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NURSING ORIENTATION AND EFFECT ON RETENTION
IN A RURAL MEDICAL FACILITY

A Scholarly Project Submitted to the Graduate School
in Partial Fulfillment of the Requirements
for the Degree of
Doctor of Nursing Practice

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Pittsburg, Kansas

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NURSING ORIENTATION AND EFFECT ON RETENTION IN A RURAL MEDICAL FACILITY

An Abstract of the Scholarly Project by
Miranda Plumlee

New graduate registered nurses (NGRNs) need post-graduate support to ease their transition into professional practice and to decrease turnover. Orientation programs have been identified as a method to increase NGRN retention, job satisfaction, and competence. With the current nursing shortage, it is essential to retain NGRNs, especially since they encompass the largest population of nurses leaving the profession each year. The purpose of this project was to develop an understanding of the effect that nursing orientation has on job satisfaction, competence level, and the retention of NGRNs in a rural Kansas medical facility. A quantitative approach was utilized with a correlational research design. To develop an understanding of the perception of NGRNs an anonymous, pre-validated, online survey created by Shepard (2014) was distributed. The demographic population was a convenience sample of 33 NGRNs. Descriptive statistics and Pearson's rho analysis were completed to evaluate the correlation between survey questions. The findings of this study revealed that the majority of participants were satisfied overall with the received orientation program and planned to remain employed for at least 18-24 months from hire. Participants who felt their clinical skills improved during orientation were also more likely to be satisfied with the orientation program. Overall, the findings suggest that perceived satisfaction with the orientation program is related to increased skill competence, intention to remain employed, and job satisfaction.

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Chapter I

Description of Clinical Problem

New graduate registered nurses (NGRNs) enter a complex working environment, where they are being increasingly employed in specialty areas without previous nursing experience (Friedman et al., 2013). As NGRNs transition into professional practice, an education-practice gap has been identified, meaning they often have difficulty transitioning from the structured and controlled academic environment into the autonomous nursing work required after licensure (Piccinini et al., 2018). Surprisingly, Van Camp and Chappy (2017) estimated that less than 10% of NGRNs are adequately prepared to meet beginning practice competencies, while Martin and Wilson (2011) found that they are more likely to make judgement errors. The need for new graduates to practice at a level they feel unprepared for leads to increased turnover among this nursing population. The high rate of turnover has been linked to the education-practice gap, with nursing students reporting emotional stress, decreased role satisfaction, and being ill prepared to transition into professional practice (Crimlisk et al., 2017; Friedman et al., 2013; Guay et al., 2016). For these reasons, NGRNs need additional post-graduation support in the areas of clinical skills, critical thinking, prioritization, role transition, and communication (Van Camp & Chappy, 2017; Crimlisk et al., 2017).

In rural settings, it is essential to maintain an adequate nursing workforce to provide quality care to increasingly sick clients. In such a small setting, the turnover of a single registered nurse can have profound effects on the ability to provide client care (Rural Healthcare Workforce, 2018). In addition, rural medical facilities often have difficulty recruiting registered nurses, making retaining these nurses even more vital. In some rural facilities, a high rate of NGRN turnover coupled with the retirement of experienced nurses has led to a nursing shortage that demands immediate attention. For example, in southeast Kansas a rural facility has difficulty recruiting registered nurses and there are unfilled nursing positions across all medical units. The issue is further complicated by having two large medical facilities within driving distance that have recently increased recruiting efforts across the area. These competing facilities offer increased wage options and other benefits to new hires.

To retain NGRNs, an effective means must be found to help bridge the theory-practice gap and ease the transition into professional nursing practice. Orientation programs, sometimes referred to as transition-to-practice, have been identified as a method to increase NGRN retention, improve job satisfaction, and increase competence in the nursing role (Silvestre et al., 2017; Guay et al., 2016; Missen et al., 2014). Shepard (2014) calls for “impeccable orientation pathways that facilitate a successful transition to practice while enhancing clinical competence” (p. 10), while the Institute of Medicine (2011), encourages the use of NGRN residences to ease the transition to practice. These programs aid in preparing the NGRN to assume the role of an independent practitioner, even being called the first step in nurse retention (Peltokoski et al., 2016; Green, 2015). These orientation programs are vital to easing the transition of new graduate registered

nurses into professional nursing practice, especially in the development of confidence and core clinical competencies (Peltokoski et al., 2016; Silvestre et al., 2017; Shepard, 2014; Van Camp & Chappy, 2017).

Due to the increased demand for registered nurses, it is essential to understand the impact that orientation programs have on new graduate registered nurse retention, job satisfaction, and competence. Increased levels of job satisfaction and competence have a positive impact on nursing retention or the intention to remain employed in the institution.

Significance to Nursing

The current nursing shortage, which is expected to continue to worsen through at least 2024, has highlighted the need to retain NGRNs in the profession (Rosseter, 2017). The nursing shortage is generally attributed to the aging nursing workforce, increased patient care needs, the nursing faculty shortage, and the inability for nursing schools to expand to meet student demand (Guthrie et al., 2013; Crimlisk et al., 2017; Feeg & Mancino, 2018). In addition, it is also imperative to understand that NGRNs encompass the largest population of nurses leaving positions or the profession each year, with turnover estimated at up to 60% in certain facilities (Van Camp & Chappy, 2017; Silvestre et al., 2017; Adams et al., 2014). This high rate of turnover may be related to the change in hiring practices for specialty units and float pools. For example, with few experienced nurses applying, units are resorting to hiring NGRNs to fill positions that previously would have required years of nursing experience (Friedman et al., 2013).

In rural areas, the nursing shortage is multifaceted and registered nurses are becoming exceedingly difficult to replace. A maldistribution of registered nurses between

urban and rural areas means that rural nursing shortages are generally more profound than urban shortages (Rural Healthcare Workforce, 2018). This is particularly true when the rural area is within driving distance of a more urban medical center that can recruit from the same applicant pool because NGRNs are more likely to seek employment in larger medical centers who offer better benefits or a wider variety of nursing specialties (Mbemba et al., 2013). Further, Feeg and Mancino (2018), explain that NGRNs working in rural hospitals or clinics reported planning to leave the facility sooner than nurses working in large hospitals. For small rural hospitals who have difficulty in recruiting NGRNs, this information is especially troubling. In addition, the Health Resources and Services Administration report that almost 33% of the rural nursing workforce will be ready for retirement in the next 10 years (Department of Health and Human Resources, 2013). When experienced nurses retire there is a loss of clinical experience and expertise, leading to a gap in skills.

With vacancies, medical agencies are spending increasing amounts of time and resources to recruit and hire registered nurses. The RN Recruitment Difficulty Index reports that in 2017, a hospital could expect to spend 86 days in recruiting registered nurses (NSI Nursing Solutions, Inc., 2017). Of further concern, the *2017 National Health Care Retention & RN Staffing* (2017) report, published by NSI Nursing Solutions Inc., reports that the registered nurse vacancy rate has been steadily increasing over the past 5 years, with less than 20% of hospitals having a vacancy rate of “less than 5%” (p. 1). This vacancy rate shows that there is an increasing demand for registered nurses across the country. Further, in a time of calls to decrease medical costs and with decreasing budgets, registered nurse recruitment adds to hospital costs. While there is no consistent formula

for measuring the cost of turnover for a registered nurse, the average reported cost is between \$10,000 and \$88,000 (NSI Nursing Solutions, 2017; Silvestre et al., 2017; Adams et al., 2014; Bittner et al., 2017). Besides the direct cost of recruitment and training, there are hidden costs such as overtime for remaining employees, hiring temporary or contract registered nurses, and lost productivity (Silvestre et al., 2017; Friedman et al., 2013).

For these reasons, it is imperative to employ measures to increase NGRN retention in the rural area. NGRNs often report increased stress, anxiety, and exhaustion when beginning work after graduation (Piccinini et al., 2018). Additionally, NGRNs may also feel unsafe and have difficulty in managing required patient loads (Piccinini et al., 2018). In addition, in the rural setting, the patient population is often of low socioeconomic standing, uninsured, and likely to suffer from chronic illness (LaSala, 2000). These concerns can lead to increased burnout and stress for the NGRN assigned to care for such a heavy patient load with limited available resources.

Purpose

The purpose of this project is to develop an understanding of the effect that nursing orientation has on job satisfaction, competence level, and the retention of new graduate registered nurses in a rural Kansas medical facility. Understanding the perceptions and connections between the orientation program and measured concepts can assist in improving the provided orientation program to increase nurse retention in the facility. By determining if a relationship exists between the orientation program provided and the measured concepts, the project will help to determine if nursing orientation program reform is needed. Poor nursing retention in the facility has led to positions

remaining open for extended periods and has been recognized as a serious facility need. The provided nursing orientation program is being focused on since orientation programs have been identified as a potential method to increase new graduate registered nurse retention within the first year of employment (Silvestre et al., 2017; Shepard, 2014; Green, 2015; Guay et al., 2016).

Theoretical Framework

Patricia Benner's (1982) Novice to Expert theory, based upon the Dreyfus model of skill acquisition, provides a conceptual framework for this study. The novice to expert theory describes the process of career development and skills acquisition through five stages, moving the practitioner from novice to expert (Benner, 1982). Nurses move from one stage to the next by acquiring additional education, clinical skills, and clinical experience. As nurses move through the stages of career development, their clinical thinking changes from concrete to abstract paradigms, allowing a view of the entire picture rather than only the small, individual components (Benner, 1982, p. 402). The NGRN will typically be in the advanced beginner stage and may remain there for up to two years of professional practice (Shepard, 2014). An advanced beginner can complete certain clinical tasks but is unable to prioritize their actions, as all actions are deemed equally important (Benner, 1982). For instance, an advanced beginner may be unable to quickly recognize a change in patient condition and intervene in a timely manner. Advanced beginners need support in the clinical area to determine priorities and to gain competence in critical thinking and prioritization. A successful orientation program should aide the new graduate registered nurse in determining their novice to expert level

and in understanding the competencies that must be achieved to continue the path of career development.

Project Questions

Due to the descriptive nature of the scholarly project, a research question was developed rather than a hypothesis. The broad research question is: Does the nursing orientation program provided to new graduate registered nurses have an effect on job satisfaction, comfort level, and retention within the first 12 months of practice? This broad question leads to three focused questions:

1. For new graduate registered nurses, does their perception of the orientation program have any effect on their transition into practice?
2. For new graduate registered nurses, does their perception of the orientation program have any effect on their intention to remain employed in the institution?
3. How important is the new graduate registered nurse's perception of their orientation program to their perceived competence level and job satisfaction?

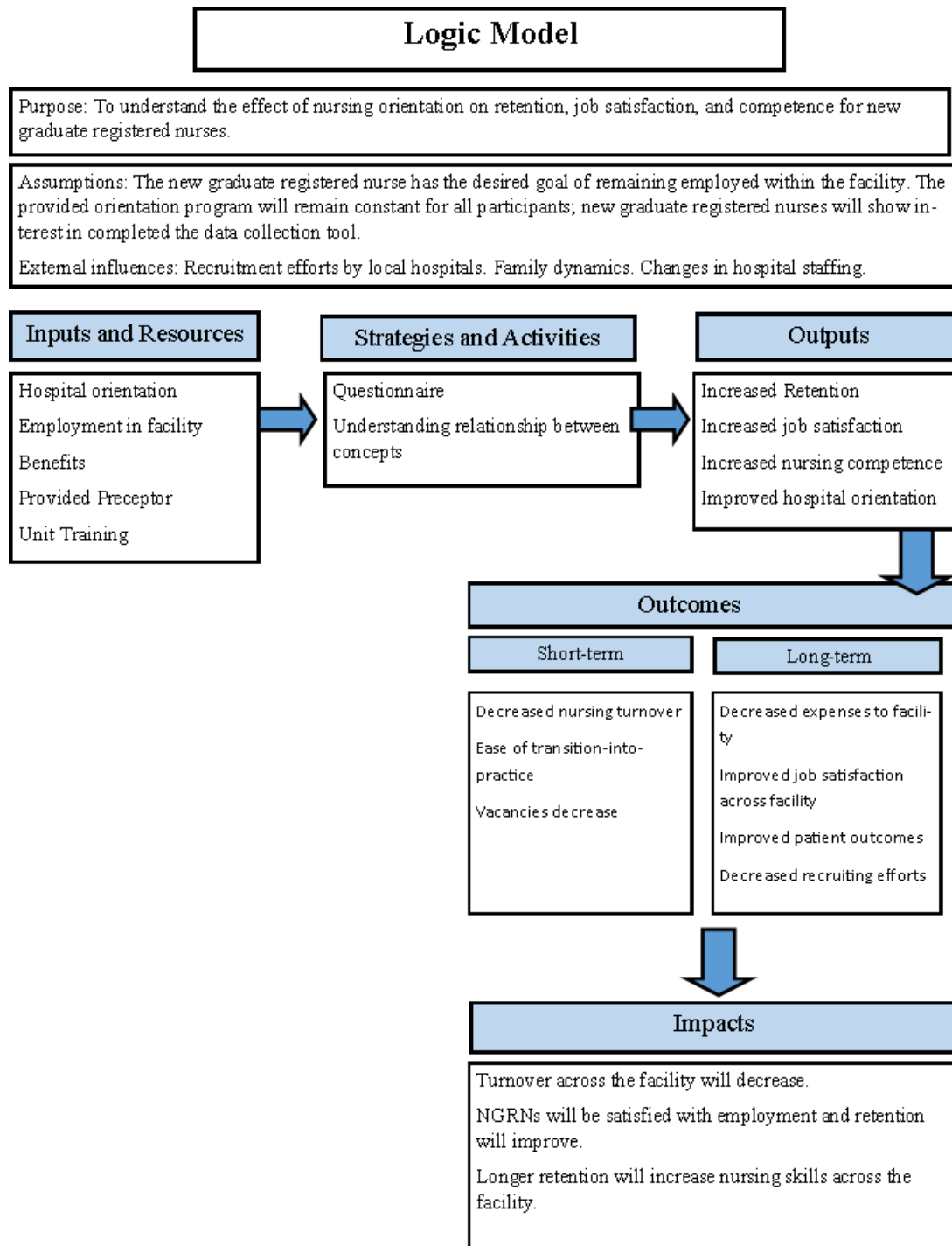
Logic Model

Figure 1 displays the logic model utilized for this research project. The logical model was created based on the Plan-Do-Study-Act (PDSA) cycle. The first column lists inputs or resources that will have an effect on the project, such as the provided hospital orientation. The second column, strategies and activities, lists the use of the questionnaire as the data collection tool. The third column, outputs, lists the positive potential effects related to an increased understanding of the effect of the orientation program on new graduate registered nurses. The fourth column provides short-term and long-term

outcomes, and the fifth column provides a list of potential impacts related to the research project.

