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New nurse huddle pilot to improve new graduate nurse retention

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New Nurse Huddle Pilot to Improve New Graduate Nurse Retention

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Dedication

This work is dedicated to my family. I could not have done it without you and your support

through all the crazy days and nights and mini meltdowns.

Acknowledgments

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Abstract

Purpose: With the continued nursing shortage, it has become increasingly important for healthcare organizations to focus on nurse retention to maintain quality of care standards and maintain fiscal responsibility. The purpose of this project was to pilot a new graduate nurse huddle to improve retention of new graduate nurses.

Method: A new graduate nurse huddle was developed using past nurse residency cohort Casey-Fink Graduate Nurse Experience Survey data to focus on areas of poor performance. Mixed methods surveys were administered pre-huddle and post-huddle to measure participant intent to stay and perception of huddle value. Descriptive statistics were used to evaluate the pilot project.

Findings: The participant intent to stay aggregate scores did not show an improvement of intent to stay based on the participation in the new graduate nurse huddle with the aggregate mean decreasing from 2.7 pre-huddle to 2.1 post-huddle. Huddle value scores were measured post-huddle and showed an aggregate mean of 3.7. Survey comments were also analyzed for thematic grouping and showed the top three themes were relationships, orientation, and employee/leader engagement.

Conclusions: While the impact of the huddle on participant intent to stay could not be determined, huddle value scores and comments indicate that the participants found value in the huddle. Further research is needed

Introduction

Employee retention is a focus for human resources professionals in all disciplines. Employee retention is a critical issue for organizations (Allen, Bryant, & Vardaman, 2010). Retention is essential to keeping company operations running smoothly and efficiently. Companies in all forms of industry focus on the retention of top talent, as human capital is one resource that can provide a strategic competitive advantage (Cardy & Lengnick-Hall, 2011). Costs of recruiting, selecting, and training new employees often surpasses the annual salary of the position (Allen et al., 2010). Although this focus across industries exists, there is not a single framework to guide research and practice (Cardy & Lengnick-Hall, 2011).

The nursing shortage has forced many healthcare organizations to closely track and monitor nurse turnover. Supply and demand trends is one of many root causes of the national nurse shortage (Hirschkorn, West, Hill, Cleary, & Hewlett, 2010). Further complicating the issue, a 2006 study found that 55 percent of nurses plan to retire between 2011 and 2020 (Hader, Saver, & Steltzer, 2006). Estimates of the cost of nurse turnover range from 70, 000 to 80,000 dollars up to two times the nurse's salary, totaling above 100,000 dollars (AORN, 2011). The cost of nurse turnover has been estimated at one billion dollars nationally (Gess, Manojlovich, & Warner, 2008).

It has become increasingly important for healthcare organizations to focus on nurse retention to maintain quality of care standards and maintain fiscal responsibility. Since 2011, the nurse turnover rate has increased by 5.2 percent to 16.4 percent with some nurse specialties reporting as high as 30.7 percent (Nursing Solutions, Inc. [NSi]). Nurse retention is critical to quality outcomes. The literature notes that increased patient loads cause infections, failure to

rescue, increased hospital length of stay and patient mortality (Aiken et al., 2010, Cimiotti, Aiken, Sloane, & Wu, 2012, Needleman et al., 2011).

Problem Statement

Nurse retention has become a priority focus for healthcare organizations across the country. Supply and demand issues related to the ongoing nursing shortage, the aging nursing population, and the cost associated with nurse turnover has made retention a priority in healthcare. Nurse turnover continues to climb causing increased demands on nurses at the bedside, increased negative outcomes, and increased cost to healthcare organizations. Retention of new graduate nurses is important to combat the nursing shortage. New nurse huddles may be useful in retaining new nurses (Im, Kim, & Heo, 2016). Im, Kim, & Heo (2016) used "huddling as a metaphor to describe an effective method of overcoming adversity in an occupational environment in which new nurses are required to use appropriate coping mechanisms to deal with job stress and job-related problems that are often caused by the lack of working experience". The huddle gave the participants the opportunity to have emotional interactions with colleagues and to exchange information and provide support (Im, Kim, & Heo, 2016). The huddle resulted in higher normative commitment and impact of empowerment scores for new nurses who participated in new nurse huddles than those who did not participate in new nurse huddles (Im, Kim, & Heo, 2016). The huddling program showed significant increases in organizational commitment and decreases in nurse turnover rates (Im et al., 2016).

Objectives and Aims

The aim of this project was to translate evidence-based practice from current nurse retention literature to improve nurse retention of new graduate nurses by increasing graduate nurse experience and intent to stay scores post intervention. The objectives of the project were

to conduct a systematic review of nurse retention literature, develop new nurse huddles for the target population, have participants complete intent to stay surveys, and to offer support to new graduate nurses to improve intent to stay scores thus improving retention of new graduate nurses.

Review of Literature

The content of the selected articles were analyzed for common themes and strategies for retention. A systematic review, seen in Appendix A, of the 41 articles revealed six themes for employee/nurse retention. The identified themes are relationships, organizational culture, innovative pay/benefits, employee/leader engagement, orientation, and rewards and recognition. One common theme in non- healthcare literature that did not appear healthcare literature is the use of talent analytics to predict retention.

Relationships

Identified as key factors influencing retention, the development of nurse retention strategies must include considerations for relationships (Galletta et al., 2012, Wallis & Kennedy, 2013, Wisotzkey et al., 2011).   The theme of relationships combines the factors of nurse relationships, physician collaboration, community engagement, and teamwork (Galletta, Portoghese, Battistelli, & Leiter, 2012, Wallis & Kennedy, 2013, Wisotzkey, Bell, & Grim, 2011). Retention strategies focused on social connectivity in relationship building within the organization and the community have shown to improve retention.   Wallis et al (2013) suggests that nurses that are engaged in the community are more committed to their job and the nursing profession (Wallis & Kennedy, 2013).

Organizational Culture

Retention should be core to the organization's culture, meaning that the organizational hierarchy must recognize that every policy, procedure, and decision made related to people

impacts the organization's retention success (Brundage & Koziel, 2010). Organizational cultures

that emphasize employee retention must begin at the hierarchical top and flow through the

organization (Brundage & Koziel, 2010). These organizations make employees their top priority

(Brundage & Koziel, 2010). Cardy and Lengnick-Hall (2011) suggests that successful

organizations view their employees as customers and attempt to maximize the benefits of

customer's long-term relationships with the organization (Cardy & Lengnick-Hall, 2011).

Organizational culture should also foster trust between employees and leaders (El-Ramly, 2012).

Value congruence, including altruism, with the organization of employment was also a cultural

factor in retention (Dotson, Dave, Cazier, & McLeod, 2013, Dotson, Dave, Cazier, & Spaulding,

2014). Dotson et al (2014) suggested that if personal values are not in congruence with the

organization, nurses show an increased propensity to leave that organization and at times, the

nursing profession (Dotson et al., 2013, Dotson et al., 2014). This means that leaders must

understand recruits' values and morals to ensure a good fit with the organization.

Innovative Pay and Benefits

     Salary and innovative benefits was another theme of retention in the literature

(Buffington, Zwink, Fink, DeVine, & Sanders, 2012, Chesters, 2013, Gambino, 2010, Scott,

Engelke, & Swanson, 2008). Innovative benefits packages are not based solely on pay practices

but instead include both monetary and non-monetary advantages of working for an organization.

Today's employees expect more from their human resources department (HR) than competitive

salaries, bonuses, and pensions; they want HR to be innovative (Chesters, 2013). Innovations in

nurse retention include healthcare organizations offering on-site day care, Nurse Residency

Programs for new graduate nurses, mentorship or ambassador programs, and time off for

paternity leave. Compared to these innovative nursing retention strategies, companies outside of

healthcare offer innovative benefits like bikes, swimming pools, an indoor slide, oil-change and car wash services, massage therapy, fitness classes, a hair stylist, and creative workspaces (Chesters, 2013).

Employee/Leader Engagement

Employee/leader engagement is a theme in current retention literature both health and non-healthcare and is multi-faceted (Acree, 2006, Buffington et al., 2012, Murff & DeFer, 2010, Parry, Calarco, & Hensinger, 2014). When employees have a sense of involvement and ownership, they tend to be loyal to the organization (Jacobs, 2007). Engagement also includes practices like succession planning. Organizational leaders must allow for the next generation of leaders to grow by taking on responsibilities like chairing a committee, troubleshooting process issues, and working with current leaders on projects (McDonald, 2008). In healthcare organizations that have a shared governance/shared decision-making model, new leader growth and development is a continuous process. (Perrine, 2009). Performance feedback is also vital to employee engagement. Proactively scheduling performance feedback sessions with employees builds a stronger team and organization (Porter, 2011). Lastly, meaningful work is crucial to employee engagement, performance, and turnover (Scroggins, 2008).

Orientation

Research has shown that the first few weeks on the job are formative (Messmer, 2000). In addition, new employees form attitudes and opinions about the position, their co-workers, leadership and the organization (Messmer, 2000). These formative weeks can have long-term influence on an employee's job satisfaction leading to turnover (Messmer, 2000). Strong training programs allow employees to hone their skills in critical areas increasing their job satisfaction and loyalty (Jacobs, 2007). Strong orientation programs in healthcare literature

demonstrate an increase in retention at one year (Scott et al., 2008). Programs that focus on mentorships and the development of new graduate nurses have proven to be likewise effective at increasing retention (Cottingham, DiBartolo, Battistoni, & Brown, 2011). New nurse huddles as a part of the formative orientation experience have demonstrated increased new nurse retention forming a peer group support system to cope with job stress and job related problems (Im et al., 2016).

