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Having fewer nursing personnel to treat patients contributes to increased patient morbidity and mortality and decreased quality care. The U.S. Army faces challenges in its nurse recruitment. Thus, retention of qualified nursing staff is imperative for the Army Nurse Corps (ANC) to provide nursing care to soldiers, retirees, and families worldwide. A stratified, purposive, non-probability sample of 6 officers was interviewed to identify and describe forces affecting retention.

Influential forces are numerous and complex. The factors contributing to ANC officer retention were segregated into two global categories: personal desire and emotional investment. Personal desire included intent, career investment, need fulfillment, and benefits, while emotional investment consisted of satisfaction, challenge, and comfort. The life events contributing to ANC officer retention were also segregated into two global categories: organizational environment and personal situation. Organizational environment included education, leadership, and work environment, while personal situation consisted of familial factors, need fulfillment, and comfort.

The opinions or assertions contained herein are the private views of the author and are not to be construed as official or as reflecting the views of the Department of the Army or the Department of Defense.

ARMY NURSE OFFICER RETENTION: A QUALITATIVE  
EXAMINATION OF FORCES INFLUENCING THE  
CAREER LONGEVITY OF ARMY NURSES

by

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Approved by

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Committee Chair

To my husband, my friend, my one and only. Your love, encouragement, and strength  
have inspired me.

APPROVAL PAGE

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## CHAPTER I

### INTRODUCTION

Retention of quality registered nursing (RN) staff has long been a problem among healthcare organizations throughout the United States (U.S.). This issue is rapidly reaching a critical level among healthcare organizations as the insidious and compounding effects of difficult recruiting and increased attrition directly impact patient outcomes. The availability of fewer nursing personnel, in addition to the presence of generally less qualified and experienced staff, contributes to a higher incidence of patient morbidity and mortality, as well as, a decrease in the overall quality of patient care (McClure & Hinshaw, 2002; McClure, Poulin, Sovie, & Wandelt, 1983).

It is estimated that the annual monetary costs of nursing attrition for a healthcare organization are as much as \$67,000 per individual RN (Bland-Jones, 2005). When available nursing personnel are limited and an organization experiences high turnover, the associated costs include the expense of recruiting and training new staff, a decrease in profits due to an increase in the length of patient stays, and an increase in the risk of patient morbidity and mortality (Bland-Jones, 2004). Additionally, civilian hospitals are not the only healthcare organizations that are affected by the current nursing personnel shortage. The military, the Army in particular, is rapidly approaching a similar crisis.

The U.S. Army's active duty Nurse Corps (ANC), consisting entirely of Bachelor of Science in Nursing (BSN) prepared RNs, has a budgeted end strength (total allowable



number of officers) of 3,415. Due to a combination of annual recruiting shortfalls and more voluntary resignations, the ANC functions at 91% of its total strength (Army Nurse Corps Branch, n.d.). With only 3,119 nursing personnel and a tremendous operational tempo created by the current Global War on Terror, the ANC is finding itself stretched near its limit to provide quality patient care to soldiers, retirees, and family members around the globe.

While there are a multitude of civilian and some military studies concerning attrition, its causes, effects, and interventions to address it; there is far less research on its antithesis, retention. During the early 1980s, the U.S. experienced one of its many nursing shortages. Although standard solutions aimed at increasing the supply of available RNs had solved previous shortages, this particular shortage spurred an interest in and was the impetus for initially researching the organizational characteristics of hospitals that enhanced retention of quality nursing staff, now heralded as the Forces of Magnetism (McClure & Hinshaw, 2002). Since that time, studies regarding nurse retention have increased in the literature. Although civilian nurse administrators have long-since recognized the need to expand an understanding of and improve the strategies for retention of nursing staff to maintain the provision of quality patient care, there is virtually no published work concerning the retention of military nursing officers.

According to recent research, staff retention is influenced by many variables: job satisfaction, perceived leadership support, work environment, and pay (Anthony, Standing, Glick, Duffy, Paschall, Sauer, et al., 2005; Atencio, Cohen, & Gorenberg, 2003; Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002; Taunton, Boyle, Wood, Hansen,

& Bott, 1997; VanOyen-Force, 2005; Wilson, 2005). These variables most likely also influence an Army nurse officer's decision to remain on active duty as a nurse. However, many differences between civilian and military nursing have been identified (Foley, Kee, Minick, Harvey, & Jennings, 2002). Some examples include: (a) military nurses deploy to foreign countries to support military actions; (b) military nurses must maintain certain height, weight, and physical fitness requirements; and (c) military nurses must also maintain proficiency in certain soldier skills, such as, weapons qualification and nuclear-biological-chemical warfare training. Thus, retention within the Army holds quite different implications for military nurses as compared to their civilian counterparts.

With the ongoing Global War on Terror, the decision to remain an Army nurse has a significant impact on the personal life of the individual making that decision. Although there are a myriad of personal, professional, and financial benefits associated with military service, the sacrifice of both the individual and his or her family is often substantial. Military service is radically different today than it was in the 1980s and 90s. Many active duty Army nurses are currently being called to participate in lengthy deployments outside the United States. This essentially means an individual must be prepared to leave the security of his or her home and family for long periods of time in order to provide nursing care to soldiers and local civilians in unstable and dangerous regions around the globe. Although the current personal risk and cost appear great, the extent of an individual's perceived sacrifice often undergoes rapid and ephemeral shifts as the environmental and organizational variables affecting the decision to remain on active duty changes throughout his or her career. Due to these frequent and substantial

variations in both the work environment and personal perceptions, an ANC officer may change his or her decision to remain on active duty or separate themselves from the service on a fairly regular basis. As the military continues to face challenges and shortfalls in their national nurse recruiting campaigns, the retention of qualified, well-trained, and experienced nursing staff is imperative to the Army's ability to provide essential life-saving nursing care to soldiers, retirees, and families around the world. In light of the inherently dangerous and demanding requirements of military nursing, it was imperative that the ANC leadership begin to understand what caused an Army nurse to choose to continue a career of service in the military. Moreover, the exploration of the factors that affect Army nursing personnel retention was vital not only to the ANC, but to the preservation of the Army's combat power, as well.

#### Purpose

The purpose of this life history-based study was to explore, identify, and describe the forces that affect ANC officer retention. Because little is known about why nurses chose to remain in the Army, a qualitative methodology was employed in this study. Participants shared their personal "histories" of life decisions to remain on active duty. The descriptive findings of this study will broaden leaders' understanding of the forces that contribute to retention among ANC officers.

#### Conceptual Orientation

The conceptual orientation of this study provided a general framework for understanding individual persons and his or her experiences, within which meanings of those experiences can be discovered and examined. The intent of qualitative research

inquiry is to produce sensitive and thorough accounts of the manner in which people experience and make sense of their worlds. This differs significantly from quantitative research, which attempts to identify cause and effect relationships among the variables that determine a particular experience (Mearns & McLeod, 1984). As such, qualitative research uses a conceptual model or theory to facilitate and guide data collection to maximize description of the research topic (Crane, 2000) rather than to test hypotheses, as is the case in quantitative study. Carl Rogers' (1959) Person-Centered Therapy approach provided the conceptual framework for this study.

The theory of Person-Centered Therapy is based on three core concepts: empathy, congruence, and unconditional positive regard (Howatt, 2000; Mearns & McLeod, 1984; Rogers, 1959). For purposes of this study, the conditions and underlying concepts that Rogers described as necessary for establishing the therapeutic process between a therapist and his or her client provided the initial structure for preparing both the interview questions and this researcher to serve as the primary research instrument. According to Rogers (1959), the requisite conditions creating Person-Centered Therapy included:

1. That two persons were in contact.
2. That the first person, whom we shall term the participant, was in a state of incongruence....
3. That the second person, whom we shall term the investigator, was congruent in the relationship.
4. That the investigator was experiencing unconditional positive regard toward the participant.
5. That the investigator was experiencing an empathic understanding of the participant's internal frame of reference.
6. That the participant perceived...the unconditional positive regard...and the empathic understanding of the investigator (p. 213).

The philosophical underpinnings of Rogers' theory were especially germane to qualitative research, in general, and life history inquiry, in particular. By incorporating the three primary concepts, empathy, congruence, and positive regard, into both the research questions and the interviewing technique, the researcher created a safe environment, built on mutual trust and acceptance, for the participant to share her life history.

When the theory of Person-Centered Therapy was tailored for research use, the approach relied on a set of five fundamental characteristics to guide the research process. First, the research participant had to be an equal partner in the research endeavor because each brings her own perceptions, feelings, and preferences to the relationship. Second, the goal of the research process was to explore, as sensitively and accurately as possible, the frame of reference of the participant. Third, the reality of the participant and the relationship between the researcher and the participant were a continually evolving process. Fourth, the researcher attempted to maintain congruency, or a sense of authenticity, within herself and with the participant. Finally, the researcher was prepared to accept the values of the participant without judgment. In combination, these concepts created a unique and potent perspective from which to commence the research process (Mearns & McLeod, 1984).

Since this research study required the full cooperation of the research participant, the person-centered approach offered a distinct advantage by fostering an environment of empathy, acceptance, and trust, particularly when the researcher probed deeply and personally into the individual's life history (Mearns & McLeod, 1984). As the conceptual

framework for this study, the Person-Centered Therapy approach provided a powerful method to minimize researcher distortion and bias since the research topic had been personally experienced by the researcher and divergent experiences may have evoked a strong reaction in terms of the investigator's personal values and beliefs. By following the person-centered framework, the researcher ensured that she empathized with participants, was aware of and controlled her own projections, was prepared for and accepted differing values and experiences, and gave equal weight to different perspectives (Mearns & McLeod, 1984). When the researcher fully accepted the participant and her frame of reference, the participant was encouraged to freely explore her life experience and the researcher was permitted to perceive the meanings within that experience, creating an optimal milieu for discovery (Howatt, 2000).

#### Research Questions

This study focused on active duty ANC officers who had recently decided to remain in the Army and had spent either 3 to 5 years in service, 10 to 12 years in service, or 20 to 22 years in service. These specific time frames were chosen because they each reflect certain periods within an ANC officer's career that are typical decision-making timeframes for deciding whether to stay in or leave active duty. Most ANC officers with 3 to 5 years in service have completed their initial service obligation and have reached their first opportunity to resign from active service. Many ANC officers with 10 to 12 years in service have reached the point that most feel they must either decide to resign or stay until the earliest age of retirement, which is currently 20 years of active service. ANC officers with 20 to 22 years in service have reached a point that they are able to

retire with full benefits but have chosen to remain on active duty past their initial retirement eligibility. The investigator hoped that studying ANC officers at those varying stages of their careers would provide insight into the factors that impact Army nurse retention throughout the continuum of service. The goal of this study was to capture the lived experiences of an ANC officer and explore how those experiences affected the decision to remain an Army nurse. The study answered the following questions:

1. What factors do ANC officers identify as crucial to their decision to remain on active duty?
2. What life events affect an ANC officer's decision to remain on active duty?
3. How do the life events that an ANC officer experiences affect the decision to remain on active duty?

#### Definitions

The following terms were defined for the purpose of this study.

1. Retention – The state of being retained within the profession of Army nursing.
2. Attrition – A gradual reduction of the Army nurse workforce without intentional removal of personnel.