Figure 1

Research Project Logic Model



Summary

In summary, orientation programs have the potential to increase new graduate registered nurse retention within the first year of employment. These programs have been identified as a potential means to improve retention, improve job satisfaction, and improve nursing competence for new graduate registered nurses (Silvestre et al., 2017; Guay et al., 2016; Missen et al., 2014). This is especially important, as the theory-to-practice gap has been linked to an increased risk of turnover for the new graduate registered nurse population. Nursing orientation programs provide additional support post-graduation in the areas of clinical skills, critical thinking, prioritization, role transition, and communication (Van Camp & Chappy, 2017; Crimlisk et al., 2017).

As discussed, the retention of NGRNs is vitally important across the nation but especially in rural areas. Rural areas struggle with nursing shortages due to an unequal distribution of personnel, which leads to increased recruitment times and decreased retention (Rural Healthcare Workforce, 2018). The facility where data will be collected has identified retention and turnover as a significant issue across the facility. For example, every unit in the main hospital has at least one nursing vacancy. This study aims to understand the influence, if any, that the provided nursing orientation program has on the new graduate registered nurse retention, job satisfaction, and competence. By understanding how the concepts are connected, the orientation program can be improved or expanded upon to increase nursing retention.

Chapter II

Review of the Literature

A systematic literature search was completed using the electronic databases CINAHL plus Full Text, PubMed, Summon, and ProQuest Nursing & Allied Health. Additional articles were obtained by examining the reference sections of all selected articles relevant to content. Inclusion criteria included a publication date within the previous five years, online access to the full article, peer-reviewed publication, and primary source of information. Keywords included orientation, program, retention, new graduate registered nurse, and nursing orientation.

Most of the nursing research on orientation programs is qualitative, retrospective descriptive with few quantitative studies available. Most studies used convenience samples with no experimental control group. In addition, little detail was provided concerning the demographics of the participant groups, especially concerning educational background or degrees.

Definition of Key Terms

Orientation is defined as “information or training that you are given before you start a new job or activity” (MacMillan Dictionary Online [Def. 2.], n.d.). The English Oxford Living Dictionaries (2018) further defines orientation as “a course giving information to newcomers to a university or other institution” (Definition 1). The selected

literature uses various terms for the orientation period, such as transition-to-practice program or preceptorship. This research project will consider the period from the day of hire to the first day of independent professional nursing practice as the orientation period.

Retention is defined by Merriam-Webster (2018), as “the act of retaining or a state of being retained” (Definition 1). Business Dictionary (2018) further defines retention as “an effort by a business to maintain a working environment which supports current staff in remaining with the company” (Definition 2). Retention is measured as the number of employees at the beginning of a specified period of time compared to the number of employees remaining at the end of the specified period of time. For this project, retention will be measured over a 12-month period.

The new graduate registered nurse is a registered nurse who has passed the NCLEX examination and is currently working in the first nursing position after licensure.

Competence is defined as “a cluster of related abilities, commitments, knowledge, and skills that enable a person to act effectively in a job or situation” (Business Dictionary, n.d.).

Rural is defined as an area that “encompasses all population, housing, and territory” outside of an urban area with 50,000 or more people (Defining Rural Population, 2017).

Orientation Program and Retention

Bittner et al. (2017) describe orientation programs as “an essential component to successfully transition newly licensed nurses into their first practice role” (p. 22).

Orientation programs aid in the preparation of new graduate registered nurses to assume the role of an independent practitioner, even being called the first step in nurse retention

(Peltokoski et al., 2016; Green, 2015). These orientation programs are vital to easing the transition of new graduate registered nurses into professional nursing practice, especially in the development of confidence and core clinical competencies (Peltokoski et al., 2016; Silvestre et al., 2017; Shepard, 2014).

In 2014, the National Council of State Boards of Nursing published *Why Transition to Practice (TTP)?*, detailing an evidence-based transition to practice (TTP) program, based on the Quality and Safety Education for Nurses (QSEN) competencies, designed to ease the new graduate nurses' transition into practice. This publication prompted two additional studies by Silvestre et al. (2017) to study the return on investment of transition to practice programs and by Spector et al. (2015) to determine outcomes and retention. Silvestre et al. (2017) conducted a comparison study of a randomized, controlled, multisite design focusing on the implementation of a transition to practice program for 1,032 new graduate registered nurses from 70 hospitals. The experimental group new graduates were provided with a general hospital orientation and then enrolled in the six-month transition-to-practice program to work one-on-one with a trained preceptor. The control groups did not contain a comprehensive, formal curriculum and were missing essential orientation elements. Data was collected using surveys and public data sources and descriptive analysis was used for statistical results, no reliability or validity information was provided for the survey used. The one-year retention for the transition to practice program was 84.5% while the control group retention rate was 73.7% (Silvestre et al., 2017). Similarly, Spector et al. (2015) studied the implementation of a transition to practice program in 105 hospitals with more than 1,000 new graduate participants using a comparison, longitudinal, randomized, multisite study. The

participant hospitals were from both rural and urban settings, the control group maintained their previous orientation programs while the experimental group received an online transition to practice program (Spector et al., 2015). At the end of the first year, the authors found the TTP program had a retention rate of 85.3% while the control group had a retention rate of 75% (Spector et al., 2015). Further, it was determined that nurses hired at hospitals with limited orientation programs reported that they “felt less competent, experienced more stress, reported less job satisfaction, and had twice the turnover at the end of a year” (Spector et al., 2015, p. 34). The authors collected data using the Overall Competence Tool and the Specific Competency Tool, both of which have proven reliability and validity (Spector et al., 2015). Both studies provide evidence that a structured, comprehensive program results in increased new graduate registered nurse retention and decreased turnover within the first year of employment.

Crimlisk et al. (2017) studied the implementation of an evidence-based nurse residency program that incorporated lecture, simulation, and skill development in a group of 46 new graduate registered nurses and found similar retention results. Daily meetings occurred with nurse educators and each new nurse was provided with a trained preceptor. At the end of the first year, the retention rate was 91% and 96% of participants believed the program helped them transition to competent caregivers, per data collected from voluntary survey (Crimlisk et al., 2017). Likewise, Shepard (2014) studied a differential orientation program that was individualized to the learner. While no specific data was presented on retention rates, 68% of respondents reported that they would have been more likely to leave their position if the orientation had not been adequate (Shepard, 2014). Shepard (2014) used Survey Monkey to provide access to a self-designed survey

to collect data, reliability of the survey was reported as being in the acceptable range per Cronbach's alpha.

Friedman et al. (2013) compared the retention rates for new graduate registered nurses receiving a traditional orientation to those enrolled in a specialized new graduate pediatric orientation program. The new orientation program presented leveled content and patient assignments, moving from simple to complex. Results of the retrospective descriptive evaluative study using a convenience sample showed that the retention rate for the traditional program was 84% and after the implementation of the specialized orientation program the retention rate rose to 94% (Friedman et al., 2013). A study by Guthrie et al. (2013) described a similar orientation, called a transitional orientation program, that was individualized to the new graduate nurses learning needs. The program increased retention from 69% to 90% at 18 months, no 12-month data was provided (Guthrie et al., 2013). Friedman et al. (2013) used a self-designed tool to collect data with no reliability or validity information provided, while Guthrie et al. (2013) collected data using the Performance Based Development System, a tool proven to provide reliable and valid results.

A qualitative study conducted by Guay et al. (2016), explored the transition from student to professional practice in 10 Canadian new graduate registered nurses. Using a constant comparative method, the authors identified the important themes of learning the professional role, preparing for independent nursing practice, experiencing and surviving fear, and figuring out how to practice independently (Guay et al., 2016). While no retention data was presented, the authors determined that new graduate registered nurses who were successful in accomplishing the themes were able to transition into

professional practice more easily. Those who were unable to successfully accomplish the themes encountered setbacks and reported decreased satisfaction in their role.

A cross-sectional, descriptive, quantitative study conducted by Heidari et al. (2017) focused on the factors that influenced the retention of nurses. Using a questionnaire, with proven validity and reliability, the authors determined that the attitude of nurse managers toward staff retention and feedback from direct supervisors affected nurse retention (Heidari et al., 2017). The study further determined that factors associated with retention of new graduate nurses include empowerment in the nursing role, management support, educational opportunities, and opportunities for advancement (Heidari et al., 2017). No retention data was presented for new graduate registered nurses and no demographic data was available.

Murphy and Janisse (2017) presented a quality improvement initiative focused on improving new graduate registered nurse retention with orientation. The study identified new graduate registered nurses who struggled with transition in the areas of professional identification and clinical knowledge (Murphy & Janisse, 2017). With this knowledge, the identified improvement areas include “complex skills, critical thinking, prioritization, and decision making” (Murphy & Janisse, 2017, p. 584). Murphy and Janisse (2017) state, “new nursing orientation is central for new graduates to have successful transition to nursing practice” (p. 584). The quality improvement project included 749 nurses and determined that new graduate registered nurses can transition into professional practice “with defined education and support” (Murphy & Janisse, 2017, p. 588).

Bratt et al. (2014) conducted a longitudinal study comparing rural and urban nurses participating in a residency program to evaluate the differences in “decision-

making, job satisfaction, nursing performance and organizational commitment” (p. 779). The authors determined that rural nurses were older, primarily Caucasian, had associate degrees, and worked with fewer preceptors when compared to the urban participants (Bratt et al., 2014). The study results determined that rural nurses had higher scores for job satisfaction and lower scores for job stress.

Most selected studies provided retention information for the participants within the first year of employment. While statistical data was provided, there was little consistency between program curriculums that would allow generalization across the population of new graduate registered nurses. This lack of consistency in program curriculum, study methods, and data reporting makes the comparison of programs difficult.

Key Components of Orientation Programs

The key components of nursing orientation programs that were successful in increasing the retention of new graduate registered nurses were determined by synthesizing the literature to determine common characteristics of the programs. The key components include socialization, individualization, a formal curriculum, clinical rotations, a preceptor, a nurse educator or CNS, and length of program. These key orientation program components were identified as helping the new graduate registered nurse successfully transition into professional nursing practice.

Socialization

Provides the new graduate registered nurse the opportunity to observe and be introduced into unit culture and the nursing practice, aiding in the transition from student nurse to professional practice (Crimlisk et al., 2017; Spector et al., 2015; Shepard, 2014).

Socialization further sets the basis for the future nurse and employer relationship (Peltokoski et al., 2016). New graduate nurses learn through observation and must feel that they will be benefited through the learning process. Socialization during the orientation period allows new graduates to be immersed in the unit culture and to begin forming working relationships with fellow employees and team members; this working relationship is vital to the success of the nurse in professional practice.

Individualization

Shepard (2014) links the need to provide an orientation incorporating the new graduate registered nurses learning style, based on previous assessment, to increase nurse retention and improve job satisfaction. The program should be planned around the individual needs of the learner, rather than presenting a standard program to all nurses regardless of learning needs. Guthrie et al. (2013) found that an individualized orientation approach increased new nurse competence from 55% to 67% while also decreasing the total amount of time each new nurse spent in orientation.

To create an orientation program that is individualized to the learner, assessment data must be collected to determine the learning needs of the orientee. The Advisory Board Company Nursing Executive Center's Critical Thinking Diagnostic tool, with proven reliability and validity, measures the critical thinking components of prioritization, problem recognition, clinical decision making, clinical implementation, and reflection (Bittner et al., 2017). Other facilities created their own assessment tools to be used in the development of clinical evaluation tools, with no information on reliability and validity provided.

Formal Curriculum

The curriculum should be structured around the essential QSEN competencies of patient-centered care, communication and teamwork, evidence-based practice, quality improvement, and informatics (Spector et al., 2015; Bittner et al., 2016). Shepard (2014) further explains that content should be presented in a manner that builds upon previous knowledge, working from simple concepts to complex skills. Guay et al. (2016) determined that a structured, comprehensive orientation program eases the transition from student nurse to professional nursing practice. The formal curriculum should present information through multiple teaching methods. These methods may include simulation, lecture, technical skills, and specialty classes (Crimlisk et al., 2017).

Clinical Rotation

Crimlisk et al. (2017) found that orientees who were provided with 5 days of orientation per week were highly satisfied with their orientation program. Orientees may need to work 8-hour shifts rather than a typical 12-hour shift so they have continuous exposure to the profession to gain additional experience. During the orientation period, it is important that the orientating new graduate nurse is provided with appropriate patient assignments and has no excessive work demands placed upon them (Peltokoski et al., 2016).

Not all new graduate registered nurses entering the workforce are adequately prepared for professional nursing practice. It has been estimated that less than 10% of new graduate registered nurses are adequately prepared to meet beginning practice competencies (Van Camp & Chappy, 2017). For these new graduate registered nurses, orientation may need to begin on a general medical-surgical unit for the development of

basic skills before transferring to a specialty unit (Crimlisk et al., 2017). In a study by Guthrie et al. (2013), the new graduate registered nurses who did not meet initial expectations were assigned to a clinical unit specifically used to provide individualized, intensive orientation training prior to beginning a clinical rotation on the unit of hire (Guthrie et al., 2013).

Preceptor

The importance of the preceptor in the orientation process was the most mentioned key component for successful programs, being described as critical to the success of the new graduate registered nurse (Peltoksoki et al., 2016). The trained preceptor who worked with the new graduate registered nurse on a one-to-one basis was an essential element in a successful transition to practice program (Silvestre et al., 2017). In a study by Crimlisk et al. (2017), orientees discussed the importance of the preceptor in goal setting and maintaining progress within the orientation program. While acting in the role of preceptor, nurses should be given decreased patient assignments, as low as 4 patients per nurse, to have adequate time to provide educational opportunities to the orientee (Peltokoski et al., 2016).

Nurse Educator and Clinical Nurse Specialist (CNS)

The CNS functions to plan, evaluate, and direct the essential learning activities for the newly hired registered nurse, focusing on ongoing educational needs and competencies (Shepard, 2014). Guthrie et al. (2013) explained that the nurse educator is tasked with determining entry level competence, developing an acceptable orientation plan, presenting development activities, monitoring documentation and progress, determining readiness to transition to practice, and providing oversight after the

orientation period ends. These functions are essential in providing necessary feedback for the new graduate registered nurse's improvement and skill acquisition (Spector et al., 2015).