Reward and Recognition

Rewards and recognition was another theme in the retention literature. Peer-to-peer recognition is the basis for Google's recognition program as a co-worker has an overall view of a job well done and can nominate peers for a recognition bonus (Brockett, 2008). As not all employees appreciate the same type of recognition, tailored rewards and recognition programs based on the employee's preference are most effective (Allen et al., 2010). Gess et al (2008) identified rewards and recognition as one of the three organizational components of a protocol to strengthen nurse retention.

Literature review conclusions

Current literature reveals six themes to nurse retention. Relationships, organizational culture, innovative pay/benefits, employee/leader engagement, orientation, and rewards and recognition are key themes to developing comprehensive nurse retention strategies. Based on a review of Casey-Fink Nurse Graduate Experience scores, it was determined that the greatest needs were related to the areas of relationships, orientation, and employee/leader engagement. This project focused on these three themes through new nurse huddles to try to impact new graduate nurse retention.

Contextual Background

Sentara Rockingham Memorial Hospital (SRMH) is heavily reliant on the graduation cycles of the local nursing schools for new staff as experienced nurse applicants are lacking. SRMH is also experiencing new processes for posting positions that is leading to longer wait times for posting and filling vacancies.   A review of Casey-Fink Survey data from the three cohorts of the Nurse Residency Program was completed to determine needed areas of additional support (Buffington et al., 2012). The overall Casey-Fink performance score dropped from 3.18 in the initial survey to 3.13 in the six-month survey for cohort 3. The Casey-Fink survey data was then analyzed at the individual question level whereby focus areas were determined. These factors coupled with decreased nurse satisfaction and higher than expected turnover within the nurse residency program has created a sense of urgency for SRMH to improve nurse retention. A new innovative approach to new graduate nurse retention is new graduate nurse huddles.

New nurse huddles allowed for bonding and information sharing amongst the participants to help cope with job stress and job-related problems (Im et al., 2016). New nurse huddles provide the framework to improve retention by targeting the literature themes of relationships and orientation and adding value to the current nurse residency program. The project strived to build relationships within the nurse residency program participants as well as provide a more supportive experience to the participant's orientation.

Conceptual Framework

A theoretical framework was chosen to conceptualize the project. John Kotter's Contemporary Change Theory was selected to plan, implement, and sustain the new nurse huddle as part of the sites nurse residency program. In addition, Plan-Do-Study-Act (PDSA) was used as a framework to implement and evaluate the effectiveness of the new nurse huddle.

Together the two frameworks informed the direction and added to the foundational basis of the project.

This project focused on developing new nurse huddles for the new nurse graduates participating in the nurse residency program at SRMH. Accompanying the guiding coalition were the leaders and facilitators of the nurse residency program. Project work included reviewing the Casey-Fink Survey data from the nurse residency program, administration of an intent to stay survey, development and implementation of pilot new nurse huddles, analysis of data, and final project completion. The guiding coalition consisted of nurse residency program leaders and facilitators and nurse managers of the project participants.

The project faced multiple barriers toward implementation. Barriers that needed to be removed include the collecting of information from the new graduate nurses, participation in the huddles, and attendance at the huddles. Short term wins included huddle participation and successful data collection. To sustain acceleration, the project team harvested wins and offered support and feedback to the participants and representative leaders. Instituted change consisted of reporting the pilot findings to leadership and if positive results are obtained, to hardwire and expand the process. While Kotter's theory provides a stepwise approach to successfully implementing change, Kotter identified missteps during the process that could lead to unsustainability of implemented change (White & Dudley-Brown, 2012).

John Kotter's Contemporary Change Theory

John Kotter's Contemporary Change Theory is an eight-step process for developing, implementing, and sustaining change as seen in Figure 1 (White & Dudley-Brown, 2012, p. 53). Kotter's theory emphasizes the importance of people being involved in the change process

(White & Dudley-Brown, 2012, p. 54). In addition, Kotter's theory embraces the process of change through employer and employee involvement to solve a problem.

Figure1. Kotter's Contemporary Change Theory.

https://www.healthcatalyst.com/wp-

content/uploads/2014/12/Kotter-8-step.png

Kotter's Change theory was applied to this project by breaking down the eight steps of change into project components. A visual description of the applied model can be seen in Figure 2.

Figure 2. Adapted Kotter's Contemporary Change Theory. https://www.healthcatalyst.com/wp-content/uploads/2014/12/Kotter-8-step.png
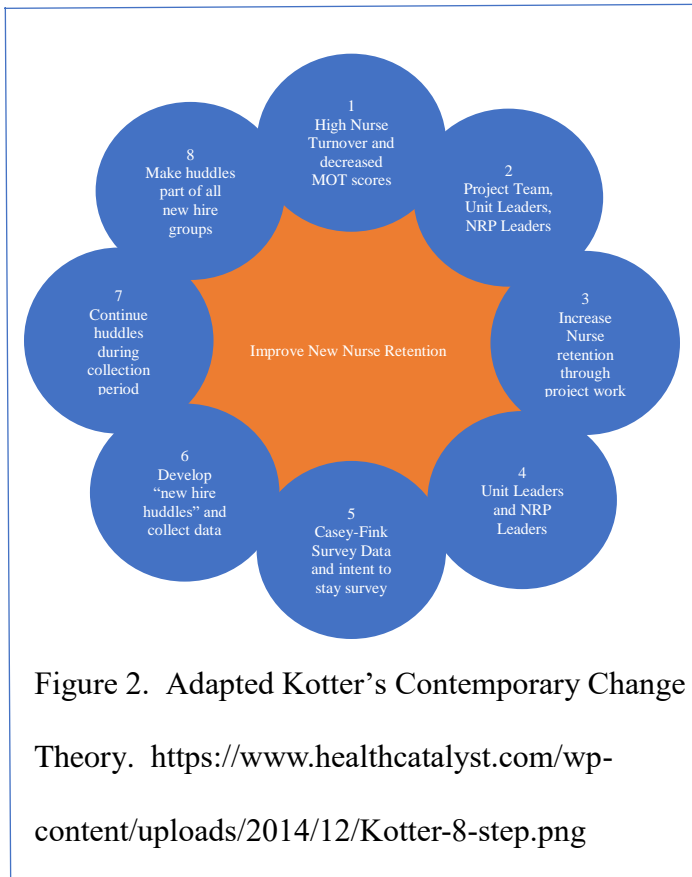
Plan-Do-Study-Act

Plan-do-study-act (PDSA) is a quality improvement model for testing change and was used as a tool for this study. PDSA is a cyclical four step model that allows for the testing of a rapid change cycle. Application of the PDSA model for this project was aided by the Institute for Healthcare Improvement (IHI) QI Toolkit, PDSA Worksheet. The worksheet can be seen in Appendix B.

Figure 3. Plan-Do-Study-Act Model.

http://www.tribaleval.org/wp-

content/uploads/2016/05/PDSA-chart-1-

1.png
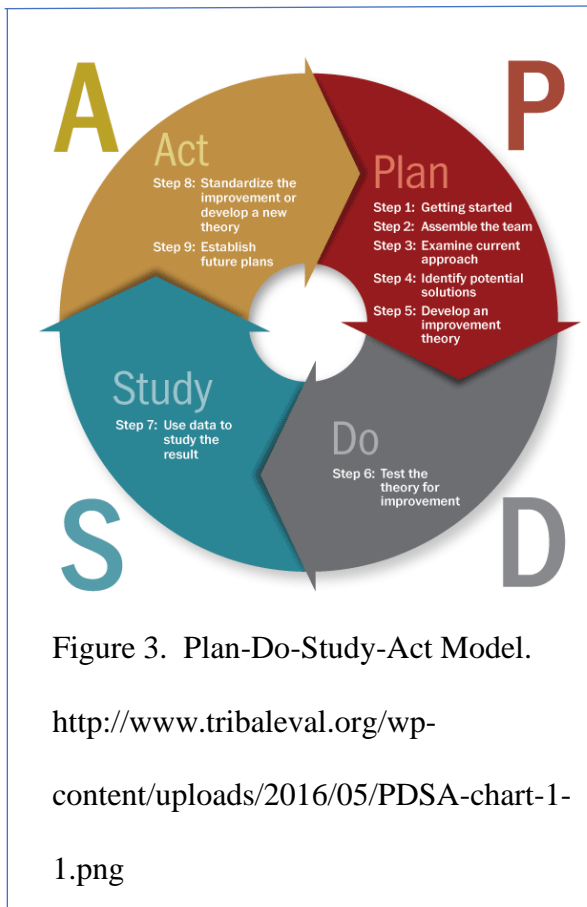
Methods

This project was a mixed methods project with an embedded intervention. The project used surveys to collect data to explore the link between the use of a new nurse huddle and intent to stay and nurse graduate experience scores. Open-ended questions were used on the surveys to collect feedback and comments about the new graduate nurse experience in the organization and with the huddle.

Setting

The setting for the project was a 238-bed Magnet designated acute care community hospital located in the Shenandoah Valley of Virginia, part of a twelve-hospital healthcare system with locations in Virginia and North Carolina.

Participants

The project leader was the DNP student and facilitated the project. The study population was new graduate nurses participating in the Nurse Residency Program at the study site. Fifteen new graduate nurses were consented to participate in the new nurse huddle pilot.

Project Planning

Casey-Fink scores for cohort 2 and 3 revealed areas of focus for the project. Table 1 showed the pre-huddle Casey Fink focus scores for cohort 2 and 3. When reviewed with the nurse residency program leaders, five questions in three categories were identified as key concerns from the review of Casey-Fink cohort surveys. In the category of support, two questions were of concern. 1. I feel the expectations of me in this job are realistic, 2. I feel my manager provides me encouragement and feedback about my work. In organizing prioritization one question was of concern. 1. I feel overwhelmed by my patient care responsibilities and workload. Two questions were identified as concerning in professional satisfaction. 1. I am satisfied with my chosen nursing specialty, 2. I feel my work is exciting and challenging.

