THE CAREER PATHS OF FEMALE NURSES: DECISIONS ASSOCIATED WITH INTENTION TO LEAVE DIRECT PATIENT CARE

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BEDSIDE/DIRECT CARE RN: DEFINED FOR THE STUDY

- A direct care or “bedside nurse” is an RN who works in a hospital nursing unit, homecare or hospice or in a clinic providing hands on care to patients using the nursing process; assessment, diagnosis, planning, implementation and evaluation.

For the purpose of study participants will meet inclusion criteria if they are direct care RNs or RNs who have changed positions to non direct care roles such as manager, educator, NP, etc. or to non nursing roles.
A CRITICAL CASE

“In critical or unusual cases demanding extra attention, a class of medical students and hospital nurses is often present at a bedside consultation. As the experienced surgeon describes the case and lays down the appropriate law to the students, he is supplemented by the more experienced head nurses, the younger ones eagerly drinking in every item mentioned by the authorities they strive to follow.”

“...he is supplemented by the more experienced head nurses...”

(Bettmann, 1900; Engraving. The Bettmann Archive, New York. 1890)
PROBLEM STATEMENT

• Experienced nurses leaving direct patient care, a longtime problem
• Turnover especially problematic
• Loss of an experienced nurse:
  – Competent nurse
  – Expert nurse
  – Capable nurse
At the approximate point a nurse becomes experienced and provides great value to the organization. The nurse at the same time is positioned with multiple options to leave direct patient care for expanded role opportunities or to further their education or find a flexible work position.
STUDY AIMS

1. To understand the **phenomenon of nurse intention to leave** direct patient care from the perspective of **experienced nurses**;

2. To describe the **career paths** of experienced nurses; and

3. To describe the **reasons, causes, and rationale** associated with nurse intention to leave direct patient care.

4. To understand how they determined their career path.
Study Design

1. **PHASE 1** Conduct 50 unstructured interviews with RNs licensed in the State of Utah for between 3 and 12 years.
   a) Analyze and perform content analysis on the interviews for development of a semi-structured interview tool.

2. **PHASE 2** Conduct 100 semi-structured interviews with RNs licensed in the State of Utah for between 3 and 12 years.
   a) Analyze and perform content analysis on the interviews.

3. **FINAL ANALYSIS** Conduct a quantitative analysis on items of interest.

   Use the results to develop an up to date relevant quantitative intention to leave survey.
SIGNIFICANCE OF STUDY

- Identification may allow for **preemptive** strategies
- Identification may allow for **interception** of resignations
- **Reduce turnover**
- Reduce the cost to replace a nurse calculated at **twice** the nurses’ **annual salary** at upwards of $100,000
- Understand intention to leave in nurses **who leave and who do not leave** their positions
- Information for strategies to prevent the **negative impacts of intention to leave**.

*RNs leaving before reaching competency and long before becoming an expert.*
Multiple & Mixed Method

Theoretical Drive Induction to discover variables and ensure validity.

(Niehaus & Morse, 2009)
LITERATURE

• Definitions
  – Intention to Leave = an objective with meaning that may precede leaving a job
  – Turnover = rate at which nurses leave job (intention to leave is antecedent)

Need to differentiate terms.
LITERATURE

• Strategies for intention to leave are:
  – Proactive
  – Preemptive
  – Preventative

• Strategies for turnover are:
  – Consequential
  – Recuperative
  – Too late

Note: Are turnover calculations totals or segmentations?
LITERATURE

- Intention to leave is multifaceted ~ as is intention to stay
  - Categories
    - Individual (educational level, age, career goals)
    - Organizational (work environment, manager, pay)
    - **External** (family accountabilities)

Working Nurse & Mother with Ill Child
LITERATURE

• Predictors of Intention to Leave
  – Stress
  – Emotional exhaustion
  – Perceived job insecurity

• Stabilizing the Nurse at the Bedside
  • Supportive management
  • Pay
  • “Magnet” Principles
ABSENT IN THE LITERATURE

ABSENT STUDIES

• Research specific to experienced nurses
• Research addressing unique individual and external factors
  – Unanticipated result of advancing education on the bedside (career goals)
  – The working nurse mom and daughter (external work stressor)
  – The single nurse mom (external work stressor)

MANY STUDIES

1st year turnover
• Specialty nursing areas
  – ICU Nurses
  – Oncology Nurses
  – Emergency Nurses
  – Older Nurses
ABSENT IN THE LITERATURE