Length

Orientation programs should provide a sufficient amount of time for new graduate registered nurses to gain confidence in their role, practice hands-on skills, and develop critical-thinking skills. An orientation program of four weeks or greater has been associated with a comprehensive curriculum (Rush et al., 2015; Peltokoski et al., 2016). Many of the orientation programs presented in the selected literature provided an orientation program lasting greater than 6 months.

Summary

The available literature does provide evidence that learner-centered nursing orientation programs have a positive effect on new graduate registered nurse retention within the first year of practice. All studies providing retention data showed that retention rates improved with learner-centered nursing orientation programs when compared to traditional methods of orientation. While other studies provided feedback from new graduate registered nurses relating the importance of a comprehensive, learner-centered orientation program on their retention within the institution. Shephard (2014) related the success of the new graduate registered nurse to orientation programs that promote the development of clinical competence. A comprehensive, learner-centered orientation program aides new graduate registered nurses in developing the clinical competence needed to successfully transition into professional nursing practice.

The literature is deficient in quantitative and qualitative studies focusing on

orientation programs and retention in rural medical facilities. The available literature is almost exclusively focused on large urban medical facilities with a large number of new graduate registered nurses being hired each year.

Chapter III

Methodology

Chapter three discusses the project design employed for this study, including the study participants, criteria for participation, ethical considerations, and the instrument used to collect data.

Project Design

A quantitative approach was utilized for the project with a correlational research design. A correlational design was chosen due to time constraints related to the research project and the feasibility of controlling the related extraneous variables. A correlational research approach provides the opportunity to study the statistical relationship between the identified variables without the need to control extraneous variables. Thus, the relationship can be evaluated as it is naturally occurring at a specific point in time. Further, it would have been impractical to conduct an experiment manipulating the independent variable, the orientation program provided to new graduate registered nurses, in such a small medical facility. According to Jhangiani et al. (2017), correlational research can provide “higher external validity than experimental research”, which is more reflective of naturally occurring relationships between the studied variables (p. 6.2, para. 4).

A cross-sectional survey was administered to participants who met the inclusion criteria at a rural health facility to evaluate whether the provided orientation program has an effect on retention, job satisfaction, and competence for new graduate registered nurses. In addition to the survey questions, demographic data was obtained for group characterization. The study addressed the following research questions:

1. For new graduate registered nurses, does their perception of the orientation program have any effect on their transition into practice?
2. For new graduate registered nurses, does their perception of the orientation program have any effect on their intention to remain employed in the institution?
3. How important is the new graduate registered nurse's perception of their orientation program to their perceived competence level and job satisfaction?

Target Population

The target population for this research project included new graduate registered nurses employed through a rural hospital in Southeast Kansas. The hospital has multiple satellite clinics that employ registered nurses, and employees of those clinical sites were also eligible to participate in the project. Participants were required to have a valid registered nursing license recognized in the state of Kansas and be at least 18 years old or older. All new graduate registered nurses meeting the inclusion criteria were eligible to participate.

Recruitment

The target population was recruited from a hospital in rural Southeast Kansas. A written agreement for participation was received from the Director of Nursing (See Appendix A). The main campus has a 99-bed facility and multiple provider offices. Overall, there are 26 clinics associated with the hospital. Many of these clinics are located in rural areas local to the main campus. Participation was voluntary, with a link to the survey provided through the hospital email system. The email included the inclusion criteria and those who met that criteria were able to immediately proceed to the survey (See Appendix B). Convenience sampling was used, and the email was sent to all nurses employed by the facility. No compensation was provided for participation in the research project. The initial minimum goal for survey responses was 25-30; the goal was set based on the ability to obtain enough responses for statistical relevance during analysis.

Inclusion/Exclusion Criteria

Inclusion criteria for participation in the study included a current valid registered nurse license that is recognized in Kansas and employment within the associated facility or clinic. Further, participants must be new graduate registered nurses working their first job as a registered nurse. The participants must have graduated and entered employment within the previous 12 months and must have already completed the orientation provided by the employer. The survey tool included yes or no questions over each inclusion criterion, and any surveys with a “no” answer to the inclusion criteria were removed from the response pool.

Exclusion criteria included employees working in positions other than registered nurses. For example, hospital employees, licensed practical nurses, and nursing students

in their last semester of their nursing programs were not eligible to participate. Others excluded from the research project included those who have been employed for more than 12 months since graduation or those who have been employed in other positions as a registered nurse. New graduate registered nurses who had not completed the provided orientation were not eligible to participate in the research project. Further, participants must be 18 years of age or over. Those who have sanctions against their nursing license were not eligible to participate.

Protection of Human Subjects

Prior to implementation of the research project, an application was submitted to the Pittsburg State University Institutional Review Board (IRB). An exempt review application was completed and included evaluation of the survey instrument, research process, confidentiality protections, and data protection. Approval was received on March 2, 2021. Participants in the research project were subjected to minimal or no risk related to participation. The study collected minimal demographic data and did not utilize any protected health information. All data collected was password protected in an electronic format, with the lead researcher being the sole person with password and login details. Participation in the study was anonymous and the survey could be completed from any computer where the participant could access the work email server. The email containing the survey link was provided to all registered nurses working for the facility and new graduate registered nurses were not solely contacted for participation. Further, the researchers did not have access to a list of new graduate registered nurses employed through the facility.

The survey data was collected through SurveyMonkey.com, and the collected data will be deleted within six months of completion. Survey participation was anonymous with no contact information or IP addresses being collected. Further, all participants were provided with the same link to the survey, so individual links could not be tracked for participation. Participants were provided information on data collection procedures and the protection measures in place to protect anonymity. SurveyMonkey provided access to survey software with built-in confidentiality measures. This software maintained participant anonymity by removing any potential identifiers and provided anonymous results to the lead researcher. These measures allowed for honest information to be provided by participants. However, there was a risk that some participants would not answer honestly or those who did not meet inclusion criteria would still participate in the study. Survey questions were written without the intent to confuse participants or skew the statistical power of the results.

The lead researcher for the study has completed the NIH PHRS Online Training through the National Institutes of Health, which is required prior to completing research through the PSU Irene Ransom Bradley School of Nursing.

Ethical Considerations

The ethical concerns related to this study were minimal. The research project adhered to the basic ethical principles outlined in the Belmont Report (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979). The research project treated all participants as autonomous agents, and no vulnerable populations were recruited or allowed to participate in the study. Prior to participating in the online survey, participants were provided with an email providing

required information related to the research project, and no necessary information was withheld. Participation was entirely voluntary, and participants were able to withdraw at any time. Further, beneficence was addressed through the minimization of harm and risk. With anonymous participation through an online survey and without the collection of protected information, the risk to participants was minimal. The data will be protected, and raw data was only viewed by the lead researcher and co-researchers as needed for data analysis. Finally, justice was addressed through equal participation and recruitment among all new graduate registered nurses within the hospital facility and clinical sites. While the new graduate registered nurses were differentiated from the entire registered nurse population, this did not represent additional risk to participants. Furthermore, the differentiation of the new graduate registered nurses was essential in addressing the research questions and was directly related to the research objectives.

Research projects approved with an exempt review status do not required an informed consent to be obtained from participants. However, this research project provided an email to participants that included all of the required information for informed consent. By accessing the survey link contained within the participant email, informed consent was assumed. The participant email provided the opportunity for participants to gain insight into the research process and purpose to determine whether they would participate in or opt out of the project. The email provided information related to the study procedure, objectives, risks, and benefits. In addition, contact information for the lead researcher was provided in the email, to allow participants to ask any desired questions. There were no elements of incomplete disclosure related to the research

project. The participant email used language that was easily comprehended by participants.

The ethical considerations for the project have been reviewed and the risk for participants is minimal. By completing the online survey, it was assumed that the participant had voluntarily agreed to participate in the research project.

Instrument

The Orientation Effectiveness Survey (OES) created by Shepard (2014) was utilized for the research project, permission was obtained through email (See Appendix D). The OES contains 19 questions using a 5-point Likert-type scale for answers. Per Shepard (2014), the questions focus on “employee satisfaction, clinical competence and retention” (p. 14). These three topics contain questions that focus on multiple areas of interest. For example, the retention section of the survey asks questions to determine the orientation program’s impact on retention for the new graduate registered nurse, including if the employee plans to remain employed for at least two years (Shepard, 2014). Additionally, employee satisfaction questions address orientation experiences provided to the new graduate registered nurse, orientation structure, and number of shifts experienced during orientation (Shepard, 2014). The OES survey instrument is found in Appendix E.

In addition to the OES, basic demographic data was collected to provide information about the study population. Demographic questions focused on gender, nursing degree, and area of practice. This information was collected through multiple choice questions. Further, the inclusion criteria were listed below the demographic data, with participants answering yes or no to ensure the participant met the listed criteria.

Instrument Validity

The Orientation Effectiveness Survey by Shepard (2014) was previously tested to ensure validity using a pilot test and Cronbach's alpha. According to Shepard (2014), Cronbach's alpha was 0.84, which falls into the previously established acceptable range of 0.70 or above. Thus, the instrument has proven validity and was used for data collection in this research project.

Operational Definitions

Operational definitions utilized in the research project were defined as:

1. Orientation: "information or training that you are given before you start a new job or activity" (MacMillan Dictionary Online [Def. 2.], n.d.). The English Oxford Living Dictionaries (2018) further defines orientation as "a course giving information to newcomers to a university or other institution" (Definition 1).
2. Orientation period: the period from the day of hire to the first day of independent professional nursing practice.
3. Retention: defined by Merriam-Webster (2018), as "the act of retaining or a state of being retained" (Definition 1). Business Dictionary (2018) further defines retention as "an effort by a business to maintain a working environment which supports current staff in remaining with the company" (Definition 2). Retention is measured as the number of employees at the beginning of a specified period of time compared to the number of employees remaining at the end of the specified period of time. For this project, retention will be measured over a 12-month period.

4. New graduate registered nurse: a registered nurse who has passed the NCLEX examination and is currently working in the first nursing position after licensure.
5. Competence: “a cluster of related abilities, commitments, knowledge, and skills that enable a person to act effectively in a job or situation” (Business Dictionary, n.d.).
6. Rural: “encompasses all population, housing, and territory” outside of an urban area with 50,000 or more people (Defining Rural Population, 2017).

Procedure

The research project utilized human subjects, and per protocol, approval was obtained from the IRB prior to conducting research. The project did not expose participants to unreasonable risks, harm, or discomfort so the risk level was minimal. Further, the data collected did not contain any protected health information (PHI) and there was no risk of criminal or civil liability for participants who elected to participate. Vulnerable populations were not recruited for participation. However, there was risk that a pregnant person would elect to answer the survey questions, but the researcher would have no basis for knowing that a pregnant woman participated in completing the anonymous online survey.

Per the Pittsburg State University Policy Assurance Handbook for the Protection of Human Research Subjects (2016), the research project met the exempt review criteria due to the use of survey procedures without the potential for subject identification and without risk for outside disclosure of information that would negatively affect participants (p. 5). Once approval was received from the PSU IRB, data collection began.

Timeline

Documentation for approval of the research design was submitted to the PSU IRB in spring 2021, with approval received on March 2, 2021. Once approval was received from the PSU IRB, the initial email for participants was sent through the hospital email system. The initial email contained information for participants and the survey link for participants who met the inclusion criteria. A week after the initial email was sent, a second participant recruitment email containing the same link to the survey was sent to all employed nurses to obtain additional survey responses. The survey was available for two weeks before the link became inactive. A follow-up email was sent to all email recipients, regardless of participation, to thank those who participated in the study.

Required Resources

The survey was made available to participants through SurveyMonkey.com. The lead researcher was the only person with access to the online login and password details needed to access the survey results. The email to participants was sent through the hospital email server with the assistance of the educational training staff and IT department. Data was tabulated and analyzed by the lead researcher with assistance from faculty co-researchers. Data analysis software was available through the university with no additional cost. The associated expenses and fees related to the research project were minimal and the sole responsibility of the lead researcher. Fees included a SurveyMonkey.com membership and the continued maintenance of the survey data on the host website for the period of 6-months prior to being destroyed. There were no anticipated legal fees related to this research project. Additional resources included the project committee and Microsoft Office resources.

Study experience

Participants were directed to SurveyMonkey.com through a link provided through the hospital email system. Participants were able to anonymously complete the survey at a time most convenient to them. The participant email included relevant information on the purpose of the study, inclusion and exclusion criteria, potential risks and benefits, and how the data would be used and protected. By clicking on the included survey link, it was assumed that the participant had opted into participating in the survey. Demographic data was then obtained before the survey questions were displayed. The participant was able to exit from the survey at any time without penalty, and the partial responses were recorded. The survey completion time was estimated at 3-5 minutes for all sections.

Data collection and outcome

SurveyMonkey.com provided participants access to the survey and an email was received by the lead researcher with a daily total of responses. After receiving 33 responses, the lead researcher used the included data analysis tools to retrieve the data from the website. SurveyMonkey.com provided some data tabulation services that were employed by the researcher. The data was then exported to an Excel document which was shared with the co-researchers as needed for analysis. All documents were stored on the lead researcher's personal computer and were protected with two passwords. Additional data analysis was completed by the lead researcher and co-researchers as deemed appropriate. All data collected was stored in electronic form. No individual demographic data was printed, and only group results were utilized.

Treatment of Data/Outcomes/Evaluation Plan

Instrument linked to Measures and Objectives. Evaluation measures were linked to the research questions and objectives through the logic model (See Figure 1). The research project used an anonymous survey to evaluate whether the provided orientation program had an effect on retention, job satisfaction, and competence for new graduate registered nurses. Survey responses were based on a 5-point Likert-type scale, except the demographic data which had multiple response choices. The anticipated outcomes for this scholarly project included developing an understanding of what, if any, effect the provided orientation program had on the retention of new graduate registered nurses. Outcome evaluation was completed through data analysis.

Method of Analysis

Data was tabulated on an Excel spreadsheet to allow for statistical analysis. Statistical analysis was completed utilizing IBM SPSS Statistics, version 24, software which was made available through Pittsburg State University. Statistical significance was demonstrated with a p-value of 0.05, which is the commonly accepted value for statistical significance (Andrade, 2019). Descriptive statistics included determining the minimum, maximum, mean, and standard deviation for each of the 19 questions on the survey tool. Spearman rho correlations were calculated to identify statistical significance and representative graphs were produced.

Plan for Sustainability

The research results will aid in determining the future needs and goals related to the research project. The results will be presented to the Director of Nursing of the hospital and nursing department heads using a poster presentation. A round table

discussion can then occur to determine the need for changes to the orientation program for new graduate registered nurses, if any. In addition, information will be presented to the local undergraduate nursing program faculty and director to determine areas of focus to potentially improve the transition to practice for new graduate registered nurses.