Table 1

Planning Data from Cohort Casey Fink Surveys

	Target	Initial	Benchmark	6 Month	Benchmark
Cohort 2					
Support 1	⬆	2.77	3.11	2.45	3.05
Support 2	⬆	3.15	3.26	2.55	3.05
Organizing and Planning 1	⬇	2.54	2.34	2.75	2.23
Professional Satisfaction 1	⬆	3.15	3.44	3	3.26
Professional Satisfaction 2	⬆	3.31	3.5	3.15	3.31
Cohort 3					
Support 1	⬆	2.82	3.1	2.47	3.05
Support 2	⬆	3.11	3.26	2.63	3.05
Organizing and Planning 1	⬇	2.39	2.34	2.32	2.24
Professional Satisfaction 1	⬆	3.39	3.44	3.05	3.26
Professional Satisfaction 2	⬆	3.46	3.49	2.89	3.31

The team decided that the areas of support and professional satisfaction were within the scope of this project. The foci of support and professional satisfaction mirror the themes of relationships, employee/leader engagement, and orientation from the previously discussed literature review. The guiding coalition met and discussed the Casey-Fink cohort data and determined that questions should be used to guide the huddle discussion. These questions focused on the identified target areas related to support and professional satisfaction. The following questions were used to drive the discussion during the huddle: 1. what is one thing that is going well in your new role, 2. who is one person that has been extraordinarily helpful and/or supportive during your orientation, 3. what is one thing you think we could improve, 4. how does your role compare to your expectations, and 5. have you received feedback from your manager on your performance thus far?

Data Collection Methods

Pre-intervention and post-intervention data were collected using a Qualtrics survey with an anonymous link that was sent to all consented participants. Reminder e-mails were sent to participants at seven days and twelve days to encourage participation. Each survey was open for fourteen days before closure. Data were collected through Qualtrics then exported to Microsoft Excel for analysis.

Instruments

Data was captured using the Intent to Stay Subscale of the McCain Behavioral Commitment Scale (McCloskey,, J. and McCain, B., 1987). The intent to stay subscale is a five item, five-point Likert scale where 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, and 5 = strongly agree. The subscale has a demonstrated Cronbach's alpha of 0.88 showing reliability and psychometric properties (AbuAlRub, Gharaibeh, & Basayreh, 2012). In addition

to the Intent to Stay Scale, the pre-huddle survey includes six questions focusing on the areas of

interest seen in Appendix D. The post-huddle survey included the pre-huddle survey questions

plus three additional questions as seen in Appendix E.

Data was also captured using the Casey-Fink Graduate Nurse Experience Survey found in

Appendix F. This survey is a five section, mixed method survey that measures the experience of

graduate nurses. This survey is completed by the nurse residents at prescribed intervals as part

of the nurse residency program. The overall Cronbach's alpha for the tool is 0.78 (Casey, Fink,

Krugman, & Propst, 2004).

Intervention

Following Institutional Review Board (IRB) approval from SRMH and James Madison

University, the Nurse Huddle program was added to the current New Nurse Residency program.

The Nurse Huddle was designed to take place during the established meetings of the Nurse

Residency Program without the presence of any Nurse Residency Program leaders. This allowed

the new graduate nurses to participate without having another meeting. The huddles took place

in months nine through eleven of the twelve-month program. The conceptual design of the

huddle is seen in Figure 4.
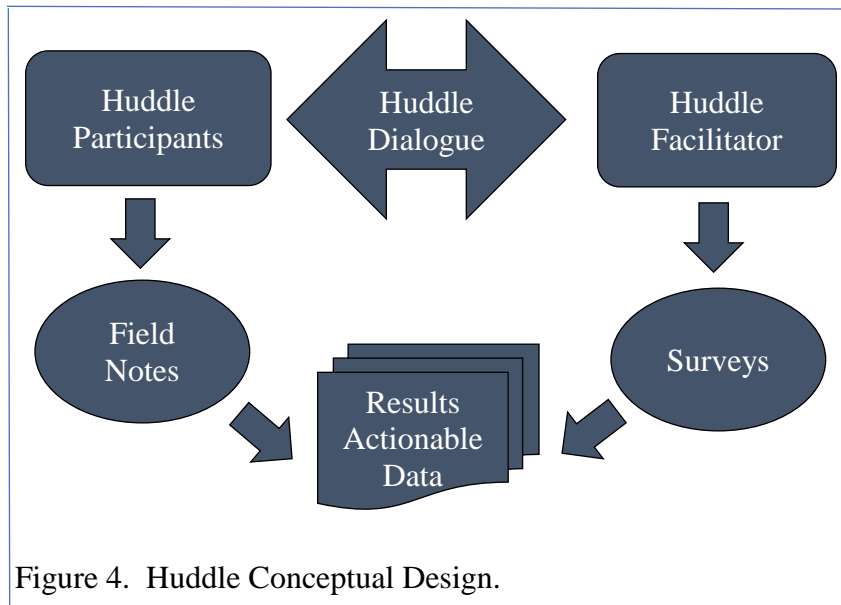
Figure 4. Huddle Conceptual Design.

The first huddle consisted of time for the participants to just talk about their experiences with orientation to the organization and the support from their managers. There were no specific questions asked during the first huddle as to allow for the participants to build a trusting relationship with each other and the facilitator. The intent was to promote open facilitated discussion related to the new graduate nurse experience and to provide feedback to assist the residents in the identified target areas. It was important for the participants to feel that the environment was safe for this open discussion to occur.

The second and third huddles focused on the prescribed questions to facilitate discussion without the areas of interest. These huddles each lasted between 30 and 40 minutes. During these huddles, follow up questions were asked based on responses. For example, when the participants were asked if they had received feedback from their manager, follow up questions included 1. Did you receive a mid-year performance review, 2. Did your manager complete your 30 and 90 day retention conversations, and 3. Did you receive your employee performance review? Post huddle implementation, a second administration of the McCain Intent to Stay

Subscale was completed. The second iteration of the survey was a 10 question Qualtric survey that included additional questions about the value of the huddle.

Results

The participating cohort had a total of 17 graduates, 47 percent were age 18-25, 23.5 percent were 26-35, 23.5 percent were 36-45, and 6 percent were 46-55. Eighty-eight percent of participants identified as White, while 12 percent identified as Hispanic or Latino. Females accounted for 94 percent of participants, 41 percent had a Bachler's of Science in Nursing Degree, 41 percent had a previous degree other than nursing, 53 percent had previous healthcare experience, 47 percent had participated in a student internship or externship, and 29 percent had completed a clinical rotation or a capstone at the study site. Medical/Surgical Unit nurses accounted for 47 percent of participants. Table 2 shows a complete description of cohort 3 demographics.

Table 2.

Demographics

Demographic	Item	Number	Percentage
Age	18-25	8	47%
	26-35	4	23.5%
	36-45	4	23.5%
	46-55	1	6%
Ethnicity	White	15	88%
	Hispanic or Latino	2	12%
Gender	Male	1	6%
	Female	16	94%
Unit	Medical/Surgical	8	47%
	Women's Health	2	12%
	Telemetry	3	17.5%
	Critical Care	1	6%
	Surgical Services	3	17.5%
Degree	ADN	10	59%
	BSN	7	41%
Other Degree	Yes	7	41%
	No	10	49%
Previous Healthcare Exp	Yes	9	53%
	No	8	47%
Student intern/Extern	Yes	8	47%
	No	9	53%
Capstone at Site	Yes	1	6%
	No	16	94%
Clinicals at Site	Yes	4	23.5%
	No	13	76.5%

Quantitative Data Analysis Method

Data were exported from Qualtrics to Microsoft Excel for analysis. Simple descriptive statistics were completed to evaluate difference between pre-huddle and post-huddle intent to stay scores. The respondents created a unique, untraceable identifier as the first question of the pre-huddle survey and were asked to use the same identifier for the post-huddle survey. This

allowed for comparisons to be completed at the individual case level. Table 2 shows the results

for the seven participants completing both surveys as well as the aggregate score. Results from

the pre-huddle survey that did not have corresponding post-huddle responses were not included

in the comparative analysis. The mean score was calculated by taking the sum from the

responses on the five-point Likert scale as valued one to five and determining the mean of those

scores.

Qualitative Data Analysis Method

Qualitative data were reviewed and thematically grouped in Microsoft Excel for analysis

(Swallow, Newton, & Van Lottum, 2003). Thematic groupings were based on the completed

literature review themes and included; relationships, organizational culture, innovative pay and

benefits, employee/leader engagement, orientation, and rewards and recognition. Each comment

was read and categorized by theme to determine the number of comments for each theme.

Groupings were confirmed by two independent reviewers.

<div align="center">

Data

</div>

As seen in Table 3, the mean intent to stay score for the pre-huddle survey was 2.7 versus

a post-huddle mean of 2.1. This represents a decline in mean intent to stay score of 0.6. Thus,

mean intent to stay score did not significantly improve between surveys. As a note, two of seven

intent to stay scores improved between surveys.

Table 3

Comparison of Scores on "Intent to Stay" Scale

Case	Pre "Huddle" Mean	Post "Huddle" Mean	Difference
1	3.0	3.4	0.4
2	2.4	1.8	-0.6
3	2.8	1.0	-1.8
4	2.4	2.2	-0.2
5	2.4	1.0	-1.4
6	2.6	2.8	0.2
7	3.2	2.2	-1.0
Aggregate	2.7	2.1	-0.6

The pre-huddle question related to the participant receiving manager feedback showed
that six out of seven participants had received feedback from their manager, which represents 86
percent of participants. This was congruent with the post-huddle survey. Understandably, the
same participant reported having not received feedback from their manager on both surveys.