• Studies specific to female nurses
  – These are dated and are generic to all women

• American studies hiatus 2008-2016
  – Inattention to the nursing workforce due to the economic crisis and nursing glut

(Weinberg, 2003)
(Gordon, 2005)
(Brown, 2015)
SAMPLING

• 36,000 RNs licensed in Utah
  – 15,000 have been licensed for 3-12 years

• Utah Licensee List Query Specified To Sample:
  – Nurse’s with an original licensure dates of after 2004 and before 2013
  – All Utah zip codes
  – Approximately 3 to 12 years experience
FUTURE DIRECTIONS

• Use results to develop a questionnaire that could be administered to all nurses in Utah and potentially the nation.

• Use results to help healthcare institutions and schools of nursing to understand the various transitions and the common trajectory of RNs.

• Build on this evidence to study the new nurses and male nurses in this context and their career decisions and trajectories.
Questions?

Advice?

Coments?
Just a Little More: Important Work Going on in the State

• Nursing Shortage?
  – Nationally?
  – Utah?

• Utah Nursing Consortium
• Nurse Licensure Compact
• Utah Hospital Association Workforce Committee
Shortage of Nurses?
United States Present & Pending Nurse Shortage

12% Increase in Nursing Workforce Development Funding Urged

TODAY THERE ARE 3 MILLION NURSES for the future WE NEED 1 MILLION MORE!

1 IN 5 NURSES WILL RETIRE SOON WHO WILL FILL THEIR SCRUBS?

2012-2022 HELP WANTED: 1.1 MILLION RN JOBS TO

574,400 NEW RN JOBS
555,100 REPLACEMENT RN JOBS
“But it would be a big mistake to ignore the reality of an aging population coupled with a graying nursing workforce. It is essential that we take common sense actions to plan for and invest in the next generation of nurses. Demand for care is going to grow and nurses are going to retire in droves, so we have to prepare now to meet future needs.”
U.S. Job Outlook for RNs

• Employment of registered nurses is projected to grow 16 percent from 2014 to 2024, much faster than the average for all occupations.

• Growth will occur for a number of reasons, including an increased emphasis on preventive care; growing rates of chronic conditions, such as diabetes and obesity; and demand for healthcare services from the baby-boom population, as they live longer and more active lives.
Utah Nursing Consortium

Partnership of Utah’s 8 Publically Funded Nursing Programs

- Utah State University
- Dixie State University
- University of Utah
- Snow College
- Utah Valley University
- Weber State University
- Salt Lake Community College
- Southern Utah University
Utah Has a Nursing Supply Problem

- Utah has almost 1300 vacant nursing positions
- 24% of Utah’s nurses plan to retire within 3 years
- 94% of nurses licensed in Utah currently work in Utah (27,330 of the 28,948)
- 61% of Utah’s nurses work full time
Utah Needs More Nurses

• Educating new nurses at current levels is not keeping up with the demand.
• More than 900 qualified nursing applicants are turned away from Utah’s programs each year because of funding limitations.
Utah Nursing Consortium

Our goal as colleges is to proactively ensure that health systems have an adequate supply of nurses before the current shortage becomes a crisis.

A Proactive Solution

The 8 State Schools of Nursing
• Utah State University
• Dixie State University
• University of Utah
• Snow College
• Utah Valley University
• Weber State University
• Salt Lake Community College
• Southern Utah University

Requesting ongoing funding from the legislature to increase class size and raise the number of new nurses educated each year.
Participating in the Nurse Licensure Compact enhances patient safety, streamlines regulations and allows nurses to practice across state lines.
Nurse Licensure Compact in Utah

• The Nurse Licensure Compact allows nurses (RNs & LPNs) to have one multistate license, with the ability to practice in both their home state and other compact states.

• The new/revised Compact will take effect once 26 states pass the legislation – or December 21, 2018 (whichever comes first). Implementation will require a repeal and replace action with a delayed start date.

Please see handout
Utah Hospital Association
Work Force Committee

• Department of Workforce Services Utah Occupation Projections What should we be supporting/planning?

• Utah State Office of Education High School to College Career Pathways Do the school counselor have the right info?

• Utah State Office of Education Stackable Credentials This needs to be revised and updated.

Please refer to your handouts
Contacts

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