kirschling, Colgan, & Andrews, 2011; Wieck, Dols, & Landrum, 2010). A strong predictor of intent to stay was whether the RN felt job satisfaction, and the individual's feelings about their job or job enjoyment (Joyce & Choi, 2013).

Flinkman et al. (2010) conducted an integrative review of literature on why nurses leave the profession. They conducted a systematic search, but did not limit it to studies of a particular design. Thirty-one studies provided data on why nurses were leaving the profession, and Cooper's five-stage methodology was utilized to conduct the literature review (identify issue, collect data, interpret data, synthesis, present results). Flinkman et al. found that much of the research on nurses' intention to leave had more to do with leaving the organization rather than the entire profession of nursing.

Nedd (2006) maintained that health care organizations focus on aspects of work environment that can be empowering to nurses, such as participation in work and focus groups, committees, and other organization-wide projects. This study, as in others, demonstrated a positive correlation between nurses' perception of formal and informal power and intent to stay at the organization. Additionally, in this study, developing nurse retention strategies around access to empowerment structures led to higher regard for the organization.

A longitudinal, prospective study by Li et al. (2010) examined 6,469 RNs in seven European countries, who at baseline did not have an intention to leave the profession of nursing. The purpose was to test whether certain factors increased the risk of nurses developing intention to leave over the 12-month period. The authors were the first to look at the connection between a stressful psychosocial work environment and nurses' intention to leave the profession. The study concluded that improvements in the work environment, specifically the psychosocial aspect, along with occupational improvements, such as increased remuneration, autonomy, and nonmaterial rewarding, would be useful in overcoming some of the frustrations and stress in the workplace.

MacKusick and Minick (2010) found limited data on nurses no longer employed in the field and no data on the decision-making process for nurses who left their practices. Using a phenomenological approach to examine perceptions and experiences that had not

been described before, they identified the following emergent themes as reasons for intent to leave: unfriendly workplace, emotional distress related to caring for patients, and fatigue and exhaustion (MacKusick & Minick, 2010).

Nursing Shortage

The first published report of nursing shortages appeared in a 1941 article in the *American Journal of Nursing* (Whelan, 2010). Since then, nursing has seen its way in and out of numerous workforce shortages. Over the last two decades, researchers have continued to conduct studies to better understand the reasons for nursing shortages. Many authors have studied the nursing workforce and its relationship to work environment over the last several years. Relevant recurring themes in review of these articles include supply and demand, intent to leave/stay, the implications of health care reform on nursing workforce, the role of the economy on nursing shortages, reasons for leaving (nurses' views and opinions, work environment), and what makes nurses stay (empowerment, alternative jobs, flexible scheduling).

Retention

Wisdom at Work, a commissioned white paper by the Robert Wood Johnson Foundation (Hatcher et al., 2006), focused on retaining the older nurse until the "usual" retirement age and even past that point (re-recruiting). They reported that older nurses' job enjoyment or satisfaction meant supportive workplaces, social interaction with peers and patients, favorable work schedules, ergonomic friendliness, safe workspaces and innovative new nursing roles. The authors thus outlined best practices for the retention of older nurses and challenged organizations to make "necessary adjustments" in order to retain them.

It is important to note that the nursing shortage and the increasing number of older nurses in the workforce are not phenomena unique to the United States. The United Kingdom, for example, reports similar circumstances in the Royal College of Nursing Panel

Survey (Pike, Barker, Beveridge, & McIlroy, 2010). The survey was completed by 985 RN respondents in 2009, and an important piece of the survey results was the debunking of myths and misconceptions about aging and the importance of having a generationally balanced workforce.

Voit and Carson (2011), and Spiva, Hart, and McVay (2011) conducted qualitative studies using semi-structured interviews with key informants. Voit and Carson examined what employment opportunities there would be for nurses coming out of retirement. Spiva et al. sought informants' ideas for ways to keep the older nurse at the bedside. These studies used a descriptive qualitative design geared toward identifying thoughts, feelings, and ideas. While there is agreement over the exit of experienced nurses and that something must be done to engage the near retiring or retired nurse, there has been little headway in developing retention programs for this population.

Spiva et al. (2011) studied work environment enhancements and inquired whether such enhancements would influence older nurses to stay at the bedside. They used the constant-comparative method data management and analysis technique to develop coding categories and themes. Additionally, several researchers took part in validating the authenticity and credibility of findings. The work enhancements Spiva et al. mentioned included ergonomic considerations, elimination of technology issues, and adaptability of the physical layout of nursing units.

Mion et al. (2006) conducted an exploratory study using five focus groups (four employee groups and one manager group) and semi-structured questions. To be included in the four employee groups employees either had to be 45 years or older or 30 years or younger, with 2 or more years of employment within the health care system. The results yielded four emergent themes: (a) the worth of older nurses spoke to the commitment and historical knowledge that older nurses have as well as their depth of clinical knowledge and

life experience; (b) a generational theme emerged and was a major point of discussion between the five groups; (c) roles for the aging nurses suggested that jobs be developed utilize the older nurse's cognitive and clinical skills, while simultaneously recognizing the impact of the physicality of nursing; and (d) ways to support the aging nurse which examined systems and care issues. Although this study is institution specific, these themes and the subsequent organizational changes may lend some insight into potential findings and interventions.

Cyr (2005) conducted a descriptive survey looking at the factors that may influence a nurse's decision to retire and factors that may retain senior nurses. The results 10 years ago were very similar to those of other more recent studies, showing that work environment, flexible schedules, and attention to ergonomics all have the ability to impact whether a nurse stays in an organization or leaves (Van den Heede et al., 2011).

Empowerment

According to Kanter (1993), the definition of *power* relates to the "ability to mobilize resources to get things done" (p. 120). Spence Laschinger and Finegan (2005b) described empowerment as an important prerequisite for positive work environment and turnover intentions. Factors influencing staff nurse retention include the creation of high quality work environments and empowering employees to accomplish their work in a meaningful way. In work environments where nurses feel empowered, there is greater tendency to support a culture of safety (Armstrong & Laschinger, 2006) and empowerment also results in a belief or buy-in of organizational goals and nurses are more likely to stay with these institutions (Spence Laschinger, 2009).

Feelings of empowerment at work and trust in the organization have been linked to work satisfaction and organizational commitment. Empowerment is necessary for employees to be successful and effective within an organization (Kanter, 1977, 1993), and

promoting workplace empowerment is a successful strategy used to develop positive work environments (Armstrong & Laschinger, 2006). Similarly, empowerment has been shown to improve the quality of patient care and retention of nurses (Spence Laschinger, 2008). Nurses with low levels of perceived empowerment are more likely to leave the field (Zurmehly, Martin, & Fitzpatrick, 2009).