The post-huddle survey included 3 additional questions related to the value of the huddle.
The questions about the huddle value were based on the same five-point Likert scale as the intent
to stay questions. Mean scores were calculated using the same formula as the mean intent to stay
scores. Table 4 shows the individual case scores as well as the aggregate score. Individual
scores ranged from 3.0 to 4.3 with a mean aggregate score of 3.7. This illustrates a positive
response to the huddle value questions. Two respondents (1 and 6) that had a mean of 4.3,
representing the highest of the scores. Interestingly, these two respondents also had the positive
changes in intent to stay scores. The lowest mean on the huddle value questions was 3.0,
likewise represented by two respondents (5 and 7). Consistent to the highest mean scores, the
two respondents with the lowest mean huddle value scores also represented two of the three
largest negative variances on the intent to stay scores. This may demonstrate a link between
perceived huddle value and intent to stay and further future investigation is warranted.

Table 4

Huddle Value Scores

Case	Huddle Value Mean
1	4.3
2	3.7
3	3.7
4	3.7
5	3.0
6	4.3
7	3.0
Aggregate	3.7

Casey-Fink data from the 12-month survey for cohort 3 is shown in Table 5.   While all

scores improved from the 6-month survey to 12-month survey, they remain below the survey

benchmarks. It can be assumed that all nurse residency cohorts within the benchmark had an

increase from 6 months to 12 months since the cohort 3 scores remain below the benchmark.

Thus, cohort 3 scores did not improve to the expected level. This does not allow for any

conclusions to be drawn from the data related to the impact of the huddle on the Casey-Fink data.

Table 5

Casey Fink 12 Month Cohort 3 Data

	Target	12 Months	Benchmark	Variance
Overall	⬆	3.16	3.3	-0.14
Support 1	⬆	2.67	3.11	-0.44
Support 2	⬆	3	3.02	-0.02
Organizing and Planning 1	⬇	2.44	2.14	0.3
Professional Satisfaction 1	⬆	3.22	3.3	-0.08
Professional Satisfaction 2	⬆	3.22	3.33	-0.11

The qualitative analysis of open ended questions is described in Table 6 and showed the

distribution of comments in both the pre-huddle and post-huddle surveys. The theme of

relationships had the most mentions with 18 of the 40 comments. Orientation was next with 11

comments, followed by employee/leader engagement with 8, innovative pay and benefits with 2,

rewards and recognition with 1, and organizational culture with 0 comments. Key words and

phrases that appeared frequently throughout the comments were teamwork, manager feedback,

learning, and various words and phrases related to incivility.

Table 6

Categorical Survey Comments

	Relationships	Organization Culture	Innovation Pay and Benefits	Employee / Leader Engagement	Orientation	Rewards and Recognition
Pre	8	0	1	3	6	0
Post	10	0	1	5	5	1
Total	18	0	2	8	11	1

Comments from the huddle value questions were not categorized based on the literature

review themes. Rather, each huddle value comment was reviewed and analyzed for

commonalities. The most common sentiment throughout the huddle value comments included

the feeling that the huddle created a safe space to discuss feelings and opportunities for

improvement of the orientation experience, the nurse residency program, and manager

involvement across units. Another common sentiment was that the huddle was valuable as it

allowed for the new graduate nurses to discuss shared experiences. Lastly, respondents noted

that during the huddle it was nice to be heard, understood, and have their comments considered

by a leader in the hospital.

Discussion

The Im et al (2016) study showed conclusive results that the huddle positively impacts

the participants' normative commitment, empowerment, and ego-resilience. Differing from

those results, this project's results did not conclusively find that the huddle positively impacted

participants' intent to stay or experience scores. In the Im et al (2016) study, the different

outcome measures may have more sensitivity than the "intent to stay" scale. In hindsight,

perhaps these same scales should have been used. The Im et al (2016) was also set in Korea,

which could also have factored into the positive huddle results.

Overall, the change in intent to stay scores cannot be directly related to the use of a new

graduate nurse huddle. There does, however, appear to be value in the huddle from the

perspective of allowing new graduate nurses to have a safe space to discuss issues, have their

voice heard, and to use the huddle information as constructive feedback for the nurse residency

program and the unit orientation programs. This huddle interaction provided relationship

building through social connectivity as suggested by Wallis and Kennedy (2013).

There does appear to be a possible link between perception of the huddle value to

increased intent to stay scores. This indicates a need for further study to determine if this is a

correlation. There are also implications for changes to the nurse residency program, the new

graduate nurse huddle, and the methodology of manager involvement with new graduate nurses

that will be further discussed under implications.

During the new graduate nurse huddles, there were open ended discussions that hinted to

the final project results. Much of the discussion during the second huddle was related to

manager involvement and feedback. The participants conveyed the feeling that their manager

was not involved in their orientation. As suggested by Murff and DeFer (2010), managers and

staff must understand needs and expectations of each other. Statements to this sentiment

included "I only see my manager when I have done something wrong". "The only

communication I get from my manager is to tell me to fix my charting", and "I work night shift

and do not see my manager at any point during my shift". For manager feedback, the common

sentiment was that the manager had only delivered their annual evaluation or their mid-year performance review, depending on the length of employment, but had completed the customary 30 and 90 day retention conversations.

During the third huddle, the conversation mostly shifted to the relationships that the new graduate nurses have with coworkers, physicians, and other department staff. This discussion included reports of incivility from other nurses, physicians, and staff from other departments. Identified incivility ranged from rudeness on the phone to direct inappropriate comments made to the participant. Incivility leads to negative relationships with co-workers which according to Galleta, Portpghese, Ballistelli, and Leiter (2012), increases nurse turnover. On a positive note, some participants commented on positive relationships with their preceptors, as well as fellow unit staff members. One participant commented having a positive relationship with their manager. This was related to the manager's willingness to help the participant with an issue and providing timely follow up.

Overall, the discussions tended to have more of a negative undertone and were not easily redirected to another topic. Each huddle was ended with validation of the participant's feelings, praise for the work they have chosen, and encouragement.

Limitations

As with all projects, this project has limitations that need to be explored to better understand the results and the impacts of the project on retention. Potential limitations of this project include social desirability, small sample size, short duration of the huddles, open ended responses during the huddles, and how the participants were paired into evidence-based practice projects.

A potential limitation of any survey project is social desirability. Social desirability is the tendency of some survey participants to answer questions in a manner that makes them seem more socially acceptable to preserve a positive image of themselves (Sagepub 2017). This often leads to a bias in survey studies due to the tendency of overreporting good behaviors and underreporting bad behaviors. Based on the huddle discussions and survey results there was little to no social desirability bias in this project as the participants were willing and readily provided negative reports.   The sample size of this pilot project was small. With a sample of seven participants for the duration of the project, the sample size does not allow for relationships to be identified. Although the participant cannot be identified through the survey responses, it is believed that nurse turnover may have caused the decline in post-huddle response rate. During the three months of the huddle, multiple new graduate nurses from the nurse residency cohort either transferred to non-hospital based nursing roles or left the organization. This could account for the three less respondents for the post-huddle survey. The project lasted three months. This is a relatively short duration for this type of project and may have limited the impact of the huddle. A longer duration of the huddle would have potentially yielded more data and had a more positive impact on the participants.

Another limitation in this project may have been the way the new graduate nurses were paired for the evidence-based practice (EBP) project as part of the program. Preceding cohorts were paired by same or like unit for the EBP project. The participating cohort was paired by random selection. This created a challenge in the EBP teams finding common interests for the project. The dissatisfaction with the EBP project was heard during some of the huddle discussions. This was not further explored as it was outside the intent of the huddle. While the huddle did not appear to have a positive impact on intent to stay, other contributing factors were

identified that may have limited this project. During the huddle discussions, many comments were made about leader involvement and feedback. The huddle as a pilot to improve retention of new graduate nurses may have been overshadowed by the dissatisfaction the new graduate nurses had based on this aspect of their experience.

Lessons Learned

This project was a partial replication of the Im et al (2016) study. To continue to use the new nurse graduate huddle as a potential tool for retention of new graduate nurses, it might be beneficial to more closely follow the Im et al (2016) huddle methodology. First, the outcome measures should match the original study. Next, the original study conducted the huddles outside of the hospital. This too, needs to be considered as a potential change to this project work. Unlike the original study, or this project, training multiple leaders to conduct the huddle may provide the participants with an opportunity to learn more about the leaders and to build relationships with them. This could create humanization of leaders that are sometimes seen as not relatable. Lastly, the huddle duration should be lengthened to provide a longer period of interaction and dialogue. This provides for the possibility of greater impact from the huddle experience. Along with changes to the huddle, some alterations in information gathering and use are needed.

First, the information gathered during the huddle needed to be actionable. In other words, the leader conducting the huddle should compile the data in an deidentified manner so that the information can be used by the nursing leadership team to make changes to the nurse residency program, unit orientation, and the way leaders support new graduate nurses.

The surveys should continue to provide more actionable data to the nursing leadership team. Greater participation in the huddle and surveys is needed to strengthen the correlative

analytics of the data. Perhaps, alterations to the survey would be based on the analysis of the past surveys and studies to allow for more focused questioning to include use of the empowerment, organizational commitment, and ego-resiliency scales used in the Im et al (2016) study as they may provide more sensitivity for determining the impact of the huddle on new graduate nurse retention.