#### Assumptions and Limitations

This study was based on the assumption that insights into the broader human condition are obtained by learning about and understanding other humans' life experiences (Cole & Knowles, 2001). As environmental variables may affect behavior, the life history methodology added richness and depth by providing the necessary means for discovering the complex interconnections among the relationships between an

individual and an organization (Marshall & Rossman, 1995). Studies utilizing this methodology assumed that truth lies within an individual's perceptions of their life experiences and that they constructed their reality based on those perceptions, thereby yielding multiple realities. Furthermore, reality evolves and is inextricably tied to the context in which it is experienced (Cole & Knowles, 2001; Creswell, 1998; Marshall & Rossman, 1995). As such, life history research served as the best methodology to explore the multifaceted variables that influence an ANC officer's decision to remain on active duty as an Army nurse during various life situations.

There were two major limitations in this type of study. First, some perceive this type of research to lack general application. This was minimized by selecting *appropriate* participants that possess the specific phenomenon that the researcher was attempting to explore (Creswell, 1998; Morse & Field, 1995). The second limitation involved the sample size. The goal of qualitative research is to find enough participants that can *adequately* provide a full and rich description of the study focus (Creswell, 1998; Morse & Field, 1995). Furthermore, this type of research provides no generally accepted principles for participant selection. The focus is on the quality of information obtained from each individual rather than the size of the sample. As a result, sample size selection is an ambiguous and subjective determination based on the study's purpose. Therefore, sample size was determined by the investigator based not on the ability to generalize the findings but rather on the ability to adequately capture the phenomenon under investigation after considering the study scope, nature of the topic, data collection quality, and research design (Burns & Grove, 2005). By meeting two sampling criteria,



appropriateness and adequacy, the researcher strengthened reliability and validity. This strategy, in addition to the chosen study design and methods, ensured reliability and validity of the overall study.

#### Summary

In conclusion, the purpose of this qualitative study was to explore the factors that affect ANC officer retention. Moreover, the goal was to understand what and how certain life events impact an Army nurse's decision to remain on active duty. The results of this study will pioneer further research concerning ANC officer retention and will most likely provide ANC leadership with information that will allow them to make decisions to improve officer retention.

## CHAPTER II

### LITERATURE REVIEW

The military, the Army in particular, is not immune to the deleterious effects of the current nursing crisis. The new millennium is proving to be frustrating for Army recruiting teams as the ANC has failed to achieve any of its annual nurse recruitment goals amidst an extremely competitive nurse recruiting market (Gahol, 2005). With chronic recruitment challenges, the retention of well-trained, educated, and experienced nursing personnel is all the more important to the Army's ability to provide nursing services to military healthcare beneficiaries around the world.

Unfortunately, the Army is experiencing an exodus of nursing personnel, owing in part to the abundance of lucrative nursing positions in the civilian market and, of course, to the continuing Global War on Terror. For example between 2002 and 2004, the Army lost 491 ANC officers to voluntarily resignation (Gahol, 2005). An ongoing ANC exit survey reported that, of those officers who voluntarily left the Army since November 2001 and subsequently completed the ANC exit questionnaire, less than a quarter of the total respondents reported that they originally intended to leave the military upon fulfillment of their initial service obligation (M. Custer, personal communication, August 4, 2006). Now, as these officers prematurely choose to leave the military, the ANC loses its most promising source of quality nursing care, which, as of April 2005, left the corps 296 staff members shy of filling its 3,415 positions (Army Nurse Corps Branch, n.d.).

Researchers have explored the current nursing shortage from numerous angles: job satisfaction, supervisor leadership, quality patient care, mentoring, work and organizational environment, and intent to stay (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Holtom & O'Neill, 2004; Ingersoll et al., 2002; Prevosto, 2001; Shader, Broome, Broome, West, & Nash, 2001; Stewart, 2002; Taunton et al., 1997). Very few, however, have actually examined RN retention, its dimensions, or antecedents. Moreover, little research on Army nurse retention exists. With the continuing military recruitment issues extending into the foreseeable future, the Army must find and implement innovative measures to retain its current force. The initial step in that quest was to explore and identify the factors that positively impact ANC retention.

#### Job Satisfaction

There are essentially two primary predictors of nursing turnover: ease of change from current job environment and job attitudes. The two most researched variables of job attitudes include organizational commitment and job satisfaction which are both highly correlated with retention (Holtom & O'Neill, 2004). According to Shader et al. (2001), nurses who tended to stay in a particular work position were typically satisfied with their overall work environment. A meta-analysis of 48 studies conducted by Blegen in 1993 revealed that job satisfaction was positively correlated with various work factors, including professionalism, communication with peers, fairness, and recognition (cited in McNeese-Smith, 1999). However, McNeese-Smith found in her study that major causes of satisfaction for the 30 nurses who participated in her qualitative research project were patient care, work variety, interpersonal peer relationships, and meeting personal or

family needs. Others (Taunton et al., 1997; VanOyen-Force, 2005) have also reported a significant association between job satisfaction and work group cohesion. In 2000, O'Rourke, looking at 201 nursing staff who worked in a military hospital, found that satisfaction was influenced by the perceived level of autonomy, appropriate pay, and professional status. However, in another military study involving 136 ANC officers, Stewart (2002) found that although military nurses were somewhat satisfied, there was no significant relationship between satisfaction and the officers' intent to remain in the Army.

Since job satisfaction, for the most part, has been shown to correlate with retention, it was only natural to assume that the converse, dissatisfaction, would demonstrate an inverse relationship. In 1999, McNeese-Smith, during her study designed to examine the content of staff nurse interviews, identified that feeling overloaded, working with poor caregivers, being involved in unfair situations, and the presence of factors that interfered with the provision of good nursing care were major causes of dissatisfaction in the nursing workforce. Additionally, when she and Van Servellen collaborated in 2000 to study the extent of life and job cycle influences on job satisfaction, they found that lower levels of satisfaction were associated with less involvement with the organization and resulted in a decrease in organizational commitment. These studies indicated a strong link between job satisfaction and retention.

#### Supervisor Leadership

Retention may be influenced by supervisory leadership. In fact, immediate supervisors often hold a significant amount of power over an individual's level of

satisfaction with their work environment, as well as, their intent to stay (Anthony et al., 2005; Taunton et al., 1997; VanOyen-Force, 2005). A literature review conducted by VanOyen-Force revealed five general themes that affected nurse retention: managerial leadership style, supervisor personal traits, organizational structure, manager education and tenure, and autonomous atmosphere.

Both transactional and transformational leadership styles lend themselves to higher job satisfaction and staff empowerment (Morrison, Jones, & Fuller, 1997). Transactional leaders typically functioned in a caretaker role while transformational leaders used charisma and intellectual stimulation to “produce greater effort, effectiveness, and satisfaction in followers” (Huber, 2000, p. 65). Another study (Anthony et al., 2005) also identified servant leadership as an important factor to maintain effective unit functioning, quality care, and retention. Furthermore, this study highlighted that on-the-job-training was insufficient in preparing nurses to assume managerial roles. This was interesting since many of the first-level nurse managers within the ANC attain this position prior to completing post-graduate education, although most have attended a two-week head nurse preparatory course.

Mentoring is one area that has received much attention from military researchers and very little from civilian counterparts. Yoder (1992), in her descriptive study of ANC officers, found that job satisfaction was significantly associated with having experienced a developmental relationship within their career. Prevosto (2001) found similar results when she studied U.S. Army Reserve nurses, who reported increased satisfaction and a higher intent to stay on reserve duty if they had experienced a mentored relationship.

Although no civilian study was discovered that looked specifically at mentoring and retention, McNeese-Smith & Van Servellen (2000) identified a “compelling need for nurses and organizations to do career planning together to avoid disengagement of nurses” (p. 97). Mentoring, as with supervisor leadership, has a profound impact on satisfaction and, thereby, staff retention.

### Quality Patient Care

Other studies have focused mainly on how the nursing shortage has impacted the quality of patient care provided within hospital organizations. Many of the revolutionary magnet hospital studies conducted in the 1980s and 90s found that the number and educational background of nursing personnel equated to overall better patient outcomes (McClure et al., 1983; McClure & Hinshaw, 2002). In 1994, Aiken, Smith, and Lake found that work environment directly affected patient outcomes; specifically, a strong and supportive nursing work environment resulted in significantly lower patient mortality rates. In 2002, Aiken, Clarke, Sloane, Sochalski, and Silber astounded the healthcare community when they determined that each additional patient over a 4:1 patient-nurse ratio was associated with a 7% increase in patient mortality within 30 days of admission. This landmark study also demonstrated a 14% increase in job dissatisfaction for every patient beyond the basic 4:1 ratio. Additional analysis of the data gathered for this significant study revealed that staff educational mix also had a significant impact on patient outcomes. Using that data, Aiken, Clarke, Cheung, Sloane, & Silber (2003) found that a 10% increase of BSN prepared nursing staff was associated with a 5% decrease in the patients’ likelihood of dying within 30 days of admission, which further emphasized

the vital importance of resolving the nursing personnel crisis. The detrimental effect on patient care is, in this investigator's opinion, the most critical result of the current personnel crisis. Unfortunately, no studies involving military retention and patient outcomes were discovered during the literature search, a sad fact in light of the recent media and congressional scrutiny regarding the quality and access of care for wounded soldiers.

### Work and Organizational Environment

Many researchers have identified the significant impact of organizational characteristics, work role, and work environment on staff turnover (Foley et al., 2002; Ingersoll et al., 2002; O'Rourke, 2000; Taunton et al., 1997; Wilson, 2005). Some studies have shown that multiple factors within the work and organizational environment affect nurses' perceptions and influence job satisfaction (Foley et al., 2002; Ingersoll et al., 2002; O'Rourke, 2000; Robinson, Rodriguez, Sammons, & Keim, 1993); while others demonstrated a positive relationship between environmental dynamics and retention (Atencio et al., 2003; Taunton et al., 1997; Wilson, 2005). These findings are especially relevant to the ANC, as these organizational influences affect not only the ANC officers' work satisfaction but their personal life as well.

Several military studies have been conducted to examine the relationship between the organization and military nurses (Foley et al., 2002; O'Rourke, 2000; Robinson et al., 1993). O'Rourke (2000) found several barriers to satisfaction among military nurses: lack of bonuses, high number of administrative tasks, and a perception of the command's needs superseding the individual's needs. While Robinson et al. (1993) found that

military nurses were actually satisfied with their pay and benefits, they reported lower satisfaction than civilian counterparts in the areas of overall job satisfaction, supervisory support, peer cohesion, autonomy, and task orientation. The findings from the 2002 Foley et al. study of two separate military hospitals argued that both civilian and military nurses within those hospitals experienced similar levels of autonomy, control over nursing practice, and positive nurse-physician relationships, indicating an overall positive work environment. They proposed that the officer status of nurses in military hospitals, the high proportion of male nurses, and the high education requirement contributed to an environment that fostered satisfaction. When Ingersoll et al. (2002) conducted their study, they focused on affective commitment, or the consistency between personal and organizational values and goals. They found that greater affective commitment strongly predicted the intent to stay. In other words, a supportive and cohesive work group yielded greater satisfaction and increased organizational commitment, which resulted in the individual remaining attached to the organization.