Several studies have used the organizational empowerment theory to demonstrate the value of perceived empowerment and increasing employees' feelings of organizational commitment (Nedd, 2006), and when nurse leaders are able to create environments where nurses are empowered to engage in professional practice, they also show more organizational commitment (Spence Laschinger, 2009). Kanter (1977) proposed that the concepts of the empowerment structure (resources, support, information, opportunity) may explain employee responses and feelings toward their organization, even more so than personal characteristics. Additionally, the access to the structures of empowerment leads to more productive employees and higher commitment to the organization (Spencer Laschinger, 2005).

Summary

The professional nursing literature is rich with supportive studies demonstrating that empowering work environments, where nurses have access to empowerment structures, improves recruitment, retention, and patient safety. *Keeping Patients Safe: Transforming the Work Environment of Nurses* (Institute of Medicine, 2003), the companion report of *To Err is Human*, stresses the importance of nursing as an essential component to patient safety. While the report was not intended to address the nursing shortage, the authors were mindful that nursing shortages recur and will reach a critical level by 2020.

This current nursing shortage coincides with an increase in the elderly population (those over the age of 65), which will require a disproportionate share of health care services. Nurses are more likely to stay in organizations that recognize workforce practice redesign as

a priority (Institute of Medicine, 2006), and retaining experienced nurses can help preserve valuable knowledge and skills that will improve patient care and safety (Hatcher et. al., 2006).

Additionally, the literature validates the realities of the nursing shortage, which will continue to cause problems for health care organizations well into the next decade. Likewise, the nursing shortage in New Mexico shows no sign of improving. Nursing retention, intent to leave or stay, and organizational commitment have all shown ties to perceived levels of empowerment. Thus, improving perceived empowerment may, in turn, improve the desire to stay in an organization. The development and implementation of a sustainable retention strategy is therefore critical for health care executives.

Chapter 3: Theoretical Model and Methodology

Theoretical Model

Dr. Rosa Beth Moss Kanter is a recognized expert in the field of change management and organizational empowerment. Kanter's (1977, 1993) Structural Theory of Organizational Empowerment is the theoretical model chosen for this research. This theory has been repeatedly tested by nurse researchers demonstrating that empowering work environments improve the intent to stay on the job. Originally modeled off the business industry, Kanter's (1977, 1993) structural theory of organizational empowerment has been applied as a framework in nursing research for many years. The theory is based on a premise that employees who feel empowered have access to conditions of work that enable them to be effective and feel a commitment to the organization (Purdy, Laschinger, Finegan, Kerr, & Olivera, 2010). These conditions refer to having access to opportunity, information, support and resources, as well as formal and informal power.

The theory of organizational empowerment has been shown to be an effective construct when it comes to explaining behaviors such as employee turnover (Kanter, 1977). When nurses have a poor perception of work, and low levels of empowerment, work satisfaction and retention rates suffer (Nedd, 2006). In contrast, employees are likely to respond positively to work environments where they feel empowered, leading to reduced stress and improved organizational outcomes (Spence Laschinger & Finegan, 2005a, 2005b). Kanter discussed the manner by which access to empowerment—which she described as access to information, support, resources, and opportunity—can improve employee retention. Perceived empowerment is necessary for nurses' success and effectiveness in their work and in fostering a commitment to the organization (Kanter, 1993; see Table 2).

Table 2

Kanter's (1977, 1993) Organizational Empowerment Theory Construct

Dimensions of Empowerment	Defined	Applications
Opportunity	Relates to one's ability to grow and increase skills and knowledge, and the job mobility available	Job advancement and movement within the organization, reimbursement, career ladders
Information	Having knowledge relating to data, technical, and organizational knowledge and expertise to perform one's work	Organizational class offerings, communication about change, finances, and initiatives via multiple modalities, understanding of policies and procedures
Support	Receiving feedback and guidance from subordinates, peers, and supervisors and other superiors.	Formal and informal by way of evaluations, conversations, classes, mentors
Resources	. The ability to access and mobilize resources as they relate to one's position in an organization	Staffing, supplies, equipment, materials, time, tuition reimbursement
Formal Power	Obtained by specific job characteristics such as flexibility, adaptability, and creativity associated with autonomous decision making and visibility	Utilizing care sets, having flexible schedules, being asked to present project
Informal Power	Comes from social connections in the workplace; information; and communication channels with peers, leaders, and support personnel	Committee work, shared governance, participation in nursing initiatives and recognition events

Methodology

Survey research is a common methodology in health services and applied social research (Kelley, Clark, Brown, & Sitzia, 2003). The term *survey* itself refers to a sample of people from a predetermined population of interest to the researcher. Survey research does not try to control variables or conditions and participants are not grouped. Rather, surveys can be used to test hypotheses, seek explanations, and explore certain situations. The appraisal of the data and the credibility of the results will always depend on respondents' truthfulness.

The advantages of survey research include: (a) real world observations, (b) data is obtained from a representative sample, (c) large amounts of data can be accumulated in a short timeframe, (d) convenient data gathering, (e) respondents' increased willingness to share information, and (f) minimal costs. Disadvantages include: (a) data may lack details, (b) inflexible design, (c) when conducted online there may be technological issues, and (d) *researcher imposition*—the author of the survey develops questions based on what is important to him/her.

This survey study used an electronically administered questionnaire with closed-ended items that have response options on a Likert scale and open-ended items to further explore the demographics of the RNs responding. Information from archived human resource records was used to ascertain other demographic information.

Information was collected from the Human Resources Department at this academic medical center via the Information of Public Records Act (IPRA). Reported results of the survey analysis will include concepts to improve retention, measures, statistics, and ideas for retention strategies. Copies of the consent, survey tool, and extracted data will be included in the final report, along with analysis of the data and recommendations.

Survey Tool

Perceived empowerment among nurses was measured using the Conditions for Workforce Effectiveness Questionnaire II (CWEQ-II). The CWEQ-II contains 19 items (statements) rated on a 5-point Likert scale with a score of 1 being a low score and a score of 5 representing a high score. There are three items used for measuring the perceived access to opportunity, information, support, and resources. Two additional subscales measure formal power with three items on the Organizational Relationships Scale (ORS) and four items measure informal power using the Job Activities Scale (JAS).

The CWEQ-II, developed by Dr. Heather Spence Laschinger, was specifically designed to measure Kanter's six empowerment concepts—perceived access to (a) opportunity, (b) support, (c) information, (d) resources—in an individual's work setting and (e) the perception of formal and (f) informal power. This is a modification of the original 35-item Work Effectiveness Questionnaire developed by Spence Laschinger and has frequently been used in nursing research since 2000 (see Appendix A). An overall empowerment score is calculated from each of the subscales ranging from 4 to 20. The ORS measures RNs' perceptions of informal power by inquiring about peer networking, value for expertise, and collaboration with physicians. The JAS measures RNs' perceptions of formal power by examining flexibility of work, discretion, and visibility. Formal permission was obtained from Dr. Spence Laschinger to use the CWEQ-II in its entirety (see Appendix B).