Implications

Although this pilot project did not increase participant's intent to stay scores, the value of continuing the huddle can be inferred from the huddle value scores and open-ended feedback. The study site will continue the huddle as a means of focusing on new graduate nurse retention with some changes to the design. In addition to the changes to future huddles, focus groups could be used to further study the potential impact of the huddle on retention and to understand other contributing factors. Focus groups consisting of new graduate nurses and nurse residency alumnae might offer insight into the role of the huddle on retention. In addition, further research is needed to determine if there is a relationship between huddle value and intent to stay. The results from this project show a possible link between the perceived value of the huddle and the intent to stay. Continuation of the huddle and surveys is needed to make this determination. A larger sample size and an increase in number of months for the huddle is needed to show any significant conclusion.

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Appendix A

Summary of Studies Evidence Table

Author, Yr.	Research Design	Level of Evidence	Sample Description and Size	Intervention (may be N/A)	Instruments with Validity and Reliability	Results/Statistical Evidence	Summary/ Conclusion
Acree, C 2006	Literature search and review	VI	3 databases used (MEDLINE, CINAHL, and EBSCO). Criteria included, true research only with keywords leadership and retention. 17 research articles reviewed.	N/A	Not stated	It was found that nursing leadership can control or influence most factors that positively affect retention. The transformational leadership style was determined to be most effective. No Data Presented.	Transformational leaders possess the skills needed to positively influence nurse retention. Collaboration between academia, practice, research, and leadership is needed to assess current status and evaluate gaps in the areas of work environment, clinical practice, environments, leadership development, and retention.

Aiken, L. 2010	Descriptive study with analysis	V	22,336 RN survey respondents. 9,257 in California, 5,818 in New Jersey, and 7,261in Pennsylvania. Reported respondents all actively worked in a nonfederal acute care hospital.	N/A	Primary survey was conducted in 2006 after the start f mandatory nurse ratios in California. Reliability and validity not discussed	California nurses cared for an average of one less patient than Pennsylvania or New Jersey and two fewer patients on medical surgical units.	The lower ratios were correlated to lower mortality, decreased burnout and turnover, increased job satisfaction and a reported higher quality of care.
Allen, D. 2010	Literature search and review	VI	45 articles used for review. Search criteria included employee turnover and retention.	N/A	Not stated	5 misconceptions related to employee turnover and retention were identified. The authors then used evidence-based practice to replace the misconceptions	The foci misconceptions were 1. All turnover is the same, 2. People quit because of pay, 3. People quit because of job dissatisfaction, 4. Managers have little influence over employee turnover, 5. A standardized retention strategies works for all. The article provides EBP to disprove these misconceptions and provides EBP turnover management strategies.

Arms, D. 2010	Opinion article based on internal data	VII	N/A	N/A	N/A	The author used internal turnover data that spanned 10 years	The author suggests that 6 strategies reduce turnover thus increasing retention. The areas of focus are support through mentoring, providing for professional development, morale, showing appreciation, making performance reviews meaningful, and managing workload.
Arruda, E. 2005	Report	VII	N/A	N/A	N/A	Review of nursing theory as a method to better retention	The author suggests that better retention can be achieved using nursing theory. She demonstrates how Maslow's Hierarchy of Needs fits with nurse retention. Each level of Maslow's Hierarchy can be directly related to needs of employees to provide an environment for better nurse retention.

| Barr, F. 2010 | Opinion article | VII | Internal Organizational Data | N/A | N/A | By developing retention strategies that promote support and professional development of new staff, employee engagement using the Gallop Q12 survey increased from 3.64 out of 5 to 4.52 out of 5. First year employee turnover dropped from 51 percent to 16.92 percent. | The article discusses an RN residency program. The essential elements of the program are a FT RN coordinator for the program, six months orientation, one on one support, peer-group support, and professional development. This led to increased employee engagement, increased retention of new nurses, and decrease in average days to hire. |
| Brockett, J. 2008 | Review of retention strategies | VII | Review of Google retention efforts in the UK | N/A | N/A | The author dives into Google's recruitment and retention practices particularly exploring some of the myths about the practices. | The article reveals some of Google's recruitment and retention practices including 360 degree interviewing, free food for staff, and recognition. Google believes in hiring the right person for the job to increase retention and spends a large amount of |

							money on recruitment and onboarding.
Brundage, H. 2010	Opinion article	VII	N/A	N/A	N/A	The author used information gained from the 2009 PCPS CPA Firm Top Issues Survey. This survey found CPA firms top issue was client retention. The author connects client retention to employee retention	The article suggests that to retain clients and accounting firm must retain top talent. The authors states that culture of the organization is a key to retain talent. Other foci identified are performance management, leadership, mentoring, compensation, and rewards
Buffington , A. 2012	Descriptiv e survey design	VI	1,250 RNs with at least one year of experience were surveyed. 699 responded.	N/A	Casey-Fink Nurse Retention Survey (1-4scale). The instrument was reviewed by a panel of nurse administrators and clinicians as well as validated via a pilot study. The overall Cronbach	677 responses met criteria. Recognition/rewards (13 items) had a mean of 39.28 IP and 37.84 Ambulatory with a p of 0.032. professional nursing role (9 items) IP mean 27.14 and Amb mean of 27.27 with a	Organizations need to develop nurse retention as a priority. The study clearly shows the factors that have the greatest influence on nurse retention. The study summarizes the retention strategies identified by the

					alpha score for the survey was 0.922.	p of 0.785. Mentoring (8 items) IP mean of 24.91 OP mean 22.90 with a p of 0.000. Scheduling flexibility (2 items) IP mean of 4.91 OP mean of 5.30 with a p of 0.002. statistical significance was p<0.05. The number one reason for staying was the nurses I work with at 27.9%.	survey instrument in four categories; Benefits/salary, Shifts/staffing/scheduling, Management/leadership, and Appreciation/recognition.
Burr, S. 2011	Literature search and review	VI	15 articles were used for the literature review related to developing a mentorship program to impact nurse retention	N/A	Not Stated	New grad turnover decreased form 20 percent to 7 percent with an estimated cost savings of $300K the first year. In a survey about the program mentors scored the program at 4.86 out of 5 and mentees scored the program 4.72 out of 5.	Key elements of the program are clearly identified goals and objectives, training and support, ongoing evaluation, administrative support, and recognition and celebration.

| Cardy, R 2011 | Literature search and review | VI | 28 articles were used for the literature review. Search criteria included employee retention, customer equity, employee equity, and voluntary turnover. | N/A | Not stated | The author used a customer-based model for employee retention. The model focused on value equity, brand equity, retention equity, and employee value. | The article examined different equity-based strategies for various equity diagnoses. The article suggests that a shift from prevention of turnover to active retention is needed to retain valuable employees. |
| Chesters, E. 2013 | Opinion article | VII | Review of company's initiatives to adopt Apple-style innovations in retention | N/A | N/A | The author reviewed innovative retention strategies from Apple, Google, Coca-Cola, and Facebook | The article found US and UK workers alike are looking for more innovative retention strategies from their employers. Some of these innovations are healthy eating lunchrooms, recreation areas for employees, health and wellbeing offerings, and massage therapy. |

| Choi, S. 2011 | Descriptive Study | V | 26 frontline nurses from 10 regional hospitals in Hong Kong. A snowball sampling method was used. | Semi-structured Interviews with participants | Not Stated | Interviews lasted between 45 and 90 minutes. Open-ended questions produced 18 coded segments of descriptive responses. | Constituents of nursing work were identified as staffing level, work responsibility, management, relationships, job incentives, and professional incentives. Based on interviews, stabilizing and destabilizing forces were identified. A favorable work environment is one with more stabilizing forces than destabilizing forces. |

| Cottingham, S. 2011 | Literature review and program evaluation | VI | Multiple survey data were used. One time focus group was conducted. | N/A | Not Stated | Overall positive response to the program based on multiple evaluation methods. 100 percent of the participants in the program were satisfied with the program, stayed with their current employer, and intended to stay with the professional of nursing. The return on investment was 17 percent over direct recruiting costs and 391 percent over AONE total turnover costs. | The program, Partners in Nursing (PIN) had weekly meetings for the protégé/mentor pairs and monthly face-to-face meetings for the entire group. The program also offered monthly professional development seminars. Media was used to provide for community outreach about the program. |

Dotson, M. 2013	Six focus groups were conducted to assess factors of nurse retention as based on a comprehen sive literature search.	VI	Six focus groups were conducted yielding 1046 usable surveys. Nursing students, rural nurses, and urban nurses were surveyed.	N/A	Researcher developed survey instrument based on a comprehensive literature review. Cronbac's alpha for the instrument was greater than 0.90 for each variable	The survey yielded four clusters of nurses. Those that are ambivalent (13%), will leave their job but stay in nursing (30%), will leave job and nursing (5%), and will stay in their job and nursing (52%).	The study shows that in rural settings, nurses remain in their job based on altruism, job satisfaction, and value congruence. This suggests that reduction of stress and increasing of job satisfaction could lead to higher nurse retention.
Dotson, M 2014	The authors created a survey was administer ed then analyzed via structural equation modeling.	VI	3,120 surveys were distributed, 861 RNs responded to the online survey.	N/A	The survey instrument used was created by the researchers. The instrument was reviewed at the IRB. Validation occurred using confirmatory factor analysis. All but one of the scales on the survey had a Cronbach alpha >0.7. The altruism scale scored 0.645 but was deemed	Stress showed the strongest effect on behavioral intentions (BI) to leave a job. Economic factors only affected job satisfaction. Altruism had the strongest effect on job satisfaction. Specific data point for each scale was not provided.	The study shows the importance of value congruence for job satisfaction. The drive for efficiency and productivity may conflict with known job satisfiers.