Others' studies looked more generally at overall organizational characteristics and evaluated their impact on actual retention (Atencio et al., 2003; Taunton et al., 1997; Wilson, 2005). In a study of 25 nurses in the state of Washington, Wilson (2005) determined that nurses remained when they felt supported by their supervisors in their role and had access to the necessary resources and information to perform their duties. These factors combined to create a beneficial feeling, which, in turn, increased organizational commitment and retention. Taunton et al. (1997) found similar results when evaluating influential head nurse leadership factors among 1171 staff nurses. They



found that the manager's consideration for personnel, the structuring of expectations by the manager, and the work group's cohesion all combined to increase enjoyment and intent to stay, which was consistently the best predictor of turnover. Atencio et al. (2003) also found that autonomy, task orientation, and work pressure were all important in creating a positive perception of the work environment in order to improve the retention of experienced nurses.

Even though few studies on retention have been conducted within the ANC, these findings have applicability to the military nursing environment. The retention of experienced staff nurses is essential to the Army's ability to provide healthcare to soldiers, retirees, and family members around the world. The highly demanding nature of military nursing calls for well-trained, experienced staff and leaders to be able to deliver cost-effective, quality patient care in a variety of situations, ranging from large medical centers to tents in third-world countries. With recent losses and recruitment challenges, the best method to resolve this crisis was to examine the factors that actually contributed to the retention of highly skilled ANC officers.

### CHAPTER III

#### RESEARCH DESIGN AND METHODS

The purpose of scientific research is to describe, explain, predict, or control a phenomenon to generate, validate, or refine knowledge (Burns & Grove, 2005).

Quantitative methodology provides an excellent method to “describe variables, examine relationships among variables, and determine cause-and-effect interactions between variables” (Burns & Grove, 2005, p. 23). Qualitative research, in comparison, utilizes a “systematic, interactive, subjective approach to describe life experiences and give them meaning” (Burns & Grove, 2005, p. 23). Additionally, qualitative methodology offers an essential inductive method to investigate, discover, and understand complex personal phenomena that are not easily quantifiable, such as human emotions or rationale for behaviors, like the factors that influence ANC officer retention.

This study employed a qualitative research design using in-depth, life history interviews to explore the factors that influenced an ANC officer’s decision to remain on active duty. This qualitative research design offered unique strengths that are both exploratory and descriptive in nature. Life history research, in particular, searches for a deeper understanding of an individual’s lived experiences of a certain phenomenon. The underlying strategy is to search the history itself from the individual’s, or emic, perspective to gain insights into the phenomenon of interest to tease out the subtle intricacies that influence a particular outcome (Cole & Knowles, 2001; Creswell, 1998;

Marshall & Rossman, 1995; May, 2002). This study was based on the assumption that truth lies in the experiences and perceptions of the participants. As it is possible for multiple views of reality and truth to exist, the knowledge that emerges from the accumulation of historical accounts is “deemed true if it withstands practical tests of utility and reason” (McEwen, 2002, p. 10). According to Morse and Field (1995), the life history methodology allows the researcher to “explore an individual’s current attitudes and behaviors while giving consideration to decisions that were made at an earlier point in time” (p. 116). This provides a powerful analytical tool for developing theory and, according to May (2002), can lead to the discovery of social, structural, and cultural bases of choices and actions “by framing questions in terms of baselines and trajectories of change” (p. 206). This process promoted the exploration of the phenomenon of retention, description of the findings, and the formulation of knowledge via inductive reasoning.

Life history research, much like narrative inquiry, finds its roots in anthropological and social sciences (Cole & Knowles, 2001; Elliott, 2005; Morse & Field, 1995). The inception of life history research in the early 1900s was strongly influenced by positivist philosophy, although it radically deviated from the *received* view of science by placing value on the knowledge and experience of the individual (Cole & Knowles, 2001). This resulting *perceived* view of science, known as historicism, centers on the collection of lived experiences in order to discover knowledge (McEwen, 2002).

Beliefs are created and behaviors are exhibited within the confines of life’s influential circumstances, such as culture, politics, time, family, or education. Because of

this, the best method to explore the factors that influence the decision of ANC officers to remain on active duty was the life history approach. Utilizing this methodology, the investigator was able to draw upon the discoveries of the individual experiences caused by remaining in the ANC to formulate broader contextual meanings, which provided an opportunity for analysis and initial understanding of the multi-faceted dimensions of ANC officer retention.

#### Protection of Participants

The Institutional Review Board at The University of North Carolina at Greensboro and the participating facility both granted the investigator permission to conduct this research study. Prior to participation, the researcher talked with each participant to explain the purpose of the study and expectations and rights as a participant. Participants were informed that interviews would be audiotape-recorded and that they could withdraw from the study at any time without penalty. Each participant signed written consent to participate in the study. Furthermore, the investigator has assured anonymity of all participants throughout the implementation and reporting of this research study.

#### Sample and Sampling Process

To obtain a rich mix of individuals who had recently made a decision to remain on active duty as an Army nurse, a stratified, purposive sampling strategy was utilized. Participants were recruited from the nursing staff at a large military hospital located in the Southeast. This location was chosen because there were a multitude of ANC officers. A list of eligible participants assigned to the facility was obtained from the hospital's

military personnel department. The researcher electronically mailed an invitation (see Appendix A) describing the study to all potential subjects. Volunteers were instructed to reply if interested or to contact the investigator via telephone. Participants were chosen from the respondents who met inclusion criteria.

Stratified, purposive sampling is a non-probability sampling technique used in qualitative studies to select subjects who are able to provide substantial insight into a particular phenomenon of interest (Burns & Grove, 2005). A stratified technique, based on length of service as an Army nurse, was used to ensure an extensive range of experience of the participants with the focus of the research, the factors that influence ANC officer retention. This technique allowed the researcher to illustrate subgroups and facilitate comparisons (Creswell, 1998). Participants were invited to participate in this study based on the following criteria: (a) individual was currently an ANC officer; (b) individual had previously made a decision to remain on active duty; (c) individual had either 3 to 5 years in service (early career), 10 to 12 years in service (middle career), or 20 to 22 years in service (advanced career) as an Army nurse. By targeting potential participants based on these criteria, the investigator selected individuals of reasonable variation who could best provide information to assist in answering the research questions. Additionally, by purposeful selection of the participants to ensure the presence of the phenomenon under investigation, data quality and credibility of the study were reasonably assured (Marshall & Rossman, 1995).

In quantitative research, the sample size must hold the power to identify relationships among variables. In qualitative research, on the other hand, the focus is on

the quality of information obtained from each individual rather than the size of the sample. The size, therefore, was determined not by the ability to generalize the findings but by the ability to adequately capture the phenomenon under investigation and was dependent on the purpose of the study. When determining sample size, the researcher must consider: study scope, nature of the topic, data quality, and research design (Burns & Grove, 2005). According to Cole and Knowles (2001), the in-depth nature of life history research has proven sufficient to yield information-rich data in as few as one individual as they propose “it is much more important to work thoroughly, meaningfully, and authentically with one participant than to end up with very partial and sketchy understandings based on work with several or many” (p. 67). Similarly, this investigator believed that adequate quality and depth of data concerning the factors that influence an ANC officer’s decision to remain on active duty were achieved by examining a maximum of six ANC officers, two with 3 to 5 years time of service, two with 10 to 12 years time of service, and two with 20 to 22 years time of service. By using this method, the researcher acknowledged that situations and influential factors vary as individuals develop and mature through life experiences and, as a result of those lived experiences, the factors that impact the decision to remain on active duty change, as well.

#### Data Collection

For the purposes of this research study, in-depth, semi-structured, audiotape-recorded interviews; demographic questionnaires (see Appendix B); field notes (see Appendix D); and curricula vitae (CV) (see Appendix E) served as the data. In qualitative research, however, the researcher is actually the primary instrument for data collection

(Marshall & Rossman, 1995; Morse & Field, 1995; Rubin & Rubin, 2005) as it is nearly impossible to create an instrument with “sufficient adaptability to encompass and adjust to the variety of realities that will be encountered” (Lincoln & Guba, 1985, p. 39) during the research process. As an instrument, the researcher adequately prepared for and understood not only her role but also her potential bias concerning the collected data by performing extensive research and practice of qualitative interviewing techniques (Elliott, 2005; May, 2002; Morse & Field, 1995; Rubin & Rubin, 2005).

Morse and Field (1995) identified techniques to help control researcher bias. First, they suggested “bracketing” (p. 223) the researcher’s personal biases prior to conducting the study. This entailed the researcher consciously identifying preconceived notions about the research topic and placing them aside throughout the research process. This underlying reflexivity, that is the ability of the researcher to remain critically aware of her role throughout the research process (Elliott, 2005), led to heightened awareness of self and the development of an empathetic research practice (Cole & Knowles, 2001). Morse and Field also suggested that during data analysis, the researcher review the interview transcripts for the presence of leading questions and the type of responses elicited from those questions. Use of these techniques allowed the researcher to not only remain neutral and objective during participant interviews, data analysis, and interpretation but also to recognize and acknowledge when neutrality and objectiveness was lost (Lincoln & Guba, 1985).

To prepare for the actual interview, the researcher drew upon knowledge gained from studying the art of qualitative interviewing and practiced the use of both global and

probing question techniques. To assist her in developing and maintaining instrument quality, the researcher enlisted the services of two expert nurse researchers, the thesis committee chair at The University of North Carolina at Greensboro and the associate investigator at the research site, to assess the interview questions (see Appendix C) for soundness. These procedures fostered a consistent level of quality throughout the research process (Creswell, 1998; Morse & Field, 1995).

As each interview was unique, the content and flow of the information differed from one participant to the next. In order to organize the content, ensure validity, and minimize the *dross rate*, the amount of irrelevant information obtained during an interview (Morse & Field, 1995), a semi-structured interview questionnaire (see Appendix C) was utilized. Interviews were conducted at a time and location of the participants' choosing in order to minimize discomfort and optimize privacy. Each session began with a short amount of small talk and completion of the informed consent paperwork. This allowed the investigator to answer any questions, establish the participant's understanding of consent, and place the individual at ease. The initial interview was opened with the global statement:

The purpose of this research project is to identify and explore the reasons that Army Nurse Corps Officers choose to remain in the military. To fully understand the forces that influence your choice to remain on active duty, I would like to take a journey with you to explore the history of your life. By starting at the beginning, I hope we can gain a better understanding of what led you to military life in the first place and why you now choose to remain an Army Officer. As we talk about your history, I'd like for you to reflect on and describe anything that you feel influenced your attitudes and behaviors during that particular period of your life. These forces can be anything – spiritual, familial, personal, social, educational, cultural – anything at all that you feel was a factor in leading you to where you



are today. With that in mind, let's start at the beginning. Tell me what life was like in your early childhood.

After opening the interview, describing the goals, and establishing the context, the researcher then allowed the participant to begin the story of her life. This opening statement was important to encourage the individuals to share her history in chronological order, which promoted recall and facilitated storytelling (Cole & Knowles, 2001; Rubin & Rubin, 2005). Once the investigator prompted the participant to narrate her story, the investigator did not interrupt the interviewee unless probing questions were needed to redirect the conversation or further stimulate discovery. By encouraging the individual to elaborate on specific attitudes, events, and behaviors, the probe questions elicited a tremendous amount of thick, rich data for interpretation.