Approvals

Approval to conduct this research study was obtained by:

- Internal Review Board (IRB) at the University of New Mexico Health Sciences Center (HSC), Human Research Protections Office (IRB No. 15-134),
- Approval from Human Resources Administration,

- Inspection of Public Records Act permission was obtained in order to utilize human resource records for identification of nurses aged 40 and over (IPRA No. 7740), and
- Approval from Dr. Laschinger to use the CWEQ-II in the research survey.

Ethical Issues

The Code of Ethics and Practices established by the American Association of Public Opinion Research (2012), recommends survey designs that represent a composite profile of the population. Honesty, respect, and integrity are the main components of this code and were used in the development of this study survey.

The HSC Human Research Review Board requires board approval for all human subject research studies prior to commencing data collection. Additionally, all persons conducting human subjects research are required to complete an online training in ethics and protection. This study posed a low risk to participants and identifying information was not collected. IRB approval was obtained on August 3, 2015.

The author is an older, experienced nurse at the organization where the survey will be administered. Although not participating in the survey, the author will need to account for researcher bias, which may subtly communicate to the respondents a desired or predicted outcome of the survey (Alcer, Antoun, Bowers, Clemens, & Lien, 2011).

The population being studied does not represent a vulnerable or protected group. Furthermore, no coercion was used to obtain data, as the survey was voluntary. At the beginning of the survey, participants read a script detailing the study's purpose and an explanation of how the data will be used. They were also informed of the option to stop the survey at any time, and the approximate time it would take for completion. The survey poses little to no risk to the participants.

Setting and Resources

The setting for this study a 629-bed Level I trauma center and academic medical center, with a tripartite mission of patient care, education, and research. They are in good standing with Centers for Medicare and Medicaid Services, is fully accredited by the Joint Commission, and holds a four-star rating by the University Health Consortium. In 2010, they received the Pathways to Excellence 3-year designation and in 2013, they received re-designation.

Nurses at this institution work in a variety of settings, including medical surgical nursing, critical care, pediatrics, oncology, ambulatory care, the operating room, the flight nursing division, and in all levels of management and administration. Currently, there are 2,193 active RNs and 1,022 are at least aged 40, with 2 years of nursing experience. The resources available for use in conducting this survey are the employees at the organization, the computers available for staff to take the survey, and the data extraction employees in human resources.

Study Population

The population for this study was a specific cross section of the RN population. Inclusion criteria for the study required that participants be RNs aged 40 or older with at least 2 years of nursing experience; both direct care RNs and administrative RNs were eligible to take part.

Survey Design

In addition to the CWEQ-II, a demographic element was added to the survey in order to quantify respondents' characteristics by several different criteria. Demographic questions were relevant and specific to the population. Care was taken to avoid bias, respondent fatigue, and miscommunicating the study's purpose. Following data analysis, results will be tied to specific implications for practice, recommendations, and actions.

Several types of bias are often found in surveys. *Emotional bias* may reveal the author's opinions about the questions and may show up in items' phrasing (Kelley et al., 2003). Furthermore, limiting the types of answers available may be seen as a form of *option bias*. Care was also taken to avoid *conversational bias*, which risks respondents choosing the option they think the researcher wants to hear rather than their actual opinion.

Before the survey was launched, it was tested on a variety of devices, including iPhone, Android, iPad, Toshiba Satellite, Dell desktop, and Mac desktop. The survey was also vetted by three nursing colleagues to ensure that it displayed and flowed correctly, was understandable, and to identify an average completion time. These survey results were not included in the data analysis.

Data Collection Process

The CWEQ-II tool in its entirety, along with the Job Activities Scale (JAS), the Organizational Relationship Scale (ORS), Global Empowerment measurement, and demographic questions were loaded into SurveyMonkey. An e-mail list was developed using the data from an Information of Public Records Act (IPRA) request and an initial invitation to participate was sent by e-mail with a link to the survey embedded in it. The survey was open for 21 days, during which time two additional e-mail reminders were sent on Day 8 and Day 15.

Data Protection

Information was collected in the form of anonymously submitted surveys and the author was the sole administrator of the survey. The primary investigator and the co-investigator are the only persons having access to the data. Survey results were obtained and stored electronically via SurveyMonkey through a password-protected portal, in accordance with the HSC Human Research Review Board guidelines. Survey results, data, and analysis

were saved on the author's password-protected computer, in the author's locked office. Data will be destroyed once the study is complete.

Timeline

The study proposal was sent for IRB approval in April 2015. Once IRB approved was obtained, the RN survey was distributed in late summer 2015. Data extraction and analysis commenced in the fall and winter of 2015. Survey results along with analysis and recommendations were presented during the spring of 2016 (for a complete timeline of the project, see Figure 1).

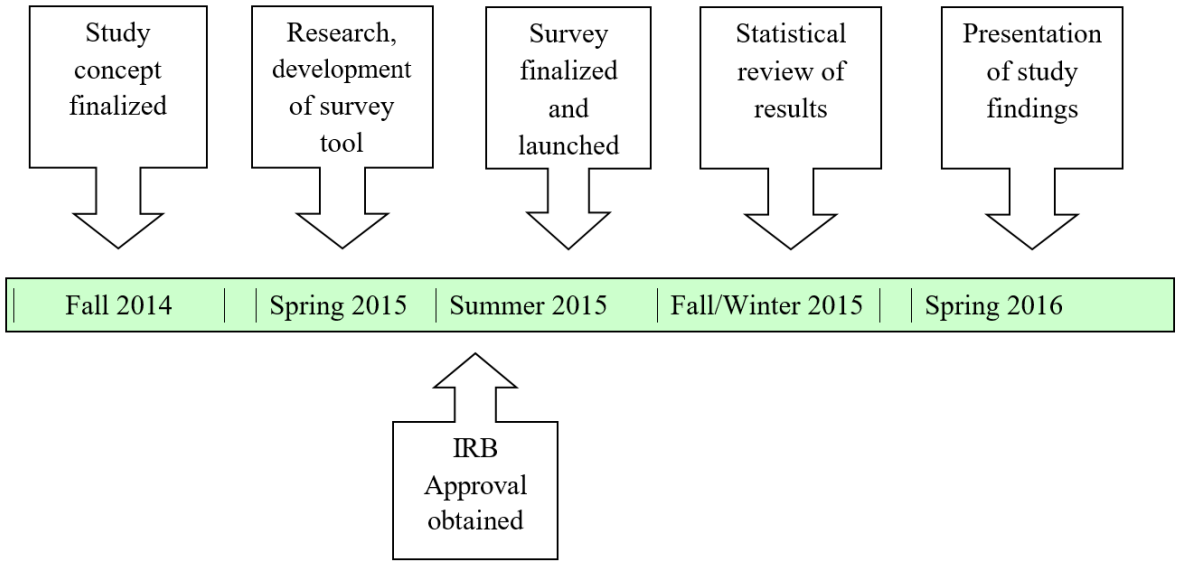


Figure 1. Project timeline.