					usable by the researchers.		
Galleta, M. 2012	Cross-sectional with self-administered survey	VI	1018 nurses in five Italian hospitals were administered the survey individually. 832 survey responses were used in the study.	N/A	The survey consisted of four parts; affective communication, turnover intention, leader-member exchange, and nurse-physician collaboration. Cronbach's alpha for the components ranged from 0.70 to 0.94 demonstrating the reliability of the survey.	Turnover intention had an 8% within-group variance. P<0.001. ICC values for leader-member exchange and nurse-physician collaboration were 0.27 and 0.20 showing a correlation between these factors and affective commitment.	The study shows that affective commitment increases nurse retention. Good nurse relationships and nurse-physician collaboration contribute to lower nurse turnover.

| Gambino, K. 2010 | Correlation design with survey tool. Logistic regression analysis was used to determine how motivation for entry and occupational commitment could indicate the intent to remain. | VI | Survey was administered to RNs enrolled in the school of nursing and/or employed at the university medical center. Out of 206 respondents, 150 RNs were included in the survey. | N/A | An adapted version of Blau's four-dimensional measure of occupational commitment was used. Validity of the instrument was demonstrated in previous studies. The adjusted goodness of fit was 0.937 with an root mean square error of approximation was 0.036. Composite reliability was shown at 0.90. | The strongest indicator of intent to remain were age and normative commitment with a 70% average rate of correct estimation. For each one point increase in either indicator represented a 1.1% increase in odds to stay with the employer until retirement. A medium effect size was found with a power level of 0.678. | The study concludes that retention strategies need to accommodate mature nurses as well as promote normative commitment in younger nurses. |

Gess, E. 2008	Literature search and review	VI	35 articles were reviewed and an EBP protocol was developed	N/A	N/A	Nurse turnover should be viewed from a change perspective where improvements are needed. The developed protocol will strengthen nurse retention.	The protocol consists of three organizational components; autonomy, rewards and recognition, and communication. The first step of the protocol is to conduct an analysis of the organization. Next nurse leaders will review EBPs and implement strategies that impact the organizational components.
Gillespie, B. 2008	Qualitative study	VI	Criterion based selection. Participants included RNs, orderlies, surgeons, and anesthetists from the operating and recovery rooms in Queensland. Total of 70 observations from 35 RNs, 27 surgeons, and 15 support staff. 27 participants were also interviewed	Observations and interviews.	Participant observation, interviews, field notes, and a reflective journal.	Data collection yielded descriptions of the operating room culture. 3 themes emerged; primacy of knowledge and demonstration of competence, paradoxical social order and kinship among members, and salience of situational control in a capricious environment.	The interrelationships amongst themes show the cultural significance of competence, social order, and situational control in the operating room. Horizontal violence was used as a method to control social order. This impacts an individual's ability to function in the OR. Retention strategies in the OR should

							focus on education and role development.
Hayes, L. 2012	Literature review	V	MEDLINE, CINAHL, and PubMed were used to find nurse turnover articles from the past 6 years. 68 articles were identified as being relevant	N/A	N/A	The search yielded 330 abstracts that were reviewed for relevance. 68 articles were used for the summary. Most articles were focused on determinants of nurse turnover in acute care settings. Some articles offered generational insights that should be used in the development of nurse retention strategies.	Determinants of nurse turnover were organizational factors (workload, stress, burnout, management style, empowerment, and role perceptions) and individual factors (career advancement, pay, and benefits). The authors suggest that longitudinal research is needed to advance turnover research to include the relationship to cost.

Hirschkorn, C. 2010	Review of top organization's retention strategies	VII	7 companies, both healthcare and non-healthcare were reviewed to understand retention strategies.	N/A	N/A	55 percent of nurses plan on retiring between 2011 and 2020. Key retention strategies from the 7 organizations were reviewed.	The authors found that there is no one magic retention program that works for all. Key areas of focus are supportive culture, leadership commitment, developing and retaining talent, and using metrics to identify and correct retention issues.
Im, S 2016	Pretest–post-test experimental-group–control group with randomized design	II	30 nurses from two general hospitals in Korea	New nurse huddles	Empowerment scale (Cronbach alpha 0.72) Organizational commitment scale (0.83) Ego-resiliency scale (0.85)	The total scores for empowerment and organizational commitment did not differ significantly between the experimental and control groups. However, the scores for impact (one of the subcategories of empowerment) and normative commitment (one of the subcategories of organisational commitment) did differ significantly between the two groups (F = 5106 and	The results indicate that the huddling program significantly improved empowerment and normative commitment in an experimental group of nurses, and thereby would have improved their turnover intention

						p = 0029, and F = 6781 and p = 0012, respectively).	
Jacobs, K 2007	Editorial	VII	N/A	N/A	N/A	N/A	Successful retention is driven by 1. Management that listens, 2. Regular communication and feedback, 3. An involved staff, 4. Competitive compensation, 5. A clear vision, 6. Training, and 7. A fun workplace

Knudson, L. 2013	Literature review	VII	N/A	N/A	N/A	Each additional patient assigned to a nurse there is a 7 percent increase in likelihood to die within 30 days, a 7 percent increase in failure-to-rescue rate, 23 percent increase in burnout, and a 15 percent increase in job dissatisfaction.	Investing in RN staffing to maintain optimal staffing ratios can lead to improved retention, patient satisfaction, and patient outcomes. The author includes literature supported desired staffing levels based on type of unit.
Kontoghio rghes, C. 2009	Descriptiv e Survey Design	V	Survey was offered to 317 employees of a Cypriot broadcasting company. 197 returns received. Survey was a 193-item Likert type with a six-point scale. Analysis used a stepwise regression method	N/A	193-item Likert-type six point scale. The 38 factors identified had a Cronbach's alpha from 0.71 to 0.96 with 36 of the factors having a coefficient greater than 0.80.	The researcher found the highest correlations were in the following organizational dimensions: organizational culture (r=0.63), speedy operations (r=0.63), effective recruitment and selection of talent (r=0.62), high degree of flexibility (r=0.61) all with a p value <0.001). No turnover of talent was found to have a high correlation with leadership (r=0.58)	The article shows that the usual predictors of employee turnover of employee commitment and job satisfaction still hold true, however, the analysis shows there are stronger predictors of employee retention than these two. Organizational culture, selection of talent, speedy operations, and effective leadership were the strongest

							predictors of retention.
McDonald, P. 2008	Opinion	VII	N/A	N/A	N/A	N/A	Article discussed the generational differences in the workplace as related to retention of employees. Author suggest that an understanding of generation Y employees will aid in retention.

Mbemba, G. 2013	Umbrella review	V	MEDLINE, CINAHL, EMNASE, and Google Scholar were used to search for articles within the past 22 years that met 4 criteria. 1. Derived from a systematic review. 2. Involved nursing. 3. Presented factors that influenced retention in rural or remote areas. 4. published in English, French, or Spanish.	N/A	N/A	5 systematic reviews were selected from 517 articles.	4 categories of intervention were found in the articles. A. Education and continuous professional development, B. Regulatory, C. Financial incentives, D. Personal and professional support.
Murff, M. 2010	The article was a quality improvement project using a model of improvement created by Baylor Health Care System called Baylor ABC	VI	The improvement project included all of Baylor Health Care System.	Unit based nursing retention scorecards were created. Nurse managers underwent recruitment and retention training. Use of a proprietary program called Engaging and Retaining Employee Talent.	Nurse turnover, turnover costs, terminations, and controllable retention in the first year and first – third year were used for data collection.	Baseline retention was 80.2 percent for first year and 85.6% for first-third year. Post intervention first year retention ended at 91.1% and first-third year rates were 90.7%.	The education of managers to understand the retention groups allowed for individualized and targeted interventions. Retention cards promoted open and honest communication. Staff remained engaged and nurses felt they had a voice.

| Nursing Solutions Inc 2015 | Descriptive Study | VI | 141 facilities responded covering over 450K healthcare employees and over 110K RNs. | N?A | Not Stated | The RN turnover rate increased from 11.2 percent in 2011 to 16.4 percent in 2014. Based on conservative costs of RN turnover, the average hospital lost between $4.9M and $7.6M. Each percent change in turnover resulted in an additional cost of over $375K. Behavioral health had the highest RN turnover at 30.7 percent and pediatrics had the lowest at 13.5 percent. | Healthcare employees have become more mobile. The value hospitals place on employees determines the employee's commitment, confidence, and engagement. Hospitals need to develop retention strategies to increase retention and lower costs. |

Parry, J. 2014	Introspective review	VI	39 clinical units were involved in the study. It was found that terminations and transfers were clustered in a small group of 3 units.	Unit leaders redesigned nurse retention efforts by implementing focused, unit-based strategies .Interventions included debriefing, customized action plans, a modified survey, breaking the silence, and team work.	An employee satisfaction instrument was used. Validity and reliability were not mentioned.	Satisfaction was measured in three categories; communication with peers, communication with manager, and environment of teamwork. Communication with peers increased from 81% to 94%. Communication with manager scores increased from 70% to 91%. Environment of teamwork increased from 64% to 81%.	The study suggests that nurse leaders need to engage staff to increase retention. Working with staff to determine needs and customizing action plans proved beneficial in increasing retention.
Perrine, J. 2009	Opinion	VII	N/A	N/A	N/A	Job dissatisfaction, burnout, salaries, lack of time with patients, and demographic characteristics were casual factors of turnover.	Shared governance/shared decision making, respect, communication, and addressing generational diversity were identified as retention strategy foci.
Porter, J. 2011	Opinion article	VII	Internal data from a national accounting firm.	N/A	N/A	The author explores, what she believes to be the two most important things a manager can do,	The article suggests retention strategies in retaining talent and recruiting talent. Strategies in retention

						retain talented employees in their department and spend time preparing for turnover	include find out how employees feel, have one on one conversations starting with top performers, have regular staff meetings, empower employees, provide fair compensation, and encourage professional development. Strategies for recruiting talent include leveraging association memberships, use the power of social media, and advertise.
Reitz, O. 2010	Descriptive study	VI	357 survey responses were included from 800 mailed surveys. A minimum of 200 responses were needed. The sample was broken into two categories, urban and rural. There sample included 152 urban responses and 205 rural responses.	N/A	The instrument used measures Job Embeddedness (JE) that is a 40-item Likert-type scale and simple fill-in-the-blank questions. The tool uses 6 subscales for JE. It was developed in a previous study that the article cited and has a	Stepwise multiple regression was used with intent to stay as the outcome variable. JE was step 1 and was 24.6 percent of the variance. Age was step 2 and was an additional 1.4 percent of the variance. It was found that JE was positively related and age was negatively	JE and age were found to be the best predictors of nurse retention. Older, more embedded nurses are more likely to stay in their current job.