In addition to the interview, the investigator utilized a demographic questionnaire, the participants' CV, and follow-up interviews as sources for *triangulation*, which is the use of multiple data sources to corroborate evidence (Creswell, 1998). The investigator had the participant complete the demographic questionnaire prior to conducting the interview. The demographic questionnaire and the individual's CV were used to explore inconsistencies in the individual's shared history, which served to ensure the accuracy and trustworthiness of the story (Creswell, 1998; Lincoln & Guba, 1985). It was not necessary for the researcher to conduct follow-up telephonic interviews to clarify a participants' response or to explore her thoughts about ideas or comments that emerged from another participant's interview, although this option was available if needed. The investigator also employed the use of extensive field notes. Field notes are the "written

account of the things that the researcher hears, sees, experiences, and thinks in the course of collecting or reflecting on data” (Morse & Field, 1995, p. 112). Immediately upon conclusion of each researcher-participant session, the investigator documented narratives that described the researcher’s observations of the session, including but not limited to a description of the physical environment, the interviewees’ body language, and the researcher’s reactions to the interview.

### Data Analysis

Planning for the intensive process of data analysis began with a systematic, organizational approach to data documentation. The investigator strived to become extremely familiar with the data. First, the investigator listened to the entire audiotape and reviewed written data gathered during each researcher-participant session, paying particular attention to the content as well as to the questions asked and responses given. Audiotapes were then transcribed verbatim by the investigator who used a method to record the flow and meter of content, for example, dashes to indicate pauses or ellipses to indicate gaps and long pauses; as well as, the mood by placing expressions within brackets, for example, [laughs softly]. Although time-consuming, this allowed the researcher to intimately know the data (Morse & Field, 1995). After checking for accuracy, the first transcript was shared with the thesis committee chair for a content and technique review. Upon receipt of faculty feedback, the investigator added an additional closing probe question, one introduced in the first interview, to all subsequent interviews: “Can you sum up in one sentence what your most important reason is for staying in the

military?” The researcher then proceeded to conduct interviews with the five remaining participants in the same manner.

As previously mentioned, the primary instrument in qualitative research is the researcher. This was no more evident in any phase of the research project than during data analysis. Unlike quantitative research which utilizes complex statistical analysis as the foundation for data interpretation, life history qualitative research required the investigator to develop the mental readiness to understand and accept the complexity of the task and the creative nature of the project. Analysis of life history data required that the investigator absorb and reflect on volumes of data for long periods of time until key ideas and themes flowed from it (Cole & Knowles, 2001). Once the researcher identified persistent words, phrases, or themes, they were “coded”, or placed into categories, that were initially broad and eventually clustered into more specific themes. Data was divided and organized according to chronological date, as well as other important sub-divisions that were uncovered throughout the data collection process, for example, according to work environment, overall job satisfaction, or familial factors. Then, the investigator used Microsoft Word© and Excel© to compile the similarly coded data into manageable files to facilitate data retrieval and analysis by the researcher (Morse & Field, 1995). Once all similar codes were merged together, the investigator explored the entire file pertaining to a certain code, for example, all the participants’ conversations regarding the impact of leadership on the decision to remain on active duty. The investigator then used the following standard technique (Cole & Knowles, 2001) to process the data: “ read and make notes, leave and ponder, reread without notes, make new notes, match notes up,

ponder, reread, and so on” (p. 99) in order to identify and explore preliminary understandings about the meaning of the data.

This process of data analysis, as is the case with all qualitative research, was an inherently messy procedure, yet it was uniquely suited to uncover the unexpected and explore new meanings (Marshall & Rossman, 2005; Morse & Field, 1995). Cole and Knowles (2001) poignantly states:

Understandings of participants’ lives in context can never be truly whole or complete; however, we must strive to honor the richness and complexity of lives lived. We do so not by taking information and slicing it into discrete bits..., but by trying to understand, in a holistic way, the connectedness and interrelatedness of human experience within complex social systems. The analysis process is not one of dissection but one of immersion. We become surrounded and washed by the material, we bathe in it, live it, and breathe it. Like getting to know a very good friend, because we have spent so much time together and come to know so much about her, eventually we begin to think, just a little, like her (p. 101).

It is through this process that the researcher came to comprehend the data enough to be able to write a complete, detailed description of her interpretations and findings (Morse & Field, 1995).

Qualitative research differs from quantitative research in many respects, including the issue, analysis, and evidence of scientific rigor, which is the criteria used to judge the quality of a research project (Cole & Knowles, 2001). The quantitative researcher uses words such as reliability and validity to communicate a study’s ability to be replicated, cover the topic of interest, and generalize to other populations (Cole & Knowles, 2001; Morse & Field, 1995; Burns & Grove, 2005). Qualitative research, on the other hand, employs different techniques and language to demonstrate these issues of rigor,

commonly referred to as “trustworthiness” (Morse & Field, 1995, p. 143). Lincoln and Guba (1985) described four standards for evaluating the trustworthiness of qualitative research: credibility, transferability, dependability, and confirmability. These four accepted criteria for examining qualitative research correlate with the quantitative standards: internal validity, external validity, reliability, and objectivity (Creswell, 1998).

The purpose of credibility is to demonstrate that the study was conducted in such a manner that ensured the research topic was accurately identified and described by the primary research tool, the researcher (Morse & Field, 1995). To ensure the researcher was credible and adequately measured the data, evaluation of the investigator’s knowledge, skill, and technique was performed by the thesis chair throughout the study and determined to be a credible and adequate measure.

The purpose of transferability is to demonstrate the applicability of one set of findings to another context (Morse & Field, 1995). In qualitative research, however, generalization cannot truly be accomplished due to the contextual nature of truth. Thus, transferability rests more with the investigator who would make that transfer than with the researcher of the original project. The ability to transfer findings to other populations is dependent on a variety of factors, for example, the purpose and design of the study (May, 2002). The original study design that shows how data were collected and analyzed by concepts and models helps the subsequent investigator to justify transfer to other populations. One of the most important aspects of determining transferability, however, is whether the sample population was an accurate reflection of the population in society

(May, 2002). By careful choice of the site and sample population for this study, the investigator fostered transferability to other similar populations.

The purpose of dependability is to account for the changing conditions in the social world and their effect on the topic under investigation (Morse & Field, 1995). To ensure dependability, the researcher maintained detailed descriptions regarding the research process (Lincoln & Guba, 1985). This researcher precisely documented the data collection and analysis process to ensure consistency of the procedures. All interviews were conducted in the same manner and the thesis chair assessed transcripts. By maintaining a written record of the decisions that were made regarding data collection and analysis, the researcher provided a “road map” for others to follow.

The purpose of confirmability, or neutrality, is to establish that the findings are free from bias during the research procedure (Morse & Field, 1995). The purpose of qualitative research is “not to determine objectively what happened...but rather to objectively report the perceptions of each participant in the setting” (p. 142). Thus, the investigator strived to identify and control personal biases throughout the data collection, analysis, and interpretation process. Furthermore, prolonged contact with the research participants provided the opportunity for individuals to validate and clarify previous responses, which also contributed to the overall confirmability of the project.

## CHAPTER IV

### RESULTS

#### Sampling

According to Lincoln and Guba (1985), one of the primary reasons for reporting research findings is to raise an understanding of the results. Thus, the purpose of sharing the results of this investigation was to create a preliminary knowledge base about the forces that influence ANC officer retention by providing a thick, rich description of the participants involved and data collected.

#### *Procedure*

The investigator obtained a list of 34 potential participants from the organization's military personnel department who met these established inclusion criteria: (a) currently an ANC officer, (b) previously made a decision to remain on active duty, and (c) had either 3 to 5 years in service (junior level), 10 to 12 years in service (mid-career level), or 20 to 22 years in service (senior level) as an Army nurse. Electronic mail invitations were sent to all potential participants with current hospital or U.S. Army electronic mail addresses ( $N = 31$ ). Of those 31 invitees, nine ANC officers contacted the researcher to obtain further information and seek enrollment in the research project. Three respondents had 3 to 5 years of service, three had 10 to 12 years of service, and three had 20-22 years of service. The first six respondents who met inclusion criteria, had the appropriate length of service to fill each category, and agreed to the estimated

time commitment were enrolled in the study. Of the nine respondents, six participated in the study, one declined because of the amount of time involved, and two, although ultimately unnecessary, agreed to serve as alternate participants in the event a participant within their category was unable or unwilling to complete the study.

### *Sample*

This stratified, purposive, non-probability sample ( $N = 6$ ) was comprised of mostly White ( $n = 5$ ; 83%) female officers (100%), ranging in age from 35 to 45 years old ( $M = 40.1$ ;  $SD = 4.36$ ). Sixty-six percent ( $n = 4$ ) of the participants were currently married, while 44% ( $n = 2$ ) were currently divorced. Years of time in service as an ANC officer ranged from 4 to 21, although four participants had prior enlisted service time that increased their overall amount of time involved with the military. The education level of all participants was a BSN. Fifty percent ( $n = 3$ ) had continued their education to obtain a Master of Science in Nursing (MSN), while one (16%) had also pursued a non-nursing Master degree and a post-graduate certificate. Most (83%) had completed civilian education, either for a BSN or MSN, via funding through U.S. Army training and education programs. All participants ( $N = 6$ ) held military nursing specialty identifiers, such as Emergency, Obstetrical, or Peri-Operative nursing. Furthermore, half ( $n = 3$ ) were under an existing Active Duty Service Obligation (ADSO), or employment contract, which precludes them from leaving the military at the current time.

### Findings

The researcher conducted in-depth, semi-structured, audiotape-recorded, individual, face to face interviews during January and February of 2007 to explore,



identify, and describe the forces that affect ANC officer retention. The primary purpose of those interviews was to answer the following research questions: (a) What factors do ANC officers identify as crucial to their decision to remain on active duty; (b) what life events affect an ANC officer's decision to remain on active duty; and (c) how do the life events that an ANC officer experiences affect the decision to remain on active duty?

Analysis of interview data reveals that the forces that influence the decision of an individual to remain in the military are numerous and complex. The following results answer the first research question: What factors do ANC officers identify as crucial to their decision to remain on active duty? Study participants identified multiple factors that influence the decision to remain on active duty. Data analysis resulted in two global categories: (a) personal desire and (b) emotional investment. Each global category and its corresponding clusters are discussed in the following section.

### *Personal Desire*

The first global category, personal desire, was defined as an expressed wish for something that brings personal satisfaction. This global category included four clusters: intent, career investment, need fulfillment, and benefits.

*Intent.* Intent was identified as a personal or professional goal established by the individual. All six participants identified personal goals as influencing their decision to remain an Army officer. These plans frequently involved a desire to obtain a particular retirement benefit package. For example, one ANC officer stated "I had a goal when I came in. My goal was to leave as a full-bird Colonel and to go as far as it really could take me." Another offered, "when I leave this job, I'm going to stay home [with my

children]. . . . Staying in the military will allow me to do that.” Others identified different desires, such as, pursuing graduate education, traveling, or developing junior personnel as specific factors influencing their retention. When asked about the most important reason she remained in the military, one officer offered, “I’m just not done yet. I know that there’s more I can do.”