Budget

The budget for this survey study was negligible. The survey was distributed online via e-mail with a live link embedded. The survey was advertised in various meetings, semiformal presentations, and via e-mail and simple printed flyers (see Appendices C & D). Participants did not incur any monetary costs for participating and were not compensated.

Statistical Methodology

All survey respondents met the inclusion criteria. Descriptive statistics of mean and standard deviation were reported for interval level variables using SPSS Version 23. Frequencies and percentages were reported for categorical variables. Assumptions of normality were expressed by examining kurtosis, skewness, Q-Q plots, box plots, and histograms.

Independent sample *t* tests were performed to assess the differences in mean empowerment scores (dependent variables) between those who expressed a willingness to delay leaving and those who did not (independent variable). Inspection of histograms, boxplots, and Q-Q plots were used to identify outliers and a Cohen's *d* was performed to measure effect size.

Chapter 4: Results and Discussion

The number of responses (*N* = 463) and the timeframe (21 days) with which the survey was open are reflected in Figure 2.

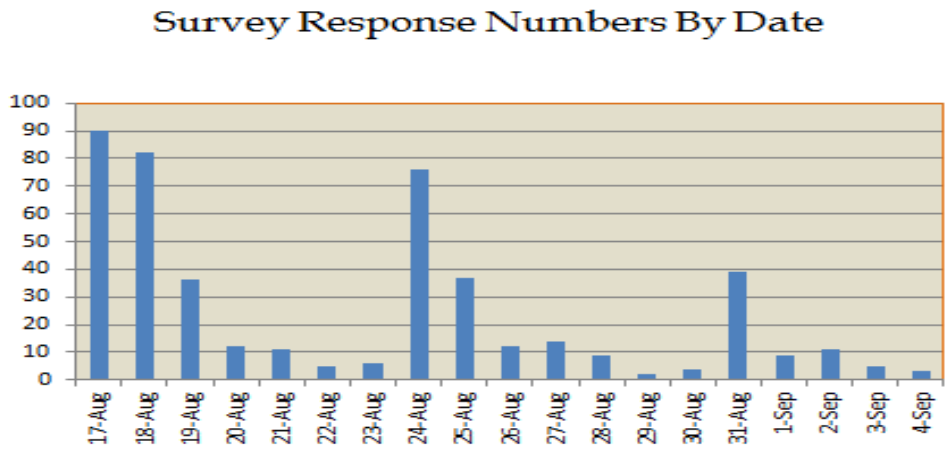


Figure 2. Survey responses.

Demographics

The survey was returned by 463 RNs, equating to a 45% response rate. A majority of the respondents, 76% (*n* = 330) provide direct patient care, while the other 24% (*n* = 104) preside in leadership. Reported education levels reveal that a majority of respondents hold a bachelor's of nursing science degree or above at 55% (*n* = 255). RNs between the ages of 50 and 64 represent 57% of respondents for a total of 236 nurses (see Tables 3 & 4). Overall, the respondents were 90% female (*n* = 416) and 10% male (*n* = 46), which corresponds to national findings of males in nursing positions at 9.6 % in 2011 (see Tables 5 & 5; U.S. Census Bureau, 2013).

Table 3

Age Stratifications

Age	Range	*n*	%
	40−44	83	20.2
	45−49	70	19.0
	50−54	98	22.6
	55−59	91	21.6
	60−64	52	12.6
	> 65	27	5.1

Table 4

RN Age and Years in Nursing

	Range	*M*	*Mdn*	*SD*
Age	40–73	55.6	56	9.5
Years in Nursing	2–49	25.5	25	14.0

Table 5

Demographic Characteristics of Respondents

Variable	*n*	%
Gender		
Female	416	90.04
Male	46	9.96
Race/Ethnicity		
White	329	72.79
African American	8	1.77
Asian	6	1.33
Alaskan/Native American	10	2.21
Hispanic	97	24.46
Native Hawaiian/Pacific Islander	2	0.44
Highest Level of Education		
Diploma in Nursing	5	1.1
Associate in Nursing	119	26.39
Bachelors of Nursing	169	37.47
Masters of Nursing	86	19.07
Doctorate of Nursing	9	2.00
BS/MS Not in Nursing	63	19.07
Higher Education Status		
Enrolled in Nursing Program	82	18.34
Not Enrolled in Nursing Program	365	81.66
Work Status		
Direct Patient Care	330	76.04
Leadership	104	23.96
Area Worked		
Acute Care Med Surgery	55	13.2
Sub-Acute Med Surgery	62	13.9
Acute Care ICU	60	13.4
OR/PACU	47	11.3
Emergency Dept./Urgent Care	33	8.0
Ambulatory	132	29.0
Other[a]	31	7.5
Psychiatry	15	3.7

[a]PICC Team, Burn/Wound Team, Case Management, Flight RNs, Diagnostics, Educators.

The survey revealed that nurses would be willing to consider changing their intention to leave for retirement or other reasons, when thoughtful job changes were made and alternative and meaningful work is offered. An overwhelming majority of the respondents, 88% (n = 386) answered "yes" when asked if they would delay their intent to leave the organization in exchange for phased-in retirement offering flexible hours, a shorter work week, ergonomic assistance, less physically taxing positions, opportunities to assume new emerging roles, and recognition for loyalty to the organization. Being offered flexible hours was the top reason for delaying retirement (24%) followed by assuming newer, emerging roles in nursing (18%), and having a shorter workday (12%), recognition for loyalty (12%), and then by valued for opinion/mentoring capability (11%) (see Table 6).

