

2023

## **Influence of Nurse Residency Programs on Turnover Intent for New Nurse Graduates**

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*Walden University*

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# Walden University

College of Management & Human Potential

This is to certify that the doctoral study by

Ashley Peters

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2023

Abstract

Influence of Nurse Residency Programs on Turnover Intent for New Nurse Graduates

by

Ashley Peters

MHA, Ohio University, 2015

BSN, Ohio University, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Healthcare Administration

Walden University

August 2023

## Abstract

Nursing turnover and nursing intent to leave is increasing due to burnout, retirement, and a competitive labor market. The purpose of this quantitative study was to determine whether there were statistical differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participation in a nurse residency program. The theory of cognitive dissonance formed the foundation for the two research questions concerning whether there was a difference in turnover intent for nurses with associate degrees and nurses with bachelor's degrees after initial completion of a new nurse residency program and after a year of employment. A *t* test was performed on the data obtained from a large healthcare organization. The analysis results indicated that there were no statistical differences in turnover intent at the 8 month or at 1-year post new graduate nurse residency completion. Although no statistical significance was found for either research question, this study has the potential to positively affect social change and healthcare as it provides healthcare administrators with additional knowledge about the benefits of residency training programs for new nurse graduates. This study also demonstrates that despite the level of degree, new graduate nurses benefit from residency education programs in the workplace, which can lead to increased candidate pools, improved patient care environment, and employee retention.

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## Dedication

I want to dedicate this to my loving husband, Zach, and two children, Gunner and Zoey, who have motivated me and inspired me throughout this journey. This would not have been possible without you. In addition, my mother who has always encouraged me and had faith in me.

## Acknowledgments

Thank you to my husband, Zach, for continually supporting me and my educational journey. I truly could not have completed this without you. You have been my rock and my soft place to fall. Thank you to my children, Gunner and Zoey, for understanding when I spent entire weekends researching and writing. Thank you for being my biggest cheerleaders and giving the best hugs when I needed them. I hope that watching me complete this journey inspires you to know that you are capable of completing anything that you put your mind to. Thank you to my mom, Cyndi, for your unwavering support and always believing in me. Thank you to my father-in-law and mother-in-law, Brad and Joy, for your support and for watching the kids when I needed uninterrupted time to work. Thank you to all my friends, Angela, Amy, Kristin, and so many more, for encouraging me, crying with me, and for never giving up on me throughout this process. Thank you to Cathy Hall for encouraging me all those years ago to further my education.

Thank you to my committee chair, Dr. Kourtney Nieves, for all that you have done for me, from the emails to the phone calls, your support kept me going. You have made this process enjoyable and have been there for me through all of life's many challenges. Thank you to my committee person, Dr. Miriam Ross, for challenging me and your encouragement. Thank you to Dr. Sylvain Trepanier for mentoring me during those first stages of my doctoral study. Finally, thank you to Dr. Martha Grubaugh and Larissa Africa, for your participation in my research study and for answering any questions I have had along the way.

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## Section 1: Foundation of the Study and Literature Review

Globally, nurses are reporting high levels of dissatisfaction, burnout, and intentions to leave their organization (NSI Nursing Solutions, 2022). These factors lead to increased costs for healthcare organizations and greatly impact the care of the patient. Currently, hospitals are experiencing average turnover rates of 27.1% and average vacancy rates of 17%, both of which are dramatically higher than previous years (NSI Nursing Solutions, 2022). In my research, I examined the relationship of the independent variables of level of education of registered nurses who are participating in new graduate residency programs and the dependent variable of intent of turnover. I examined if new graduate registered nurses who participate in a nurse residency program experience differing levels of intent of turnover based on their level of education. Understanding these issues can assist healthcare organizations in identifying how to recruit registered nurses as well as to help inform nursing schools about the potential training issues that exist.

This section describes the background, problem, purpose, and research questions for this study. Also, the framework for the study as well as the literature review will be completed for this study.

### **Background of the Problem**

Nursing turnover is a rapidly growing issue within healthcare. In 2022, the NSI National Health Care Retention and RN Staffing Report identified that issues such as COVID, burnout, retirement, and a competitive labor market have further complicated nursing turnover (NSI Nursing Solutions, 2022). In 2010, the Institute of Medicine

recommended that the nursing profession should work to increase the number of registered nurses (RNs) with a bachelor's degree in nursing (BSN) to 80% by the year 2020. In March 2022, the Campaign for Nursing's Future shared that in 2020, 59% of RNs were bachelor's prepared, an increase of 10% from 2010 but sustained from 2019 to 2020. The aim of this research study was to explore whether the type of degree a nurse has completed influences their intent of turnover after completing a nurse residency program (NRP). The completion of this study is important so that healthcare administrators can understand the implications of hiring nurses with varying levels of degrees, how that affects turnover, and how to mitigate the concerns of turnover.

In 2022, the NSI National Health Care Retention and RN Staffing Report stated the average cost of turnover for a bedside RN is \$46,100, which results in a hospital losing an average of \$5.2 million to \$9.0 million, and each percent of positive change in turnover can save a hospital \$262,300 per year. The national hospital turnover rate increased 6.4% from 2021 to 25.9% in 2022 (NSI Nursing Solutions, 2022).