*Career Investment.* Career investment is not only the amount of time and effort previously contributed to a career but also the future benefits of remaining on that career path. Military retirement packages offer superb benefits for retirees and their spouses, to include a significant retirement salary for the retiree, ranging from 40 to 75 percent of the individual’s active duty base salary; the option to provide survivor benefit payments to a spouse upon the retiree’s death (U.S. Army G-1, n.d.); and lifetime prescription medication, inpatient care, and outpatient health insurance as long as the retiree purchases Medicare Parts A and B coverage when eligible (TRICAREOnline.com, 2006). Five of the six participants (83%) stated that career longevity and the lure of a premier retirement package heavily influenced her decision to remain on active duty. Only one participant, a junior officer with just over four years in service, failed to mention a sizeable investment toward her career, yet did state “I would like to retire . . . as long as I am still happy and enjoying myself . . . .”

When queried about her decision to remain, one senior officer mused ‘once I got to the point where I could see the retirement . . . I stopped even having those discussions about whether I should get out or stay in.’ Five of the officers made comments such as “why would I get out now,” “it would be silly to get out,” and “I would be foolish to get

out and have to start over again.” Moreover, career investment was also important in surviving arduous situations. One participant discussed a particularly frustrating work environment that she is currently facing, which includes unfair, biased leadership decision making. The following quote depicts how ANC officers often justify enduring these types of challenging situations:

I’m trying to be positive and realize this is a temporary situation and I can’t throw almost 18 years [of total federal service] out the door and everything I love for a mere window of complete frustration and exhaustion. . . .regardless, that small thing is not worth the bigger picture.

*Need Fulfillment.* One of the most crucial aspects influencing an ANC officer to continue serving is that her needs are met by the organization when she needs them fulfilled. For example, three nurses shared stories about times during their career that they considered resignation. Each of the stories involved the organization’s failure to meet the individual’s needs at a particular point in time. One officer described an incident involving denial of an extended maternity leave, saying “I’m crying, I hate everybody, and I’m getting out of the Army right away.” When one participant was asked if she ever considers getting out, she replied “Yes. . . . I think it’s the heat of the moment, frustration with my current working situation. . . . I’m exhausted.” The third confided “when I made that decision to get out or not get out, I decided to stay because they would move me back where I had support and really that’s what I needed. . . . I needed to go home.”

*Benefits.* The benefits of military nursing are numerous, including but not limited to: a retirement package, competitive salary, military and civilian education possibilities, travel opportunities, and healthcare benefits. Pay was one of the most often cited

perceived differences between military and civilian nursing environments. All of the participants commented on their competitive salaries or lucrative retirement potential, making statements such as “the money right now for me is good,” “the pay is comparable to what my civilian pay was,” and “the civilian sector isn’t going to pay you [extra] for your [numerous years of] experience.”

Another benefit discussed by all participants was the military and civilian educational opportunities available to ANC officers. Three of the officers had completed their Master’s education. One officer described the training program she attended, which incurred a four year service obligation, stating “It was great, [you are] getting paid, your only job being your school [class time requirements] yet you accrue time in service and everything else [e.g., full salary and healthcare benefits]. It’s a pretty neat deal.” Several ANC officers commented on the military training they had received, describing it as “. . . extremely important in seeing much more of the big picture of the Army. . . . it also was helpful to see where our piece [the ANC] fits in in the Army. . . .” Also, three ANC officers commented on other benefits such as the healthcare benefits or travel opportunities, stating comments such as “she [my daughter] was eighteen going to college. Her medical [care] was covered,” “I’m going to be able to move to different places,” and “I always bought into ‘join the Army, see the world’.” The following quote eloquently describes the current state of military nursing travel:

Where else are you going to get exposure to foreign countries, foreign cultures first-hand, not out of a textbook, not off of the web, first-hand that you can talk to these people, that you can go to those countries, become part of their culture. . . . actually live it, feel it, see it, smell it.

Each of these benefits contributed to create an extremely attractive retention package that influenced ANC officers' desires to remain in the military.

### *Emotional Investment*

Emotional investment, the second global category, was defined as the personal feelings associated by an individual with her career as an ANC officer. These emotional ties influenced the individual's perception of her career and, therefore, influenced her decision to remain on active duty as an Army nurse. Three clusters comprised this global category: satisfaction, challenge, and comfort.

*Satisfaction.* ANC officers reported numerous factors that influenced their overall perception of personal satisfaction. All six of the participants included in this study offered comments indicating that they find their career satisfying and rewarding with statements such as "I loved my job. Loved it," "I've been very, very, very fortunate," and "I'm very happy with what I do." This sense of personal satisfaction was derived from a variety of sources. One officer stated "I enjoy what I'm doing. I enjoy the type of nursing. I enjoy the people. That's why I'm here" while another said "I got to do everything that I wanted to do. . . .I really love nursing. I really love teaching. . . .it was really awesome." When queried about the most important reasons she had continued as an ANC officer after completion of her initial military commitment, one senior officer replied "personal satisfaction and a job well done." Others reported feeling "happy" and that their job was "fun" and "interesting." One mid-level nurse summed it up with "If I didn't enjoy what I was doing and if I didn't have fun doing it, I would have been out a long time ago. . . . When it stops being fun, I'll leave."

*Challenge.* Five of the participants described aspects of their career as challenging and stated that those challenges served to stimulate them. One junior ANC officer stated “. . . in the grand scheme of things, you want everything to be viewed as a challenge. You need some excitement. It keeps you stimulated.” One senior officer shared “I don’t like that constant, even keel. . . . I like the ups and downs. . . . if things are going along just fine, why am I here?” Another officer said “If it’s easy to do, it may not necessarily be a real sense of accomplishment. . . . It has to be significant or mean something when I’ve accomplished it.”

All six nurses described how the variety of both the military and nursing aspects of their career intertwined to challenge and interest them. Several nurses reported that they equally enjoyed the mixture and diversity of nursing roles and military tasks they encountered on a day to day basis. Participants made comments such as “They [Army leadership] gave me opportunities to go to the field . . . . I liked that exposure. I liked to get out there and open up the DEPMEDS [field hospital equipment],” “I liked to do the military stuff, also. I liked the combination. I like the break in the environment,” and “I love the nursing part, the clinical part of it, but I love being deployed. . .” The following quote exemplifies their experience:

I would say at any given time, you may identify more strongly with one or the other but it is so intertwined at this point that I don’t know if I could see myself as a nurse outside the Army and I don’t think that I could see myself in the Army without seeing myself as a nurse also.

*Comfort.* Comfort, the third and final cluster under emotional investment, was defined as a state of ease with freedom from fear or anxiety, typically caused by the

unknown. Five of the six participants referred to the comfortable nature of their military nursing career, making statements such as “I’m very comfortable in the military,” “this is all I know,” and “I already know all this. I might as well just stay.” Although five of the participants shared stories regarding their consideration of leaving the military, one officer aptly put it as “I was weighing pretty heavily about getting out. . . . I always come back to the safety net.” When asked about her retirement, a senior ANC officer stated “What if I retire and don’t like it? It’s one of those life-altering decisions that I’m not ready to make.”

As stated in the beginning of the Results section, the forces that influence the decision of an individual to remain in the military are numerous and complex. The following results answer the final two research questions: (a) What life events affect an ANC officer’s decision to remain on active duty and (b) how do the life events that an ANC officer experiences affect the decision to remain on active duty? Life event data were aggregated into two global categories: (a) organizational environment and (b) personal situation. Each global category and its corresponding clusters are discussed in the following section.

#### *Organizational Environment*

Organizational environment, the first global category, was defined as the elements that combine to create the atmosphere associated with a particular work environment. In the Army, this includes not only the actual work environment, such as the nursing unit and supervisory leadership, but also other requisites of military service: educational

degrees, military training requirements, and an itinerant lifestyle. This global category included three clusters: education, leadership, and work environment.

*Education.* Most of the participants alluded to the educational opportunities available to them in the military, saying things like “I have never had better training,” and “there were educational opportunities that were great within the military.” Each of these opportunities, when completed, adds additional commitment time for the individual service member. For example, the completion of a two year MSN degree that is fully funded by the Army requires a four year ADSO. Officers are seldom released from a service commitment, thereby affecting retention during that period. None of the ANC officers offered any complaint as to the length of payback time required for this education, although one senior officer did say “when I went to graduate school [it] was pretty much the turning point for me that I knew I was going to stay in as long as I could.” A common belief among ANC officers regarding advanced degrees within the military versus the civilian sectors was exemplified in the following statement:

The civilian sector isn't going to pay you for your experience. I'm looking at [civilian nursing] jobs and they don't even want people with master's degrees. They want people with baccalaureates. They don't care about the education as much as the military puts an emphasis and a focus on that . . . you know that you're a part of something that requires a higher standard, a higher level of expectation. . .”

Military education and training also incur an ADSO, although the length of payback is typically only 1 to 2 years of service. Nevertheless, of the three officers that have attended the Army's military training that is comparable to a Master's level education, all commented that it was important to understand the “bigger picture” and a



good experience professionally because “in the Army, they reward you . . . if you have the education and you have those other things [military requirements], you get promoted.” One officer made a comment that commonly surfaced throughout the interviews, saying “It’s almost like every time I came upon something where I would almost reach one of those decisions [of whether or not to get out], I would do something [accept monetary bonus, training, or education] and end up with another ADSO.”

*Leadership.* Leadership, the second cluster within organizational environment, influenced each these six ANC officers’ decision to remain in the military. At times, leadership was lacking. At other times, it was exceptional. Every participant had experienced both good and poor leadership among their supervisory chain of command. These nurses described situations involving poor leadership, such as “It [leadership] was actually non-existent,” “He was a terrible, terrible leader,” and “. . . [the nurse manager] really didn’t try and mentor or lead in any way, shape, or form.” Of those victimized by the presence of poor leadership, most shared stories of finding leadership and mentorship among peers, citing examples such as “I think that I got a little bit more mentorship from some of the Majors and Captains within the department more so than I did the head nurse. They were more willing to help me.”

Nevertheless, there were far many more examples of good leadership. All of the participants offered stories about examples of strong leadership, making statements like “I had a great relationship with my immediate leadership,” “that’s who I want to be [like],” and “I had such a positive experience . . . I definitely wanted to stay in.” One participant shared the following perspective which exemplified the influence of

leadership on an ANC officer's decision to remain in the military: "If you do the right thing [as a supervisor], I'm not saying you will keep people, but if you do the wrong thing, you'll lose them right then and there."

*Work Environment.* The third cluster, work environment, pertains to more than just the nursing unit of an ANC officer. Work environment includes elements such as specialty assignment, duty location, and morale within the organization.

All of the officers indicated that they were currently working in a specialty nursing area that they enjoyed. One officer mentioned, "I've got to be somewhere that I like." Several made very unfavorable remarks about their previous general nursing experience, stating such comments as "my first exposure [to nursing] was a med-surg nurse on a big floor. . . . my second month . . . I put my packet in to leave to go to the [specialty nursing] course. . . . basically, [I would do] anything to get off the floor" and "spent six weeks— miserable weeks—up on the ward being a ward nurse." Four participants shared insights into how their work environment has influenced their decision to remain in the military, making statements like "they needed help in [a specialty area]. . . . that's all I wanted to do. . . . it was a good place, a nice starting ground" and "got sent to the [specialty] course and haven't left [that specialty] since. . . . it's just been the perfect choice for me."