Table 6

Variables Associated With Delay in Intent to Leave

	Percentage	*n*
Flexible hours	23.86%	96
Assuming newer, emerging roles in nursing	17.51%	71
Shorter work day	11.68%	48
Recognition for loyalty	11.68%	48
Valued for opinion, mentoring capability	11.43%	47
Working less consecutive days	8.88%	37
Being asked your opinion on patient care	6.35%	26
Recognition for contribution to nursing	5.33%	23
Being asked to mentor younger nurses	5.08%	21
Cross training for less physical job	4.82%	19

Results

CWEQ-II results (see Tables 7 & 8) showed that the six elements of empowerment had results above the midpoint: Opportunity (*M* = 4.20, *SD* = 0.94), Information (*M* = 3.29, *CD* = 1.11), Support (*M* = 3.43, *SD* = 1.11), Resources (*M* = 3.16, *SD* = 1.10), Informal Power (ORS; *M* = 3.60, *SD* = 3.49), and Formal Power (JAS; *M* = 3.10, *SD* = 1.10). The study results indicate that RNs feel a higher than midpoint total level of empowerment (*M* = 14.18, *SD* = 2.68) at this organization. When comparing the 'yes' and 'no' groups, the 'no' group scored higher in opportunity (M=4.32). To assess the significance , a Cohen's *d* statistic was calculated using an online calculator ("Effect size calculator," n.d.). The 'no' group reported greater access to opportunity but the effect size was small (Cohen's d = .27).

Table 7

CWEQ-II Empowerment Scores Comparing Yes Group and No Group

If offered a variety of options including modified job roles ….. would you delay your intent to leave?							
		n	*M*	*SD*	*t*	*p*	Cohen's *d*
Opportunity	Yes	386	4.16	.84	1.82[a]	.031	.27
	No	51	4.32	.65			
Information	Yes	381	3.30	1.03	1.20	.235	.18
	No	51	3.11	1.04			
Support	Yes	380	3.40	1.01	-1.61	.130	-.24
	No	51	3.64	.98			
Resources	Yes	382	3.13	.90	-1.27	.240	-.19
	No	51	3.30	.98			
Total Structural Empowerment	Yes	372	13.99	2.70	-.99	.325	-.15
	No	50	14.38	2.65			

[a]Calculated not assuming equal variances due to a significant Levene's test, $F(1, 435) = 7.35$, $p = .007$).

Table 8

CWEQ-II Subscales and Global Empowerment Scores

If offered a variety of options including modified job roles …. would you delay your intent to leave?							
		n	*M*	*SD*	*t*	*p*	Cohen's *d*
Job Activities Scale (Formal Power)	Yes	381	3.01	.91	-2.18	.039	-.33
	No	51	3.31	.95			
Organizational Relationships Scale (Informal Power)	Yes	383	3.52	.88	-1.54	.115	-.23
	No	51	3.72	.84			
Global Empowerment	Yes	386	3.50	1.04	-.06	.953	.01
	No	52	3.50	1.02			

Of significance is the amount of formal power that the "no" group reported (M=3.31), versus the "yes" group (M =3.01). This group, which did not respond to these incentives to delay leaving, on average, reported significantly greater formal power. To assess the significance of this effect, a Cohen's *d* statistic was calculated. Formal power may play a role in the decision to leave versus stay, but the effect size is small, (Cohen's $d = 0.33$). Both groups report identical, average global empowerment scores (M= 3.50).

Interpretation of Findings

The majority of the older, experienced RNs who responded to the survey (88%) were willing to consider delaying their exit from the organization when offered a variety of workplace adjustments or enhancements. The top five reasons a nurse would consider a delay in leaving were flexible hours (24%), new roles (17%), a shorter workday (12%), recognition for loyalty (12%), and being valued for their opinions (11%). The primary work types represented were inpatient acute care (41%) and ambulatory nursing (29%); other work

types included OR/PACU (12%), ED/UC (8%), psychiatry (4%), and other (8%). The "other" category represented nurses from sedation teams, burn/wound teams, case management, flight RNs, diagnostics, and educators.

Nurses scored above the midpoint in all six dimensions of empowerment with access to opportunity scoring the highest (M = 4.20, SD = 0.94), followed by perceptions of informal power (M = 3.60, SD = 3.49), measured by the ORS. A small proportion of those nurses who felt empowered did not express a desire to delay leaving. With the potential loss of nurses in the retirement queue, there is opportunity to be proactive in an attempt to delay their leaving by implementing work environment, schedule, and job changes.

Implications for Practice

Methods for improving work environment are vital in promoting long-term retention for older, experienced nurses. Additional provisions may include offering 4-, 6-, and 8-hour shifts; shorter work weeks; seasonal employment; and planned job transitions as the RNs near retirement or express intention to leave. Some institutions have used incentives for delaying retirement, including higher contributions to the RN's pension plan and improving the in-service and educational support for those who must learn and use new technology (Valencia & Raingruber, 2010). Additionally, it is prudent to attend to ergonomic concerns of the older, experienced nurses by conducting an assessment of work stations, counter heights and chairs.

The studied organization can assess its practice around retaining older, experienced nurses by asking the following questions:

Are older nurses actively being encouraged to stay?

Are older nurses encouraged to update their skills and knowledge?

Are there opportunities to advance or change specialties?

Are older experienced nurses encouraged to make long-term career plans?

Are older nurses given flexible scheduling alternatives?

Study Strengths

Recognized study strengths are:

- High reliability: same questions, same format, same choices for all respondents
- Cost effective
- Anonymity allows for more candid answers
- Ease of administering
- Flexibility: remote administration, no time-of-day constraints
- Generated a large amount of data
- Large number of questions gives flexibility in data analysis
- Multiple variables can be analyzed in a variety of ways

Study Limitations

Recognized study limitations are:

- Single cross-sectional surveys cannot speak to trends
- Lower priority for participants due to competing demands at work
- Questions or answer options may be interpreted differently by respondents
- Respondents may not answer all questions (those that may reveal an unfavorable characteristic in respondent)
- Results not generalizable outside of this organization

Recommendations

Nationally, more action is necessary in retaining older, experienced nurses, with high numbers of nurses predicted to be on the brink of retirement. This shortage of nurses will negatively impact health care in the United States, including New Mexico. With the financial cost of nursing turnover, it is imperative that hospital and nursing leadership, along with human resources, design and implement a comprehensive RN retention program. Nurse

leaders must understand what makes older experienced nurses leave in order to develop effective retention strategies. These strategies would take into consideration work related needs, characteristics of the work environment, and the desires and needs of older, experienced nurses, avoiding stereotypical traits and myths that are commonly used to describe older workers.

Retaining older, experienced nurses is important for stable quality patient care and for building strong interdisciplinary relationships. A majority of the nurses queried are indicating a willingness to work longer when alternative work environments, a more flexible schedule, and different jobs are offered. A retention effort will benefit the organization as a whole, especially when it comes to patient care. Offering ergonomic assistance and adaptive schedules, and recognizing the value and the worth of older, experienced nurses, should be among hospital administration's top priorities.

Retirement can represent both a loss of purpose to the nurse and a loss of human capital for the organization. As such, preparation for an RN surge in retirements cannot begin soon enough. Strategic workforce planning demands an "all hands on deck" approach between human resources, the nursing divisions, and the organizational and professional development departments. This institution stands to suffer a large scale loss of experienced nurses which will pose a serious challenge to their goal of high quality, safe care.

