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Walden University

College of Health Sciences

This is to certify that the doctoral study by

Kimberly Hollis

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the review committee have been made.

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Walden University

2019

Abstract

Improving Retention Strategies for Experienced Nurses

by

Kimberly M. Hollis

MS, Columbus State University, 2016

BS, Columbus State University, 2010

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

February 2019

Abstract

Experienced nurses depart the workforce in significant numbers; therefore, it is critical to understand how those departures affect patient care and safety. The focus of this systematic review included appraisal of recent research to provide an understanding of strategies used in acute care settings to retain experienced nurses. Guided by Benner's model of skill acquisition, the purpose of this systematic review was to identify factors that influence the decision of nurses with experience to leave or remain working in acute care work settings. The 19 articles selected for this review were limited to those pertaining to experienced registered nurses who have worked in the acute care setting for 2 years and longer. The review excluded articles pertaining to registered nurses with fewer than 2 years of experience, who were considered at the novice or proficient level of nursing. The results of this literature review showed that management conflicts, lack of support, work environments, work schedules, and disproportionate staffing levels were among the factors leading to morale distress and burnout in experienced nurses. These findings have the potential to contribute to positive social change by guiding administrative efforts to retain experienced nurses and improve mentoring of newer nurses and, ultimately, improve patient outcomes.

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Dedication

I would like to thank my Lord Jesus for being my guide every step of the way on this unforgettable educational journey. Without his presence in my life, my achievements would not have been possible. I would like to dedicate this DNP Scholarly Project to my entire family. To my husband Mark, thank you for putting up with me and my late nights and early morning typing ventures. You were a trooper through it all, never complaining not one time. To my adult children Ceylon, Jermarquis, York, and Mark thank you for understanding my absence during the last few years. My grandsons Jailynn and Maliki, I love you. Thank you from the bottom of my heart to my precious mother-in-law Christine, my supportive father John, my sweet step-mother Charlotte, my sister Sharon, and my encouraging Mama Barb. And last but certainly not least, my beloved heart, my mother Carolyn Walker, RN, BSN and my other beloved heart, my aunt Doris Ann Goree, RN, MSN, I know the both of you are smiling and jumping up and down with pride. We did it!

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Section 1: Nature of the Project

Introduction

Individuals expect to receive the best possible care when they are admitted to the hospital inpatient setting. Due to the constant changes in health care, hospitals struggle to provide quality and safe care to the patients they serve (Hill, 2010). As more individuals live longer with complex comorbidities and chronic diseases, numerous hospital visits may become necessary (Hill, 2010). Therefore, it is necessary to provide individuals in the community with effective nursing care based on nursing knowledge, skills, competence, and compassion. Nurses have consistently been ranked as the most trusted health care professionals in this country, with the ability to transform the lives of the sick and injured (Hill, 2010). Current evidence-based research has established that experienced nurses with years of nursing practice are the experts in achieving the best possible patient outcomes. However, many experienced nurses are leaving bedside nursing in acute care patient areas or leaving nursing altogether for other careers. There are various reasons influencing nurses with nursing experience to not work in acute care areas or leave the nursing practice permanently. Improving current retention tactics for experienced nurses will greatly contribute to social change in providing a feasible working environment to safely care for patients within health care organizations around the world (Gellasch, 2015).

Problem Statement

Experienced nurses are expected to extend their advanced critical thinking and patient assessment skills for the good of the patient. Not only are experienced nurses working in various acute patient settings, they are also mentors, advocates, educators, and leaders working in vulnerable communities to eliminate disparities in health care (Hill, 2010). As hospitals continue to lose experienced bedside nurses, it will be imperative to strategically focus on the problem and critically think of different tactics to solve nursing retention disputes. Due to the significant shortage of experienced nurses in practice settings, patient safety and patient outcomes will become jeopardized rather quickly causing a deficit in patient care (Hill, 2010).

There is local and national relevance to the experienced nursing shortage. For the past 15 years, nursing professionals have been ranked as the most trusted profession in health care by the American public both nationally and locally. No other health profession has acquired higher regard from the public than nurses (American Nurses Association, 2016). Expert nurses, that is, nurses with years of professional service, are vital to health care systems and are a valuable resource. Nurses with considerable years of nursing experience and knowledge are desirable as the experts in acute care settings, as their knowledge is critical to adequately manage complex, high-acuity patients (Hill, 2010). With the public holding nurses to such high esteem, it has become critical to increase the local public awareness of factors identified in this project to retain experienced nurses and reduce turnover. It is a necessity to review the issue of retention

of experienced nurses. The nursing profession should rally with health organizations and demand acknowledging factors such as flexible working options, work/life balance, nurse to patient ratios, compensation, training and development, recognition, and respect as health systems restructure organizational retention methods to keep experienced nurses working longer. Hospital top executives must engage with community members, nursing staff, nursing leaders, patients, and their families as the stakeholders to augment support for addressing identified factors and restructuring retention policies to keep skilled and experience nurses satisfied and keep the public aware of any retention issues or challenges. Retention of experienced nurses is paramount in improving patient outcomes and patient safety in the United States (American Nurses Association, 2016).

Purpose

The purpose of this doctoral project was to conduct a systematic review of the scholarly literature to gain a better understanding of the aspects related to experienced nurses and the influences of the work environment on retaining the expert nurse in nursing units of inpatient areas. This project was necessary because the present retention approaches have been ineffective and should be restructured to improve retention rates among experienced nurses based on the evidence (Gellasch, 2015). The gap-in-practice in this project through the literature review, was important in comprehending the effects of experienced nurses and their decision on leaving nursing in acute care patient areas or the nursing practice altogether. Through this systematic review, I identified diverse factors related to nurses with 2 or more years of nursing experience leaving the nurse workforce prematurely in health organizations or the nursing practice permanently

(Bugajski, Lengerich, Marchese, & Hall, 2017). Salary, personal reasons, stress, conflict, environmental issues, lack of support, bullying, understaffing, verbal abuse, and decreased job satisfaction are the many factors that experienced nurses have signified in their choice to leave bedside nursing in the acute health care setting (Gellasch, 2015).

Many reasons have contributed to workplace dissatisfaction among experienced nurses working in health care settings. This dissatisfaction has left many experienced nurses with strong desires to leave critical patient care areas in health care facilities or leave the nursing profession altogether (Bugajski et al., 2017). The loss of experienced nurses will have negative effects on the nursing staff members, patient care, patient safety, patient outcomes, and the delivery of health care directly (Gellasch, 2015). It is important to understand the issues that have contributed to experienced nurses departing the patient practice setting prematurely (Gellasch, 2015). In this project, I systematically scrutinized the scholarly literature to answer the following practice-focused question for this project: What circumstances are taking place in the health care setting to cause experienced nurses to abruptly leave the nursing workforce?

This DNP project has identified the gap-in-practice of the influences among experienced nurses with their decisions to remove themselves from bedside nursing. Excessive workloads, insufficient staffing, management conflicts, poor scheduling, high patient acuity, increasing patient acuities, lack of nurse and patient safety, unsatisfactory work environments, disrespect, mental fatigue, lack of nursing leader support, burnout, personal health issues, negative professional relationships, and early retirement are known frustration aspects of experienced nurses (Bugajski et al., 2017). Communicating

effectively about the critical state of losing experienced nurses is imperative in hospital organizations. Repairing the experienced nurse shortage can be initiated by nurses and hospital executives by acknowledging the issues brought forth by experienced nurses and their decision to leave the organization. Those departure issues with experienced nurses can be further explored through nursing town halls and nurse forums, staff huddles, staff meetings, and exit interviews (American Nurses Association, 2016). By assimilating amended nursing retention tactics, health care organizations will have the opportunity to acknowledge past issues with keeping experienced nurses satisfied in their place of employment. This may increase satisfaction among experienced nurses who still provide bedside nursing in acute care practice settings, and delay thoughts of early retirement (Bugajski et al., 2017). This gap-in-practice has illustrated a heightened awareness and concerns among hospital administrators, nursing leaders, community members, patients, and families with maintaining a competent and experienced nursing workforce. Losing the experienced nurse in the acute care practice setting has the potential to influence quality of care in the in-patient environment, decrease patient safety, and hinder the best possible patient outcomes (Bugajski et al., 2017).

By the year 2022, the Bureau of Labor Statistics estimates, about 1.05 million new nurses will be necessary to fill the nursing shortage as experienced nurses continue to leave the nursing profession (American Nurses Association, 2016). The gap-in-practice were identified through the findings of the analysis and synthesis which were found in the systematic review literature of this project. As the Affordable Care Act and pay for service mandates materialize over hospitals, nursing retention matters will

continue to multiply in health care organizations if expansions are not sought quickly (Armstrong-Stassen, Cameron, Rajacich, & Freeman, 2014). While the nursing shortage holds a huge significance for the nursing practice here in the United States, nursing leaders must focus on pursuing every opportunity available to retain experienced and competent nurses working in acute care settings (Jones & Gates, 2007).

Nature of the Doctoral Project

Numerous tactics have been systematically appraised through the literature in this project in expectations of emerging diverse approaches that will retain experienced nurses working longer in the practice setting. The review of the literature has provided a better understanding of the apparatuses to unhappiness among nurses with experience and their aims to leave the nursing profession (Jones & Gates, 2007). The literature in this DNP project has indicated numerous dissatisfies among the experienced nurse workforce who continue to work in acute care practice settings. Many nurses have explored ways to leave acute care practice settings and possibly the nursing profession entirely (Westendorf, 2007). The research of the literature demonstrated the importance of health care organizations promoting a strong and sustaining working relationship with their valued experienced nurses. Restructuring existing operational interventions through interprofessional collaboration among the nursing leadership team may be useful. Although streamlining previous tactics may be the answer to solving experienced nurse retention, it may be necessary to eliminate previous experienced nurse retention with newly developed retention methods to handle the proposed effects on the existing health care climate (Hayward, Bungay, Wolff, & MacDonald, 2016).