All of the participants commented on their duty location assignments. When one ANC officer was asked what she liked the most about a particular overseas assignment, she answered "work environment . . . the autonomy, the very close relationships you develop because . . . there's so few [similar] people. . . . the opportunities to travel." Four

of the nurses identified the disciplined military culture as providing more structure and, therefore, being more apt to control subjective bias. One senior officer commented that “if you did what you were supposed to do and . . . did what you knew to be right . . . then you would succeed.” Furthermore, the overall work environment was identified by all of the participants as important to their retention. The following quote suggests how significant the organizational environment is:

. . . that is the first time since I’ve been in the military that I considered getting out because I hated it [nursing position] so much. . . . because of the leadership, the work environment, the types of patients, the legalities they were setting us up for, and the total lack of support through the command structure . . .

### *Personal Situation*

The second global category, personal situation, was defined as all personal factors that influenced the individual’s perception of her ability to continue to serve in the military. Several personal life event factors affect ANC officer retention. This category was comprised of three clusters: familial factors, need fulfillment, and comfort.

*Familial factors.* Throughout the participants’ interviews numerous family-related issues were shared that affected retention. First and most commonly discussed, was the influence of a spouse, either supportive or non-supportive. Five of the officers shared stories regarding how their decision was swayed by their spouse, ranging from frank discouragement to impartial support to wholehearted encouragement. Four officers described an atmosphere of spousal support with statements such as “he gave me the confidence to do it,” “he influences me a lot in my decision making process,” and “he

supports me whichever way I want to go but it's still my choice, as long as it makes me happy and is what I want to do.”

The second major issue in the familial factors cluster was children. Five of the six participants have either children or step-children that influenced their decision to remain in the military. Most of these officers reported comments such as “that’s who I’m in it for,” “when I leave this job, I’m going to stay home [with my children],” and “what’s going to be better for my child and me than staying in until I end up with a retirement. . . . I was looking towards the long run.” Three of the participants shared that certain issues with their children would compel them to leave the military, for example, dual-military parents deploying simultaneously or the stability and well-being of their children being jeopardized.

*Need Fulfillment.* As stated earlier when discussing the factors that influence an ANC officer’s decision to remain in the military, one of the most crucial aspects was that an ANC officer’s needs were met by the organization at the point in which she needs them fulfilled. This cluster was also important to the questions of what and how life events affect that decision. Although there were no identical life event needs specified by the participants, all of the individuals shared some particular requisite need that was satisfied by the Army. Personal needs ranged from requiring variety and challenge to moving from one duty location to another at a critical point in time. All of these various needs were necessary to be fulfilled for the individual to remain content and continue in the military. The following quote captured the variety of personal needs felt by ANC officers:

. . . each one's [story is] going to be a personal experience and it's what you go through. Some people may be motivated by money. Some people may be motivated by the ranks so to speak and what they put on their collars and for others it's just attaining that. . . . you know, getting to that point, knowing that you made it . . .

One officer described how the fulfillment of personal needs influenced her decision, saying "those little things where people supported me in doing things that I wanted to accomplish or things that were important to me, I think, helped me to say that I wanted to stay in."

*Comfort.* Comfort, the third and final cluster for personal situation, was also discussed in an earlier section. Again, this cluster was applicable in answering research questions 2 and 3 as comfort was not only a factor influencing retention but was created by life events that affected it. Previous data described ANC officers' feelings of comfort and security within the military. This comfort, although a state of mind, was derived from various events throughout an officer's career. Events that create and sustain a feeling of comfort include controlling one's own situation, having a sense of belonging, and feeling valued. Five participants discussed the issue of control and how having that power to influence their personal and professional career affected their decision to remain in the military. One nurse summed up the general perception as "we have an awful lot more power and control of the situation [as an Army nurse] than I do on the outside [in the civilian nursing sector]."

Comfort was commonly influenced by events that promoted a sense of belonging. Participants discussed how they felt that they were a part of something bigger, part of a family. When describing the camaraderie among themselves and their co-workers,

participants made statements, such as “it just bands you [together],” “I’ve never felt that bond with people before. . . . no matter what, you want to be there for them,” and “you can’t explain the camaraderie to other people. You don’t see it in the civilian world like you do in the military.” The process of this social bonding created a sense of belonging for these ANC officers to the Army and the Nurse Corps. Four participants shared experiences describing how they felt connected to and valued by the organization and how that influenced their perceptions and decision to remain in the military. This sense of belonging was eloquently captured by a junior officer in the following quote:

The military has created a world for me that you just can’t find outside. You know, I don’t think that people who aren’t military could ever understand the camaraderie, the loyalty, the friendship, the trust that has to develop in order to survive in this kind of environment.

All of this personal history combined to create a sense of accomplishment, a sense of belonging, a sense of comfort that was most adequately described in this simple statement: “You see the flag and you’re proud to be able to stand there with your hand over your heart when you were a kid. You know, I see it now and it’s something that you’re proud to be part of, that you are part of a bigger thing.”

## CHAPTER V

### DISCUSSION

#### Results

The results of this study described the factors and events that ANC officers attribute to influencing their decision to remain on active duty as an Army nurse. The factors that contributed to ANC officer retention were segregated into two global categories: personal desire and emotional investment. Personal desire included intent, career investment, need fulfillment, and benefits, while emotional investment consisted of satisfaction, challenge, and comfort.

Results indicate that an ANC officer's personal goal, or intent, is the driving force that motivates them. Personal goals often change throughout an officer's career. Not only are these goals strong enough to keep people in the military, they are also strong enough to force them out. These findings are similar to the study performed by Ingersoll et al. in 2002 when they examined affective commitment, or the consistency between personal and organizational values and goals, and found that greater affective commitment strongly predicted the intent to stay. It is imperative that the ANC leadership identify, understand, and acknowledge individuals' intent to successfully identify those goals that are compatible with retention and the ANC's mission.

With the obvious impact of career investment, or the previous contributions and future benefits of continuing on a path, to promote retention of ANC officers, it is crucial

that the military explore methods to engage and retain personnel during the early-career timeframe, looking specifically beyond completion of the individual's first ADSO to his or her mid-career 10 year point. Interventions during this period must focus on identifying and meeting the personal and professional expectations of the individual at this phase of his or her life, thus, demonstrating the value of that individual to the organization. To adequately provide this type of organizational support, the Army must decentralize its decision making process to the lowest supervisory echelon and provide immediate supervisors with the power to obligate Army resources toward incentives that reward and retain superior nursing personnel. In other words, use the closest and most knowledgeable source, the immediate supervisor, to identify the nursing staff that are worth retaining and then give them the resources to keep those particular people within the Nurse Corps.

Robinson et al. (1993) found that military nurses were actually satisfied with their pay and benefits. Although the results of this research project supported those findings, this study also revealed that pay is not necessarily a primary motivator. Nevertheless, the pay, which is equal to or better than most civilian nursing positions, does not *negatively* influence retention, meaning that if an individual is considering leaving the military, he or she will rarely find a civilian nursing salary that is more attractive than the current pay as an Army officer.

Another financial incentive that is available to military nurses is the funding of graduate education. This educational opportunity is only important, however, if the individual nurse *values* the education. Only those officers who have already experienced



a graduate-level educational environment truly know how beneficial it was for them. ANC officers who have yet to pursue this opportunity do not necessarily comprehend the total value of this program to them personally or professionally. Thus, the Nurse Corps must find innovative ways to communicate and promote the personal importance of this incentive to junior officers.

The results of this study indicate that satisfaction is very important to ANC officer retention. This is congruent with other studies that found job satisfaction was highly correlated with retention (Holtom & O'Neill, 2004; McNeese-Smith, 1999; Shader et al., 2001). Although this research did not explore what was specifically “fun” about the military, in general, the nurses involved in this study indicated an overall feeling of enjoyment in their life and career. Possibly, the variety of military tasks and nursing roles that was indicated as a factor in retention contributes to the general attitude of happiness typified by these ANC officers. Interestingly, work variety was one of the factors that McNeese-Smith (1999) found as a major cause of satisfaction among nurses. Perhaps evaluating an individual's career intent and work satisfaction in the form of a retention assessment will assist the military with identifying those officers who are more apt to remain and help to determine the personnel on which to focus limited retention resources.

Another major factor to consider when evaluating retention resource distribution is the comfort level of the individual, as well as, the resultant fear of the unknown. Fear is a powerful motivator. Many officers may hold similar beliefs to the ones who participated in this study and question, “Why change if I don't have to?” The answer often lies not in what opportunities await but in what opportunities already exist. An

officer who is comfortable, happy, and fulfilled *enough* in the military does not need to face the fear of an unknown civilian nursing sector.

The life events that contributed to ANC officer retention were also segregated into two global categories: organizational environment and personal situation. Organizational environment included education, leadership, and work environment, while personal situation consisted of familial factors, need fulfillment, and comfort level.

The results of this study indicate that organizational environment heavily influenced ANC officer retention. There are multiple events that occur within the organizational environment that impact retention. Of these, the pursuit of education was one of the major events. First, all of the ANC officers that participated in this research project had, at some point, attended specialty nursing training. Specialty courses in the military are 12 to 16 week courses that, essentially, prepare a nurse for work in a particular nursing area. ANC officers usually attend these courses between their first and fourth year in the military. Each course generates a 1 year ADSO following completion of the educational experience, which usually does not significantly impact retention because this particular service obligation is served concurrently with any previous service obligations. Specialty courses currently offered are for Critical Care, Obstetrics and Gynecology, Peri-Operative, Psychiatric, Public Health, and Emergency Nursing (GoArmy.com, n.d.). However, a large majority of ANC officers choose not to specialize. These nurses remain generic Medical/Surgical RNs, who receive no additional specialty training. The findings of this study, however, suggest education is an essential component of retention. Therefore, the ANC might investigate a general qualification course for

nurses who do not wish to change their nursing specialty but do wish to continue their nursing education. Adding a Medical/Surgical specialty training course would not only improve the quality of care for Army beneficiaries but would also demonstrate that every ANC officer's education is important to and supported by the Nurse Corps.

In addition to completing specialty training, three participants had completed their graduate degrees and the remaining three were either participating in part-time class work or intended to pursue their degree in the future as an ANC officer. Since graduate education and its resultant ADSO represent a decision point for ANC officers about whether to resign their commission or continue their military career for, essentially, another six years, this particular incentive becomes very important to retention among early to mid-career officers. The ANC may realize a substantial return on investment by enrolling more junior officers (2 to 3 years of service) into graduate training since, by the end of the individual's ADSO, the officer would be nearing the mid-career point when most officers can "see the retirement". According to results of this study, this point is critical for ANC officers as it is commonly the point that they decide to either get out or remain until retirement.