References

Alcer, K., Antoun, C., Bowers, A. Clemens, J., & Lien, C. (2011, November 28). *Ethical considerations in surveys*. Retrieved from University of Michigan website: http://ccsg.isr.umich.edu/pdf/03EthicalConsiderationsFeb2012.pdf

American Association of Colleges of Nursing. (2014). *Nursing shortage fact sheet*. Retrieved from http://www.aacn.nche.edu/media-relations/NrsgShortageFS.pdf

American Association of Public Opinion Research. (2012). *Best practices in research*. Retrieved from http://www.aapor.org/Standards-Ethics

American Organization of Nurse Executives. (2010). *Guiding principles for the aging workforce*. Retrieved from http://www.aone.org/resources/Aging-Workforce.pdf

American Nurses Association. (2014, August). *The nursing workforce 2014: Growth, salaries, education, demographics & trends*. Retrieved from http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/workforce/Fast-Facts-2014-Nursing-Workforce.pdf

Armstrong, K. J., & Laschinger, H. (2006). Structural empowerment: Magnet hospital characteristics and patient safety culture. *Journal of Nursing Care Quality, 21*, 124–132. doi:10.1097/00001786-200604000-00007

Atchison, H. (2013). *Baby boomers - a healthcare crisis nears*. Retrieved from https://www.experience.com/alumnus/article?channel_id=biotech_pharma_healthcare&source_page=additional_articles&article_id=article_1175788214988

Auerbach, D., Buerhaus, P., & Staiger, D. (2011). Registered nurse supply grows faster than projected amid surge in new entrants ages 23–26. *Journal of Health Affairs, 30*, 2286–2292. doi:10.1377/hlthaff.2011.0588

Bleich, M., Cleary, B., Davis, K., Hatcher, B., Hewlett, P., Hill, K. (2009). Mitigating knowledge loss: A strategic imperative for nurse leaders. *Journal of Nursing Administration, 39,* 160–164. doi:10.1097/NNA.0b013e31819c9d12

Bureau of Labor Statistics. (2013). *Occupational outlook handbook*. Retrieved from http://www.bls.gov/ooh/healthcare/registered-nurses.htm

Carnavale, A., Smith, N., & Gulish, A. (2015). *Nursing supply and demand through 2020*. Retrieved from Georgetown University, Center on Education and the Workforce website: https://cew.georgetown.edu/wp-content/uploads/Nursing-Supply-Final.pdf

Cyr, J. P. (2005). Retaining older hospital nurses and delaying their retirement. *Journal of Nursing Administration, 35,* 563–567. doi:10.1097/00005110-200512000-00011

Effect size calculator. (n.d.) Retrieved from http://www.polyu.edu.hk/mm/effectsizefaqs /calculator/calculator.html

Flinkman, M., Leino-Kilpi, H., & Salanterä, S. (2010). Nurses' intention to leave the profession: integrative review. *Journal of Advanced Nursing, 66,* 1422–1434. doi:10.1111/j.1365-2648.2010.05322.x

Grant, R. (2016). The US is running out of nurses. *The Atlantic.* Retrieved from http://www.theatlantic.com/health/archive/2016/02/nurinsg-shortage

Hatcher, B., J., Bleich, M., R., Connolly, C., Davis, K., O'Neill-Hewlett, P., & Stokley-Hill, K. (2006, June). *Wisdom at work: The importance of the older and experienced nurse in the workplace*. Retrieved from Robert Wood Johnson Foundation website: http://www.rwjf.org/content/dam/supplementary-sets/2006/06/wisdomatwork.pdf

Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., . . . North, N. (2012). Nurse turnover: A literature review—an update. *International Journal of Nursing Studies, 7,* 887–905. doi:10.1016/j.ijnurstu.2011.10.001

Health Services and Resources Administration. (2013, April). *The U.S. nursing workforce: Trends in supply and education*. Retrieved from http://bhpr.hrsa.gov/healthworkforce/reports/nursingworkforce/nursingworkforcefullreport.pdf

Health Services and Resources Administration. (2014, December). *The future of the nursing workforce: national-and state-level projections, 2012–2025*. Retrieved from http://bhpr.hrsa.gov/healthworkforce/supplydemand/nursing/workforceprojections/nursingprojections.pdf

Hill, K. S. (2010). Improving quality and patient safety by retaining nursing expertise. *Online Journal of Issues in Nursing, 15*(3). Retrieved from http://www.nursingworld.org/mainmenucategories/ANAMarketplace/OJIN

Human Resources and Services Administration. (2014).

Hunt, S., T. (2009). *Nursing turnover: Costs, causes, and solutions* [White paper]. Retrieved from http://www.nmlegis.gov/lcs/handouts/LHHS%20081312%20Nursing Turnover.pdf

Joyce, L., & Choi, J. (2013). The relationship between RN job enjoyment and intent to stay: A unit-level analysis. *Journal of BSN Honors Research, 6*(1). Retrieved from http://archie.kumc.edu/xmlui/handle/2271/334

Kaiser Family Foundation. (2015, March 9). *Medicaid moving forward*. Retrieved from http://kff.org/health-reform/issue-brief/medicaid-moving-forward/

Kanter, R. M. (1977). *Men and women of the Corporation*. New York, NY: Basic Books.

Kanter, R. M. (1993). *Men and women of the corporation* (2nd ed.). New York, NY: Basic Books.

Kelley, K., Clark, B., Brown, V, & Sitzia, J. (2003). Good practice in the conduct and reporting of survey research. *International Journal for Quality in Healthcare, 15*, 261–266. doi:10.1093/intqhc/mzg031

Kirschling, J., M., Colgan, C., & Andrews, B. (2011). Predictors of Registered nurses' willingness to remain in nursing. *Nursing Economics, 29,* 111–117. Retrieved from http://www.nursingeconomics.net

Li, J., Galatsch, M., Siegrist, J., Müller, B. H, Hasselhorn, H. M, & European NEXT Study Group. (2010). Reward frustration at work and intention to leave the nursing profession: Prospective results from the European longitudinal NEXT study. *International Journal of Nursing Studies, 48,* 628–635, doi:10.1016/j.ijnurstu.2010.09.011

MacKusick, C. I., & Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. *MedSurg Nursing, 19,* 335–340. Retrieved from http://www.medsurgnursing.net/cgi-bin/WebObjects/MSNJournal.woa

Mion, L.C., Hazel, C., Cap, M., Fusilero, J., Podmore, M. L., Szweda, C. (2006). Retaining and recruiting mature experienced nurses: A multicomponent organizational strategy. *Journal of Nursing Administration, 36,* 148–154. doi:10.1097/00005110-200603000-00009

Nedd, N. (2006). Perception of empowerment and intent to stay. *Nursing Economics, 24,* 13–18. Retrieved from http://www.nursingeconomics.net