It is clear within the literature that turnover presents significant issues for healthcare administrators and healthcare organizations, but it is unclear if turnover is influenced by the educational degree the nurse has. This study adds to the literature and helps to better determine how education impacts turnover in the healthcare industry. The ability of healthcare administrators to understand the effect of education on turnover can positively impact social change as any potential mitigation strategy to reduce turnover can improve the experience of a nurse and may also positively influence patient care.

Turnover negatively impacts nursing, healthcare, and the experience patients have in acute care organizations.

### **Problem Statement**

High turnover for nurses is challenging and can negatively influence patient care (AL-Dossary et al., 2014). With the average turnover rate of 17%, hospitals in the United States are experiencing turnover costs of \$44,380 to \$63,400 per individual nurse, which equates to an average annual loss of \$4.21 to \$6.02 million per hospital (Yarbrough et al., 2017). In addition, the industry is reporting an average of 87 days to fill an open position with an experienced nurse (NSI Nursing Solutions, 2022). By identifying whether the level of education a nurse obtains impacts their intent of turnover, organizations can place focus on recruitment and retention efforts. This is important to study as healthcare organizations often partner with schools of nursing for clinical time and recruitment.

### **Purpose of the Study**

The purpose of this quantitative study was to determine whether there are statistical differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participating in a NRP. This was determined by examining the relationship between the dependent variable turnover intent, and the independent variables concerning the completion of an associate degree or completion of a bachelor's degree.

## **Research Questions and Hypotheses**

Research question (RQ)1: Is there a statistically significant difference in turnover intent after 8 months of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_01$ : There are no statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

$H_a1$ : There are statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

RQ2: Is there a statistically significant difference in turnover intent after 1 year of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_02$  : There are no statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

$H_a2$  : There are statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

## **Framework**

In 1957, Festinger developed the theory of cognitive dissonance. This theory suggests that consistency is a preferred state, and individuals will change both their attitudes and behaviors in an effort to obtain that consistency (Gruber, 2003). Festinger (1959) stated,



One example of such a situation comes about if pressure is put on a person to overtly do or say something which is contrary to what he really believes. If the pressure, in the form of promised rewards or threatened punishment, is sufficient to force the person to engage in overt behavior, he will then be uncomfortable about the discrepancy between what he has done and what he privately believes. One way in which he may reduce this discomfort and justify to himself what he has overtly done is to change his private belief so that it actually agrees more closely with his overt behavior. (p. 389)

Dissonance occurs when that consistent state is not achieved. The significant emotional demands that new graduate registered nurses (NGRNs) experience can cause states of emotional dissonance (van Zyl & Noonan, 2018). Festinger's theory of cognitive dissonance suggests that if NGRNs are provided with tools to eliminate the dissonance they experience, their overall experience will be more positive. de Vries and Timmins (2016) described that interventions in nursing education can help to mitigate the cognitive dissonance experienced by nurses.

It is important to determine if the difference in degrees affect the level of cognitive dissonance that NGRNs experience, therefore increasing or decreasing the intent of turnover. Cognitive dissonance theory can be applied to research on turnover intention in new nurses with associates and bachelor's degrees when their values and beliefs are considered as a possible reason for turnover.

### **Nature of the Study**

The purpose of this quantitative study was to determine whether there are statistical differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participating in a NRP. The results of this study provide information for healthcare administrators in acute care hospitals to determine whether there is a need to intervene with NGRNs based on their level of education to ensure positive patient outcomes, increased retention, decreased costs, and improved job satisfaction.

The design of this study was a descriptive, quantitative, retrospective, secondary analysis of data from a proprietary nurse residency organization. The data were collected from surveys completed by NGRNs at the beginning of their residency program and again 12 months after their program began. I describe the sample using descriptive statistics. I used *t* tests to test for differences between NGRNs who completed an NRP and had their associates degree versus those who had their bachelor's degree.

### **Literature Search Strategy**

The initial step in the literature review was to search the Walden library for terms related to nursing residencies, including but not limited to *turnover intention*, *turnover intention measurement*, *nurse residency program*, *dissonance*, *cognitive dissonance*, *emotional dissonance*, *registered nurse*, and *new graduate registered nurses*. Applicable scholarly articles were then accessed through the Walden University Library link in the online platform. These databases included EBSCOhost, CINAHL, Medline, and OVID. Only peer-reviewed journal articles that were available with full text were used. I used

Google to look up The Joint Commission, Institute of Medicine, NSI Nursing Solutions, and United States Bureau of Labor Statistics information. I also used Google to search for books that were not available through Walden University and requested them through my library at my place of employment. Articles published from 2016 to 2022 became the basis for choosing an article in order to obtain the most up-to-date information, but I also included older findings to support the history of needed information.

### **Literature Review Related to Key Variables and/or Concepts**

NRPs have been widely researched, and their benefits related to turnover, retention, job satisfaction, and financial implications have been shared. What is challenging and where the gap exists is relating how these programs affect the level of dissonance an NGRN experiences once they transition from student to professional nurse based on the level of degree that the nurse holds.