For this DNP project, I used a systematic approach to review the literature, which provided protection and safety for any human subject participation. There were no potential ethical issues that could present complications for the completion of this DNP scholarly project (Walden University, 2017).

Significance

Members of local communities, stakeholders, hospitals, patients, and their family members will experience the impact of experienced nurses leaving the nursing practice (Patient-Centered Outcomes Research Institute, 2014). This DNP project has the potential to contribute to the nursing practice by increasing awareness of the influence that high patient acuity levels and fluctuating demographics of experienced nurses working in the acute care setting has on the nursing workforce (Bugajski et al., 2017). Significance to the DNP *Essentials I* in the project was accomplished by focusing on the positive health status of individuals. Instability in the healthcare environment with retaining experienced nurses within the workforce can jeopardize achieving positive patient outcomes as the number of experienced nurses' decrease due to expected nurse turnover in health care organizations (American Association of Colleges of Nursing, 2006).

This project has significance to nursing practice by increasing awareness among nurse leaders and the public regarding fluctuating nurse turnover and demographics of experienced nurses working in the acute care setting. Escalating nursing turnover and decreased retention of experienced nurses were related to various factors leading to departures from hospitals (American Association of Colleges of Nursing, 2006).

Experienced nurses are valuable and critical resources to patient care and patient safety in health care organizations. Executive leadership members, nursing leaders, community members, nursing professionals, medical providers, patients, and their families are the stakeholders who can collaborate to influence social change in current experienced nursing retention practices. Improving retention strategies for experienced nurses based upon the described influences on nurses' decisions to leave patient care settings can effectively promote nurse satisfaction, create a safe working environment, and improve the quality of healthcare for individuals (American Nurses Association, 2016).

This doctoral project has the potential to positively contribute to social change by creating a safe culture within acute care inpatient facilities. Transforming current retention strategies for nurses with years of skilled experience can make a difference in lives of sick patients. Restoring current retention and turnover maneuvers for the experienced nurse can align with the organizational vision in health care organizations across the nation and support the mission of Walden University. There is no misinterpretation that expert nurses can demonstrate their knowledge, skills, and passion to make a positive difference in every life they touch (Walden University, 2017). Improving working relationships, creating a positive working culture, and acknowledging nurses as partners can improve retention of experienced nurses and promote social change in the community. Therefore, retaining experienced nurses in the active nursing workforce will have the potential to create safe patient environments and transform the lives of patients (Walden University, 2017).

Summary

Retaining experienced nurses within health care organizations is critical to achieving positive patient outcomes and increasing patient safety. Nurses with 2 years or more of nursing experience, expertise in caregiving skills, critical thinking skills, and proficient knowledge, are desirable as the health care experts to manage complex, high-acuity patients (Hill, 2010).

Health care systems view all nursing professionals as valuable resources and dynamic components of their health system. Although health care continues to evolve, the role of the experienced nurse in practice settings must also advance and be rewarded (Westendorf, 2007). Being ranked by Americans as the most trusted health care professional is a flattering estimation, but the opportunity to retain experienced nurses continues to be quite the challenge. Effective plans that are cost efficient are needed now to keep experienced nurses working longer at the bedside of patients (Westendorf, 2007). Developing positive environments to work with collaborative team members, providing autonomy, acknowledging accomplishments, creating flexible work schedules, identifying competency with monetary rewards, and supporting one another will allow for cohesion and stability within the nurse profession (Bugajski et al., 2017). Improving retention among nurses with at 2 years of nursing experience or more is paramount with improving the quality of healthcare for all individuals in this country (American Nurses Association, 2016). Remaining focused on acquired skills, competence, experience, critical thinking, education, leadership, and mentorship will guide the nursing practice in

the future, as these are the competencies exemplified by experienced nurses (Westendorf, 2007).

Section 2: Background and Context

Introduction

The purpose of this scholarly doctoral project was to conduct a systematic review of the literature to gain a better understanding of the aspects related to experienced nurses and the influences of the work environment on retaining expert nurses working in inpatient areas. This project was necessary to bring awareness of the present nursing retention approaches and the impact on experienced nurses' decisions to leave acute care health care settings and eventually the nursing profession. Networking, collaborative partnerships, and positive relationships should be restructured so that improvements with nursing turnover among experienced nurses can be incorporated within professional development initiatives, which will allow for greater public visibility of the organization's workforce (Gellasch, 2015).

In this project, it was critical to understand and explore the aspects that have caused an alarming number of experienced nurses to quit working before retirement status. Dissatisfaction in working environments, burnout, and increased stress levels are major contributors to nurses leaving the nursing profession way before the retirement age (Dempsey & Reilly, 2016). Nursing mentorship, guidance, years of experience, and advanced critical thinking knowledge are all significant dynamics that experienced nurses possess (Hill, 2010). As experienced nurses leave from patient care settings, patient safety will continue to be compromised, leaving inexperienced nurses stressed with the increasing demands of complex patient care (Hill, 2010).

Sick individuals deserve the best possible patient care on admission to the hospital. Due to evolving changes in health care, hospitals struggle with achieving quality measures and creating exceptional patient experiences. As more individuals continue to live longer with complex comorbidities and chronic disease, hospitals can expect the inpatient volume to grow, requiring an upsurge in nursing services (Hill, 2010). Health care customers should be provided with nurses who are knowledgeable, skillful, and competent. Improving retention in the experienced nurse will significantly contribute to social change, quality patient care, and patient safety for all individuals living in the community (Hill, 2010).

Experienced nurses are expected to teach less experienced nurses how to reach levels of advanced critical thinking and acquire patient assessment skills to be useful in the practice setting, so why not reward them for this level of expertise? There is a local relevance for the need to address retention issues of experienced nurses in health care organizations. Hospitals are revamping nursing retention approaches as they prepare for the abrupt loss of many experienced nurses. If health care organizations are unable to improve current retention strategies for nurses, they can expect to experience a loss of highly valued seasoned nurses (Davis & Maisano, 2016). With the expected shortage of many experienced nurses, patient safety and patient outcomes are predicted to be in danger as a result of inadequate experienced nurse staff (Hill, 2010).

Altered retention strategies must be developed quickly to diffuse any unnecessary retention disputes that may become perplexing (Harrington & Heidkamp, 2013). If the experienced nursing retention trends continue to escalate in numbers, health care

organizations may have difficulty providing high quality patient care and safe environments for their patients. Due to nurses with years of experience leaving the nursing workforce, their absence has resulted in insufficient nurse staffing, upsurge in mortality rates, and major losses in monetary reimbursements to cover health care costs (Harrington & Heidkamp, 2013).

As patient acuity levels continue to increase, there will remain a significant need for expert nurses in the practice setting (Benner, 1982). Existing nursing retention strategies for experienced nurses will be thoroughly explored with a systematic review of the literature for this DNP scholarly project. The intended purpose of this doctoral project was to conduct a systematic review of the literature to gain a better understanding of the aspects related to experienced nurses and the influences of the work environment on retaining the expert nurse in nursing units of inpatient areas (Gellasch, 2015). Retaining expert nurses with clinical expertise is a significant safety concern and can affect patient care (Hill, 2010).

Concepts, Models, and Theories

This project was guided by Patricia Benner's 1982 Novice to Expert Model of Skill Acquisition in Nursing. Benner's conceptual model clearly outlines the five competency levels of a nurse which are the novice, advanced beginner, competent, proficient, and expert levels of nursing (Benner, 1982).

1. Novice: a beginner nurse with no previous clinical experience.
2. Advanced beginner: a nurse who can guide nursing actions independently.
3. Competent: a nurse who has attained at least 2 years of nursing experiences.
4. Proficient: a nurse with 2 years of nursing experience who has learned from previous nursing experiences to become proficient in nursing.
5. Expert: a nurse who has acquired 2 or more years of nursing experience to become the expert in nursing and leadership skills.

Figure 1. Nursing theories: a companion to nursing theories and models.
Retrieved 12/18/18 from
http://currentnursing.com/nursing_theory/Patricia_Benner_From_Novice_to_Expert.html

The novice nurse phase applies to the new graduate beginner nurse with no previous clinical practice experience (Benner, 1982). During the novice phase, basic nursing tasks and skills are taught by mentors and preceptors within the nursing practice setting (Benner, 1982). The advanced beginner nurse has attained the competency to guide nursing actions independently and with needed support from preceptors and mentors in the care of patients (Benner, 1982). Critical thinking, efficiency, and organizational nursing skills and patient care are attained during the competent nurse phase (Benner, 1982). The focus during the competent nursing phase are through planning and coordinating complex patient care demands. Past learning experiences, advanced critical thinking skills, and decision-making allows the proficient nurse to build on personal intuition (Benner, 1982). The last phase of the novice to expert model of skill acquisition is in the expert phase of nursing. In this final phase of the nursing model, nurses have gained the years of nursing experience to demonstrate expert nursing and leadership skills in the practicum setting (Benner, 1982). During the expert stage of

nursing, the experienced nurse now has the competence, skill acquisition, experience, clinical knowledge, and practical knowledge to become the expert in the field of nursing. Retaining the expert nurse with years of nursing experience working longer will improve patient safety, increase patient outcomes, elevate patient satisfaction, and provide the necessitated guidance to other nurses working in the acute care practicum setting. Nurses with 2 years or more of nursing experience are considered expert or seasoned nurses through Benner's model. The model explicitly details how nurses critically think in the practice setting in the seven domains of the nursing practice, which include helping, teaching, monitoring, managing, administering, ensuring, and organizing (McEwen & Wills, 2014).