Palumbo, M. V., McIntosh, B., Rambur, B., & Naud, S. (2009). Retaining an aging nurse workforce: Perceptions of human resource practices. *Nursing Economics, 27*, 221–227. Retrieved from http://www.nursingeconomics.net

Pike, G., Barker, G., Beveridge, K., & McIlroy, R. (2010, October). *Who will care? Nurses in the later stages of their careers: Results from the first RCN Panel Survey 2010* (RCN Publication No. 004 126). Retrieved from the Royal College of Nursing website: https://www2.rcn.org.uk/__data/assets/pdf_file/0010/395380/004126.pdf

Purdy, N., Laschinger, H. S., Finegan, J., Kerr, M., Olivera, F. (2010). Effects of work environments on nurse and patient outcomes. *Journal of Nursing Management, 18,* 901–913. doi:10.1111/j.1365-2834.2010.01172.x

Riffkin, R., (2014, December 18). Americans rate nurses highest on honesty, ethical standards. Retrieved from Gallup website: http://www.gallup.com/poll/180260 /americans-rate-nurses-highest-honesty-ethical-standards.aspx

Russell, J. (2016, February 6). Retirements, aging population causing nursing shortage. *Indianapolis Business Journal.* Retrieved from http://www.IBJ.com/articles/print /56067/retirement-aging-population-causing-nursing-shortage

Spence Laschinger, H. (2008). Effect of empowerment on professional practice environments, work satisfaction, and patient care quality: Further testing the nursing work life model. *Journal of Nursing Care Quality, 23,* 322–330. doi:10.1097/01.NCQ.0000318028.67910.6b

Spence Laschinger, H. K., & Finegan, J. (2005a). Empowering nurses for work engagement and health in hospital settings. *Journal of Nursing Administration, 35,* 439–449. Retrieved from http://journals.lww.com/jonajournal/Pages/default.aspx

Spence Laschinger, H. K., Finegan, J. (2005b). Using empowerment to build trust and respect in the workplace: A strategy for addressing the nursing shortage. *Nursing Economics, 23,* 2–13. Retrieved from http://www.nursingeconomics.net

Spetz, J. (2014). How will health reform affect demand for RNs? *Nursing Economics, 32,* 43–44. Retrieved from http://www.nursingeconomics.net

Spiva, L., Hart, P., & McVay, F. (2011). Discovering ways that influence the older nurse to continue bedside practice. *Nursing Research and Practice, 2011,* Article 840120. doi:10.1155/2011/840120

U.S. Census Bureau. (2013, February). *Men in nursing occupations: American Community Survey highlight report*. Retrieved from https://www.census.gov/people/io/files /Men_in_Nursing_Occupations.pdf

Valencia, D., & Raingruber, B. (2010). Registered nurses' views about work and retirement. *Clinical Nursing Research, 19*, 266–288. doi:10.1177/1054773810371708

Van den Heede, K., Florquin, M., Bruyneel, L., Aiken, L., Lewis, D., Lesaffre, E., Sermeus, W. (2011). Effective strategies for nurse retention in acute hospitals: A mixed method study. *International Journal of Nursing Studies, 50*, 185–194. doi:10.1016.j.ijnutdtu.2011.12.001

Voit, K., & Carson, D. B. (2011). Retaining older experienced nurses in the Northern Territory of Australia: A qualitative study exploring opportunities for post-retirement contributions. *Rural and Remote Health, 12*, 1881–1897. Retrieved from http://www.rrh.org.au

Whelan, J. C. (2010). *"Where did all the nurses go?": Mid-twentieth century solutions and continuing problems.* Retrieved from University of Pennsylvania, School of Nursing website: http://www.nursing.upenn.edu/nhhc/Pages/WhereDoAlltheNurseGo

Wieck, L., K., Dols, J., & Landrum, P. (2010). Retention priorities for the intergenerational nurse workforce. *Nursing Forum, 45*, 7–17. doi:10.1111/j.1744-6198.2009.00159.x

Yamey, G. (2010). Obama's giant step towards universal health insurance. *British Medical Journal, 340*(c1674). doi:10.1136/bmj.c1674

Zurmehly, J., Martin, P. A., Fitzpatrick, J. J., (2009). Registered nurse empowerment and intent to leave current position and or profession. *Journal of Nursing Management, 17*, 383–391. doi:10.1111/j.1365-2834.2008.00940.x

Appendix A: CWEQ-II

Demographic Addendum

My name is Cynde Tagg and I am a doctor of nursing practice (DNP) student at the University of New Mexico and a registered nurse. The purpose of this email is to request your participation in a survey that will address opinions and views of older (aged 40 and over), experienced (over 2 years nursing experience) RNs related to utilization and retention. The survey will take approximately 20 minutes to complete. The survey is voluntary and you may stop the survey at any time. Submission of the survey signifies your consent. The data will be reported in aggregate form to ensure anonymity.

1) I agree to complete this anonymous questionnaire **(Choose Yes or No)**

2) Your age **(blank – fill in)**

3) Your Gender **(Choose Male or Female)**

4) Your Race **(Choose one of the below)**
   White
   Black/African American
   American Indian/Alaska Native
   Asian
   Native Hawaiian of Pacific Islander

5) Your highest level of education **(Choose one of the below)**
   Diploma nurse
   Associate degree nurse
   Baccalaureate degree nurse
   Master's degree in nursing
   Master's degree not in nursing
   Doctoral degree in nursing
   Doctoral degree not in nursing

6) Are you currently enrolled in a nursing program**? (Choose Yes or No) If no skip to number 8**

7) Which nursing degree are you pursuing? **(choose one of the below)**
   Associate degree in nursing
   Baccalaureate degree in nursing
   Master's degree in nursing
   Leadership doctoral degree in nursing
   Clinical doctoral degree in nursing

8) How many years have you been a nurse**?**
(Blank – fill in)

9) Do you currently give direct patient care? **(Choose Yes or No) If no skip to # 10**

What setting do you practice: (check one box) □
Acute care medical surgical □
Sub-acute medical surgical □
Acute care intensive care □
Operating Room /Recovery □
Emergency department/Urgent care □
Ambulatory nursing □
Other_____

10) Are you currently a charge nurse or RN supervisor**? (Choose Yes or No) If no skip to #11**

11) Are you currently in a leadership position? (director, unit director, senior director, executive director or administrator) **(Choose Yes or No)**

12) If Human Resources offered a phased in retirement plan which included modified job roles for older nurses, flexible hours, ergonomic assistance for your workstation, offers to take less physically taxing positions within the organization with education and training, utilization of the older nurse's skills focused on their strengths and abilities—would this give you pause and cause a delay in your intent to leave the organization? **(Choose Yes or No)**