According to this study, leadership is another major factor that influences ANC officer retention. Several studies have shown similar results indicating that immediate supervisors often hold a significant amount of power over an individual's level of satisfaction with their work environment, as well as, their intent to stay (Anthony et al., 2005; Taunton et al., 1997; VanOyen-Force, 2005). Because findings show that there are great fluctuations in the quality of leadership throughout the military, perhaps

standardization of preparatory training for supervisors may be beneficial in equilibrating leadership throughout the Nurse Corps. Training should focus on administrative processes, mentorship, performance counseling and evaluation, maintaining objectivity as a leader, and fair decision making. While this study highlights that great leadership may not be enough to retain every officer, poor leadership unnecessarily burdens the decision to remain.

This study also shows that the personal situation surrounding an officer's life events holds significant influence over the decision to remain on active duty as a nurse. Of the familial factors that influence retention, spousal support and child care issues appear to be extremely important. Spousal support, or lack thereof, may depend on the ability to find suitable employment, personal beliefs about family, customs, or preferences. Although changing the attitudes of disapproving spouses may be difficult to achieve, the military may be able to influence spousal support by providing better family assistance and accommodating their needs. For example, the military might assign an ANC officer to a certain duty location based primarily on his or her spouse's employability at that locale.

The presence of children was another major life event that influences ANC officer retention. This study shows that having children while serving in the military is a difficult endeavor. Each ANC officer who has children or step-children faces unique challenges. Nevertheless, if the Nurse Corps wishes to retain well-trained, qualified nursing personnel, it must begin to acknowledge the duality of being a parent and an officer. To combat these life event issues, the Army must explore options for the provision of in-

hospital childcare for nursing and other hospital personnel. When family issues conflict with Army issues, this study shows that the ANC officer will consider leaving the military to maintain the welfare of the family. Thus, the continuation of current military programs, such as the Joint Domicile Program for dual-military families, is imperative for the retention of ANC officers. Furthermore, as this study revealed, the likelihood of deployment for dual-military spouses is increasing. If children are in the household, this presents a critical conflict for ANC officers between their desire to keep their family intact and their desire to fulfill their military obligations. The Nurse Corps must involve these specifically affected ANC officers in the decision regarding when they will deploy. It is crucial that each dual-military ANC officer, not the Army, makes the vital decision about whether to deploy concurrently versus consecutively with his or her spouse. Providing this stability, this security, this power to ANC officers will allow them to continue their career as a military officer while not sacrificing the health and welfare of their family.

An interesting finding of this study was that most of these participants either had a negative initial experience as an RN on a general medical/surgical ward or, because of previous training and experience, skipped that common military stepping stone altogether. Although the customary practice of assigning junior officers to medical and surgical units while they hone their novice nursing skills is unlikely to change in the future Nurse Corps, perhaps more consideration of the individual's personal desires could be included as a deciding factor when determining an individual's initial assignment. Furthermore, if personnel, junior or more seasoned, are assigned to work in a position not

of their own choosing, supervisors must make a considerable effort to maintain a strong, developmental relationship with those officers to identify issues and intervene quickly if negative outcomes arise since disgruntled employees often affect the entire unit's performance and morale. Moreover, as McNeese-Smith and Van Servellen found in their 2000 study about satisfaction levels and organizational commitment, an employee who is unhappy and dissatisfied in the workplace is less likely to be involved with or remain in the organization.

A significant association between job satisfaction and work group cohesion has also been found in previous studies (Taunton et al., 1997; VanOyen-Force, 2005). The results of this study support that creating and sustaining a comfortable environment is essential to retention. In 2000, O'Rourke found that satisfaction among military nurses was influenced by the perceived level of autonomy, appropriate pay, and professional status, all of which were supported in the current study. Eighty-three percent ( $n = 5$ ) of the current study said that they were not only comfortable but that they were part of something bigger and felt a camaraderie with other military members that is indescribable to others. Although these findings are significant, they must be viewed in light of particular limitations of this research project: (a) all participants were female and may not have beliefs similar to their male counterparts and (b) all participants were in their thirties or forties and may not embody the general attitudes of younger officers.

The major limitation of this study is the homogeneity of this small sample from a single military facility in the Southeast. Thus, the researcher is unable to generalize the results of this group to other groups. However, the goal of qualitative research is to find

enough participants that can adequately provide a full and rich description of a specific topic (Creswell, 1998; Morse & Field, 1995). The selection of participants based on a wide range of length of service periods provides a broad view of the phenomenon and increases transferability. Therefore, the appropriately and adequately selected participants yielded results that forge the initial attempt to create a body of knowledge about military nurse officer retention.

#### Implications for Future Research

The issue of ANC officer retention will continue to be a challenge for ANC leadership. During the course of this research, four areas were identified for future investigation. First, the results of this study may be strengthened by a future quantitative study involving a larger sample size that includes both males and officers in their twenties. Second, are the educational incentives, including: (a) What are the factors that cause ANC officers to obtain or avoid graduate education; (b) is graduate school the turning point for most ANC officers, as indicated by at least one participant; and (c) how can the Army adapt to the needs of the nursing personnel to offer more variety and choices when pursuing a graduate degree. Third, this study showed that satisfaction with the military is an important factor for retention. Future research might explore what ANC officers enjoy about their work environment and what makes them “happy.” Finally, most of the participants of this research suggested an aversion to general medical/surgical nursing. This author suggests the exploration of medical/surgical nursing as an Army nursing specialty.

## REFERENCES

- Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D. M., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, *290*, 1617-1623.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J. A., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, *288*, 1987-1993.
- Aiken, L. H., Smith, H., & Lake, E. (1994). Lower medicare mortality among a set of hospitals known for good nursing care. *Medical Care*, *32*, 771-787.
- Anthony, M. K., Standing, T. S., Glick, J., Duffy, M., Paschall, F., Sauer, M. R., et al. (2005). Leadership and nurse retention: The pivotal role of nurse managers. *Journal of Nursing Administration*, *35*(3), 146-155.
- Atencio, B. L., Cohen, J., & Gorenberg, B. (2003). Nurse retention: Is it worth it? *Nursing Economics*, *21*, 262-268.
- Army Nurse Corps Branch (n.d.). Army nurse corps branch. Briefing posted to [www.hrc.army.mil/ophsdan/default.htm](http://www.hrc.army.mil/ophsdan/default.htm)
- Bland-Jones, C. (2004). The costs of nurse turnover, part 1: An economic perspective. *Journal of Nursing Administration*, *34*(12), 562-570.
- Bland-Jones, C. (2005). The costs of nurse turnover, part 2: Application of the nursing turnover cost calculation methodology. *Journal of Nursing Administration*, *35*(1), 41-49.



- Burns, N., & Grove, S. K. (2005). *The practice of nursing research: Conduct, critique, and utilization* (5<sup>th</sup> ed.). St. Louis, MO: Elsevier-Saunders.
- Cole, A. L., & Knowles, J. G. (2001). *Lives in context: The art of life history research*. Walnut Creek, CA: AltaMira Press.
- Crane, P. B. (2000). Exploring secondary prevention measures of older women after myocardial infarction (Doctoral Dissertation, The University of Arkansas for Medical Sciences, 2000). *Dissertation Abstracts International*, 61, 1320.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among the five traditions*. Thousand Oaks, CA: SAGE Publications.
- Elliott, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. London: SAGE Publications.
- Foley, B. J., Kee, C. C., Minick, P., Harvey, S. S., & Jennings, B. M. (2002). Characteristics of nurses and hospital work environments that foster satisfaction and clinical experience. *Journal of Nursing Administration*, 32(5), 273-282.
- Gahol, P. R. (2005). *Attrition of army nurse corps officers: Looking at factors that affect retention and recruitment of army nurse corps officers*. Unpublished master's thesis, U.S. Army Command and General Staff College, Fort Leavenworth, Kansas.
- GoArmy.com. (n.d.). *Nurse Corps: Corps specialties & requirements*. Retrieved March 22, 2007, from [http://www.goarmy.com/amedd/nurse/corps\\_specialties\\_require.jsp](http://www.goarmy.com/amedd/nurse/corps_specialties_require.jsp)

- Holtom, B. C., & O'Neill, B. S. (2004). Job embeddedness: A theoretical foundation for developing a comprehensive nurse retention plan. *Journal of Nursing Administration, 34*(5), 216-227.
- Howatt, W. A. (2000). *The human services counseling toolbox: Theory, development, technique, and resources*. Belmont, CA: Brooks/Cole Thompson Learning.
- Huber, D. (2000). *Leadership and nursing care management* (2<sup>nd</sup> ed.). Philadelphia: W. B. Saunders Company.
- Ingersoll, G. L., Olsan, T., Drew-Cates, J., DeVinney, B. C., & Davies, J. (2002). Nurses' job satisfaction, organizational commitment, and career intent. *Journal of Nursing Administration, 32*(5), 250-263.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. London: Sage Publications.
- Marshall, C., & Rossman, G. B. (1995). *Designing qualitative research* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- May, T. (2002). *Qualitative research in action*. London: Sage Publications.
- McClure, M. L., & Hinshaw, A. S. (Eds.). (2002). *Magnet hospitals revisited: Attraction and retention of professional nurses*. Washington, DC: American Nurses Publishing.
- McClure, M. L., Poulin, M. A., Sovie, M. D., & Wandelt, M. A. (1983). *Magnet hospitals: Attraction and retention of professional nurses*. Kansas City, MO: American Nurses' Association.

- McEwen, M. (2002). Philosophy, science, and nursing. In M. McEwen & E. M. Wills (Eds.), *Theoretical basis for nursing* (pp. 3-22). Philadelphia: Lippincott Williams & Wilkins.
- McNeese-Smith, D. K. (1999). A content analysis of staff nurse descriptions of job satisfaction and dissatisfaction. *Journal of Advanced Nursing*, 29, 1332-1341.
- McNeese-Smith, D. K., & Van Servellen, G. (2000). Age, developmental, and job stage influences on nurse outcomes. *Outcomes Management for Nursing Practice*, 4(2), 97-104.
- Mearns, D., & McLeod, J. (1984). A person-centered approach to research. In R. F. Levant & J. M. Shlien (Eds.). *Client-centered therapy and the person-centered approach: New directions in theory, research, and practice* (pp. 370-389). New York: Praeger Publishers.
- Morrison, R. S., Jones, L., & Fuller, B. (1997). The relation between leadership style and empowerment on job satisfaction of nurses. *Journal of Nursing Administration*, 27(5), 27-34.
- Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- O'Rourke, K. (2000). Job satisfaction among nurse staff in a military healthcare facility. *Military Medicine*, 165, 757-761.
- Prevosto, P. (2001). The effect of 'mentored' relationships on satisfaction and intent to stay of company-grade U.S. army reserve nurses. *Military Medicine*, 166, 21-26.