### **NRP**

As early as 1998, there was a notable concern for RN shortages in the coming years. This has continued to be the trend, and Zhang et al. (2018) estimated that by the year 2030, there will be an RN shortage of at least half a million in the United States alone. Reasons for the RN shortage are vast and range from an aging workforce to high turnover. In 2002, The Joint Commission made a recommendation for the development of NRPs for a specific timeframe in the beginning of a nurse's career to assist with the development of knowledge and foundational skills (Fitzpatrick, 2003). This recommendation was taken into consideration by the Institute of Medicine, and when *The Future of Nursing* 2010 guidelines were published, they again recommended NRPs to

assist with reality shock, decrease new staff burnout, and retention (Institute of Medicine, 2010).

The goal of new NRPs is to provide the education and support required for NGRNs to transition successfully from the educational to the nursing practice setting, to begin the transition process from novice to competent care providers, and to develop the competencies required to provide safe, evidence-based, and cost-effective patient care. NRPs have been associated with improvements in nurse leadership skills (AL-Dossary et al., 2014), recruitment and retention rates, and reduced overtime and contract labor use (Reinsvold, 2008; Trepanier et al., 2012).

The need for hospitals to institute NRPs to assist new graduate nurses with the transition into the workforce is clear. The Institute of Medicine identified that inadequate preparation of healthcare workers is a limitation to advancements that could be occurring within this century (as cited in Jackson, 2016). Evidence-based practices (EBP) are one way to help improve the knowledge of nurses and the care that is provided to patient (Jackson, 2016). As NRPs are being used more throughout organizations, EBP components should be added to the curriculum. Jackson identified that new graduate nurses frequently do not have the skills, knowledge, or abilities to apply EBP into their practice.

It is now more widely known that newly licensed registered nurses who participate in NRPs are better prepared once out of the program. However, not all programs are created equally, and adjustments should be made to programs to ensure that newly licensed registered nurses are properly prepared in seven management areas. Those

areas are identified by newly licensed registered nurses and include delegation, collaborative nurse-physician relationship, feedback to promote self-confidence, autonomous decision making, prioritization, constructive conflict resolution, and getting work done/using the nursing care delivery systems (Kramer et al., 2013).

### **NRPs and Healthcare Administration**

Nurse leaders are crucial when it comes to the implementation of NRPs; however, there is very little literature that examines the perceptions of nurse leaders when it comes to the value of these programs (Linus et al., 2014). Additionally, it is important to understand the perceptions of nurse leaders as the healthcare industry is approaching high shortage rates. According to Linus et al. (2014), new nurses are leaving their first positions and the nursing profession as a whole at a very fast rate. In a mixed method study that used qualitative and quantitative data, researchers gathered information from nursing vice presidents, directors of nursing, patient care managers, and clinical nurse educators on their perception of the residency program and the return on investment (Linus et al., 2014). The study revealed that nurse leaders positively perceived the NRP and thought it was beneficial to helping a new graduate nurse transition into their role. Additionally, the leaders saw a positive impact on retention, terminations, and costs. Leaders identified that new nurses who participated in residency programs contributed to the organization at a quicker rate than those who had not gone through the program (Linus et al., 2014).

NRPs are also valuable to healthcare administrators because of how they impact turnover and retention, which ultimately impacts financial longevity. Wolford et al.

(2019) explored the effectiveness of an NRP on RN turnover and work engagement as well as quantified this into the program's return on investment. Through this study, Wolford et al. discovered that without an NRP, a control group experienced a turnover rate of 14% while the group who participated in the NRP was significantly lower at 3.5% at the less-than-1-year mark. Wolford et al. determined that the turnover of the 3.5% represents a cost of \$396,770.49 compared to 14%, which represents \$1,454,825.13, indicating a positive return on investment. Walsh (2018) discussed how new graduate NRPs can decrease costs to hospital organizations as they help decrease the need for contracted nurses as turnover is decreased. This is achieved by NRPs by providing NGRNs with improved job satisfaction, therefore decreasing the desire to leave their organization.

Asber (2019) also discussed the benefits of a residency program to an organization from a financial perspective. By implementing NRPs, hospital and nursing administrators can see an increase in retention rates, organizational loyalty, and a decrease in cost of turnover. Asber did warn though that not all NRPs are created equally and advised administrators to carefully consider an organizationally developed program versus a nationally developed program.

Furthermore, Van Patten and Bartone (2019) explored the components that are necessary within a new graduate NRP to ensure a successful transition. In order for an NRP to be truly successful, it should include preceptors, debriefing, and mentorship (Van Patten & Bartone, 2019). NGRNs find a mentor they can connect with and with whom they can develop a relationship that is impactful and meaningful. Debriefing sessions are

important for strengthening skills and building the confidence needed to successfully transition in the first year as a nurse. Health care administrators need to be mindful of providing these resources to NGRNs when developing or contracting an NRP.