Cognizance of self, qualities of a team player, life experiences, and years of practicum learning experiences of caring for patients are required to become a successful experienced nurse (Hill, 2010). Benner's 1982 evidence-based practice model supports the investigation of the identified practice problem in this project of retaining experienced nurses in the practicum by defining the characteristic attributes of the skilled expert in the final phase of nursing competency. Benner's novice to expert evidence-based practice model, when integrated in every clinical practice setting, will distinguish how each nurse has acquired the expertise in nursing through the five stages of competency (Nursing Theories, n.d.).

Relevance to Nursing Practice

Organizational culture, working environments, and nurse satisfaction are all relevant to the nursing practice and the engagement of nurses. Nursing leadership and

management are two associated areas of nursing where nursing managers can motivate the nursing staff with strategies for undertaking expected patient workloads and hospital processes. Contemporary leadership theories within the nursing practice consist of two types of nursing leaders, transactional and transformational (McEwen & Wills, 2014).

Difficult patient assignments, increased patient acuities, decreased monetary awards, and work dissatisfaction have led experienced nurses to reassess their career choice in nursing (Dotson, Dave, Cazier & McLeod, 2013). Benner's (1982) novice to expert nursing theory emphasized the current state of the issues within the nursing practice, which scrutinized the explanations why experienced nurses were eliminating themselves from clinical practice settings permanently.

An expansion of nursing roles, enhanced nursing educational roles, and an overhaul of nursing leadership training are strategies that have been introduced and implemented as previous nursing retention approaches. This doctoral project has revealed many of the factors related to experienced nurses leaving the workforce and the impact on health care organizations. Expansion in nursing roles, advancements in nursing education programs, nurse support, creation of nurse to patient ratios, and inclusion in decision making, can bridge any gaps in the nursing practice and strengthen the nursing profession (Robert Wood Johnson Foundation, 2013).

Local Background and Context

By 2030, the state of Georgia and the Georgia Nurses Association have anticipated approximately 50,000 nurses to vacate the field of nursing. Out of the 50,000 nurses, many will include experienced nurses. Local Georgia hospitals are trying to

determine strategies to effectively retain experienced nurses before the crisis spirals into a state of emergency (Georgia Nurses Association, 2017). Retirement, burnout, stress, high patient acuity levels, increased patient loads, and relocation are many other motives to why experienced nurses have voiced their desire to leave the nursing profession before retirement (Georgia Nurses Association, 2017). Competitive wages, improved benefit packages, enhanced nurse to patient ratios, overhauled staffing developments, safer working environments, investments in education, nursing role expansion, increased leadership engagement, flexible 8 or 12-hour work schedules, enriched educational offerings, and child care options are enticements that health care organizations are considering to retain experienced nurses with working longer in health care practice settings (Georgia Nurses Association, 2017).

Role of the DNP student

With evidence evolving daily, it is imperative to continue being attentive with the research literature by staying up-to-date on the latest nursing retention evidence. The best evidence should be strong enough to generate present day retention practice changes. My role in this project was to conduct the steps for a systematic review of the literature. The steps consisted of the following; developing the search strategy, searching the literature to identify the best evidence, appraising the evidence and identifying the appropriate evidence to guide sound clinical judgments, evaluating the outcomes from the evidence and sharing the outcomes to guide the development of practice initiatives to retain experienced nurses in the practice setting (Melnik & Fineout-Overholt, 2011). The practice initiatives or changes consisted of the best current evidence that were

integrated in the practice setting to improve patient care and patient outcomes by retaining experienced nurses in the practice setting (Melnyk & Fineout-Overholt, 2011).

Summary

Nurse leaders are having difficulty with sustaining enough nurse staffing patterns in the hospital setting due to the loss of experienced nursing staff. The challenge with retaining nurses with experience is the result of evolving health care issues and complex health care needs of acutely ill patients suffering from multiple comorbidities (Buffington, Zwink, Fink, DeVine, & Sanders, 2012). This requires the nurse to attain years of nursing experience to meet these complex demands. Nurses today are required to be able to critically think independently, demonstrate superior organization abilities, prioritize multiple patient's needs, and prove their judgment skills with advancing assessment and communication aptitudes. Nursing leaders must create working environments where retaining seasoned nurses is the main priority (Buffington et al., 2012). It is paramount for leaders in nursing to gain the necessitated knowledge on factors to why expert nurses are leaving the workforce. It was critical to collect and analyze the evidence so that nurse leaders can improve current retention strategies in experienced nurses to successfully build and sustain a retention awareness culture (Buffington et al., 2012).

Section 3: Collection and Analysis of Evidence

Introduction

The purpose of this scholarly doctoral project was to conduct a systematic review of the literature to gain a better understanding of the aspects related to experienced nurses and the influences of the work environment on retaining the expert nurse in nursing units of inpatient areas. This was necessary as the present retention approaches have been ineffective and should be restructured to improve retention rates among experienced nurses based on the evidence (Gellasch, 2015). The aim of this project was to understand and explore those factors that have caused an alarming number of experienced nurses to quit working before retirement status. This project was necessary, to understand why nurses with years of experience are leaving the nursing profession in unwarranted numbers (Hill, 2010).

Practice-Focused Questions

The purpose of this scholarly doctoral project was to conduct a systematic review of the literature to gain a better understanding of the aspects related to experienced nurses and the influences of the work environment on retaining the expert nurse in nursing units of inpatient areas. This project was necessary to provide comprehensive and unbiased summaries of the research by identifying the factors that contribute to nurses staying and leaving the acute care practice setting (Gellasch, 2015). There were different influences on experienced nurses' decisions to leave acute care settings. By analyzing, summarizing, and synthesizing the relevant studies in this project, I have examined the current state of nurse satisfaction, engagement, loss of productivity, and commitment and

explored the key drivers related to retention of experienced nurses (Bugajski et al., 2017). Salary, personal reasons, stress, conflict, environmental issues, lack of support, bullying, understaffing, verbal abuse, and decreased job satisfaction are many factors that cause experienced nurses to leave bedside nursing in health care settings (Gellasch, 2015).

The following three questions were answered in the systematic review of this practice project:

1. What are the findings, from current research, regarding the factors that influence experienced nurses' decisions to work in the acute care setting?

There are various factors that influence experienced nurses' decisions to work in the acute care setting. Those factors chosen by nurses are their love for the nursing career field, work schedule flexibility, job satisfaction, competitive salary, leadership and teamwork support, compassion, effective staffing, empathy and trust among coworkers, advancement in education, positive work/life balance, autonomy, engaged work environment, and job stability (Hall, Lalonde, Dales, Peterson, & Cripps, 2011).

2. What are the findings, from current research, regarding the factors that influence experienced nurses' decisions to leave their positions/work in the acute care setting?

When considering the decision to leave positions in the acute care setting, experienced nurses' have voiced numerous aspects. The discoveries from the literature comprise substantial evidence of the following: increased patient workloads, work stress, ethical issues, insufficient support, conflict or bullying, nonviable teamwork, inadequate flexibility with work schedules, negative working environment, burnout, nonexistence of

collaboration between nurses and physicians, fatigue and exhaustion, limited time for personal and educational goals, inadequate salary compensation, and unstable job environments (Duffield, Graham, Donoghue, Griffiths, Bichel-Findlay, & Dimitrelis, 2015).

3. What gaps in understanding exist regarding nurse's decisions to work or not work in the acute care setting?

Nurses choose the nursing profession because of various reasons. After gaining years of nursing expertise, many nurses with experience are quite satisfied with their career choice and are deciding to remain working in the acute care setting longer (MacKusick & Minick, 2010). Thus, other experienced nurses have become disengaged and stressed, resulting in burnout and their decision to leaving the acute setting and the nursing profession altogether (MacKusick & Minick, 2010). There is limited research data accessibly available to review the viewpoints of nurses who are no longer practicing nursing. Their interpretation could be critical to identifying the gap that exists between the nurses who continue to work in the acute setting and those who are no longer working in this type of setting (MacKusick & Minick, 2010).

Inclusion and Exclusion Criteria

The systematic process I used to select relevant literature for this project involved the following inclusion and exclusion criteria.

The Inclusion Criteria

1. Experienced registered nurses as subjects of the study
2. Registered nurses with 2 years or more nursing experience

3. Literature published between 2012 and 2017
4. Peer-reviewed journal articles

The Exclusion Criteria

1. Ancillary health staff and other nursing staff members as subjects of the study
2. Studies related to registered nurses with less than 2 years of nursing experience
3. Articles not written in English language.
4. Duplicate data.

Protection of Human Subjects

This literature review did not require the participation of human subjects, IRB #05-16-18-0730633.

Data Collection and Evaluation

For this systematic review, to identify relevant evidence-based journals and articles published from 2012 to 2017, I conducted searches using various combinations of key words. The following search terms were used: *expert AND nurse, nurse OR registered nurses with experience, experienced nurse AND nurse, seasoned nurse, experienced nurse AND nurse retention, experienced nursing AND experienced nurse turnover, and nurses with experience AND experienced nurses in acute care.*

Summary

Following a structured, transparent, and recorded literature review process to locate available evidence was necessary to understand current strategies to support and keep the role of experienced nurses viable in acute care settings. As hospitals continue to

be labor-driven entities, the focus of retaining top nursing talent who have acquired years of nursing experience must not be overlooked (American Organization of Nurse Executives, 2010). A stable and skilled nursing workforce is critical for maintaining a safe environment and high-quality patient care. It was important in this study to highlight the complexity and gravity of the work provided by experienced nurses. Ensuring communication, providing support, fostering empathy and trust, acknowledging the efforts, supporting teamwork, and encouraging a work/life balance are ways nursing leaders can persuade experienced nurses to work longer as leaders in acute care settings (Alilu, Zamanzadeh, Fooladi, Valizadeh, & Habibzadeh, 2016). Improving current retention strategies for experienced nurses is imperative to sustaining the nursing profession and fundamental in improving healthcare delivery outcomes across the continuum of care. Openly acknowledging contributing factors to experienced nurse turnover is paramount to create and sustain a supportive culture. Promoting strong relationships, addressing practice issues, and encouraging nurse engagement through shared decision-making can change the workplace culture and be the answer to keeping experienced nurses satisfied to work longer (Tillott, 2013).