- Robinson, S. E., Rodriguez, E. R., Sammons, M. T., & Keim, J. (1993). Does being in the military affect nurses' perceptions of work life? *Journal of Advanced Nursing, 18*, 1146-1151.
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.). *Psychology: A study of a science* (pp. 184-256). New York: McGraw-Hill Book Company, Inc.
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2<sup>nd</sup> ed.). Thousand Oaks, CA: Sage Publications.
- Shader, K., Broome, M. E., Broome, C. D., West, M. E., & Nash, M. (2001). Factors influencing satisfaction and anticipated turnover for nurses in an academic medical center. *Journal of Nursing Administration, 31*(4), 210-216.
- Stewart, D. (2002). The relationship of job stress to job satisfaction and the intent of army nurse corps officers to stay in active military service (Doctoral Dissertation, George Mason University, 2002). *Dissertation Abstracts International, 63*, 3235.
- Taunton, R. L., Boyle, D. K., Wood, C. Q., Hansen, H. E., & Bott, M. J. (1997). Manager leadership and retention of hospital staff nurses. *Western Journal of Nursing Research, 19*(2), 205-226.
- TRICAREOnline.com. (2007). *You may be eligible for TRICARE benefits*. Retrieved March 22, 2007 from <https://www.tricareonline.com/tricareInfoCenter.do>
- U.S. Army G-1. (n.d.). *Army retirement services preretirement*. Retrieved on March 22, 2007 from <http://www.armyg1.army.mil/rso/PreRetirement.asp>

- VanOyen-Force, M. (2005). The relationship between effective nurse managers and nursing retention. *Journal of Nursing Administration, 35*(7/8), 336-341.
- Wilson, A. A. (2005). Impact of manager development on nurse retention. *Nursing Administrative Quarterly, 29*(2), 137-145.
- Yoder, L. (1992). A descriptive study of career development relationships experienced by army nurse corps staff nurses and self reports of professionalism, job satisfaction, and intent to stay. (Doctoral Dissertation, University of Pennsylvania, 1992). *Dissertation Abstracts International, 53*, 3406.

## APPENDIX A

## PARTICIPANT ELECTRONIC MAIL INVITATION

Dear \_\_\_\_\_,

The purpose of this email is to introduce myself and to ask you to please consider the possibility of participating in a qualitative research study designed to explore why Army Nurses, such as yourself, continue to serve on active duty.

I am an Army Nurse who is currently conducting research as part of my program requirements for a Master's of Science in Nursing (Administration) at The University of North Carolina Greensboro.

This is a field research project in which I will conduct in-depth, individual interviews with Army Nurses who have between 3-5 years, 10-12 years, or 20-22 years time in service. Participation is voluntary and confidential. Your information will be coded in such a way that your identity will be known only to me.

Briefly, the focus of the study is to explore the factors that affect an individual's decision to remain on Active Duty. With your permission, I would like to conduct an interview to discuss your life history and your experiences as an Army Nurse Corps Officer.

I would enjoy discussing this project with you further on the telephone. I look forward to talking with you about the research study, its implications for the future of the Army Nurse Corps, and your possible participation. You may reply to this email or call me at 919-478-6560 (cell) or 919-498-3417 (home).

Thank you for your time and consideration in this matter.

Sincerely,  
Crystal L. House

## APPENDIX B

## DEMOGRAPHICS QUESTIONNAIRE

**Gender**

- Male  
 Female

**Marital Status**

- Single  
 Married  
 Divorced

**Age (in years)** \_\_\_\_\_

**AOC**

- 66H       66F  
 66E       66C  
 66B       66P

**ASI (Select all that apply)**

- 8A    M5  
 8K    Other \_\_\_\_\_  
 4T

**Race/Ethnicity**

- African American  
 Asian Pacific  
 Hispanic  
 White  
 Other \_\_\_\_\_

**Method of Accession**

- USAREC Direct Commission  
 USAREC ANCP  
 ROTC (Scholarship and Non-Scholarship)  
 ROTC Green to Gold  
 AECP  
 Other

**Highest Education Level**

- BSN  
 MSN  
 Master's (non-nursing)  
 PhD/ DNSc  
 Other \_\_\_\_\_

**How did you attain your highest education level**

- ROTC Scholarship  
 USAREC Tuition Reimbursement/Sign-on Bonus  
 USAREC ANCP Scholarship  
 LTHET (Long Term Health Education and Training)  
 GI Bill  
 Parental Support  
 Personal Loans  
 Other \_\_\_\_\_

**Are you currently on an Active Duty Service Obligation**

- No    Yes   Number of years remaining on your obligation? \_\_\_\_\_

**Number of years of Active Service in the Army Nurse Corps** \_\_\_\_\_

**Number of years of Active Federal Service you have completed** \_\_\_\_\_

**Number of deployments in the past 12 months** \_\_\_\_\_ **Length** \_\_\_\_\_

\*adopted from the *Reasons for Staying on Active Duty* questionnaire created by LTC Rachel Armstrong (R. Armstrong, personal communication, July 31, 2006).

## APPENDIX C

### INTERVIEW QUESTIONS

#### **Broad Opening Statement**

The purpose of this research project is to identify and explore the reasons that Army Nurse Corps Officers choose to remain in the military. In order to fully understand the current forces that influence your choice to remain on active duty, I would like to take a journey with you to explore the history of your life. By starting at the beginning, I hope we can gain a better understanding of what led you to military life in the first place and why you now choose to remain an Army Officer. As we talk about your history, I'd like for you to reflect on and describe any forces that you feel influenced your attitudes and behaviors during that particular period of your life. These forces can be anything – spiritual, familial, personal, social, educational, cultural – anything at all that you feel was a factor in leading you to where you are today. With that in mind, let's start at the beginning. Tell me what life was like in your early childhood.”

#### **Additional Historical Probe Questions or Statements**

Tell me what your life was like when you were growing up.  
 What initially attracted you to the military?  
 How did you become an Army Nurse?  
 How long did you think you would be an Army nurse?  
 Tell me what has happened in your life since you became an Army nurse?  
 What made you decide to remain an Army nurse?

#### **Additional Contextual Probe Questions or Statements**

What was going on in your personal life?  
 What was going on in your professional life?  
 Tell me about your work environment.  
 What did you feel about where you were stationed (living)?  
 What did you feel about your job assignment?  
 Describe your relationship with your supervisors.  
 How did that make you feel?  
 Did your family support you?  
 What was it about your job that you found satisfying?  
 What was it about your job that you found dissatisfying?

#### **Closing Questions**

Is there anything that you would like to ask me?  
 Is there anything else I should have asked you?



## APPENDIX D

## FIELD NOTES

Participant Code #:

Interview Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Location of the Interview:

People present:

Description of environment:

Nonverbal behavior (tone of voice, posture, facial expressions, eye movements, forcefulness of speech, body movements, and hand gestures):

Researcher's impressions (discomfort of participant with certain topics, emotional responses to people, events, or objects):

Analysis (researcher's questions, tentative hunches, trends in data, and emerging patterns):

Technological problems:

\*adopted from Morse and Field (1995).

## APPENDIX E

## CURRICULUM VITAE EXAMPLE

STATE LICENSURE: North Carolina/August 2006

AREA OF CLINICAL SPECIALTY: 66P (Nurse Practitioner)

GRADE: Major, Active Army

## EDUCATION:

Civilian: Duke University  
Durham, North Carolina  
Masters of Science in Nursing-Family Nurse Practitioner/2001

University of North Carolina at Charlotte  
Charlotte, North Carolina  
Bachelor of Science in Nursing/1992

Military:	Advance Nurse Leadership Course	2005
	Command and General Staff College	2004
	Head Nurse Course	2003
	Combined Arms and Services Staff School	1999
	School of Cadet Command	1997
	Officer Advanced Course	1997
	Perioperative Nursing Course	1994
	Combat Casualty Course	1993
	Precommand Course	1993
	Officer Basic Course	1992

## Work Experience:

Position	Location	Year
Family Nurse Practitioner	Fort Bragg, NC	June 04-Present
Student	CGSOC Fort Leavenworth, KS	June 2003-June 2004
Family Nurse Practitioner	Fort Carson, CO	June 01- June 03
Long Term Civilian School	Duke University Durham, North Carolina	Aug 99- May 01

ROTC Nurse Counselor	Fort Knox, KY	June 97-Aug 99
Officer Advanced Course	Academy of Health Sciences Fort Sam Houston, TX	Mar 97-May 97
CV Example (Continued)		
Perioperative Head Nurse	47 <sup>th</sup> Combat Support Hospital Fort Lewis, WA	Dec 96-Feb 97
Perioperative Service Nurse Ophthalmology Service	Madigan Army Medical Fort Lewis, WA	Sept 94-Dec 96
Perioperative Course Student	Madigan Army Medical	Jun 94-Sep94
Medical Surgical Staff Nurse Oncology, Gynecological, Infertility and Plastics Surgical Ward	Walter Reed Army Medical Washington, DC	Sep 92-June 94
Officer Basic Course Student	Academy of Health Sciences Fort Sam Houston, TX	Jul 92-Sep 92

CONSULTANT EXPERIENCE: None

CERTIFICATIONS: ANCC-FNP-Certification August 2001- August 2006

PROFESSIONAL ORGANIZATION MEMBERSHIP:

American Academy of Nurse Practitioners 2005-2006  
Army Nurse Corps Association 2005-2006  
Sigma Theta Tau Honor Society 2005-2006

PUBLICATIONS:

Local publication-Tripler Army Medical Center "The Minute"-Schofield Barrack's First Children's Health Fair-June 2002

PRESENTATIONS:

1. Tobacco Cessation Program-Evans Army Community Hospital 2002
2. Poverty in the Military, Duke University 2000
3. Readiness Training-utilization of the Oropharyngeal Suction/Surgical Suction, Fort Sam Houston Texas, Officer Advanced Course, 1997
4. Licensed Practitioner Course, Madigan Army Medical Center, 1997/1996  
Pulmonary System

APPENDIX F  
QUESTION 1 DATA ANALYSIS GROUPINGS

Global Categories	Clusters	Raw Data
Personal Desire	Intent	I had a goal when I came in; When I leave this job, I'm going to stay home [with my children]; I want to stay
	Career Investment	I can't throw almost 18 years out the door; You have to look at how many years you've been in; Why would I get out now
	Need Fulfillment	I decided to stay because they would move me back where I had support and that's what I really needed; I'd always considered staying in until . . . they just sent me someplace where I couldn't do the role that I felt that I was supposed to do

Global Categories	Clusters	Raw Data
Emotional Investment	Benefits	<p>The money . . . is good;</p> <p>There were educational opportunities that were great;</p> <p>I've never had better training;</p> <p>Join the Army, See the World</p>
	Satisfaction	<p>I loved my job; I enjoy what I'm doing; I got to do everything that I wanted to</p>
	Challenge	<p>You need some excitement; I like the ups and downs;</p> <p>They've offered me a lot of opportunities</p>
	Comfort	<p>I'm very comfortable in the military; I know the military;</p> <p>This is all you've ever known</p>

## APPENDIX G

## QUESTION 2 AND 3 DATA ANALYSIS GROUPINGS

Global Categories	Clusters	Raw Data
Organizational Environment	Education	I have never had better training; You're a part of something that requires a higher standard; If you have the education . . . you get promoted
	Leadership	I had a great relationship with my immediate leadership; The leadership . . . was very good; She (head nurse) . . . helped me to become a much better nurse and officer
	Work Environment	I've got to be somewhere that I like; It was a good place . . . a nice starting ground; I loved the environment

Global Categories	Clusters	Raw Data
Personal Situation	Familial Factors	He [spouse] supports me; He influences me a lot in my decision making; He gave me the confidence to do it
	Need Fulfillment	I decided to stay because they would move me back where I had support and that's what I really needed; I'd always considered staying in until . . . they just sent me someplace where I couldn't do the role that I felt that I was supposed to do
	Comfort	I'm very comfortable in the military; I know the military; This is all you've ever known