Summary

The facility where data was collected has identified the rates of turnover and retention of registered nurses as a significant issue across the main campus and clinic sites. Operating in a rural area has been linked to unequal distribution of nursing personnel, long recruitment periods, and high levels of nursing turnover within the first year of practice.

The purpose of this project was to develop an understanding of the effect that nursing orientation has on job satisfaction, competence level, and the retention of new graduate registered nurses in a rural Kansas medical facility. Understanding the relationship between the provided orientation program and the associated variables can assist in improving the orientation program to increase new graduate nurse retention within the facility. By determining if a relationship exists between the orientation program provided and the measured concepts, the project will help to determine if nursing orientation program reform is needed.

Chapter IV

Evaluation Results

The purpose of this research project was to develop an understanding of the effect that nursing orientation has on job satisfaction, competence level, and the retention of new graduate registered nurses in a rural Kansas medical facility. By determining if a relationship existed between the orientation program provided and the measured concepts, the research project helped to determine if the nursing orientation needed to be restructured. The orientation provided to new nurses was focused on since orientation programs have been identified as a potential method to increase new graduate registered nurse retention. Data was collected to address the following research questions:

1. For new graduate registered nurses, does their perception of the orientation program have any effect on their transition into practice?
2. For new graduate registered nurses, does their perception of the orientation program have any effect on their intention to remain employed in the institution?
3. How important is the new graduate registered nurse's perception of their orientation program to their perceived competence level and job satisfaction?

The collected data was analyzed using IBM SPSS, version 24. Descriptive statistics were used to describe the participant demographic data. Statistical significance

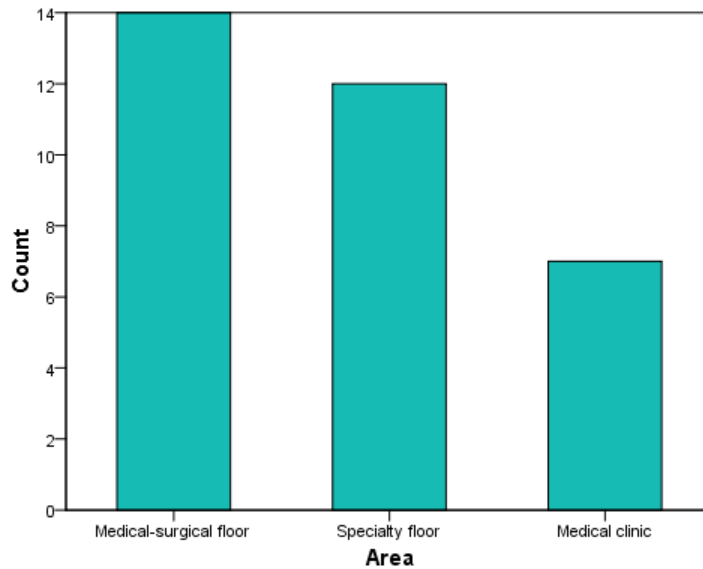
was demonstrated with a p-value of 0.05, which is the commonly accepted value for statistical significance (Andrade, 2019). Descriptive statistics included determining the minimum, maximum, mean, and standard deviation for the demographic data and the questions on the survey tool. Spearman rho correlations were calculated to identify statistical significance and representative graphs were produced.

Population Description

Data collection began on March 3, 2021 and concluded on March 23, 2021. Participants were recruited on a volunteer basis through a participant email sent to all nursing staff through the facility email server. A total of 36 registered nurses completed the anonymous online survey. However, three respondents did not meet the inclusion criteria, so their responses were not utilized during data analysis. Collected demographic data included gender, nursing degree, and primary area of practice. Of the 33 respondents who met the inclusion criteria, 84.8% identified as female (n=28) and 15.2% identified as male (n=5). The educational background of nurses was varied, with 66% (n=22) holding an associate degree in nursing and 33% holding a bachelor's degree in nursing (n=11). The primary area of practice included 42% (n=14) on the medical-surgical floor, 36% (n=12) on a specialty floor, and 21% (n=7) primarily practiced in a medical clinic (See Figure 2). Those working on a specialty floor were not asked to identify their practice area further in order to maintain confidentiality.

Figure 2

Primary Area of Practice for Participants



Key Variable

The provided orientation program was the identified variable of interest for this project. The project utilized a correlational research design due to time constraints and the feasibility of controlling extraneous variables. By utilizing a correlational research design, the relationship between the effect of the orientation program on retention was studied as it naturally occurred.

Analyses of Project Questions

The data collection tool consisted of three demographic questions, five inclusion criteria questions, and 19 survey response questions. The 19 survey response questions utilized a 5-point Likert-type scale for participants to self-report their level of agreement to the provided statements.

Research Question One

For new graduate registered nurses, does their perception of the orientation program have any effect on their transition into practice?

Survey question 19 asked participants to self-report their overall level of satisfaction with the received orientation program. The mean score was 3.67 (n=33) with a standard deviation of 0.816 indicating that the majority were satisfied with their orientation experience (See Appendix F, Table 1 & Figure 3). Identified concepts related to the transition to practice period included new graduate registered nurses being required to practice at a level they do not feel prepared for, being prepared to perform beginning level competencies, role satisfaction, post-graduate support, and communication. These concepts were related to data collected on survey questions 1, 2, 6, 10, and 12.

Spearman's rho analysis was done to evaluate the correlation between survey question 19 and other survey questions related to the identified concepts. Results of the Spearman correlation indicated a significant positive relationship between improved clinical skills (survey question 1) and satisfaction with the orientation program ($\rho = 0.603$, $p = 0.000$, $N=33$) (See Appendix F, Table 2 & Figure 4). The positive relationship indicates that participants who felt their clinical skills improved during the orientation period were more likely to be satisfied with the orientation program they received. Clinical skills are associated with preparation to practice and achievement of beginner level competencies. A statistically significant positive correlation also existed between the inclusion of differentiated teaching strategies for learner needs (survey question 2) and overall satisfaction ($\rho = 0.444$, $p = 0.010$, $n = 33$) (See Appendix F, Table 3 & Figure 5). A negative correlation exists between survey questions 19 and 6, which focuses

on practice preparation being directly related to the received orientation ($\rho = -0.352$, $p = 0.044$, $N = 33$). The negative correlation indicates that participants who agreed that the lack of practice preparation was directly related to the orientation were also less satisfied with the orientation program received (See Appendix F, Table 4 & Figure 6). Survey question 10 focused on orientation experiences being reflective of the unit, this question relates to the concept of being prepared to practice at a level in which the new graduate registered nurse is comfortable with. A statistically significant positive relationship occurred between survey questions 19 and 10 ($\rho = 0.423$, $p = 0.014$, $N = 33$), indicating that participants who were exposed to experiences reflective of their future unit of practice were more likely to be satisfied with the overall orientation experience (See Appendix F, Table 5 & Figure 7). A statistically significant positive relationship also occurred between survey questions 19 and 12, which asks “due to the received orientation I am confident of my skill sets” ($\rho = 0.587$, $p = 0.000$, $N = 33$). Skill set confidence is related to role satisfaction and preparation for beginner level competences. The positive association indicates that those who feel confident in their skills sets were also more likely to be satisfied with the orientation (See Appendix F, Table 6 & Figure 8).

Research Question Two

For new graduate registered nurses, does their perception of the orientation program have any effect on their intention to remain employed in the institution?

Survey question 11 focused on the intention of the participant to remain employed for 18-24 months from their start date. Descriptive statistics for question 11 showed a mean of 4.03 with a standard deviation of 0.637 ($N = 33$), indicating that the majority of participants plan to remain employed in their current position for 18-24 months (See

Appendix G, Table 7 & Figure 9). Spearman's rho analysis was utilized to assess if statistically significant relationships occurred between related survey questions. A statistically significant positive relationship occurred between survey questions 11 and 19 ($\rho = 0.517$, $p = 0.002$, $N = 33$), indicating participants who plan to remain in their current position were more likely to be satisfied with the received orientation (See Appendix G, Table 8 & Figure 10). A significant positive relationship also exists between question 11 and 1 ($\rho = 0.350$, $p = 0.046$, $N = 33$), demonstrating that participants who felt their clinical skills improved during orientation were likely to remain in their current position (See Appendix G, Table 9 & Figure 11). Similarly, a statistically significant positive association exists between questions 11 and 12, ($\rho = 0.548$, $p = 0.001$, $N = 33$). The positive association demonstrates that participants who plan to remain in their current position were also likely to report skill set confidence (See Appendix G, Table 10 & Figure 12).

Research Question Three

How important is the new graduate registered nurse's perception of their orientation program to their perceived competence level and job satisfaction?

Identified concepts related to competence and job satisfaction included effective orientation, socialization, individualization, and program length. Survey question one asked participants to rate their agreeance with the statement, "my clinical skills were improved during orientation". Descriptive statistics for question one displayed a mean of 3.76 ($SD = 0.663$), indicating that the majority of participants agreed that their clinical skills improved during the received orientation (See Appendix H, Table 11 & Figure 13). Spearman's rho analysis was used to evaluate if statistically significant relationships

occurred between related survey questions. A significant positive correlation occurred between questions one and 19 ($\rho = 0.603$, $p = 0.000$, $N = 33$) (See Appendix F, Table 2 & Figure 4). This association indicated that participants who agreed their clinical skills improved during orientation were also likely to be satisfied with their orientation experience. The length of orientation program is addressed in question three, and a significant positive relationship existed between questions one and three ($\rho = 0.451$, $p = 0.009$, $N = 33$). This correlation demonstrates that as clinical skills improved during orientation, there was also an increase in the perception that the orientation length was appropriate for the learners needs (See Appendix H, Table 12 & Figure 14). Similarly, a significant positive relationship existed between questions one and eight, which focused on orientation structure ($\rho = 0.487$, $p = 0.004$, $N = 33$) (See Appendix H, Table 13 & Figure 15). Interestingly, there was not a significant correlation between questions one and two, which focused on program differentiation for the learners needs. The concept of unit socialization was addressed in survey question 18 and a significant positive association occurred between questions one and 18 ($\rho = 0.346$, $p = 0.048$, $N = 33$) (See Appendix H, Table 14 & Figure 16). Survey question 12, “due to the received orientation I am confident of my skills sets” and survey question 15 which asked participants to self-report how helpful critical thinking skills were during orientation, had a significant positive correlation ($\rho = 0.650$, $p = 0.000$, $N = 33$). The positive correlation indicates that as skill set confidence increased during orientation so did the perception that critical thinking skills were helpful during the orientation experience (See Appendix H, Table 15 & Figure 17). Survey question 12 was also positively associated with question 16, nursing task skills ($\rho = 0.584$, $p = 0.000$, $N = 33$). The positive correlation indicates that

those who found nursing task skills more helpful during orientation were also more likely to report increased confidence in their skill sets (See Appendix H, Table 16 & Figure 18).

Additional Analyses

Minimal additional analysis not related to answering the research questions was completed. As described in Chapter 3, project results will be presented to the facility Director of Nursing, department heads, and the director and faculty of the local undergraduate nursing program. The presentation will include a round table discussion to identify potential changes to improve the orientation program, if necessary. To support this discussion, descriptive statistics were completed for survey questions 14-18, which asked participants to report the level of helpfulness for the identified orientation components, see Table 17. The mean for each question will be used to determine the average level of helpfulness.

Table 17

Question 14 and 18 Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Q14	33	2	5	4.00	.866
Q15	33	2	5	3.67	.990
Q16	33	2	5	3.91	.723
Q17	33	1	5	3.58	1.062
Q18	33	1	5	3.73	1.039
Valid N (listwise)	33				

Summary

The purpose of this research project was to develop an understanding of the effect that nursing orientation has on job satisfaction, competence level, and the retention of new graduate registered nurses in a rural Kansas medical facility. The survey tool asked

participants to answer questions related to the provided orientation and intention to remain employed using a 5-point Likert type scale. Data analysis demonstrated statistically significant correlations between survey questions that answered the research questions. Analysis determined that the majority of participants were satisfied overall with the received orientation program and intended to remain in their current position for 18-24 months from the date of hire. Further, there was significant correlation between feelings of satisfaction with the orientation program and improved clinical skills, unit exposure, appropriate orientation length, and appropriate orientation structure. A negative association was found between the lack of preparation and low levels of overall satisfaction.

Chapter V

Discussion

This chapter will focus on discussion of how the project results relate to the outcomes of the research project. General observations relating to project findings, evaluation of the theoretical model, and evaluation of the logic model will be included. In addition, project limitations will be identified and discussed. Finally, the implications for future research, practice, health policy, and education will be addressed.

Relationship of Outcomes to Research

The purpose of this research project was to develop an understanding of the effect that nursing orientation has on job satisfaction, competence level, and the retention of new graduate registered nurses. The aim of the project was to determine if a relationship exists between the provided orientation program for new graduate registered nurses and the measured concepts to determine if nursing orientation reform is needed. The project focused on the following research questions:

1. For new graduate registered nurses, does their perception of the orientation program have any effect on their transition into practice?
2. For new graduate registered nurses, does their perception of the orientation program have any effect on their intention to remain employed in the institution?

3. How important is the new graduate registered nurse's perception of their orientation program to their perceived competence level and job satisfaction?

Each of the research questions will be addressed individually to examine if the project findings support or refute previous findings identified in the literature review.

Research Question One

For new graduate registered nurses, does their perception of the orientation program have any effect on their transition into practice?

Perception of orientation was determined through descriptive statistics of survey question 19, which asked participants to rate their overall satisfaction level with the provided orientation program. The majority of participants reported they were satisfied with the provided orientation experience (mean = 3.67, SD = 0.816) which indicated an overall favorable perception. Through the review of literature, concepts related to transition to practice were identified. These concepts included practice area, beginner level competencies, role satisfaction, post-graduate support, and communication.

Practice Area

Current hiring practices often mean that new graduate registered nurses are increasingly employed in specialty areas in which they have no previous experience (Friedman et al., 2013). The need to practice at a level for which they do not feel prepared has to lead to increased turnover for the NGRN population. The project findings support the literature; participants who felt that their lack of practice preparation was directly related to the orientation program were also less satisfied with the orientation program overall. Whereas participants who felt they had been exposed to experiences

during orientation that were reflective of their future practice area were more likely to be satisfied with their orientation experience. This finding reinforces that practice preparation and experience during orientation are positive components to ease the transition into practice for new graduate registered nurses (Peltokoski et al., 2016; Silvestre et al., 2017; Shepard, 2014).