Section 4: Findings and Recommendations

Introduction

The following questions were answered by reviewing the literature within this project:

1. What are the findings, from current research, regarding the factors that influence experienced nurses' decisions to work in the acute care setting?
2. What are the findings, from current research, regarding the factors that influence experienced nurses' decisions to leave their positions/work in the acute care setting?
3. What gaps in understanding exist regarding nurse's decisions to work or not to work in the acute care setting?

By 2050, there will be an expected 83.7 million people 65 years old and older living in the United States. With these demographic changes, more individuals with chronic health conditions and comorbidities will need patient care. As the U.S. population increases, health care organizations may experience difficulties in meeting the population's needs (Georgia Nurses Association, 2017). Leaders in health care organizations should identify and address the changes in population demographics to the current state of the nursing workforce. There will be a need for knowledgeable and experienced nurses to lead and support nursing teams in providing safe, quality, patient care (Harrington & Heidkamp, 2013).

Experienced nurses play a vital role in the health industry by providing direct patient care and ensuring patient safety. A seasoned or expert nurse with 2 or more years

of nursing experience has valuable knowledge, judgment, and care-giving skills. With today's complex, high acuity patients, expert nurses are needed more than ever in the practice setting. Every day, experienced nurses are leaving the hospital workforce, with many leaving the nursing profession altogether (Westendorf, 2007). Nurses with experience have cited decreased job satisfaction in addition to numerous other factors among their reasons for leaving the hospital workforce. Difficult patient assignments, increased patient acuities, decreased monetary awards, and work dissatisfaction are significant factors that have led experienced nurses to reassess their career choice in nursing (Dotson et al., 2013)

Nursing leaders and executive health care leaders in hospitals are concerned by the loss of experienced nurses. Health care leaders are recognizing the impact of the significant number of departures of experienced nurses on quality patient care and outcomes. Nurse retention strategies that were successful a decade ago are not viable enough to handle the turnover of nurses that health care is facing today (Alilu et al., 2016). Stronger, evidence-based tactics are needed to retain experienced nurses at the bedside. It is imperative for health care leaders to think differently by identifying factors affecting nurse retention and turnover in their organizations (Buffington et al., 2012). Existing nursing retention approaches can be restructured with altered tactics never applied before. The gap in practice of experienced nursing retention is related directly to the workplace culture and nurse engagement, as both can implicate financial gain and sustainability in health care organizations across the country. This DNP scholarly project explored the gap-in-practice through an analysis and synthesis of the literature. The gap-

in-practice disclosed that expert nurses are needed to meet the complex demands of patient care needs. The culture of the work environment has promoted nurses to become disengaged; therefore, nurses with experience are departing from the hospital workforce (Westendorf, 2007).

Systematic Review Search Strategy

I completed data collection from Medline, CINAHL, and EBSCOhost from June 2018 to November 2018. A Cochrane and PubMed data base search yielded no results. Peer-reviewed articles published in English from 2012 to 2017 were identified for this project. I used a combination of search terms and key words, including *nurse expert*, *registered nurses with experience*, *the experienced nurse*, *seasoned nurse*, *experienced nurse retention*, *experienced nursing turnover*, and *acute care*. Searches for relevant literature and articles for this project yielded 328 record results (Walden University, 2017).

Findings and Implications

I used a modified version of the Cochrane Criteria for Systematic Reviews to organize and display information about study design, sampling, and setting and synthesize the study's findings (Higgins & Green, 2011). Data analysis and evaluation of sources was organized in table format (see Appendix A) with eight categories: (a) first author and date of publication, (b) aim of the study, (c) sample size and setting, (d) design/methodology, (e) interventions, (f) findings, (g) limitations, (h) and level of evidence. The literature in this project includes a systematic review with meta-analysis, a simple randomized control trial of longitudinal design, a cohort study, systematic reviews

of descriptive studies, and quantitative descriptive design with cross-sectional studies, quantitative studies, and cross-sectional studies.

Quality Appraisal

I appraised the quality of articles reviewed for this project using Melnyk's seven levels of evidence based on design methodology to evaluate the strength and limitations of each study outlined in Table 1 and Appendix B (Melnyk & Fineout-Overholt, 2011).

Table 1

Levels of Evidence

Level of evidence	Description	Number of articles found
Level I	Systemic reviews, meta-analysis, evidence-based clinical practice guidelines	1
Level II	Evidence from randomized controlled trial	1
Level III	Controlled trial without randomization	0
Level IV	Case control or cohort study	1
Level V	Systemic reviews of descriptive or qualitative studies	3
Level VI	Single descriptive or qualitative study	13
Level VII	Opinions from authorities or reports from experts	0

Description of Included Studies

The 19 articles included a Level I evidence systematic review (Nei, Snyder, & Litwiller, 2015), a Level II evidence randomized controlled trial (Chang et al., 2015), a cohort design of Level IV evidence (Tuckett, Winters-Chang, Bogossian, & Wood, 2015), and three Level V evidence systematic reviews of descriptive studies (Cox, Willis, & Coustasse, 2014; Moore, Leahy, Sublett, & Lanig, 2013; Toh, Ang, & Devi, 2012). Additionally, this review included thirteen Level VI descriptive studies (Alilu et al.,

2016; Armstrong et al., 2014; Buffington et al., 2012; Bugajski et al., 2017; Duffield et al., 2015; Hairr, Salisbury, Johannsson, & Redfern-Vance, 2014; Hayward et al., 2016; Kutney-Lee, Germack, Hatfield, & Kelly, 2016; Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2016; McHugh & Ma; 2014; Rongen, Robroek, Van Der Heijden, Schouteten, Hasselhorn, & Burdorf, 2014; Sarsfield, 2013; Wargo-Sugleris, Robbins, Lane, & Phillips, 2017).

Analysis of the literature data through database searching yielded 328 studies. An additional 75 articles were identified from additional sources, such as author references, and screened for eligibility and then read in full. I removed two studies due to duplication. Records screened in the research were 251 records, with 158 of the articles excluded, resulting in 93 full-text articles assessed for project eligibility. I excluded 74 further articles from the full-text articles for various reasons, including inconsistencies in statistics, incorrect grouping of results of the surveys in the data, not fitting the inclusion criteria. The final search resulted in 19 studies meeting inclusion criteria for this review. To identify pertinent articles for this project, I used the Prisma Flow Diagram (Moher, Liberati, Tetzlaff, & Altman, 2009) to capture the study selection procedure (see Appendix C).

Literature Findings to Address Practice-Focused Questions

The first practice-focused question was as follows: What are the findings, from current research, regarding the factors that influence experienced nurses' decisions to work in the acute care setting?

Bugajski et al. (2017) conducted a quantitative descriptive study utilizing a 1-way MANOVA was used to examine retention factors affecting 279 experienced nurses identified in the Baptist Health Nurse Retention Questionnaire in a 391-bed Magnet community hospital. The questionnaire included a 12-item instrument composed of 3 subscales to include nursing practice, management, and staffing. A questionnaire related to staffing, engagement, management issues, and scheduling was used to evaluate the work environment and how this predictor influenced experienced nurses' decision to be dissatisfied and resign from working in the acute care setting. Clinical and managerial competence, support of autonomy, development of a positive working environment, acknowledging good work, employee engagement, and presence on the unit are the key components to keep experienced nurses satisfied working longer in the acute care setting. The limitations in this study would require a balanced sample from additional hospitals instead of one hospital setting (Bugajski et al., 2017).

Buffington et al. (2012) utilized a quantitative descriptive survey design to examine the factors affecting retention with validation utilizing the revised Casey-Fink Nurse retention survey distributed to 677 nurses with nursing experience via Zoomerang methodology who had approximately 7.5 years of experience. The survey consisted of 33 items with a 4-factor selection of subscales that included recognition/rewards, professional nursing role, mentorship, and scheduling flexibility. Responses of the experienced nurses included "I would encourage other nurses to work here" and "There are positive models in my workplace". Overall, experienced nurses felt appreciated, respected, and supported at the academic Magnet facility in Colorado who had

experienced a low 3% turnover rate. The magnet facility did voice opportunities to enrich their culture of retention (Buffington et al., 2012).

Chang, Shyu, Wong, Friesner, Chu, & Teng (2015) used a longitudinal design with two-wave collected data to examine the professional commitment of 579 experienced nurses who provided consent, and work in 106 different units of a major medical center. A 7-point response in the scale of Meyer was used in the response survey. A year later through a simple, randomized control trial, administrative data determined nurses were still employed and committed to the organization. This experienced nurse commitment may be possibly the result of continuance professional commitment of the organization which promoted nurse retention by improving salaries and employee benefits (Chang et al., 2015).

Duffield et al. (2015) identified factors in the prospective, randomized quantitative survey study related to older nurses leaving the nursing workforce through a prospective randomized quantitative survey design. To measure job satisfaction and intention to retire among the experienced nurses were the factors measured through the Mature Age Workers, Questionnaire, and Job Descriptive Index and Job in General Scale which was taken with a sequential approach. A letter of invitation was randomly sent to 1100 registered nurses who were over the age of 45, with 319 experienced nurses included in the survey. Key motivators in the results of this study were not related to stress, dissatisfaction, staffing, or salaries. Instead, the identified factors that motivated experienced older nurses to leave the workforce were due to retirement financial considerations & financial security (40.1%), health issues (17.4%), and spouse retirement

(13.3%). Due to government increases in retirement age, many older experienced nurses are still working in acute care settings. To keep older experienced nurses working longer in healthcare organizations, employers will need to consider making adaptations to the workplace environment and workloads to accommodate (Duffield et al., 2015).