### **Turnover Intention**

Turnover intention is important to examine due to the impact it has on organizations. In 2017, Boamah et al. determined that high turnover intentions of the early nurse as they transition and learn how to cope with the demands of the profession are particularly impactful due the high financial impacts and negative patient outcomes. Identifying what mitigating strategies healthcare organizations can put into place is crucial to prevent turnover early in these nurses' careers.

In a descriptive, correlation design, Winters (2019) examined the relationship between personality characteristics, tenure, and intent to leave in emergency nurses. The study was conducted on 406 current and former emergency room nurses whose tenure ranged from less than 1 year to greater than 11 years. When examining the personality dimension of honesty/humility, emergency room nurses with tenure of 10 years or more had higher levels of honesty/humility than those with less than 5 years of tenure (Winters, 2019). Additionally, emergency room nurses with a tenure of less than 2 years and an intent to leave within 1 year had an even lower level of honesty/humility (Winters, 2019). Subsequently when reviewing the dimension of emotionality, it was determined that emergency room nurses with tenure of less than 1 year had the highest levels of emotionality, while those who had been nurses for longer than 10 years had the lowest levels (Winters, 2019). When intent to leave was concerned, nurses with tenure of less

than two years and intent to leave within one year were also found to have high levels of emotionality. With high levels of emotionality, individuals tend to ask for emotional support and experience anxiety, while individuals with low levels of emotionality feel emotionally detached, do not want to share concerns with others, and experience minimal stress (Winters, 2019). Nurses who are new to the emergency department perceived that there is hierarchy and do not receive the same privileges that more tenured nurses do, while tenured nurses are frustrated with lack of expertise and competence of the new nurse and the burden that this adds to their day. Winters explained that this dissonance can impact the cohesion of the group and the turnover intention as emotionally stable employees are more likely to stay in their role.

In addition, Takase (2010) completed a review and concept analysis of turnover intention after review of 66 papers published between January 1998 and August 2007. The results identified that turnover intention is a multistage process and is impacted by negative responses to internal and external job context (Takase, 2010). Takase suggested that nurse managers should be responsible for monitoring for signs of potential increased turnover intention and intervene.

### **Turnover Intention Measurement**

Turnover intention creates disruption in care and causes instability in organizations. In 2018, Wan et al completed a cross-sectional study of 778 nurses from seven hospitals in 10 to 15 different units from March to May 2017. Farh et al.'s (1998) turnover intention scale was used to measure participants' turnover intention throughout



the study by way of a 5-point Likert scale. The study revealed that 35.9% of respondents experienced a high turnover intention.

Similarly, Ki et al. (2020) completed a cross-sectional study in which data from 500 nurses who worked in two tertiary hospitals in South Korea were analyzed. The data included turnover intention and nine different types of health issues. Turnover intention was measured by subjects answering the question “I plan on staying for the next year” and choosing one of four options (strongly agree, agree, disagree, or strongly disagree). Twenty-two point two percent of respondents in the study experienced a high turnover intention.

Stewart et al. (2020) reviewed a survey that was completed between 2014 and 2015 by 1,932 RNs and nurse practitioners as well as 1,133 licensed practical nurses in which intent to leave was questioned. This was completed by asking “Do you plan to leave your present nursing position within the next 12 months?” If the nurses responded yes, they were then asked to share their career plans over the next 12 months by indicating items in 15 categories. The results revealed that 26.4% of RNs and nurse practitioners and 22.2% of licensed practical nurses intended to leave their current positions within the next 12 months (Stewart et al., 2020).

### **Cognitive Dissonance**

The reality shock that NGRNs experience is often due to the level of cognitive dissonance that occurs when the NGRN transitions from student to practice. Gruber (2003) defined dissonance as the stress individuals experience when their actions contradict what would be consistent with their own personal values or beliefs. Cognitive

dissonance theory suggests that eliminating or changing the behavior that leads to the stress will decrease or eliminate the discomfort. Gruber explored how implementing change through using cognitive dissonance theory impacts an ambulatory clinical nursing unit experiencing hardship and dissatisfaction among nurses. NRPs are one way to help reduce or eliminate the stress and discomfort new nurses experience.

The dissonance an NGRN experiences is related to several factors. When a NGRN enters the workforce, they are expected to be able to quickly develop skills that allow them to provide safe and effective patient care (Chappell & Richards, 2015). However, upon entry into the workforce, NGRNs are met with harsh realities that they are not prepared for while receiving their education. Schubert et al. (2008) described the phenomenon of rationing of care “as the withholding or failure to carry out necessary nursing tasks due to inadequate time, staffing level, and/or skill mix” (p.228) and directly correlated those concerns to low staffing levels and poor work environments. In another example, Harvey et al. (2020) conducted interviews with nurses to better understand how they make decisions regarding patient care and how they managed care under workload pressures. These nurses described compromised care, a disconnect between care standards and resources provided to them by the organization, emotional exhaustion, and detachment from their work (Harvey et al., 2020). These feelings and experiences cause cognitive dissonance among nurses who are attempting to provide the high quality, cost-effective care they strive to provide, all while being confined to due allocation of resources within their organizations.