Beginner Level Competencies and Post-Graduate Support

It has been estimated that less than 10% of NGRNs are adequately prepared to meet beginning practice competencies (Van Camp & Chappy, 2017). To better prepare for professional practice, the NGRN needs additional post-graduate support in the areas of clinical skills, critical thinking, prioritization, role transition, and communication (Van Camp & Chappy, 2017; Crimlisk et al., 2017). The project findings demonstrated that participants who reported an improvement of their clinical skills were also more likely to be satisfied with the orientation program. Further, participants who felt the orientation program included differentiated instruction based on their learning needs were more satisfied overall with the orientation. This result is similar to that of Shepard (2014) where the majority of respondents (68%) reported that they would have been more likely to leave their position if the orientation had not been adequate. Similarly, the project findings demonstrated a significant positive relationship between appropriate length of orientation and clinical skills improvement. The positive relationship indicates the participants who felt the orientation length was appropriate for their learning needs were also more likely to report that their clinical skills had improved during that time.

Research Question Two

For new graduate registered nurses, does their perception of the orientation program have any effect on their intention to remain employed in the institution?

Orientation programs have been identified as a method to increase NGRN retention (Silvestre et al., 2017; Guay et al., 2016; Missen et al., 2014). Further, orientation programs have even been called the first step in nurse retention (Peltokoski et al., 2016; Green, 2015). The majority of participants (mean = 4.03, SD = 0.637) reported that they intend to remain employed in their current position for at least 18-24 months after hire. This finding supported the project model assumption that the new graduate registered nurse would desire to remain employed in the facility. Findings further demonstrated that those who planned to remain employed were also more likely to be satisfied with the overall orientation and felt that their clinical skills were improved. In addition, the participants who intended to remain in the current position were also more likely to report confidence in their clinical skill set. These findings are supportive of the literature which has previously linked orientation programs to improved NGRN retention within the first 12 months of practice.

Spector et al. (2015) stated that nurses hired at hospitals with limited orientation programs reported that they “felt less competent, experienced more stress, reported less job satisfaction, and had twice the turnover at the end of a year” (p. 34). The majority of participants reported being satisfied overall with the provided orientation program and that they planned to stay employed in their current position. These findings support the literature, as the positive perception of the orientation program was significantly correlated with the intention to remain employed.

Research Question Three

How important is the new graduate registered nurse's perception of their orientation program to their perceived competence level and job satisfaction?

Participants' perception of their orientation program was measured by survey question 19, which focuses on the overall level of satisfaction with the provided orientation. The majority of participants reported being satisfied with the overall orientation (mean = 3.67, SD = 0.816). The literature review identified concepts related to competence level and job satisfaction including effective orientation, individualization, and program length.

Orientation programs have been identified as a method to increase competence in the nursing role, especially in the development of confidence and core clinical competencies (Peltokoski et al., 2016; Silvestre et al., 2017; Guay et al., 2016; Missen et al., 2014; Van Camp & Chappy, 2017). Murphy and Janisse (2017) identified the target areas of "complex skills, critical thinking, prioritization, and decision making" (p. 584). The project results support the literature. Participants agreed that their clinical skills improved during orientation, and this had a significant positive relationship with overall satisfaction of the orientation program. The improvement in clinical skills is positively associated with an increased feeling of competence. In addition, findings demonstrated a significant positive relationship between improvement in clinical skills and the perception that the orientation structure and length was appropriate to meet the learners needs. This finding is supportive of the literature. Guthrie et al. (2013) found that an individualized orientation increased new nurse competence from 55% to 67% while also decreasing the

total amount of time spent in orientation. A positive relationship was also found between helpfulness of critical thinking skills and skill set confidence.

Of interest was the fact that no significant relationship occurred between clinical skill improvement and differentiated teaching strategies. This finding is not supportive of the literature. Shepard (2014) linked the need to provide an orientation program incorporating the individual nurses learning style to increase retention and job satisfaction. The participant response was not surprising since the facility provides each new hire with the same hospital orientation program; only experiences in the primary area of practice are different. This lack of differentiation for participants helps to explain why the project findings do not match or support the research.

Observations

Further analyses were completed to determine if there was a significant relationship between the primary area of practice and the intention to remain employed for at least 18-24 months from the date of hire. A Mann-Whitney Test was completed and while the correlation was not significant ($p = 0.057$), there was still an interesting difference in the participant responses (See Appendix I, Table 18 and Table 19). Participants who reported a specialty area as their primary area of practice were less likely to report that they intended to remain in that position for at least 18-24 months (See Figure 19). This finding supports previous research findings that determined new graduate registered nurses are increasingly employed in specialty areas without previous nursing experience (Friedman et al., 2013). The need for new graduates to work in areas where they do not feel prepared has led to increased turnover among this population. In addition, participants working on the medical surgical floor or in the medical clinic rated

that the assigned preceptor demonstrated professionalism ($p = 0.022$), that the experiences provided during orientation were reflective of the unit ($p = 0.043$), that they are confident of their skill sets due to the orientation ($p = 0.048$), and that the critical thinking skills provided during orientation were helpful ($p = 0.026$) more favorably than participants reporting a specialty unit as their primary area of practice (See Table 20). While these findings are not related to the research questions, they are of interest. The project results will be used to help determine if nursing orientation reform is needed. These findings demonstrate that there is a perceived difference between the orientation provided to NGRNs working in specialty units and those working on the medical-surgical floor or in the medical clinics. This knowledge can be used as a starting point for future discussion or research.

Figure 19

Intention to Remain in Position by Area of Practice

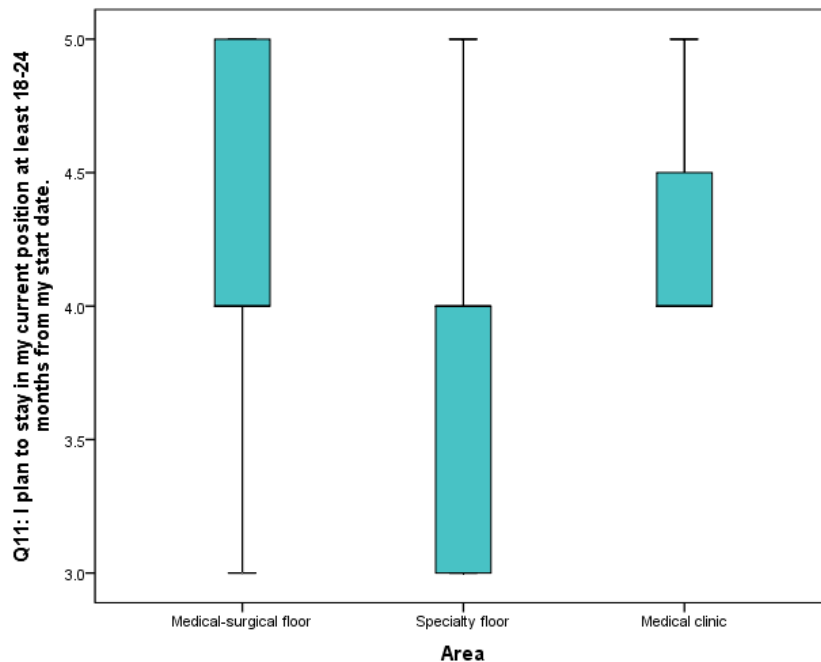


Table 20*Medical Practice Compared to Specialty Unit Practice Area*

Test Statistics^a				
	The assigned preceptor demonstrated professionalism.	The experiences provided during orientation were reflective of the unit I work in.	Due to the received orientation, I am confident of my skill sets.	Critical thinking skills
Mann-Whitney U	76.500	85.500	77.000	69.000
Wilcoxon W	154.500	163.500	155.000	147.000
Z	-2.284	-2.022	-1.974	-2.233
Asymp. Sig. (2-tailed)	.022	.043	.048	.026
Exact Sig. [2*(1-tailed Sig.)]	.063 ^b	.131 ^b	.069 ^b	.033 ^b

a. Grouping Variable: Type

b. Not corrected for ties.

The instrument utilized for this research project performed as expected during data collection and analysis. The instrument was previously validated, and results showed statistical significance on Spearman's rho analysis.

Overall, the outcome results were expected and are congruent with previous research findings. Participants who were satisfied with the provided orientation program were also more likely to feel that their clinical skills were improved during orientation and intended to remain employed in the current position. The outcomes are reassuring, based on the finding that higher levels of satisfaction with provided orientation was significantly related to increased intention to remain employed.

Evaluation of Theoretical Framework

Patricia Benner's (1982) Novice to Expert theory was used as a conceptual framework for this research project. The theory describes the process of career

development and skills acquisition through five stages, essentially following the development from a novice practitioner to an expert. Movement from one stage to the next occurs by acquiring additional education, clinical skills, and clinical experiences. New graduate registered nurses typically enter practice in the advanced beginner stage and may remain there for the first two years of professional practice (Shepard, 2014). An advanced beginner is able to complete certain clinical tasks but has difficulty or is unable to prioritize their actions, as they believe that all actions are equally important (Benner, 1982). Further, advanced beginners need additional support to develop skills in prioritization and critical thinking.

Overall, the results of this project support Benner's (1982) Novice to Expert theory as an appropriate conceptual framework. The data collection tool evaluated the participants perception of improvement in clinical skills, unit socialization, role exposure, clinical experiences, critical thinking skills, and nursing task skills. The project results demonstrated a positive correlation between overall satisfaction with the provided orientation program and improved clinical skills. Further, a positive relationship was found between skill set confidence and helpfulness of critical thinking skills. These findings support the theory concepts of needed interventions for advanced beginners and the movement from one stage to the next.

Evaluation of Logic Model

The research project results support the logic model (See Figure 1). Further, the project results demonstrated the relationship between concepts in the manner that was expected as the logic model was developed. The logic model identified inputs and resources including hospital orientation, employment in the facility, provided preceptor,

and unit training. Outputs included increased retention, job satisfaction, nursing competence, and hospital orientation. These concepts were evaluated using the data collection tool, listed under strategies and activities. The inputs, strategies and activities, and outputs stayed constant throughout the research project. In addition, the study findings support the short-term and long-term outcomes, including decreased turnover and improved job satisfaction.

The majority of participants were satisfied overall with the received orientation program (mean = 3.67, SD = 0.816, N = 33) and this was positively correlated with intention to remain employed in the facility for at least 18-24 months after hire (See Appendix G, Table 8 and Figure 10). This positive correlation is reflected in the logic model assumption that the new graduate registered nurse has the desired goal to remain employed within the facility. Ease of transition-into-practice, a short-term outcome, was supported by the significant positive correlation between clinical skills improvement and overall satisfaction with the provided orientation program. The outcomes of decreased vacancies, decreased expense to facility, improved patient outcomes, and decreased recruiting efforts were not directly measured during this research project. However, it would be reasonable to expect these outcomes to be met due to their relationship with the measured outcomes.

Limitations

The primary limitation of the research project was the sample size. Even though the final count of 33 completed surveys met the initial minimum goal of 25-30, additional responses would have been of benefit. During data analysis there were statistically significant findings which indicates that the sample size at least met the minimum

needed. Distribution of the survey link through the facility email server may have caused potential participants to overlook or dismiss the message. Further, new graduate registered nurses may have increased feelings of being overwhelmed while working and did not prioritize participation in the study.

The research project was completed during the COVID pandemic which has changed the general working conditions within medical facilities. Further, at the time of data collection, the pandemic had been occurring for at least 12 months. Inclusion criteria for the project included the need to have been hired within the previous 12 months, meaning that all participants began working and completed orientation during the pandemic. The COVID pandemic was an additional limitation for the project since participants may not have received the “traditional” orientation program that is generally provided to newly hired new graduate registered nurses. This limitation could affect the generalizability of project results.

The use of an anonymous survey is an inherent limitation due to the inability to control respondent bias. By providing the participant email and survey link to all nursing staff employed by the facility there is a possibility that not all participants met the inclusion criteria. There is also risk that participants may not have answered the questions truthfully, even though the survey was anonymous there may still be pressure to provide positive reflections. Since the participants are still employed by the facility, they may be less inclined to negatively reflect on their experience.

The use of convenience sampling was a study limitation. Jager et al. (2017) explains that convenience sampling is commonly used due to lower costs, being less complicated, and being prompt. Convenience sampling may also increase the risk of

volunteer bias, where those who volunteer are not representative of the population of interest (Spector et al., 2015). However, when compared to other sampling methods, generalizability may not be possible due to the lack of population representation.

The Orientation Effectiveness Survey (OES) created by Shepard (2014) was used as the data collection instrument. The instrument was used as originally designed and no adaptations were made for this research project. Validity of the instrument was previously determined by Shepard (2014), Cronbach's alpha was 0.84 which falls into the previously established acceptable range of 0.70 or above. However, the survey has only been included in one previous research study. Further, by using the survey as originally designed, the survey questions were not specifically created to address the research questions for this project.

Implications for Future Research

The next step in knowledge development should be the completion of longitudinal and experimental studies. As identified in the literature review, the majority of studies on the topic are qualitative, retrospective, and descriptive in nature. Experimental studies are needed to truly understand the effect of orientation on retention. There is also the need to complete studies with larger group sizes, as most studies have a small population size. Additional knowledge is needed to understand extraneous variables that effect the ability of the new graduate registered nurse to transition into practice and how these variables affect retention. Previous research has focused on competency in clinical skills, but few have focused on the emotional and mental needs of the NGRN.

Knowledge should be gathered from management and preceptors related to the effect of orientation on retention. For example, data should be collected from preceptors

on the variables they perceive to have an effect on transition to practice, competency, and job satisfaction for NGRNs. This knowledge, if significant, could then be incorporated into the orientation program to continue to improve the program quality.

To improve upon the project design, input should be sought from new graduate registered nurses who completed the orientation program within the same time frame but who are no longer employed by the facility. Sole inclusion of participants who remain employed by the facility is a potential sampling error that may have skewed the results. In addition, the inclusion of multiple facilities could provide a more in depth understanding of the research topic and would improve the generalizability of results. The project should also be replicated when the current COVID pandemic has abated to see if results are similar.

Additional research with the same sample should focus on understanding the differences in provided orientation variables between different practice units within the facility. For example, researchers should explore if there is a significant difference in how the orientation is provided in a specialty unit versus orientation in a medical clinic. This knowledge could provide a basis for the development of a comprehensive orientation or transition-to-practice program.

Implications of Practice, Policy, and Education

Implications for practice include the need for comprehensive orientation programs for new graduate registered nurses that provide post-graduate support to ease their transition into professional practice. Research has demonstrated the benefits of such orientation programs and the ability to increase retention for this vulnerable population. Facilities should strive to make resources available to provide new graduate registered

nurses the opportunity to benefit from the provided orientation program with the goal of increasing retention, recognizing a return on investment, and improving outcomes for nurses and patients. The findings from this project demonstrate a significant relationship between the overall satisfaction of new graduate registered nurses with the provided orientation program and the intent to remain employed for 18-24 months from the date of hire. Facilities should continue to gather information from newly hired nursing staff to determine positive and negative aspects of the provided orientation and use this feedback for continued quality improvement.