Hairr et al. (2014) used a quantitative, correlational research to examine relationships between staffing, job satisfaction, and nurse retention in the acute care setting. The study had 70 experienced registered nurses of various ages and nursing education in a magnet hospital. The Nursing Work Index utilizing a 4-point Likert-scale explored through survey questions to the nurses if there were a relationship between job satisfaction and their intentional thoughts to leave their nursing positions in the previous 6 months. Many nurses have acquired the necessary skills to gain experience and are not leaving their current nursing positions just because they experienced job satisfaction. Improving job satisfaction and patient assignments is imperative in preventing nurse turnover which will improve patient outcomes, decrease hospital stay, and decrease cost (Hairr et al., 2014).

The second practice-focused question was this: What are the findings, from current research, regarding the factors that influence experienced nurses' decisions to leave their positions/work in the acute care setting?

Alilu et al. (2016) wanted to assess nursing on the global level in Iran, who in 2013 had about 100,000 nurses working in the nursing workforce but had a need for an estimated 240,000 to meet the needs of the increasing population. There were 16 identified nurses who had acquired years of nursing experience selected for semi-

structured interviews in the study. The work environment, lack of professional advancement opportunities, work stress, and ethical issues were the four categories incorporated in the interview process. Through descriptive data analysis, the interviews did present some concerns of experienced nurses on fatigue, frustration, job dissatisfaction, and stress on how they provided patient care. The study suggested an organizational review to identify the clinical issues that exist in experienced nurses' decisions to not work in the acute care setting (Alilu et al., 2016).

Cox et al. (2014) completed a systematic review of descriptive & qualitative studies of experienced nurses working in U. S. hospitals to evaluate the root cause related to the nursing shortage and nursing turnover in the U. S. Due to the high turnover of nurses, the shortage of nurses with acquired skills and experience continues to escalate. Thirty-six case studies and semi-structured interview resources were identified and selected to determine the driving factors that influence experienced nurses' decisions to leave their positions in the acute care setting. Job dissatisfaction, RN age increases, staffing limitations, salaries, and management control have all led to factors related to nursing turnover and the lack of experienced nurses. It was discovered through this review that the need for nurses will proliferate due to the changing demographics in the U. S. population. Due to the limitations of databases, examined sources, and the limited time given to examine this topic, there is a need for further research on the topic (Cox et al, 2014).

Hayward et al. (2016) examined the factors contributing to nursing turnover among experienced nurses and their intentions to seek alternate employment through an

interpretive descriptive approach. Nurses' decision-making in addition to the personal and environmental factors on their decision to leave was explored by individual interviews with 12 experienced registered nurses. Limitations in this study was related to sample size in a single region of the country. Increased patient acuity, workload demands, workplace relationships, leadership support, health and well-being issues, and stressful situations are the many interrelated work environment and personal factors affecting the decision for nurses with expert skills to leave the acute care setting (Hayward et al., 2016).

Lavoie-Tremblay et al. (2016) used a cross-sectional design in the seven-item Global Transformation Leadership Scale to investigate the impact of nurse managers who practiced transformational leadership vs. abusive leadership practices with novice nurses. A self-administered questionnaire was completed by 541 experienced nurses with less than five years of nursing experience and novice nurses in the practice setting. It was found in the research data that leadership practices such as abusive leadership was detrimental to the nursing practice. This practice would lead to poor quality care and strong intention to quit the nursing workforce and possibly the nursing profession. A suggestion for nurse manager training as a benefit would increase the work environment and retain nurses from the novice to the expert nurse with years of experience (Lavoie-Tremblay et al., 2016).

Nei et al. (2015) did a systematic review to examine the cause of experienced nurse turnover. The authors found included 97 articles related to nursing and their link to providing healthcare to patients. Articles from 1971 to 2010 were utilized. MEDLINE,

CINAHL, PsycINFO, SocIndex, and ERIC were the databases used in the Meta-analysis to analyze voluntary turnover. Questionnaires were used as an intervention to investigate work ability, psychological and work-related characteristics, and individual characteristics. The findings showed that leadership did affect experienced nursing turnover with could cause a negative effect on turnover and job satisfaction. Additional organizational level variables should be included and not excluded in this study such as shift work schedules, staffing, shift work, and career opportunities as it relates to nursing turnover causing limitations in this review (Nei et. al., 2015).

Rongen et al. (2014) aimed to investigate how experienced nursing staff members were influenced by work-related characteristics and work abilities in their decision to change jobs or leave the nursing profession altogether. The longitudinal study of 1-year consisted of participation in the Nurses' Early Exit Study in 10 countries with 9927 experienced nurses' as participants. In the study, a questionnaire was utilized with questions related to work ability, psychological and physical work-related characteristics, and individual characteristics. Results in the questionnaires were reports of 3.6% of the experienced nurses who had already left their current employer and 60.0% of experienced nurses who had found other nursing positions. Subsequently, decreased work abilities were the main reason why nurses had left their current employers or had made the decision to remove themselves from the nursing practice altogether. As there were gaps in understanding that existed in the literature which demonstrated limitations in this study. The number of hospitals were not revealed in the study where the nurses worked and how nursing turnover is evaluated in those hospitals. In the questionnaires, many of

the experienced nurses in the UK and Norway were excluded from two questions that were included and provided to the other eight countries. There was a short time-span between the baseline and follow-up with experienced nurses after leaving the workplace or nursing practice which resulted in limitations in this study. A longer time-span would be needed to accurately report a more in-depth follow-up study of those experienced nurses who were no longer working for the organization. An additional limitation in this study was due to the researchers conducting the study in 10 countries, which excluded the United States (Rongen et al., 2014).

Toh et al. (2012) reviewed 7 descriptive and descriptive-correlational studies between 1990 and 2010 of nurses with years of experience working in the Oncology practice setting in Canada. The review focused on the relationship between the nursing shortage with job satisfaction, stress, and burnout levels. Most of the studies were descriptive (n= 3) and descriptive-correlational studies (n= 4) that utilized the Joanna Briggs Institute-Meta Analysis of Statistics Assessment and Review Instrument (Toh et al., 2012). In all seven studies, self-reported questionnaires of oncology nurses in various Oncology practice settings were analyzed with the view of the nurse on various environmental factors that may have contributed to the nursing shortage. The authors did find that the work demographics had a significant role in the factors leading to the nursing shortage which included inadequate staffing, a decrease in job satisfaction, and burnout. Oncology nurses working on units with substandard staffing were those experienced nurses expressing job dissatisfaction, increased stress, and burnout due to the nurse shortage (Toh et al., 2012).

A cohort study that was longitudinal web based by Tuckett et al. (2015) explored why experienced nurses were leaving the nursing profession. A call for participants was posted in an electronic newsletter for “The Nurses and Midwives e-cohort study” for nurses to reply if interested to the e-mail. There was a total of 66 participants who responded (82 % registered nurses, 6 % were midwives, 9 % of the participants were unknown, and 3 % were in nursing and midwifery). Open-ended questions were asked related to the factors of why nurses are leaving the nursing profession, what can be done to retain nurses, and why nursing students are leaving nursing school. There were 39% of the nurses participating in the study who had worked as a nurse for more than 21 years and 61% had more than 15 years working as a midwife. Top answers to the open-ended questions were a lack of inclusion in decision-making, unsupportive relationships with managers and failures of nurse-to-nurse support as the factors resulting in job dissatisfaction and turnover of experienced nurses in their desire to leave the acute care setting. Limitations in this study were the inadequacies of tracking a discrete workplace environment which can be accomplished by use of a longitudinal study (Tuckett et al., 2015).

Wargo-Sugleris et al. (2017) wanted to determine the relationship of specific factors with experienced nurses of older age and their influences on retention and delaying retirement. Many nurses are working longer and delaying retirement past the age of 65. Evidence was needed to bring awareness to hospital administrators and policy makers that incentives should be created and promoted to delay retirement and retain experienced nurses in the acute care setting. It was discovered that organizations focus

on recruiting and less on retaining the older, more experienced nurse. A correlational, descriptive, cross-sectional study design was utilized with the integration of the Ellenbeckers Job Retention Model that proposes the relationship between job satisfaction and retention. A convenience sample of experienced registered nurses email addresses, 40 years of age or older, was provided in collaboration from the Florida Board of Registered Nurses in Florida (Wargo-Sugleris et al., 2017).

A one-time online survey which was developed related to job satisfaction, work environment, ageing, and individual characteristics of the older nurse over age 40 was administered. The study had 2,789 experienced nurses in the state of Florida over the age of 40, who met the criteria of the study as the participants. Participants answered dissatisfaction and unhealthy work environments in their decision to retire early and leave the nursing profession. Job satisfaction and the work environment are important factors to explore further to delay experienced nurses' retirement or prevent them from leaving their positions earlier than expected (Wargo-Sugleris et al., 2017).

The third practice-focused question was as follows: What gaps in understanding exist regarding nurse's decisions to work or not work in the acute care setting?

A gap in understanding did exist in the literature of Armstrong-Stassen et al., (2014) descriptive study regarding experienced nurse's decisions to work or not work in the acute care setting. The authors compared the perceptions of the seasoned nurse manager to the perceptions of the direct care nurse in the perceived organizational membership (POM) theory. In the theory, the human resources department shared their human resources (HR) practices intentionally to extend a sense of belonging and value

that would influence the employee to remain employed in the organization. Flexible working options, compensation, training and development, performance evaluation, recognition, and respect are the five HR practices that seasoned nurses valued and would influence their decision to remain employed in the organization. The study selection included 620 full-time nurses with nursing experience working in Ontario, where 516 were staff experienced nurses and 104 were the managers. To remain anonymous, questionnaire packets were mailed to the home of all the experienced nurses involved in the study. The findings in this study demonstrated how there was a gap in understanding between the two groups of nurses due to the large difference in the views of the nurse managers and the staff nurses. This gap in understanding did show that nurse managers and direct care nurses have different viewpoints of the working environment and if needs were being met or not. It was found that nurse managers are responsible for retaining top quality experienced nurses. To keep seasoned nurses working longer in the organization, it would be helpful if nurse managers always enforced the five HR practices. Nurse Managers must ensure that they are aware of the key needs of seasoned nurses to be able to meet their needs (Armstrong-Stassen et al., 2014).