Additionally, Parsh and Bridget (2013) discussed the importance of hospitals participating in NRPs. NGRNs often experience significant anxiety that comes from the new responsibility of being completely responsible for a patient's life, lack of experience, and being placed into a new and unfamiliar environment. The realization of these experiences can often lead to job dissatisfaction and turnover in which an NRP can help to mitigate. Moreover, Hunter and Cook (2018) explored the experiences of NGRNs as they join organizations and experience the reality of real-world practices and how those practices are at odds with the ideals of patient-centered, culturally safe care that is taught during nursing school. Throughout their research and study, Hunter and Cook discussed the need of NGRNs to be supported and mentored by experienced RNs. Participants in Hunter and Cook's study experienced difficulty in situations that contradicted their professional values but also recognized examples of optimal and suboptimal care, while recognizing the importance of teamwork.

### **Conclusion**

In conclusion, the literature review indicated that turnover intention is at an all-time high for nurses, in particular, nurses within their first several years of practice. One factor influencing this turnover intention is the cognitive dissonance that the new nurse experiences. NRPs have been implemented in many organizations to better prepare new nurses for entry into practice with the hopes of mitigating turnover.

### **Definitions**

The list below provides detailed definitions of terms used throughout the course of the study.

*Associate Degree nurses:* A nurse who has completed an 18-month or 2-year nursing degree and has passed their licensure exam (Nurse.org, 2021).

*Bachelor's Degree nurses:* A nurse who has completed a 4-year degree in nursing and has passed their licensure exam (Nurse.org, 2020).

*Cognitive dissonance:* Psychological discomfort that is experienced when people are confronted with inconsistent cognitions (Bran & Vaidas, 2020).

*New graduate registered nurse:* A registered nurse who has completed their degree and has successfully passed their licensure exam and is within their first year of practice (American Nurses Credentialing Center, n.d).

*Nurse residency program:* A program designed to support new graduate nurses as they transition into their first year of professional nursing (Parsh & Taylor, 2013).

*Turnover intent:* The intention to leave one's job (Whittaker et al., 2018). Turnover intention differs from turnover as the individual has not actually left their position or organization.

### **Assumptions**

Assumptions are ideas that researchers believe to be true without the proof to validate that truth. These assumptions are often what drives research to be completed. Within this study, I assumed that all participants who responded to the survey answered honestly and accurately to the questions asked. Additionally, I assumed that participants understood intention of turnover and accurately reported their experience. Another assumption was that any level of work experience may alter the level of dissonance experienced.

## **Scope and Delimitations**

### **Scope**

The scope of any study defines clearly what will be included in the research project. The main focus of this study was to analyze how NRPs affect the intentions of turnover experienced by NGRNs based on their level of education. This study used a secondary dataset from a proprietary nurse residency organization (Versant®). This research study includes data obtained from a de-identified database of RN survey responses.

### **Delimitations**

Delimitations describe the specifics of the research study. They are the boundaries that are set forth by the research and ensure that the goals the researcher has established are achievable (Theofanidis et al., 2019). The first delimitation was that nurses with previous experience as RNs were excluded from the survey. Additionally, all nurses in this study had participated in the same NRP.

### **Limitations**

Ross and Bibler Zaidi (2019) described limitations in the design as weaknesses in the research that could affect the outcomes and conclusions of the research. Potential limitations in this study included an inability to control for differences in organizational culture and work environments. In addition, there are other variables that can influence turnover intention not represented in this study.

### **Significance**

The goal of new NRPs is to provide the education and support required for NGRNs to transition successfully from the educational to the nursing practice setting, to begin the transition process from novice to competent care providers, and to develop the competencies required to provide safe, evidence-based, and cost-effective patient care (Parsh & Taylor, 2013). NRPs have been associated with improvements in nurse leadership skills (Al-Dossary et al. 2014), recruitment and retention rates, and reduced overtime and contract labor use (Reinsvold, 2008; Trepanier et al. 2012). Hospitals have reported cost savings between \$8 million to \$41 million (Reinsvold, 2008; Trepanier et al. 2012), which means that investing in NRPs is a cost-effective strategy to address nurse transition into practice. This study has the potential to positively affect social change and healthcare as it may provide healthcare administrators within acute care hospitals with the tools and resources needed to help prevent cognitive dissonance and turnover among NGRNs. Additionally, these tools and resources can allow healthcare administrators in hospitals to improve the patient care environment, therefore promoting social change.

### **Summary and Conclusion**

In conclusion, a review of the literature revealed that NRPs are incredibly valuable for both the NGRN as well as the healthcare organization. Implementation of an NRP can provide benefits that extend from decreased turnover, improved job satisfaction, improved retention, and decreased costs to the organization. The literature also explained the importance of the quality of the NRP. Ensuring that healthcare administrators invest in a high-quality program can potentially lead to improved outcomes. With an increasing

number of nurses leaving their job or the profession within the first year, it is vital to understand how participation in NRPs, associate degrees, and bachelor's degree impact turnover.