					Cronbach's alpha of 0.91for this study.	related to intent to stay.	
Salt, J. 2008	Literature review	V	Inclusion criteria for the review was; the study population included new graduate nurses (NGN), a retention strategy was identified and implemented, retention was measured and reported, articles were primary research. 16 research articles were included after review and screening.	N/A	N/A	Findings were analyzed based on type of retention strategy and length of retention strategy. The most common type of retention strategy was preceptor program model with 10 studies reporting this. The studies showed that the greatest retention was achieved with a program that was 3-6 months long with 86 percent to 90 percent retention at 1 year.	The article suggests a preceptor program model with a NGN focus lasting 3 to 6 months was the most effective strategy.

| Scott, E. 2008 | The study was a secondary analysis of collected data. | VI | 329 nurses who were actively employed and newly licensed RNs in the state of North Carolina. | N/A | The survey instrument was developed by the North Carolina Center for Nursing researchers. The instrument was reviewed by a panel of experts to test validity. The reliability was confirmed in previous studies. | Only quality and quantity of orientation was linked to new grad nurse retention. The orientation of new grad nurses that left their job was almost 2 weeks less than those who stayed with a mean of 7.8 weeks compared to 9.7 weeks. Turnover rate for nurses who felt their orientation completely met their needs was 45% compared to 60% for nurses who felt their orientation did not met their needs. . New grad nurses who were satisfied with their jobs were 2.4 times more likely to be satisfied with their orientation. Theses nurses were also 3.3 times more likely to report a satisfaction with nursing as a career. | Orientation plays a critical role in new grad nurse's job and career satisfaction. Those nurses whose orientation met their needs were more likely to be satisfied with their current position. |

| Scroggins, W. 2008 | Descriptive Survey and analysis | V | Questionnaire was given to 204 employees across industries in diverse populations. Path analysis was conducted using Lisrel 8.30 to test the relationship of variables and model fit. | N/A | Perceptions of self-concept-job fit uses a 5-item, 7-point Likert scale validated by Scroggins in 2003. Meaningful work was measured by a 10-item Engagement in Meaningful Work Scale (EMWS) using a 9-point Likert scale. The EMWS has a coefficient alpha or 0.87. Intentions to quit used a 3-item 9-point Likert scale with a report coefficient alpha of 0.83. Job performance scores were obtained from supervisors. | All four tested hypotheses were supported by the data indicating that self-concept and meaningful work are predictors of job performance and intent to leave. | Self-concept of job fit and meaningful work proved to be predictors of job performance and retention. The article suggests that this is useful to managers and HR professionals. |

Takamine, K. 2012	Descriptive survey and analysis	V	110 high performing managers all of Asian-Pacific-American (APA) heritage selected to attend a leadership development program. All respondents were from Fortune 200 companies.	N/A	10-item survey addressing turnover intentions, companies considered for future employment, reason for leaving, retention issues, attraction factors, and employee/employer values. An expert panel of 6 professionals validated the survey.	The survey demonstrated that 40 percent of respondents were actively looking to change their job. Career growth opportunities topped the list of reasons why respondents were leaving or planning to leave with 63.6 percent and 57.8 percent respectively. Career growth also topped the reason respondents were staying with their company with 68.3 percent.	Career growth and opportunity was the key retention value of APA employees with 46 percent. Innovative and inspirational leadership was second with 35 percent. Pay/benefits was third with 22 percent.
Unruh, L. 2014	Descriptive Study	VI	Newly licensed RN in Florida in 2006. 3,027 of the newly licensed nurses were sent a survey based on random sampling. 533 responses were received.	N/A	Kovner et al (2007) developed the instrument as a collection of questions and subscales from previous studies. The Cronbach alpha was reported as >0.80	Job demands averaged 4 out of 6 and job control averaged 4 out of 5. One third of respondents had changed jobs in the first 2.5 years after graduating. 23 percent of respondents reported desire to leave	Reasons for leaving first job included high workload (15%), poor management (13%), too stressful (12%), and difficulty providing good care (10%). This shows that workload, management, and stress are key concerns for leaders.

						current job with 14 percent planning to leave their current job.	
Wallis, A. 2013	Single descriptive study	VI	Five teams received leader training and completed evaluations post implementation.	The Regional Institute for Health and Environmental Leadership (RIHEL) developed a training program whereby the workforce would be strengthened through improving the capacity to lead.	The Leadership Practices Inventory-360 and The Team Excellence survey instruments were used. Instrument validity and reliability are not mentioned.	Out of five participating teams, two teams were measured to perform exceptionally well, one achieved moderate success, and two struggled after the intervention. The scores from pre to post intervention were not statistically significant with a p>0.09.	Teamwork was identified as a contributing factor to nurse turnover. The study showed that success at the team level was related to success at the individual and organizational levels. Team dynamics were affected by the emotional intelligence of those in supervisory positions. Team approaches to retention show promise based on the study.

Wisotsky, S 2011	Survey design with analysis	VI	320 nurses completed the survey 38 completed a paper-based survey at a national conference and 282 completed the electronic version from a teaching health system	N/A	The survey tool was designed based on Seligman's concepts of human happiness and optimal functioning. The survey included external and external factors. The Cronbach's alpha for external factors was 0.827, for internal factors was 0.218 and the survey total was 0.574.	Nurses planning to stay in their current job for 5 plus years reported higher satisfaction (9.9) than those that did not plan on staying (8.5). This is statistically significant with a p=0.004. External scores showed a statistically significant difference in satisfaction (4.11 compared to 3.62 and 2.96) with a p=0.001.	Based on the Cronbach's alpha level of 0.70 being considered reliable for the tool used, the external factors was the only reliable part of the survey. The survey, as a whole, was not proven to be reliable. The study showed that external factors (social connectivity and community engagement) can predict a nurse's desire to stay in a current job. The authors suggest that this can be used to connect nurses to the community to improve retention.

Appendix B

PDSA Worksheet

Objective:
_____
_____
_____

 1. Plan: Plan the test, including a plan for collecting data.

Questions and predictions: •
_____
_____
_____
_____
_____

Who, what, where, when:
_____
_____
_____

Plan for collecting data:
_____
_____
_____

 2. Do: Run the test on a small scale.
Describe what happened. What data did you collect? What observations did you make?
_____
_____
_____

3. Study: Analyze the results and compare them to your predictions.
Summarize and reflect on what you learned:
_____
_____
_____

 4. Act: Based on what you learned from the test, make a plan for your next step.
Determine what modifications you should make — adapt, adopt, or abandon:
_____
_____
_____

http://www.ihi.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx

Appendix C

Consent Form

Statement of Age of Subject	I state that I am over 18 years of age, in good physical health, and wish to participate in this program of research being conducted by Shawn Craddock. (Note: parental consent will be needed for minors)
Purpose	The purpose of this project is to pilot a new nurse huddle with the new graduate nurse residency program participants to determine the impact the huddle has on new graduate nurse retention. This will be measured by analyzing Casey-Fink Graduate Nurse Experience and McCain Intent to Stay subscale scores pre and post implementation.
Procedures	Each participant will be administered the McCain Intent to Stay subscale prior to implementation of the new nurse huddle. The new nurse huddle will take place each month as part of the nurse residency program monthly meeting. Participants will discuss their role, support structure, and job satisfaction. Post pilot, the McCain Intent to Stay subscale and Casey-Fink New Graduate Nurse Experience will be administered for data comparison. The data will also be used for analysis pre and post pilot.
Confidentiality	Confidentiality will be maintained throughout the project. No identifiable information will be shared during implementation, data collection and/or analysis, and post project dissemination. Data will be maintained flash drive that will be locked in a file drawer. Once the project dissemination is complete, data will be destroyed per Institutional Review Board Standards.
Risks	The risks involved in this project may be related to feelings related to the project, the facilitator, and/or the topics of discussion. Anxiety related to the survey or participation.
Benefits	Potential benefits of the project may include a better sense of support during the first year of employment and increased job satisfaction.
Freedom to withdraw or ask questions	I understand that I am free to ask questions or withdraw from participation at any time and without penalty.
Medical Care	No medical care will be associated or delivered as a result of participation in this project.
Contact Information	If you have any questions about your rights as a research subject or wish to report a research related injury, contact: Stewart Pollock, MD, Chairman Sentara RMH Medical Center Institutional Review Board 2010 Health Campus Drive Harrisonburg, VA 22801

	540-689-1000 If you have questions about this particular study, contact: Shawn Craddock, RN, MSN, CNOR, NE-BC 2010 Health Campus Drive Harrisonburg, VA 22801 540-689-2665
Subject Information	Subject Name: _____ Subject signature: _____ Date signed: _____

Appendix D

Intent to Stay (Pre)

Q1 Please create a confidential identifier below using the first initial of your mothers maiden name and the last four digits of social security number (Ex: M3581)

_____

Q2 Read each statement below carefully and using the scale of Disagree Strongly to Agree Strongly select the answer to indicate your agreement or disagreement with each statement.