Kutney-Lee et al. (2016) examined the differences in nurse engagement of experienced nurses in 16 units of 425 hospitals in four U.S. states. A cross-sectional design was utilized in a secondary analysis through three secondary data sources. Those data sources included the Penn Multi-State Nursing Care and Patient Safety Survey of RNs, the 2007 American Hospital Association, and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey data. The gap in understanding

is related to the indicator of higher HCAHPS scores and if the scoring was related to increased levels of nurse engagement in the healthcare organization. Organizations report that higher levels of nurse engagement among nurses with years of nursing experience are the indicator leading to less reports of dissatisfaction, burnout, and intention to leave among seasoned nurse (Kutney-Lee et al., 2016).

McHugh & Ma (2014) conducted a cross-sectional study to verify and validate how wages, work environment, and staffing are related to burnout, job dissatisfaction, and intentions of leaving in expert nurses. The study used a two-stage sampling design with surveys mailed to the home of nurses with years of experience in four states to include: California, Florida, New Jersey, and Pennsylvania. Burnout, job dissatisfaction, work environment, staffing, wages, hospital environment, and nursing demographics were studied in 534 hospitals. The gap existing in the literature of this study whether nurses worked or not worked was associated with the factors on intention to leave. Were nurses who had been working in the acute care setting for years and had attained the expert level leaving due to salaries or associated factors? As this study does not thoroughly suggest which factors were the contributors of intention to leave among the experienced nurse population (McHugh & Ma, 2014).

Moore, Leahy, Sublett, & Lanig (2013) explored how direct-care experienced nurses relate to each other daily as they interact on patient care units. The Sigma Theta Tau professional nursing organization in five chapters of the southwestern Ohio area was selected to participate with 82 experienced nurse respondents. The study used a mixed-method study design, and incorporated an online questionnaire with open-ended

questions, where the nurses who had been working on nursing units for a considerable amount of years could briefly explain descriptions of their work experiences (Moore et al., 2013). The gap in understanding exist in the literature when reviewing experienced nurse participants answer when they were asked if they ever considered leaving the nurse profession due to nurse-to-nurse relationships. The question was responded by the experienced nurses at 79% who had never considered leaving the nursing profession, while 21% had considered leaving the profession, and 55% experienced nurses had already exited. In another question, 56% of the experienced nurse participants gave accolades to the positive relationships they had with their nurse manager, while 44% thought the nurse managers did little to have positive relationships. After the researchers searched for relevant literature using the CINAHL database for the years 2006-2012, they found significant bias in the review about the perception of staff nurses regarding nursing implications as it relates to experienced nurse relationships and the impact on the work environment with decisions to leave the nursing profession (Moore et al., 2013).

Sarsfield (2013) wanted to describe differences in cognitive processes between novice and expert nurses working in public health as they solved ill-structured problems found in the public health practice. The sample size of 12 registered nurses was purposive selected which consisted of six novice and six expert nurses working in the public health sector. The researchers used the descriptive method and the think aloud to study the cognitive differences with solving problems of ill-structure such as population-focused issues in the two sets of nurses. The findings in this study suggest that expert and novice nurses do solve problems differently. Expert nurses who participated in this

study were able to analyze information, evaluate the significance of the information, and work efficiently to solve problems while novice nurses in the study had difficulty in solving the problems. The gap in understanding exist in the literature in how the two sets of nurses solved the problems and use specific decision making. The study did go into detail in explaining how nurses' transition from the novice to the expert nurse informed by the theory of knowledge acquisition. This study did exemplify the levels of nursing and components needed to attain the expert level of nursing expertise. Limitations in this study was the small sample size which was purposeful of the researchers (Sarsfield, 2013).

Study Outcomes and Limitations of Included Studies

The study outcomes in this project has addressed numerous factors related to why retention and turnover of experienced nurses exist in the acute care setting. This project has provided an abundance of literature to support further exploration of the factors leading to experience nurse's decision to stop working and possibly leaving the nursing profession permanently. This project, and the familiarization of the decision to leave factors, can guide healthcare organizations with improvements in current retention strategies to keep experienced nurses satisfied in their working environments and delaying their early departures from bedside nursing (Buffington, et al., 2012).

Implications

Recommendations for encouraging experienced nursed to remain in the acute care setting were based on the quality of documentation in this review. The quality of documentation represents the importance of expert nurses in the nursing process with

high-quality patient care and increased patient outcomes. Support from nursing leadership and transformation of the work climate are altered variables that will decrease predictors of experienced nurse turnover behaviors (Nei et al., 2015). Health care organizations should focus on identified workplace factors related to experienced nurses with preventive interventions that will focus on improving work environments and maintain the culture in the workplace (Rongen et al., 2014).

Recommendations

The analysis and synthesis of this review were established by the recommendations of the literature. Many strategies utilized to retain nurses are relevant and effective today. Recognition and opportunities to advance professional development can be used to support experienced nurses (Alilu et al., 2016). Managers can address the significant needs of experienced nurses such as flexible working options, improve financial compensation, conduct feedback, and recognize accomplishments to transform the culture of the workplace (Armstrong-Stassen et al., 2014). Support from nursing managers with leadership development courses is needed to advance professional development in experienced nurses. Nurse Managers need to develop transformational leader styles to be able to effectively support experienced nurses and prevent staff turnover (Buffington et al., 2012). Engagement of nursing leaders with the nursing staff can enhance experienced nurse satisfaction and transform the culture in the working environment in hopes of retaining the nursing workforce (Bugajski et al., 2017). Improvements in nursing salaries and opportunities of educational advancements are additional efforts to retain seasoned nurses in acute care settings (Chang et al., 2015).

A difference in expertise of a novice nurse and the experienced nurse have the potential to endanger patient care which have caused utmost concerns within U. S. health care systems (Cox, et al., 2014). Financial constraints and the impact with the loss of experienced nurses within health care organizations must be acknowledged (Duffield et al., 2015). To prevent experienced nurses from departing acute care facilities, improvements in factors such as nurse staffing and staffing ratios are necessary (Hairr, et al., 2014). To maintain quality care and eliminate the impact of nursing turnover, health care leaders should re-examine all relevant factors voiced by experienced nurses in this country (Hayward et al., 2016).

Although wages were important characteristics, adequate nurse staffing can alleviate burnout of nurses and dissatisfaction (McHugh & Ma, 2014). Visibility of experienced nurses working on in-patient units can increase health care quality, improve reliability, reduce costs, and enhance patient outcomes (Melnik & Fineout-Overholt, 2011). Transformational nursing leaders can influence experienced nurse turnover intentions (Nei et al., 2015). Strategies to keep experienced nurses as a part of the nursing workforce must be re-structured. Factors related to why experienced nurses are leaving bedside nursing should be researched further to gain a better understanding of their final decisions to leave the organization (Wargo-Sugleris et al., 2017).

Limitations of this Review

There are several limitations in this review of the literature in this project. Authors in the study literature utilized a variety of words to describe the expert nurse such as seasoned, experienced, and nurse with expertise. Many of the studies in this

review did not correlate either an experienced or novice nurse and was based on the “nurses” perspective on reasons for leaving practice. Exit perspectives or interviews could have been included to identify those nurses who left the nursing profession and explore their viewpoints related to their new careers. Most of the studies were conducted in only one facility, limiting the validity and strength of the data (Buffington, et al., 2012). Publication and research bias through the number of databases and sources examined are identified limitations in one study as trends would need to be observed to validate changes in nursing turnover (Cox et al., 2014).

The relationship between nurse engagement and outcomes may have limited interpretations of the participating nurses due to the observational, cross-sectional design used in the study (Kutney-Lee et al., 2016). Only nurses in four states of California, Florida, New Jersey, and Pennsylvania were selected to participate in a two-stage sampling design approach that provided insight on the work status, setting, role, burnout, and job satisfaction to identify the effects of these predictors on nurse outcomes (McHugh & Ma, 2014).

Another implication in the literature findings were from a survey that was administered to nurses working in the acute care setting in Florida. The first study selectively singled out nurses that were working in the state of Florida and through the collaboration with the Florida Board of Registered Nurses to participate in the research. Research findings may have been impeded by the inclusion of only participating nurses who had attended an EBP workshop (Wargo-Sugleris et al., 2017).

Another study by the authors were able to select an assemblage of nurses in Florida to report on job satisfaction, work environment, and individual characteristics. As the study should have included other regions, instead of the one region in Florida (Wargo-Sugleris et. al., 2017). An indifference in the studies included the setting of the studies. The authors should have published literature specific to the U. S. instead of the literature data that should have not included International countries such as Iran, Canada, Taiwan, and Australia. In other countries than the U. S. the work climate, patient practice setting, and nursing process are quite different. Future research should include nurses that worked in unlike categories of primary health practice settings. None of the research implied that reasons for nurses to leave hospital workforces were related to the economic time (Nei et al., 2015).