Nursing education implications include the need for schools of nursing to understand and set realistic expectations for new graduate registered nurses as they enter professional practice. Previous research has identified a theory-to-practice gap where nursing students have difficulty when transitioning from the structured classroom setting into the autonomous professional work environment (Piccinini et al., 2018). Nursing education should work to develop a consensus of what constitutes beginning level competencies for new graduates and incorporate this information into the curriculum. By understanding the required skills for beginning level practice and making students aware of the required competencies, the new graduate registered nurse may feel more confident when entering the work environment. Further, nursing education should work in conjunction with clinical facilities to provide experiences that are relevant to the future practice environment.

Policy implications include the need for increased funding sources to support student academic achievement, progression, workforce development, and professional

development. Policy initiatives should focus on measures to increase retention, such as the development of nursing internships or residency programs.

Conclusion

In conclusion, the purpose of this study was to develop an understanding of the effect that nursing orientation has on job satisfaction, competence level, and the retention of new graduate registered nurses. With the aim of understanding the perceptions and connections between the orientation program and the measured concepts to improve the provided orientation program with the intent to increase nurse retention in the facility. Project results suggested that the majority of participants were satisfied overall with the provided orientation and plan to remain employed in their current position for at least 18-24 months from the date of hire. Overall, the positive relationships between measured variables indicated that participants had a positive perception of the orientation program and their clinical competence. Project outcomes were consistent with previous research and differentiation was explained by the lack of differentiation in the participant's provided orientation. The knowledge gained from this project can be used as direction for orientation program improvement within the facility. In addition, the findings support the need for additional resources to be made available for nursing education and workforce development.

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APPENDIX

Appendix A

Research Permission Letter from Facility

January 29, 2021

Internal Review Board
1701 S. Broadway St.
Pittsburg, Kansas 66762

To Whom it May Concern,

Please accept this letter as permission for Mirada Plumlee to complete her DNP research project regarding retention at [REDACTED]

I can be reached at [REDACTED] if anything additional is needed.

Sincerely,

[REDACTED]
VP Nursing Services
Risk Management Director

Appendix B

Participant Recruitment Email

Hello, my name is Miranda Plumlee and I am a Doctor of Nursing Practice student at Pittsburg State University. I am conducting research on nursing orientation and the effect on retention in a rural medical facility.

This message is being sent to all nursing staff in the facility. If you meet the following inclusion criteria, you are eligible to participate in this research study. Participants must be 18 years or older, hold a valid and unrestricted registered nursing (RN) license in the state of Kansas, have been hired within the previous 12-months, currently working in the first registered nurse position since graduation, and have completed the required orientation.

If you choose to participate, please click on this link (<https://www.surveymonkey.com/r/VHYQQGD>). The link will take you to an online, anonymous survey consisting of 19 questions that you will answer on a 5-point Likert-type scale. It is estimated that the survey should take 3-5 minutes to complete. Basic demographic data will be collected but this will not include personal or identifying information. There are no known risks related to participation in the research.

Data collected will be anonymous and the link is not traceable to individual participants. Only group data will be presented in the research results to ensure confidentiality. The data will be stored online with password protection for 6-months after completion and then all data will be destroyed. Consent will be implied through participation and completion of the online survey.

If you have any additional questions or will like more information related to the research, please feel free to contact me at miranda.plumlee@gus.pittstate.edu.

Appendix C

IRB Approval

CERTIFICATION AND APPROVAL

Certification by Investigator: I certify that (a) the information presented in this application is accurate, (b) only the procedures approved by the IRB will be used in this project, (c) modifications to this project will be submitted for approval prior to use, and that all guidelines outlined in the PSU Policy and Assurance Handbook for the Protection of Human Research Subjects will be followed as well as all applicable federal, state and local laws regarding the protection of human subjects in research as outlined in Form VA-1.


Miranda Plumlee Digitally signed by Miranda Plumlee
Date: 2021.02.10 10:51:44 -06'00'

Signature of Investigator

02-10-2021

Date

Faculty Sponsor: If the Investigator is a student, his/her Faculty Sponsor must approve this application. I certify that this project is under my direct supervision and that I accept the responsibility for ensuring that all provisions of approval are met by the investigator.

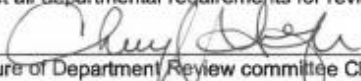


Signature of Faculty Sponsor

02-10-2021

Date

Department Review Committee Chair: I acknowledge that this research is in keeping with the standards set by our department, university, state and federal agencies and I assure that the student principal investigator has met all departmental requirements for review and approval of this research.



Signature of Department Review committee Chairperson

2/10/2021

Date




Institutional Review Board Chairperson

03/01/21

Date



Appendix D

Communication with Dr. Battle (Shepard)

DNP Scholarly Project 



MIRANDA PLUMLEE <miranda.plumlee@gus.pittstate.edu>
to shepardl

Wed, Sep 30, 2020, 9:51 AM   

Dear Dr. Shepard,

My name is Miranda Plumlee and I am a DNP student at Pittsburg State University in Pittsburg, Kansas. As part of our program, students must complete a scholarly project with a focus on the clinical setting. My proposed project focuses on the use of orientation projects for new graduate registered nurses and the effect on retention.

The purpose of this email is to seek permission to utilize your Orientation Effectiveness Survey (OES) that you describe in your research article, The Effectiveness of a Differentiated Orientation for Nurses in an Acute Care Facility (2014).

If you have any questions or if you would prefer a Zoom meeting to discuss my project, I would be more than happy to do so. I look forward to hearing from you.

Thank you,
Miranda Plumlee

Battle, Leslee Shepard <shepardl@wssu.edu>
to me

Sep 30, 2020, 9:56 AM   

Thank you for reaching out. Yes, you have my permission to use the survey. I wish you the very best on your project.

Leslee Battle, EdD
Professor and Interim Dean
School of Health Sciences
(336) 750-2567 | F.L Atkins 241
shepardl@wssu.edu

Appendix E
Survey Instrument

Demographic Data Questions

1. Gender
 - a. Male
 - b. Female
 - c. Other
2. Which nursing degree did you obtain?
 - a. Diploma
 - b. Associate degree (ADN)
 - c. Bachelor's degree (BSN)
 - d. Master's degree (MSN)
 - e. Other
3. Which of the following is your primary area of practice?
 - a. Medical-surgical floor
 - b. Specialty floor (ICU, surgery, ER, OB)
 - c. Medical clinic
 - d. Other (please list)

Inclusion Criteria

1. Do you hold a valid registered nurse license recognized in Kansas? Yes or no
2. Are you currently employed with this facility as a registered nurse? Yes or no
3. Is this your first registered nurse position since graduation and licensure? Yes or no

4. Did you enter employment within the last 12 months? Yes or no

5. Have you completed the required orientation? Yes or no

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. My clinical skills were improved during orientation.					
2. Teaching strategies were differentiated based on individual learner needs.					
3. The length of orientation was appropriate to my learning needs.					
4. If I had not been socialized to the unit, I would have most likely resigned my position prematurely.					
5. The assigned preceptor demonstrated professionalism.					
6. If I was not prepared to practice in my unit, it would be directly related to the type of orientation received.					
7. If I resign my employment, it will be directly related to my lack of preparation.					
8. The orientation structure was appropriate to my learning needs.					
9. During orientation, I was exposed to other roles that I would work with in the future.					
10. The experiences provided during orientation were reflective of the unit I work in.					
11. I plan to stay in my current position at least 18-24 months from my start date.					

12. Due to the received orientation I am confident of my skill sets.					
13. Due to the fast-paced nature of my unit, if I had not received this type of orientation, I would have most likely resigned my position prematurely.					
Rank the following as they relate to the orientation experience.	Not at all helpful	A little helpful	Somewhat helpful	Helpful	Very Helpful
14. Preceptor communication					
15. Critical thinking skills					
16. Nursing task skills					
17. Technology orientation					
18. Unit socialization					
	Not at all satisfied	A little satisfied	Somewhat satisfied	Satisfied	Very satisfied
19. Overall, I am _____ with the orientation program received.					

Appendix F

Statistical Analysis of Research Question One

Table 1

Question 19 Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Q19	33	2	5	3.67	.816
Valid N (listwise)	33				

Figure 3

Satisfaction with Orientation

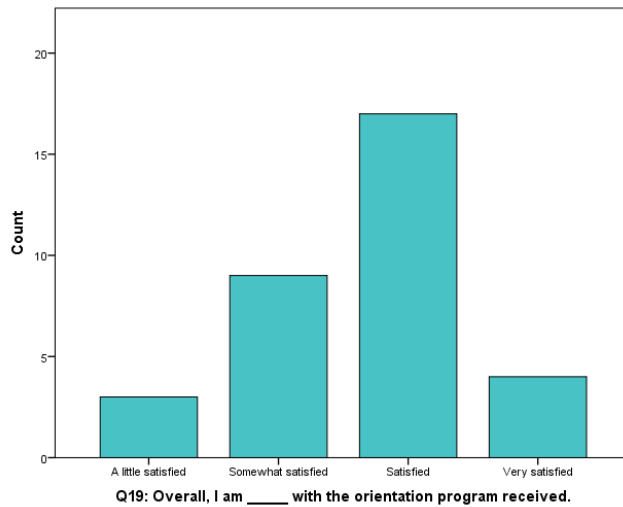


Table 2

Correlation of Questions 19 and 1

Correlations			Q19	Q1
Spearman's rho	Q19	Correlation Coefficient	1.000	.603**
		Sig. (2-tailed)	.	.000
		N	33	33
	Q1	Correlation Coefficient	.603**	1.000
		Sig. (2-tailed)	.000	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 4

Correlation of Questions 19 and 1

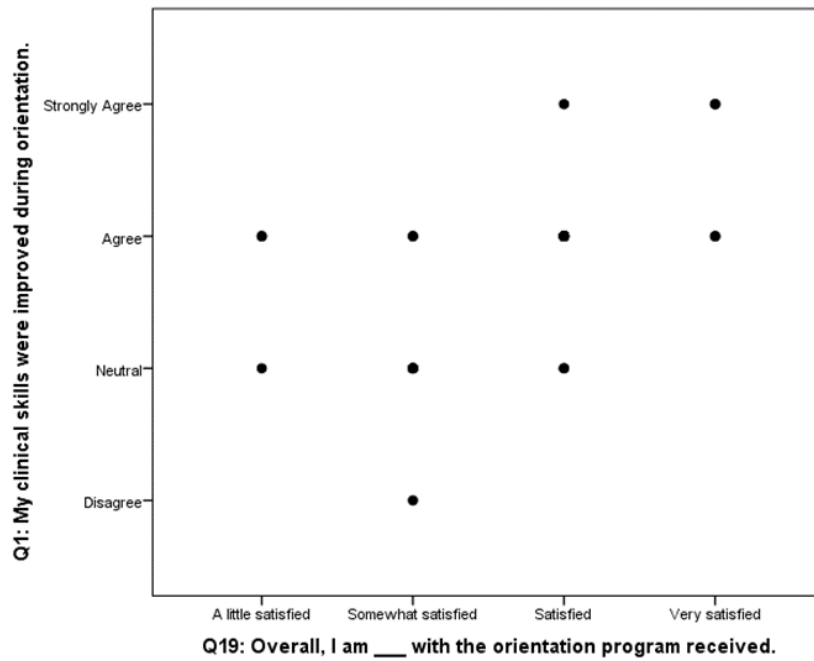


Table 3

Correlation of Questions 19 and 2

Correlations			Q19	Q2
Spearman's rho	Q19	Correlation Coefficient	1.000	.444**
		Sig. (2-tailed)	.	.010
		N	33	33
	Q2	Correlation Coefficient	.444**	1.000
		Sig. (2-tailed)	.010	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 5

Correlation of Questions 19 and 2

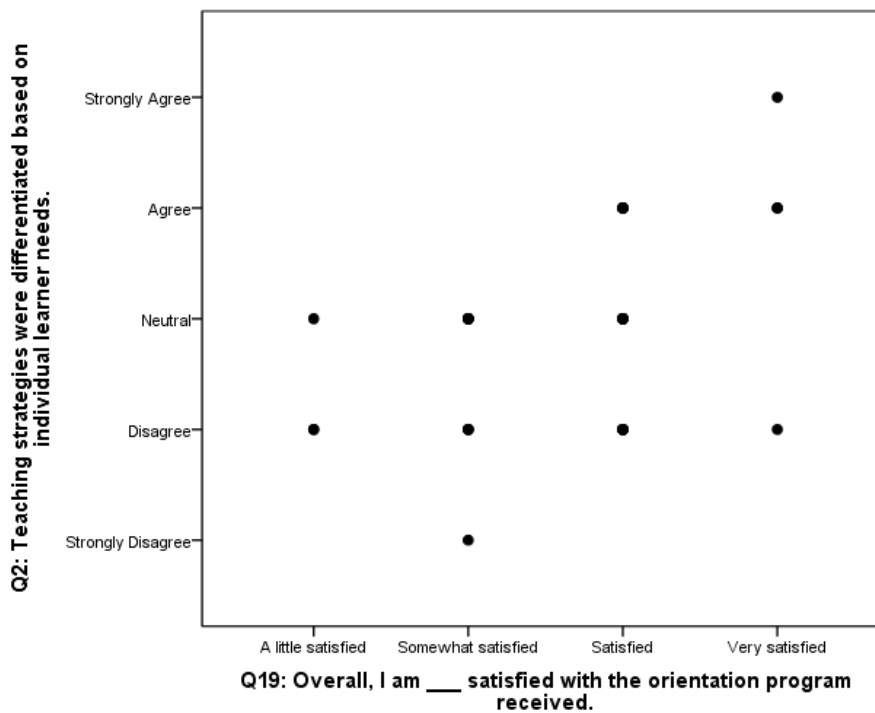


Table 4*Correlation of Questions 19 and 6*

Correlations			Q19	Q6
Spearman's rho	Q19	Correlation Coefficient	1.000	-.352*
		Sig. (2-tailed)	.	.044
		N	33	33
	Q6	Correlation Coefficient	-.352*	1.000
		Sig. (2-tailed)	.044	.
		N	33	33

*. Correlation is significant at the 0.05 level (2-tailed).