The secondary data review of this study may allow healthcare administrators to understand if investing in an NRP can positively impact their healthcare organization and the experience of NGRNs. The information gathered from this study can add to the existing literature on NRPs and NGRNs as it may provide details on how NRPs can affect impact turnover intention in NGRNs with associate and BSN. In Section 2, I explain the research design and rationale, methodology, instrumentation and operationalization of constructs, possible threats to validity, and ethical considerations of this study.

## Section 2: Research Design and Data Collection

### **Introduction**

The purpose of this quantitative study was to determine whether there are statistical differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participating in an NRP. With NGRNs leaving their career in the first 2 to 3 years more frequently than ever before, it is important to identify how NRPs affect the level of dissonance that occurs. The research design and rationale, methodology, and threats to validity are described in this section.

### **Research Design and Rationale**

The design of this study was a descriptive, quantitative, retrospective, secondary analysis of data from a proprietary nurse residency organization. This study design was chosen because this method of research is appropriate for this type of quantitative study that primarily focuses on numerical evaluation instead of human experience. The new graduate NRP is an extensive education training program to safely transition new graduate resident nurses into practice. In 1999, a hospital in Los Angeles started their first NGRN residency program in partnership with an outside organization. In 2004, the mission of the outside organization expanded to improve patient outcomes throughout the entire healthcare industry. The data were collected from 2018 through 2020 as part of surveys collected at the beginning of the new graduate program, at the end of the residency program, and annually. In this study, I included the dependent variable of turnover intention and the independent variable of degree program, which consists of completion of an associate degree in nursing or completion of a BSN. By comparing



these variables, I was able to answer my RQs and identify if the intent of turnover is impacted in NRGNs who are associate degree prepared in comparison to those who are bachelor's degree prepared.

## **Methodology**

### **Population**

Data for the groups were obtained from a de-identified database of NGRN survey responses who participated in a proprietary NRP at their place of employment between 2018 and 2020. The NRPs were provided in acute care settings in the United States. NRP participants were nurses from pediatric and acute care hospitals from multiple urban and rural settings across the United States.

Nurses with previous experience as RNs were excluded from the study. Nurses who participated in the survey answered demographic questions that identified their degree level and their intent to leave their current position.

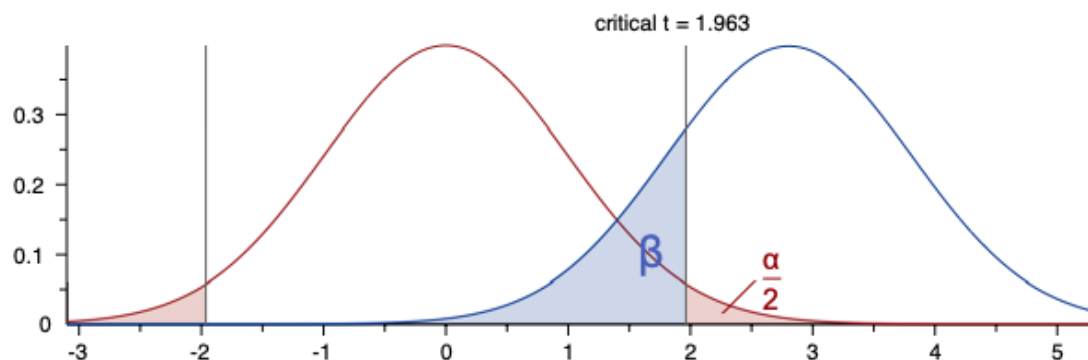
### **Sampling and Sampling Procedures**

NGRNs participated in a proprietary NRP upon entry into practice. The NRPs at urban and rural general acute care hospitals, across the country, were 18 weeks in duration, and in pediatric acute care hospitals, 22-weeks in duration ( $N = 7,152$ ). The additional 4 weeks is focused on additional competencies for specialty areas. The core competencies NRP didactic sessions include are precepted clinical experiences, debriefing sessions, and mentorship sessions. Program fidelity was monitored and verified by onsite NRP managers employed by the hospital and the NRP implementation specialists who were employed by the proprietary company. Upon completion of the

residency, participants completed a postresidency survey that included information on motivation to lead, conditions of work effectiveness, nurse-work satisfaction, leader empowering behaviors, and a measure of the level of dissonance. Permission to gain access to this data was obtained by submitting a form to the executive director (see Appendix). The data were provided to me in a de-identified Excel spreadsheet from the executive director of the organization. The data included the practice setting and the point in time during the NGRNs career in which they completed the survey.

### **Power Analysis**

G\*Power is a power analysis used frequently as it is both free and easy to use (Kang, 2021). I determined the sample size using G\*Power software for each RQ as a part of the routine statistical data analysis procedure. An effect size of small, alpha level of .05, and power level of 0.80 were used to calculate the minimum sample size of 456 for the independent variable for a total sample size of 912. Figure 1 shows my G\* power analysis.

**Figure 1***G\* Power Analysis***Operationalization of Study Variables****Dependent Variable**

Turnover intention = The intention to leave one's job (Whittaker et al., 2018).

This variable was measured with four different questions. The first item was documented using a 1 to 5 Likert scale, ranging from *extremely unlikely* to *extremely likely* to leave the current position. A mean for the scores was used.