Strengths and Recommendations for Future Research

Evidence-based practices should be included directly to specific interventions in reducing the number of nurses leaving the hospital setting. Acknowledgment of the experienced nurse qualities will be required to improve nurse engagement and increase satisfaction (Kutney-Lee et al., 2016). Strong working relationships with staff support are additional strengths explored in the remaining studies of this research. Additional research is necessary to clearly understand the relationship between experienced nurses' reasons for leaving the practice setting and the impact of their decision to leave on the work environment (Lavoie-Tremblay et al., 2016). Additionally, future nursing projects may benefit from continuous research on the factors leading to experienced nursing turnover and the shortage complications (Cox et al., 2014).

Section 5: Dissemination Plan

The purpose of this scholarly doctoral project was to conduct a systematic review of the literature to gain a better understanding of the aspects related to experienced nurses and the influences of the work environment on retaining the expert nurse in nursing units of inpatient areas. This was necessary as the present retention approaches have been ineffective and should be restructured to improve retention rates among experienced nurses based on the evidence (Gellasch, 2015). It was vital in this project to understand why nurses with years of experience are leaving the nursing profession in unwarranted numbers. Dissatisfaction in working environments, burnout, and increased stress levels are major contributors to nurses leaving the nursing profession way before the retirement age. Nursing mentorship, guidance, years of experience, and advanced critical thinking knowledge are all significant dynamics that experienced nurses possess (Hill, 2010). As experienced nurses mark their leave of absence from patient care settings, patient safety will continue to be compromised, leaving inexperienced nurses stressed with the increasing demands of complex patient care (Hill, 2010).

The literature review in this scholarly doctoral project was able to address the various influences of experienced nurses and their intention to leave the nursing workforce. Improvements of present retention tactics may need restricting to keep experienced nurses satisfied and engaged to delay retirement. Analysis and synthesis of information in this study was applied to address any potential gaps in the literature to strengthen resilience and prevent burnout. It is critically important for health

organizations to prioritize the focus on the largest segment of the health care workforce by restructuring existing experienced nurse retention methods (Dempsey & Reilly, 2016).

The practicum site nurse executives were provided the synthesized results of this project via this review paper. The practicum organization's nursing leadership team were the primary audience for the product of this project. Project site collaborative team members, which include unit managers, unit charge nurses, directors, chief nursing officer, clinical operations manager, professional development director, and nurse educators, were involved in sponsoring and supporting this review. Efforts in future implementation that may arise from this project are not in the scope of this review but are included as a change improvement in the workplace culture to allow experienced nurses to remain viable in the workforce.

Reflection

One must take every opportunity to learn more and strive further than the standard requirements. I yearn for the ability to accomplish great things, and each day that I wake up, I look for opportunities to change something within healthcare and the nursing profession. During my nursing career, I have never been afraid to take that leap into the unknown. Finding one's calling is a matter of believing in myself, so less than a year after completing my Master of Science in Nursing Leadership, I began this Doctorate in Nursing Practice journey. Nursing mentors are very valuable to today's nursing workforce, and as I reflect there were many mentors who assisted with guiding my nursing career and provided advice on my higher education goals. By mentorship, this

has allowed me to apply my knowledge and nursing experience to focus on retaining experienced nurses in the inpatient hospital settings.

Summary

Registered nurses with years of nursing experience are leaving inpatient practice settings and the nursing profession altogether. The impact of experienced nurses leaving bedside nursing, or the profession of nursing is beyond financial dollars. With their intuition, resourcefulness, and compassion, experienced nurses are considered the backbone to healthcare organizations around the country (Gellasch, 2015). Experienced nurses convey power and ingenuity on the front line to patient care and human health. The expertise and wealth of knowledge of an experienced nurse are imperative for developing new graduate nurses into novice nurses and future developments expert nurses (Westendorf, 2007). Nurses within healthcare organizations should be involved in the decision-making, as their involvement correlates to the safety, quality, and patient experience. Lack of commitment and job dissatisfaction results in disengaged nurses. To reduce compassion fatigue, burnout, and turnover in experienced nurses, nursing leaders must develop a different set of strategies to improve nursing engagement which can enhance retention of experienced nurses (Dempsey & Reilly, 2016).

The nursing profession is facing an uncertain future. For 15 years in a row, nurse's as professionals continue to be ranked as the most trusted professional in healthcare by the American public (American Nurses Association, 2016). Retaining experienced nurses within health care organizations are critical to sustaining the nursing practice, achieving positive patient outcomes, and increasing patient safety (Hill, 2010).

Retaining nurses with two years or more of nursing experience, is imperative with keeping patients' safe and improving the quality of healthcare in this country (American Nurses Association, 2016).

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Appendix A: Data Analysis and Evaluation

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Alilu et al., (2016).	To identify and describe ineffective policies and the challenges to why nurses are leaving the nursing profession.	N=16 nurses Nurses working in the Internal medicine, surgery, infectious disease, poison control, intensive adult care & emergency care practice settings with 2 or more years in nursing experience.	Cross-sectional design MAXQDA10	Semi-structured interviews through Content, Thematic analysis and coding process	Analyzed data from four thematic categories in the interviews. Nursing care does affect patient outcomes and quality of care. This is influenced by fatigue, frustration, stress, tension, and work environment.	Small sample size of 16 nurses from one hospital. Although the interviews were confidential, interviews may have more validity if they were structured on a form for the nurses.	Level VI (Melnyk & Fineout-Overholt, 2011).
Armstrong-Stassen et al., (2014).	To compare the perceptions of both seasoned Nurse Managers and Staff Nurses on retention and availability of Human Resource practices	N=620 nurses (104 Nurse Managers and 516 Staff Nurses) Nurses employed in the province of Ontario with 2 years or more experience	Descriptive study design MANCOVA/ ANCOVA	Questionnaire packets using the IBM SPSS Statistics software program with crosstabs and chi-square based upon five HR practice measure model	There was a significant difference of how Nurse Managers and Staff Nurses do perceive retention and needs of seasoned nurses different in four of the five HR practices resulting in the MANCOVA results, $F=15.70$, $p<0.001$.	Sample restricted only to full-time nurses, which excluded 225 part-time nurses	Level VI (Melnyk & Fineout-Overholt, 2011).
Buffington et al., (2012)	To examine Registered Nurses and the factors affecting retention	N=677 (56%) Nurses with years of experience working in an inpatient setting	Quantitative, descriptive survey design with exploratory factor analysis	Revised Casey-Fink Registered Nurse retention survey via Zoomerang consisting of 6 sections and 33 items	N=46 of the nursing staff provided numerous suggestions to appropriately address nurse retention.	Further research is needed in utilizing the Revised Casey-Fink Nurse retention survey	Level VI (Melnyk & Fineout-Overholt, 2011).

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Bugajski et al., (2017).	To examine RN's and the factors affecting retention.	N=279 (34.7%) 391 bed Nurses with 2 or more years in nursing working at a Magnet predesignated community hospital	Quantitative, descriptive study 1-way MANOVA	Baptist Health Nurse Retention Questionnaire with 12 items of 12 factors. [Content Validity Index (CVI) = 0.80-1.0] and subscale test-retest coefficients (nursing practice: $r=0.748$, $P = 0.013$; management: $r=0.535$, $P=.111$; and staffing: $r=0.905$, $P < .001$). SPSS version 21 utilized.	Questionnaire of the nurses highlighted staffing, engagement, management issues, and scheduling.	Need a more balanced sample in more hospitals instead of one hospital. Findings not generalized. Further research needed.	Level VI (Melnyk & Fineout-Overholt, 2011).
Chang et al., (2015).	To examine the professional commitment and how this may affect retaining nurses in the profession.	N= 579 (96.5%) Nurses with 6 months or more nursing working experience who work in 106 different units in a major medical center in Northern Taiwan.	Simple, randomized control trial Longitudinal design.	The Meyer et al. 's scale with structural equation modeling that would demonstrate sufficient reliability (Cronbach's $\alpha > .76$). Six survey items using a 7-point scale based upon response with confirmatory factor analysis was able to validate psychometric properties in the study.	Professional commitment and continuance of that commitment of nurses is the key to reducing intentions of leaving the nursing workforce.	Failed to include an In-depth listing featuring the uniqueness of each unit included in the study. Future studies may be able to explore the differences in the groups of units and the features of the groups.	Level II (Melnyk & Fineout-Overholt, 2011).

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Cox et. al., (2014).	To evaluate the nursing turnover and the root causes in the U.S.	Nurses working in U.S. hospitals	Systematic review of descriptive studies Conceptual framework.	Case studies & Semi-structured interviews.	The need for nurses will proliferate due to the changing demographics in the U.S. population.	There were limitations due to publication bias, researcher bias, and the number of databases utilized in the review. To track trends further research is needed.	Level V (Melnyk & Fineout-Overholt, 2011).
Duffield et. al., (2015).	Identification of factors related to the older nurse and intentions to leave the workforce.	N=319 Registered nurses on the Nursing and Midwifery Board of Australia	Prospective, randomized quantitative survey study. Sequential approach.	Combined instruments of The Mature Age Workers Questionnaire, The Job Descriptive Index and The Job in General Scale. Utilizing SPSS.	Findings conclude that the mean age for nurses leaving the workforce were 61.7 years. 67.4% of the 319 participants planned to leave nursing.	No limitations identified in this study other than to change policies that will increase the age of retirement that may increase retention.	Level VI (Melnyk & Fineout-Overholt, 2011).
Hairr et. al., (2014).	Examine relationships between staffing, job satisfaction, and nurse retention in the acute care setting.	N=70 Magnet hospital	Correlational research.	The Nursing Work Index (NWI) on a 4-point Likert-type scale which conducted survey questions. Utilizing SPSS.	Improving nursing staffing will improve patient outcomes, decrease hospital stay, and decrease costs.	Limitations include limiting the turnover of nurses and forging a relationship between job satisfaction and appropriate staff assignments.	Level VI (Melnyk & Fineout-Overholt, 2011).