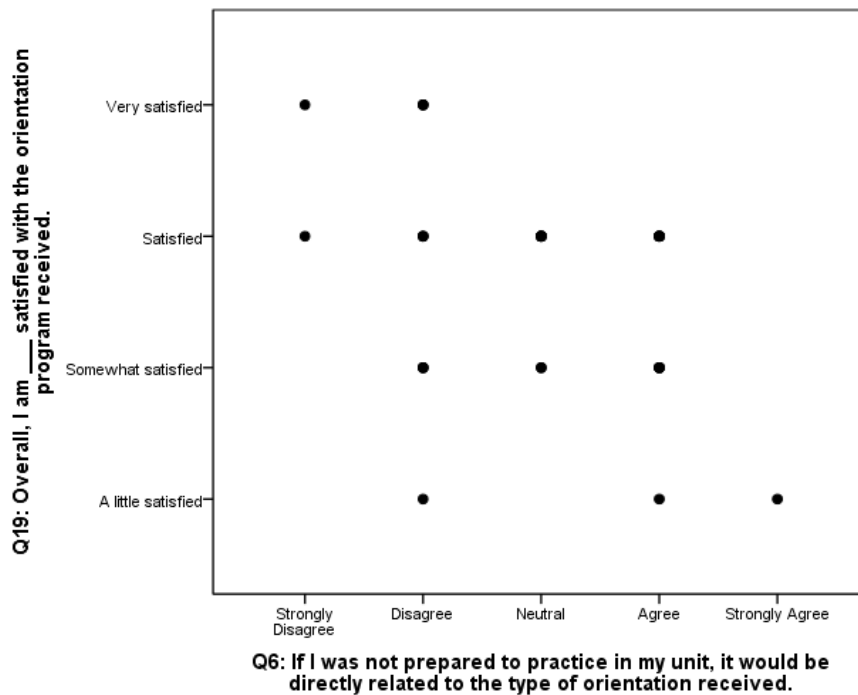
Figure 6*Correlation of Questions 19 and 6*

Table 5

Correlation of Questions 19 and 10

Correlations			Q19	Q10
Spearman's rho	Q19	Correlation Coefficient	1.000	.423*
		Sig. (2-tailed)	.	.014
		N	33	33
	Q10	Correlation Coefficient	.423*	1.000
		Sig. (2-tailed)	.014	.
		N	33	33

*. Correlation is significant at the 0.05 level (2-tailed).

Figure 7

Correlation of Questions 19 and 10

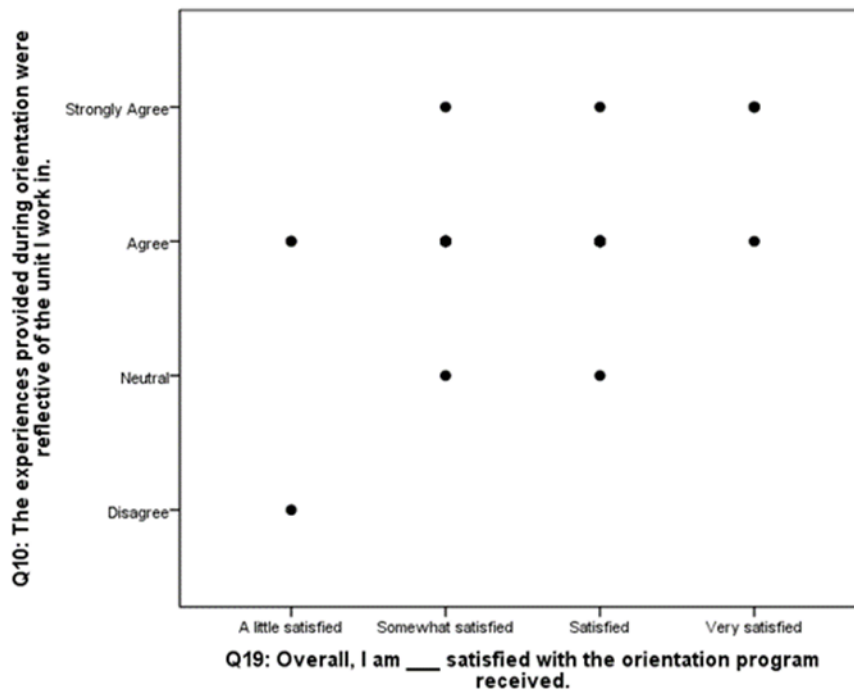


Table 6

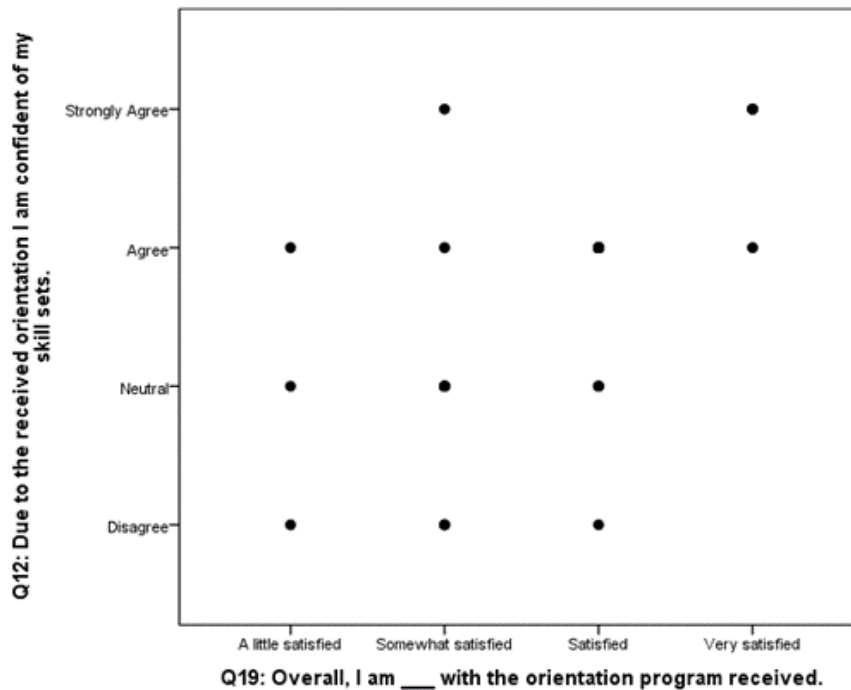
Correlation of Questions 19 and 12

Correlations			Q19	Q12
Spearman's rho	Q19	Correlation Coefficient	1.000	.587**
		Sig. (2-tailed)	.	.000
		N	33	33
	Q12	Correlation Coefficient	.587**	1.000
		Sig. (2-tailed)	.000	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 8

Correlation of Questions 19 and 12



Appendix G

Statistical Analysis of Research Question Two

Table 7

Descriptive Statistics for Question 11

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Q11	33	3	5	4.03	.637
Valid N (listwise)	33				

Figure 9

Descriptive Statistics for Question 11

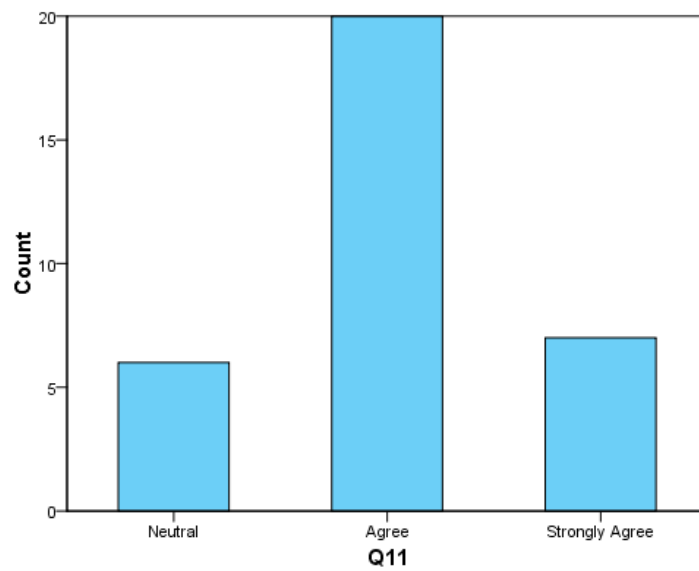


Table 8

Correlation of Questions 19 and 11

Correlations			Q19	Q11
Spearman's rho	Q19	Correlation Coefficient	1.000	.517**
		Sig. (2-tailed)	.	.002
		N	33	33
	Q11	Correlation Coefficient	.517**	1.000
		Sig. (2-tailed)	.002	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 10

Correlation for Questions 19 and 11

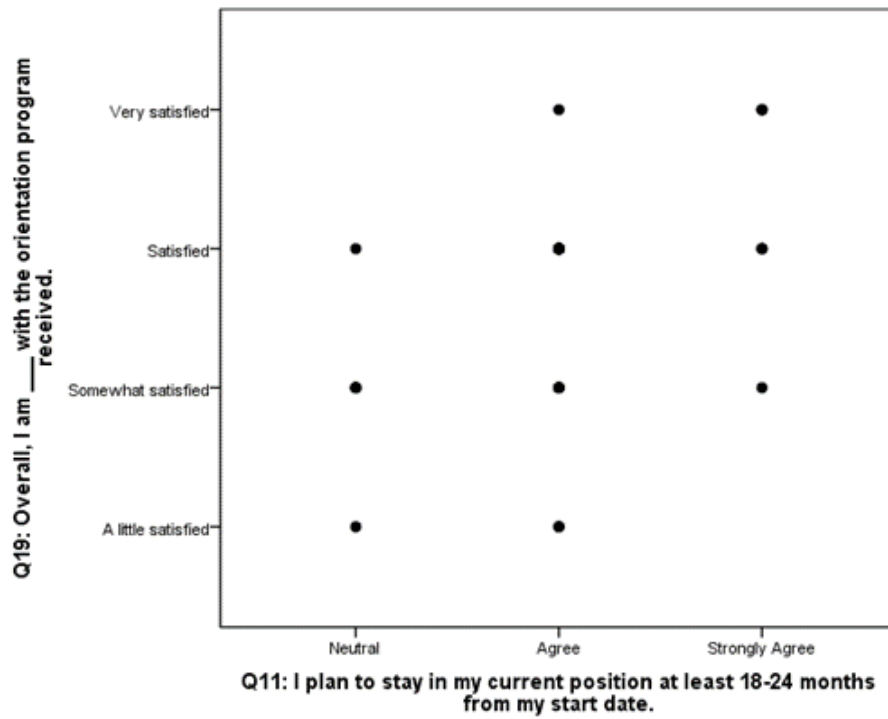


Table 9

Correlation of Questions 11 and 1

Correlations			Q11	Q1
Spearman's rho	Q11	Correlation Coefficient	1.000	.350*
		Sig. (2-tailed)	.	.046
		N	33	33
	Q1	Correlation Coefficient	.350*	1.000
		Sig. (2-tailed)	.046	.
		N	33	33

*. Correlation is significant at the 0.05 level (2-tailed).

Figure 11

Correlation of Questions 11 and 1

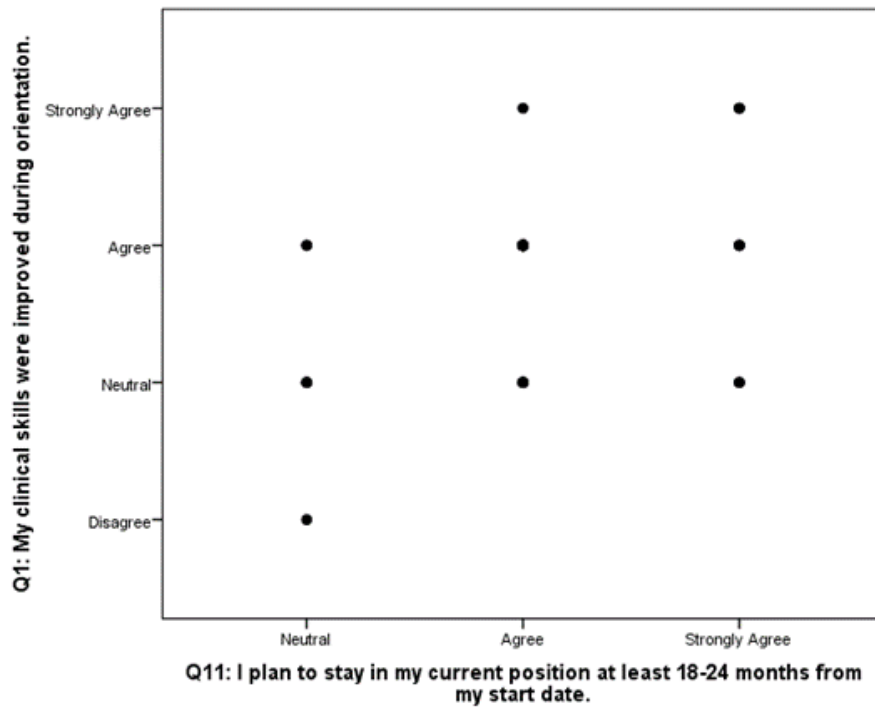


Table 10

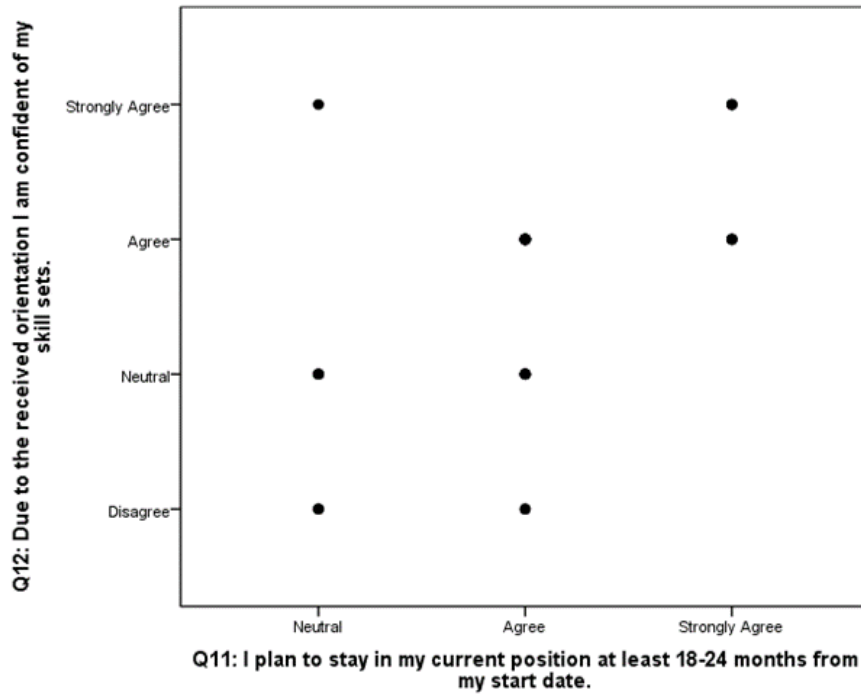
Correlation of Questions 11 and 12

Correlations			Q11	Q12
Spearman's rho	Q11	Correlation Coefficient	1.000	.548**
		Sig. (2-tailed)	.	.001
		N	33	33
	Q12	Correlation Coefficient	.548**	1.000
		Sig. (2-tailed)	.001	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 12