	Disagree Strongly (1)	Disagree Somewhat (2)	Neutral (3)	Agree Somewhat (4)	Agree Strongly (5)
Even if this job does not meet my expectations, I will not quit (1)	○	○	○	○	○
I plan to work at my present job as long as possible (2)	○	○	○	○	○
I will probably spend the rest of my career in this job (3)	○	○	○	○	○
I plan to keep this job for at least two to three years (4)	○	○	○	○	○
Under no circumstance would I leave my present job (5)	○	○	○	○	○

Q3 What is one thing that is going well in your new role?

_____

Q4 Who is one person that has been extraordinarily helpful and/or supportive during your orientation?

_____

Q5 What is one thing you think we could improve?

_____

Q6 Have you received feedback on your performance thus far?

○ Yes (1)

○ No (2)

Q7 Is there anything else you would like me to know?

_____

_____

_____

_____

_____

End of Block: Default Question Block

Appendix E

Intent to Stay (Post Huddle)

Q1 Please enter the confidential identifier you used on the previous survey below using the first initial of your mothers maiden name and the last four digits of social security number (Ex: M3581)

_____

Q2 Read each statement below carefully and using the scale of Disagree Strongly to Agree Strongly select the answer to indicate your agreement or disagreement with each statement.

	Disagree Strongly (1)	Disagree Somewhat (2)	Neutral (3)	Agree Somewhat (4)	Agree Strongly (5)
Even if this job does not meet my expectations, I will not quit (1)	○	○	○	○	○
I plan to work at my present job as long as possible (2)	○	○	○	○	○
I will probably spend the rest of my career in this job (3)	○	○	○	○	○
I plan to keep this job for at least two to three years (4)	○	○	○	○	○
Under no circumstance would I leave my present job (5)	○	○	○	○	○

Q3 What is one thing that is going well in your new role?

_____

_____

_____

_____

_____

Q4 Who is one person that has been extraordinarily helpful and/or supportive during your orientation?

_____

_____

_____

_____

_____

Q5 What did this helpful and/or supportive person do that was extraordinary?

_____

_____

_____

_____

_____

Q6 What is one thing you think we could improve?

_____

_____

_____

_____

_____

Q7 Have you received feedback from your manager on your performance thus far?

○ Yes (1)

○ No (2)

Q8 Is there anything else you would like me to know?

_____

_____

_____

_____

_____

Q9 Thinking about the huddle that you have participated in the last three months rate the following:

	Disagree Strongly (1)	Disagree Somewhat (2)	Neutral (3)	Agree Somewhat (4)	Agree Strongly (5)
The huddle was valuable as an outlet for me to discuss support for new nurse graduates (1)	○	○	○	○	○
The huddle was effective in increasing my intent to stay at SRMH (2)	○	○	○	○	○
I found the huddle to be a valuable use of my time (3)	○	○	○	○	○

Q10 Please explain why you felt the huddle was valuable or invaluable.

_____

_____

_____

_____

_____

End of Block: Default Question Block

Appendix F

Casey-Fink Graduate Nurse Experience Survey (revised)
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I.   **List the top three skills/procedures you are** *uncomfortable performing* **independently at this time? (please select from the drop down list)** <mark>list is at the end of this document.</mark>

      1. _____

      2. _____

      3. _____

      4. _____I am independent in all skills

II.   **Please answer each of the following questions by placing a mark inside the circles:**

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	☐	☐	☐	☐
2. I am comfortable knowing what to do for a dying patient.	☐	☐	☐	☐
3. I feel comfortable delegating tasks to the Nursing Assistant.	☐	☐	☐	☐
4. I feel at ease asking for help from other RNs on the unit.	☐	☐	☐	☐
5. I am having difficulty prioritizing patient care needs.	☐	☐	☐	☐
6. I feel my preceptor provides encouragement and feedback about my work.	☐	☐	☐	☐

7. I feel staff is available to me during new situations and procedures.   ☐   ☐   ☐   ☐

8. I feel overwhelmed by my patient care responsibilities and workload.   ☐   ☐   ☐   ☐

9. I feel supported by the nurses on my unit.   ☐   ☐   ☐   ☐

10. I have opportunities to practice skills and procedures more than once.   ☐   ☐   ☐   ☐

11. I feel comfortable communicating with patients and their families.   ☐   ☐   ☐   ☐

	STRONGLY DISAGREE	**DISAGREE**	**AGREE**
STRONGLY AGREE			

12. I am able to complete my patient care assignment on time.   ☐   ☐   ☐   ☐

13. I feel the expectations of me in this job are realistic.   ☐   ☐   ☐   ☐

14. I feel prepared to complete my job responsibilities.   ☐   ☐   ☐   ☐

15. I feel comfortable making suggestions for changes to the nursing plan of care.   ☐   ☐   ☐   ☐

16. I am having difficulty organizing patient care needs.   ☐   ☐   ☐   ☐

17. I feel I may harm a patient due to my lack of knowledge and experience.   ☐   ☐   ☐   ☐

18. There are positive role models for me to observe on my unit.   ☐   ☐   ☐   ☐

19. My preceptor is helping me to develop confidence in my practice.   ☐   ☐   ☐   ☐

20. I am supported by my family/friends.   ☐   ☐   ☐   ☐

21. I am satisfied with my chosen nursing specialty.   ☐   ☐   ☐   ☐

22. I feel my work is exciting and challenging. ☐ ☐ ☐ ☐

23. I feel my manager provides encouragement and ☐ ☐ ☐ ☐
feedback about my work.

24. I am experiencing stress in my personal life. ☐ ☐ ☐ ☐

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress.
(You may circle more than once choice.)

  a. Finances
  b. Child care
  c. Student loans
  d. Living situation
  e. Personal relationships
  f. Job performance
  g. Other _____

III.   How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER DISSATISFIED NOR SATISFIED	MODERATELY SATISFIED	SATISFIED
Salary	☐	☐	☐	☐	☐
Vacation	☐	☐	☐	☐	☐
Benefits package	☐	☐	☐	☐	☐
Hours that you work	☐	☐	☐	☐	☐
Weekends off per month	☐	☐	☐	☐	☐
Your amount of responsibility	☐	☐	☐	☐	☐
Opportunities for career advancement	☐	☐	☐	☐	☐
Amount of encouragement and feedback	☐	☐	☐	☐	☐
Opportunity for choosing shifts worked	☐	☐	☐	☐	☐

IV.   Transition (please circle any or all that apply)

1. **What difficulties, if any, are you currently experiencing with the transition from the _"student"_ role to the _"RN"_ role?**
   a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
   b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit,   critical thinking)
   c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity) d.   fears (e.g. patient safety)
       e.   orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. **What could be done to help you feel more supported or integrated into the unit?**

   a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
   b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)
   c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
   d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. **What aspects of your work environment are most satisfying?**
   a. peer support (e.g. belonging, team approach, helpful and friendly staff)
   b. patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
   c. ongoing learning (e.g. preceptors, unit role models, mentorship)
   d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
   e. positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. **What aspects of your work environment are least satisfying?**
   a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
   b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
   c. interpersonal relationships (e.g.gossip, lack of recognition, lack of teamwork, politics)
   d. orientation (inconsistent preceptors, lack of feedback)

5. **Please share any comments or concerns you have about your residency program:**

_____

                                                                    _____

_____

_____

V.   *Demographics:* **Circle the response that represents the most accurate description of your individual professional profile.**

1. **Age:** _____ **years**

2. **Gender:**
    a. Female
    b. Male

3. **Ethnicity:**
    a. Caucasian (white)
    b. Black
    c. Hispanic
    d. Asian
    e. Other
    f. I do not wish to include this information

4. **Area of specialty:**
    a. Adult Medical/Surgical
    b. Adult Critical Care
    c. OB/Post Partum
    d. NICU
    e. Pediatrics
    f. Emergency Department
    g. Oncology
    h. Transplant
    i. Rehabilitation
    j. OR/PACU
    k. Psychiatry
    l. Ambulatory Clinic
    m. Other: _____

5. **School of Nursing Attended (name, city, state located):** _____

   _____

6. **Date of Graduation:** _____

7. **Degree Received:** AD: _____ Diploma: _____ BSN: _____ ND:

   _____

8. **Other Non-Nursing Degree (if applicable):**

   _____

9. **Date of Hire** *(as a Graduate Nurse)***:** _____

10. **What previous health care work experience have you had:**
   a. Volunteer
   b. Nursing Assistant
   c. Medical Assistant
   d. Unit Secretary
   e. EMT
   f. Student Externship
   g. Other *(please specify)*: _____

   __

11. **Have you functioned as a charge nurse?**
   a. Yes
   b. No

12. **Have you functioned as a preceptor?**
   a. Yes
   b. No

13. **What is your scheduled work pattern?**
   a. Straight days
   b. Straight evenings
   c. Straight nights
   d. Rotating days/evenings
   e. Rotating days/nights
   f. Other *(please specify)*: _____

   __

14. **How long was your unit orientation?**

       a. Still ongoing
       b. ≤ 8 weeks
       c. 9 – 12 weeks
       d. 13 – 16 weeks
       e. 17 - 23 weeks
       f. ≥ 24 weeks

15. How many *primary* preceptors have you had during your orientation?
   _____ number of preceptors

16. Today's date: _____

Drop down list of skills

Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood product administration/transfusion
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care (placement, pleurovac)
Code/Emergency Response
Death/Dying/End-of-Life Care
Nasogastric tube management
ECG/EKG/Telemetry care
Intravenous (IV) medication administration/pumps/PCAs
Intravenous (IV) starts
Medication administration
MD communication
Patient/family communication and teaching
Prioritization/time management
Tracheostomy care
Vent care/management
Wound care/dressing change/wound vac
Unit specific skills _____