13) As you think about moving closer to retirement, which of the following would give you pause and cause a delay in your decision to intent to leave ? **(Check all that apply)**

a. Having a shorter work day
b. Cross training for a less physically taxing job
c. Flexible hours, including seasonal hours (summers off, winters off)
d. Working less consecutive days
e. Less physically demanding work
f. Recognition for your contribution to nursing
g. Recognition for loyalty to the organization
h. Being asked your opinion in matters of patient care
i. Being asked to mentor younger nurses
j. Assuming newer, emerging roles such as chief onboarding officer, chief communicator, facilities and construction liaison

14) Would you consider returning as an RN volunteer to support patient care in these areas; passing trays, giving back or hand massage, assisting patient and families navigate our system, doing vital signs, assisting to ambulate patients, visiting with patients who have no family. **(Choose Yes or No)**

Conditions of Work Effectiveness Questionnaire II

HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Challenging work	1	2	3	4	5
2. The chance to gain new skills and knowledge on the job	1	2	3	4	5
3. Tasks that use all of your own skills and knowledge.	1	2	3	4	5

HOW MUCH ACCESS TO INFORMATION DO YOU HAVE IN YOUR PRESENT JOB?

	No		Some		A lot
1. The current state of the hospital.	1	2	3	4	5
2. The values of top management.	1	2	3	4	5
3. The goals of top management.	1	2	3	4	5

HOW MUCH ACCESS TO SUPPORT DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Specific information about things you do well.	1	2	3	4	5
2. Specific comments about things you could improve.	1	2	3	4	5
3. Helpful hints or problem solving advice.	1	2	3	4	5

HOW MUCH ACCESS TO RESOURCES DO YOU HAVE IN YOUR PRESENT JOB?

	None		Some		A Lot
1. Time available to do necessary paperwork.	1	2	3	4	5
2. Time available to accomplish job requirements.	1	2	3	4	5
3. Acquiring temporary help when needed.	1	2	3	4	5

IN MY WORK SETTING/JOB:	None				A Lot
1. The rewards for innovation on the job are	1	2	3	4	5
2. The amount of flexibility in my job is	1	2	3	4	5
3. The amount of visibility of my work-related activities within the institution is	1	2	3	4	5

HOW MUCH OPPORTUNITY DO YOU HAVE FOR THESE ACTIVITIES IN YOUR PRESENT JOB?

		None				A Lot
1.	Collaborating on patient care with physicians.	1	2	3	4	5
2.	Being sought out by peers for help with problems	1	2	3	4	5
3.	Being sought out by managers for help with problems	1	2	3	4	5
4.	Seeking out ideas from professionals other than e.g., Physicians, Physiotherapists, Occupational Therapists, Dieticians.	1	2	3	4	5

		Strongly Agree				Strong Disagree
1.	Overall, my current work environment empowers me to accomplish my work in an effective manner.	1	2	3	4	5
2.	Overall, I consider my workplace to be an empowering environment.	1	2	3	4	5

Appendix B: Permission to Use Measures

NURSING WORK EMPOWERMENT SCALE

Request Form

I request permission to copy the Nursing Work Empowerment Scale as developed by Dr. G. Chandler and Dr. Heather K. Spence Laschinger. Upon completion of the research, I will provide Dr. Laschinger with a brief summary of the results, including information related to the use of the Nursing Work Empowerment Scale used in my study.

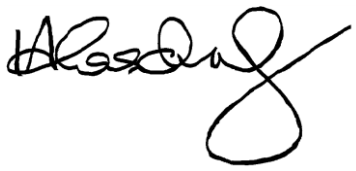
Questionnaires Requested:
Conditions of Work Effectiveness-I (includes JAS and ORS): Yes
Conditions of Work Effectiveness-II (includes JAS-II and ORS-II): Yes
Job Activity Scale (JAS) only:
Organizational Relationship Scale (ORS) only:
Organizational Development Opinionative
or Manager Activity Scale:
Other Instruments:

Please complete the following information:

Date: March 21, 2015
Name: Cynthia Tagg
Title: Dignified Descent: Experienced Nurses Leaving the Workplace
University/Organization: University of New Mexico
Address: 220 Sutton Lane
Phone: 5057101099
E-mail: ctagg@salud.unm.edu

Description of Study: This study will look at measure the effect of empowerment on a nurses ability to access information, support, resources and opportunity, as methods to retain older/experienced nurses.
Permission is hereby granted to copy and use the Nursing Work Empowerment Scale.

Date: March 22, 2015



Dr. Heather K. Spence Laschinger, Professor
School of Nursing, University of Western Ontario
London, Ontario, Canada. N6A 5C1
Tel: 519-661-2111 ext.86567
Fax: 519-661-3410
E-mail: hkl@uwo.ca

Appendix C: Recruitment Flyer

Opportunity to Participate in RN Survey

If you are an RN, working at UNM Hospital, are 40 years of age or older and have at least 2 years of nursing experience, you qualify to participate in a voluntary, anonymous survey being conducted by Cynde Tagg, DNP student at UNM College of Nursing.

The survey will be looking at the opinions and views of older (aged 40 and over), experienced (at least 2 years of nursing experience) RNs related to utilization and retention. If you have not received an email requesting your participation, please contact Cynde at ctagg@salud.unm.edu.

Appendix D: Recruitment Phraseology

The following will be used in the email being sent to RNs 40 years of age and older
Subject Line: Request for your participation in an RN survey

My name is Cynde Tagg and I am a doctor of nursing practice (DNP) student at the University of New Mexico as well as a registered nurse at UNMH. The purpose of this email is to request your participation in a survey that will address opinions and views of older (aged 40 and over), experienced (over 2 years of nursing experience), RNs related to utilization and retention. The survey will take approximately 20 minutes to complete. The survey is voluntary and you may stop the survey at any time. The data will be reported in aggregate form to ensure anonymity.

The following will be used in the email sent on day 8 as a reminder after initial contact

Subject Line: Request for your participation in an RN survey
This is a friendly reminder to click on the link below to access the survey that will be looking at the opinions and views of older RNs (aged 40 and over) related to utilization and retention. The survey will take approximately 20 minutes to complete. The survey is voluntary and you may stop the survey at any time. The data will be reported in aggregate form to ensure anonymity

The following will be used in the email sent on day 15 as a reminder after initial contact:
Subject Line: Request for your participation in an RN survey
This is a reminder to check your email for the Survey Monkey link to participate in a study looking at the opinions and views of older RNs (aged 40 and over) related to utilization and retention. The survey will take approximately 20 minutes to complete. The survey is voluntary and you may stop the survey at any time. The data will be reported in aggregate form to ensure anonymity. If you are an RN, aged 40 and over and wish to participate please call