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Hayward et al., (2016).	To examine the factors contributing to nursing turnover among experienced nurses and intentions to seek alternate employment.	N= 12 RN's Urban and Rural acute care facilities in British Columbia, Canada	Interpretive descriptive approach	30 to 60-minutes conversational style individual interviews	Three interrelated topics were utilized to gain a better understanding of nursing turnover such as: healthy workplace environments, leadership and their roles to the health and well-being of nurses. This study adds great value from existing research that no single factor causes nurses to leave.	Limited only to a single region with a limited sample size.	Level VI (Melnik & Fineout-Overholt, 2011).
Kutney-Lee et. al., (2016)	To examine the differences in the engagement of nurses in hospitals with established shared governance and the relationship between nurse engagements in addition to nurse outcomes to patient outcomes.	N= 20, 674 RN's 16 units of 425 hospitals in 4 U.S. states	Cross-sectional, observational study utilizing 3 secondary data sources such as 1) the Penn Multi-State Nursing Care and Patient Safety Survey of RN's from 4 states 2) 2007 American Hospital Association Annual Survey of Hospitals 3) HCAHPS patient survey from Oct. 2006 to June 2007.	Participation in Hospitals subscale of the Practice Environment Scale of the Nursing Work Index utilizing a 4-point Likert scale.	Hospitals that enhance engagement of nurses with opportunities to be involved in shared governance are more likely to provide better patient experiences and quality patient care leading to favorable job outcomes for the nurses. Improving nurse engagement has implications for retaining nurses in the workforce and a decrease in job dissatisfaction and burnout.	The cross-sectional design limits the differences between nurse engagement and nurse outcomes. Higher quality health organization may have been the only institution to submit HCAPS scores for the study which were voluntary.	Level VI (Melnik & Fineout-Overholt, 2011).

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Lavoie-Tremblay et al., (2016).	To investigate impact of nurse managers demonstrating transformation leadership to abusive leadership with novice nurses.	N= 541 RN's Nurses working in non-ICU inpatient units in the province of Quebec	Cross-sectional design utilizing the 7-item Global Transformation Leadership Scale	Self-administered questionnaire from nurses with less than five years utilizing a 7-item Global Leadership Scale.	Better nurse or patient outcomes are not associated with nurse burnout, job dissatisfaction, work environment, nurse staffing, and intent to leave. Transforming the organizational culture to support and integrate a model of professional nursing can be valuable.	Study was limited to a mean age of nurses of 26.86 only in the province of Quebec.	Level VI (Melnyk & Fineout-Overholt, 2011).
McHugh & Ma (2014).	To verify and validate how wages, work environment, and staffing are related to nurse burnout, job dissatisfaction, and intentions on leaving.	N= 26,005 RN's Nurses working in 534 hospitals in four states	Cross-Sectional, study. Secondary analysis using two-stage sampling design	The Centers for Medicare & Medicaid Services' Medicare Wage Index Occupational Mix Survey, Emotional Exhaustion subscale of the Maslach Burnout Inventory, 4-point Likert-type scale response, and four subscales of the Practice Environment Scale of the Nursing Work Index.	Better wages do not account for the relationship between working in hospitals that are well-staffed with good practice environments with nurse outcomes related to burnout, dissatisfaction, and intent to leave the nursing practice.	Cross-sectional design limited the ability to draw causal inferences. Survey and wage data were based upon the economic recession of 2007. Outcomes were nurse-specific, but the wage data was not. Impact of wage on nurse outcomes vary outside of the U.S.	Level VI (Melnyk & Fineout-Overholt, 2011).

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Moore et. al., (2013).	To present the findings and explore how direct-care nurses relate to each other as they interact on patient care units daily.	N= 82 Nurses who were members of five chapters of Sigma Theta Tau. In addition to 12 articles.	Mixed-method research design	Online Nurse-to-Nurse Relationship Questionnaire with open-ended questions. Considered leaving, environment, nurse manager relationship, seasoned nurse relationships to novice nurses.	Nurses did consider leaving the nursing profession due to poor nurse relationships and missing factors on nursing units to enhance good nurse-to-nurse relationships.	Best practices were eliminated from the study to address and resolve poor nurse relationships. Unanswered questions received.	Level V (Melnik & Fineout-Overholt, 2011).
Nei, et. al., (2015).	To examine the connection between predictors of nursing turnover with turnover cognitions and intentions. To demonstrate efforts made to highlight the strongest predictor of voluntary turnover	97 articles on nurses who were directly linked to providing healthcare to patients.	Systematic review. Meta-analysis Literature search of articles from 1971 to 2010. Databases used were (CINAHL, MEDLINE, PsycINFO, SocINDEX, ERIC) and related health sources.	Meta-analysis of Voluntary Turnover. Questionnaires on work ability, psychological and physical work-related characteristics, and individual characteristics	Regarding nursing turnover, it was not associated with job satisfaction, stress, and burnout levels. Leadership involvement is the key with reducing nursing turnover.	Authors in this study were unable to locate any articles to assess the relationships between the five-factor model of personality and voluntary turnover. Additional research needed on turnover in the organizational level of the organization	Level I (Melnik & Fineout-Overholt, 2011)

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Rongen et. al., (2014)	To investigate the characteristics and working ability that can influence nursing staff to change employer or leave the nursing profession.	N= 9927 (66%) Nursing staff members from Belgium, Denmark, Finland, France, Italy, the Netherlands, Poland, and Slovakia. All were participants of Nurses' Early Exit Study	Longitudinal study w/Descriptive statistical method	Questionnaires translated for each country through translation-back-translation. Utilized the European Nurses' Early Exit Study	Increased workloads can predict nursing staff intentions to leave the work organization and possibly the nursing workforce altogether.	The short time-span between the baseline and measuring the follow-up for nurses who had left the work organization. Two countries were excluded from two questions in the questionnaire.	Level VI (Melnik & Fineout-Overholt, 2011)
Sarsfield (2013).	To describe differences in the novice and expert nurses' cognitive processes and problem-solving	N= 12 Nurses in which 6 were novice and 6 were expert working in public health	Descriptive and exploratory utilizing a qualitative technique with think-aloud method	The Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument and the Nursing Work Index-Revised tool	There is a need for development of various strategies that can identify and solve ill-structured problems for nurses as they transition from the novice level to the expert.	Limitations included small sample size which was purposeful. Many of the study participants had prior experience with obesity and underage drinking in pediatrics.	Level VI (Melnik & Fineout-Overholt, 2011)
Toh et. al., (2012)	To establish the best available evidence between the nursing shortage and possible related factors to the shortage. Job satisfaction, stress, and burnout levels in an oncology/ Hematology practice setting.	Nurses in Canada working in the Oncology practice setting.	Systematic review of seven descriptive and descriptive-correlational studies between 1990 and 2010.	The Joanna Briggs Institute-Meta Analysis of Statistics Assessment and Review Instrument in investigating why nurses are leaving the profession	The work demographics of the oncology nurses had a significant role in factors leading to the nursing shortage such as inadequate staffing, job dissatisfaction, and burnout.	Limited studies that could signify that stress and burnout levels all resulted in the nursing shortage. Additional studies are needed to fully evaluate if stress, burnout, and staffing were the cause to the nurse shortage	Level V (Melnik & Fineout-Overholt, 2011)

First Author and year	Aim	Sample Size and Setting	Design Method	Interventions	Findings	Limitations	Documentation Quality Measures Assessed
Tuckett et. al., (2015)	To explore reasons nurses were leaving the nursing profession	N=66 Nurses that subscribed to electronic newsletter of Nurses and Midwives	Cohort study with content analysis data Longitudinal web based	Email responses from open-ended questions in 2009 Nurses and Midwives electronic newsletter	Nurse managers are contributing to nurses moving out of the nursing profession with lack of support and unsupportive relationships. Through the answers from email questions, this has led to job satisfaction and nursing turnover	Limitations to external validity based upon response bias in the nurse participants. Tracking inadequacies acknowledged.	Level IV (Melnik & Fineout-Overholt, 2011)
Wargo-Sugleris et. al., (2017).	To determine the relationship of specific factors with RN's intent to retire due to job satisfaction, work environment, and successful ageing.	N= 2,789 RN's 40 years of age or older working in acute care setting during the dayshift as staff nurses in Florida.	Correlational, Univariate descriptive, cross-sectional Quantitative study	Online survey of nurses working in Florida from Sept. 2013 to October 2013. The modified Ellen Becker's Job Retention Model were utilized to test against regression analysis.	The environment and job satisfaction are important to the nurse and have an direct impact on their job satisfaction and imposes decisions of their retirement	The use of the cross-sectional design and purposive sampling strategy were the limitations. The sample was limited to acute care setting nurses only in the state of Florida. Sample not representative of all RN's in the USA.	Level VI (Melnik & Fineout-Overholt, 2011)

Appendix B: Levels of Evidence

Melnyk Levels of Evidence

Level I: Evidence from a systematic review of all relevant randomized controlled trials (RCT's), or evidence-based clinical practice guidelines based on systematic reviews of RCT's
Level II: Evidence obtained from at least one well-designed Randomized Controlled Trial (RCT)
Level III: Evidence obtained from well-designed controlled trials without randomization, quasi-experimental
Level IV: Evidence from well-designed case-control and cohort studies
Level V: Evidence from systematic reviews of descriptive and qualitative studies
Level VI: Evidence from a single descriptive or qualitative study
Level VII: Evidence from the opinion of authorities and/or reports of expert committees

Melnyk, B. M. & Fineout-Overholt, E. (2011). Rating system for the hierarchy of evidence for intervention/treatment questions". *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice*. (3rd ed.). Philadelphia, PA: Wolters-Kluwer Health

Appendix C: Prisma Flow Diagram

**PRISMA 2009 Flow Diagram**

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G., The PRISMA Group (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA Statement. *PLoS Med*, 6(7): E1000097. Doi: 10.1371/journal.pmed1000097