**Independent Variables**

Degree program = Completion of an Associate's Degree in nursing

ADN = A 2-year degree program and the minimum amount of school required to become licensed as a registered nurse. Completion of a BSN.

BSN = A 4-year degree program that often allows RNs the opportunity to pursue more responsibilities within an organization.

Table 1 and Table 2 further describe the operationalization of the variables.

**Table 1***Variables, Population, and Analysis for Research Question 1*

Independent variable	Dependent variable	Population	Analysis
Turnover intention	Completion of an associate's degree in nursing	NGRNs employed between 2018 and 2020 in acute care hospitals who participated in a proprietary nurse residency program	<i>T</i> test

**Table 2***Variables, Population, and Analysis for Research Question 2*

Independent variable	Dependent variable	Population	Analysis
Turnover intention	Completion of a bachelor's degree in nursing	NGRNs employed between 2018 and 2020 in acute care hospitals who participated in a proprietary nurse residency program	<i>T</i> test

### **Data Analysis Plan**

I described the sample using descriptive statistics. I used *t* tests to test for differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participating in an NRP. Intent to stay within the organization was included in the NRP survey, which was given to the nurse residents after 100% completion of competencies and 8, 12, 24, 36, 48, and 60 months after the program

began. Turnover intention was measured using a 1 to 5 Likert scale, ranging from *extremely unlikely* to *extremely likely* to leave current position. A score of 3 to 5 indicated *neutral* to *extremely likely* to leave current position and indicated a high risk for turnover and intent to leave.

Additional descriptive data were also reported on additional questions asked in the survey. These questions included the option of 17 reasons why the NGRN would choose to leave. A question is a 0 = no 1 = yes score asking if there was anything the organization could do to change the NGRNs mind. The question was a free text option for those sharing what the organization could do to change the NGRNs minds.

I described the sample using descriptive statistics (demographic data). I used the SPSS software system to perform *t* tests to test for differences between the nurses who were associate degree prepared and those who were bachelor's degree prepared.

### **RQs and Hypotheses**

RQ1: Is there a statistically significant difference in turnover intent after 8 months of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_0$ 1: There are no statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

$H_a$ 1: There are statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in a, NRP.

RQ2: Is there a statistically significant difference in turnover intent after 1 year of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_02$ : There are no statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in a NRP.

$H_a2$ : There are statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in a NRP.

### **Threats to Validity**

#### **External Validity**

External validity refers to the ability of study results to be generalized (Patino & Ferreira, 2018). Due to the use of secondary data as opposed to primary data, an external threat is the responsiveness of participants. The surveys administered by an outside organization were voluntary in nature and while they were highly encouraged, they were not a requirement.

#### **Internal Validity**

Internal validity is the "extent to which the observed results represent the truth in the population we are studying and, thus, are not due to methodological errors" (Patino & Ferreira, 2018, p.183). Internal validity of any study can be affected by a variety of factors, including data collection errors and errors in participant selection (Patino & Ferreira, 2018). Due to the data being collected from multiple urban and rural pediatric

and adult acute healthcare organizations across the country, there was a lack of ability to control for work environment and culture. In addition, I only looked at one specific residency program.

### **Ethical Considerations**

This study included secondary data from an NRP that partners with multiple healthcare organizations across the country to administer NRPs. No primary data were collected. All data used for this study were de-identified, eliminating any NGRN identifiers. This study was approved by the Walden University Institutional Review Board with the approval number 10-07-22-0671368. The data set was downloaded and stored on my personal computer and was deleted when the study concluded.

### **Summary**

In Section 2, I explained the research design and rationale, methodology, instrumentation and operationalization of constructs, possible threats to validity, and ethical considerations. The research design for this study was a descriptive, quantitative, retrospective, secondary analysis of data from a proprietary nurse residency organization. Data were obtained from a deidentified survey from nurses who participated in a proprietary NRP at their place of employment between 2018 and 2020. Additionally, a power analysis was performed to determine the smallest sample size to assess the variables' relationship. Section 3 addresses the methodology that is outlined with statistical results.

### Section 3: Presentation of the Results and Findings

#### **Introduction**

This section addresses the data collection, study results, and the summary of the study's findings. The purpose of this quantitative study was to determine whether there are statistical differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participating in an NRP. *t* tests were completed to test for differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees. The following are the RQs and hypotheses formulated for this study:

RQ1: Is there a statistically significant difference in turnover intent after 8 months of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_01$ : There are no statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

$H_a1$ : There are statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

RQ2: Is there a statistically significant difference in turnover intent after 1 year of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_02$  : There are no statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.



*H<sub>a2</sub>*: There are statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in a NRP.

In this section, I review data collection of the secondary data set and the results of the analysis that was conducted.

### **Data Collection of Secondary Data Set**

In this research, I used data obtained from a de-identified database of NGRN survey responses who participated in a proprietary NRP at their place of employment between 2018 and 2020. The initial data set contained responses from 3,217 nurse residents with 6,720 responses to turnover intention that was inclusive of 100% completion of competencies, and 8, 12, 24, 36, 48, and 60 months postcompletion of the residency program. One-thousand one-hundred sixty-eight nurses with an associate degree and 1,782 nurses with a bachelor's degree completed the demographic data for this survey. Table 3 shows the demographic data of these 2,950 responses.