Correlation of Questions 11 and 12



Appendix H

Statistical Analysis of Research Question Three

Table 11

Question 1 Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Q1	33	2	5	3.76	.663
Valid N (listwise)	33				

Figure 13

Question 1 Descriptive Statistics

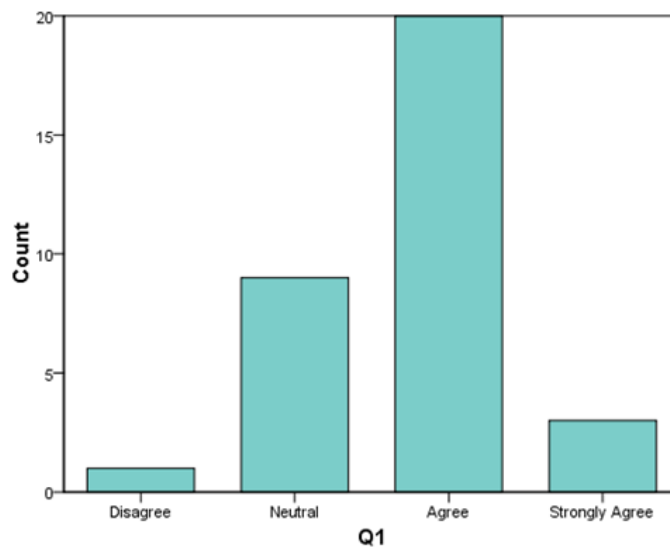


Table 12

Correlation of Questions 1 and 3

Correlations			Q1	Q3
Spearman's rho	Q1	Correlation Coefficient	1.000	.451**
		Sig. (2-tailed)	.	.009
		N	33	33
	Q3	Correlation Coefficient	.451**	1.000
		Sig. (2-tailed)	.009	.
		N	33	33

Figure 14

Correlation of Questions 1 and 3

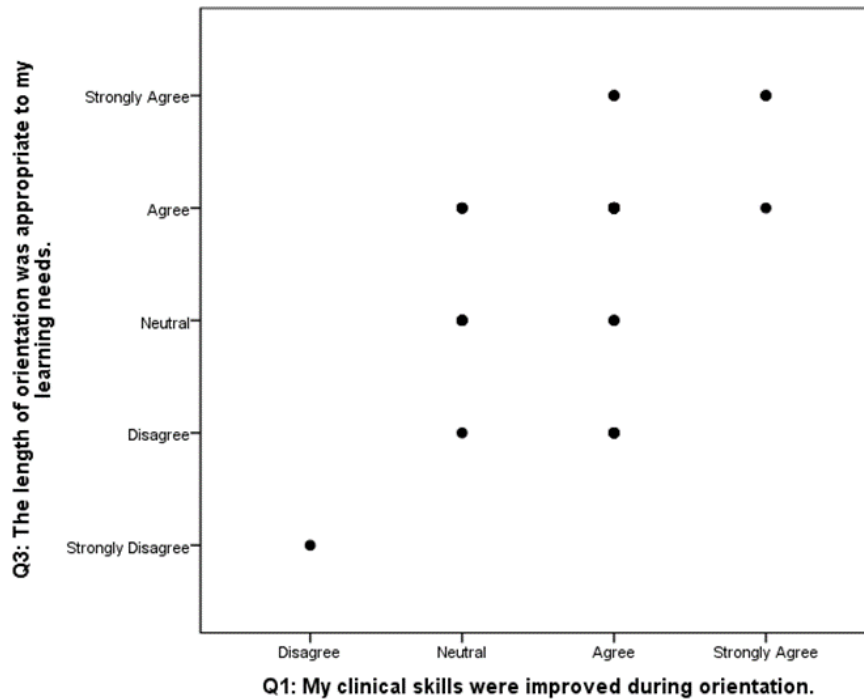


Table 13

Correlation of Questions 1 and 8

Correlations			Q1	Q8
Spearman's rho	Q1	Correlation Coefficient	1.000	.487**
		Sig. (2-tailed)	.	.004
		N	33	33
	Q8	Correlation Coefficient	.487**	1.000
		Sig. (2-tailed)	.004	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 15

Correlation of Questions 1 and 8

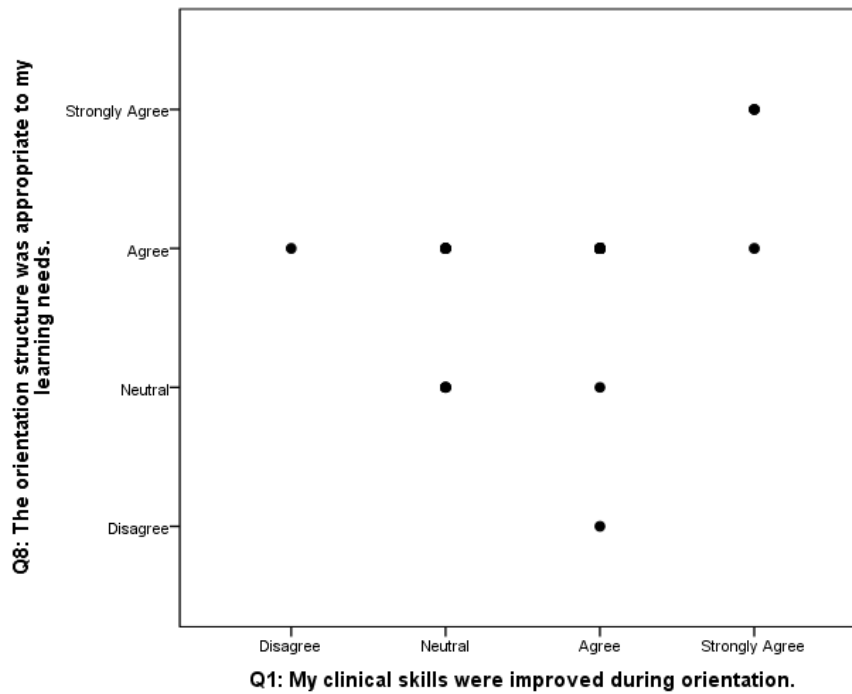


Table 14

Correlation of Questions 1 and 18

Correlations			Q1	Q18
Spearman's rho	Q1	Correlation Coefficient	1.000	.346*
		Sig. (2-tailed)	.	.048
		N	33	33
	Q18	Correlation Coefficient	.346*	1.000
		Sig. (2-tailed)	.048	.
		N	33	33

*. Correlation is significant at the 0.05 level (2-tailed).

Figure 16

Correlation of Questions 1 and 18

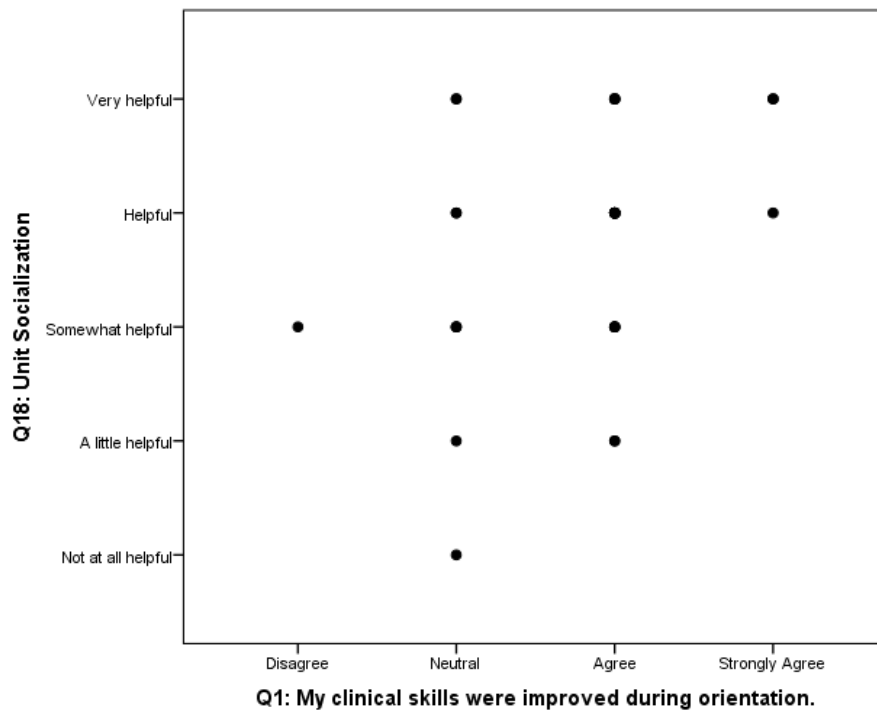


Table 15

Correlation of Questions 12 and 15

Correlations			Q12	Q15
Spearman's rho	Q12	Correlation Coefficient	1.000	.650**
		Sig. (2-tailed)	.	.000
		N	33	33
	Q15	Correlation Coefficient	.650**	1.000
		Sig. (2-tailed)	.000	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 17

Correlation of Questions 12 and 15

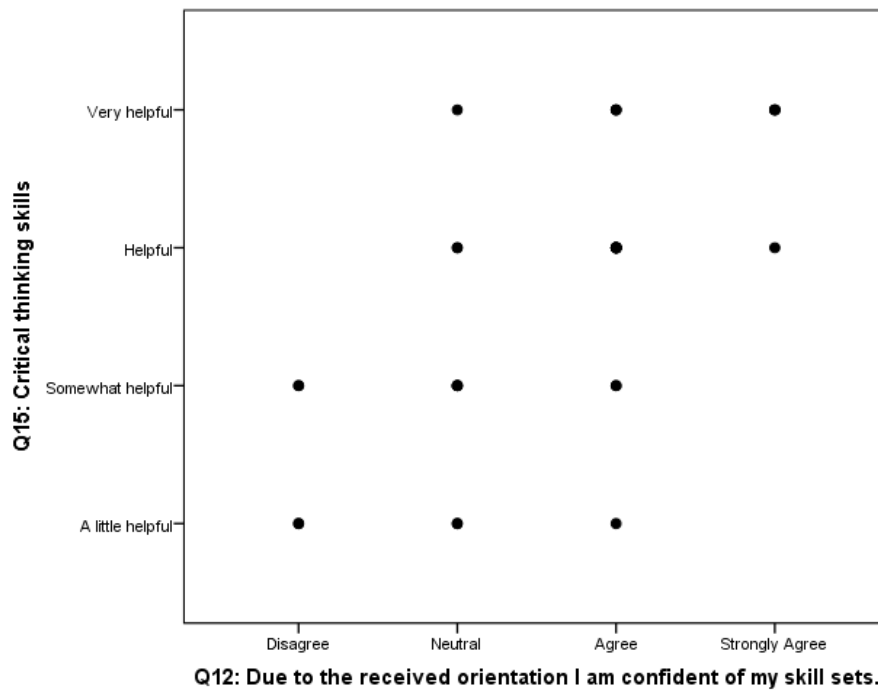


Table 16

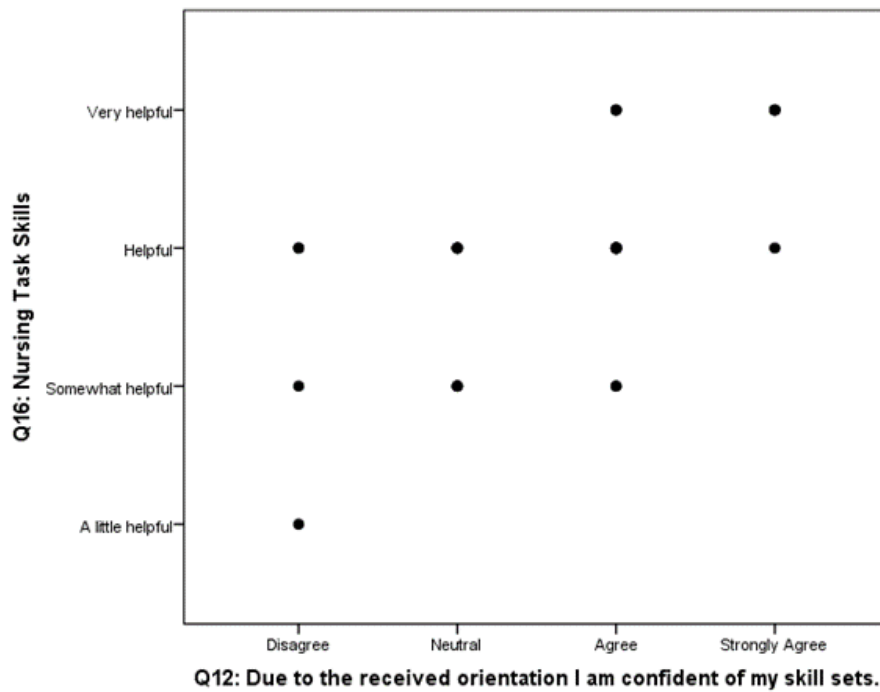
Correlation of Questions 12 and 16

Correlations			Q12	Q16
Spearman's rho	Q12	Correlation Coefficient	1.000	.584**
		Sig. (2-tailed)	.	.000
		N	33	33
	Q16	Correlation Coefficient	.584**	1.000
		Sig. (2-tailed)	.000	.
		N	33	33

** . Correlation is significant at the 0.05 level (2-tailed).

Figure 18

Correlation of Questions 12 and 16



Appendix I

Mann-Whitney Test

Table 18

Ranks Based on Primary Area of Practice

	Ranks			
	Type	N	Mean Rank	Sum of Ranks
I plan to stay in my current	1.00	21	19.12	401.50
position at least 18-24 months	2.00	12	13.29	159.50
from my start date.	Total	33		

Type 1.00 is Medical Clinic and Medical-Surgical Floor
Type 2.00 is Specialty Floor (ICU, Surgery, ER, OB)

Table 19

Test Statistics of Intention to Remain and Unit

Test Statistics^a

I plan to stay in my current position at least 18-24 months from my start date.	
Mann-Whitney U	81.500
Wilcoxon W	159.500
Z	-1.907
Asymp. Sig. (2-tailed)	.057
Exact Sig. [2*(1-tailed Sig.)]	.096 ^b

a. Grouping Variable: Type

b. Not corrected for ties.