**Table 3***Descriptive Statistics for Frequencies and Percentages of Demographic Data*

	Variable	<i>n</i>	%
Gender	Male	433	14.7
	Female	2516	85.2
	Prefer not to disclose	1	0.0003
Marital status	Married/	938	31.8
	Single, never married	1850	62.7
	Widowed	4	0.001
	Divorced	128	0.043
	Prefer not to disclose	30	0.010
Hispanic or Latino	Yes	351	11.9
	No	1144	38.8
	Did not answer	1455	49.3
Nursing education	Associate degree	1168	39.6
	Bachelor of Science in Nursing	1782	60.4
Employment status	Employed	2012	68.2
	Employee resigned	865	29.3
	Employee resigned – rehired	13	0.0044
	Employee terminated – rehired	1	0.0003
	Employee terminated by facility	56	0.0189
	Enter error – corrected	3	0.0010

This data set was then filtered to only include responses for Month 8 and for 1-year postresidency completion. After filtering, the data set contained responses from 2,022 nurses with 781 having an associate degree and 1,241 having a bachelor's degree for 8-month turnover intention survey responses, shown in Table 4. In addition, at the 1-year postresidency completion, there were responses from 1,539 nurses, 638 having an associate degree and 901 having a bachelor's degree, shown in Table 5. The filtered data set contained 3,609 responses about turnover intention at Month 8 and 1-year postresidency completion.

**Table 4**

*8 Month Turnover Intention Degree Demographics*

Degree level	<i>N</i>
Associate Degrees	781
Bachelor's Degrees	1241

**Table 5**

*1 Year Turnover Intention Degree Demographics*

Degree level	<i>N</i>
Associate Degrees	638
Bachelor's Degrees	901

Additional descriptive data were also reviewed. Table 6 depicts the breakdown of 17 reasons why NGRNs may choose to leave their organization within the next year. The

top five turnover intent reasons consisted of salary, family or personal commitment, other, the workload is too difficult, and dissatisfaction with the job. These five turnover reasons account for 50.84% of the reasons chosen on the survey.

**Table 6***17 Turnover Intent Reasons – Supplementary Data*

Turnover intent reasons	<i>N</i>
Salary	399
Family or personal commitment	307
Other	289
The workload is too difficult	273
Dissatisfaction with the job	269
There are no rewards for the work I do	258
I plan on returning to school	237
Dissatisfaction with the organization	227
I want to transfer to another facility within the same system	226
I don't feel I have control over my practice	119
I have not developed a sense of community with those I work with	106
Decision making processes are not open and respectful	78
Bullying is tolerated on my unit	69
There is incongruence between my values and those of the organization	58
My manager does not support my career growth	53
There are no leadership development opportunities for me at this organization	46
I plan to leave nursing	19

The Chi-Square test of independence was also performed to assess the relationship of turnover intention reasons chosen in 2018 to 2020 by new associate degree nurses and new bachelor's degree nurses after participating in an NRP. Table 7 shows the observed and expected results of this test. A critical value of 9.488 was determined based on the significance value of .05 and 4 degrees of freedom. There was a significant relationship between the two variables  $X^2(4, N=1537) = 1,719.19 = p 9.488$ .

**Table 7**

*Chi-Square Test for Independence Crosstabulation Degree (ADN or BSN)*

Degree	Observed/Expected	Workload	Family	Dissatisfaction	Salary	Other	Totals
ADN	Observed	81	55	71	91	68	366
	Expected	64.9	73.05	64.01	95.01	68.81	365.78
BSN	Observed	192	225	198	308	221	1171
	Expected	64.9	73.05	64.01	95.01	68.81	365.78

*Note.* \* Turnover intention (workload, family, dissatisfaction, salary, or other) ADN = Associate Degree in Nursing, BSN = Bachelors Degree in Nursing.

The NGRNs also had the option in the survey to indicate if the organization could do anything to change their mind should they choose to leave the organization. Five-hundred eleven NGRNs responded to this open-ended question. Common themes within this free text data included improved staffing, higher compensation, decreased nurse-to-patient ratios, and improved support from their leader or manager. NGRNs shared the feeling of being stretched beyond their abilities to provide safe patient care. They also commented that pay is unreasonable for the duties that they perform and that there were a lack of incentives and bonuses being offered. Nurse-to-patient ratios were described as

unsafe and higher than what was disclosed at the time of job offer and acceptance.

Additionally, NGRNs reported concerns with leadership both at the unit and organization level.

Responses to the surveys were highly encouraged, however not mandatory, which could have led to incomplete survey results. The NGRNs who responded to the survey were from across the country, in both rural and suburban areas, and they participated in a proprietary nurse residency. Survey results were screened for lack of responses, and those were removed from the data to ensure validity of the results. The responses to the survey were representative of NGRNs, who were either ADN or BSN prepared nurses.

### Results

The following RQs and their respective hypotheses were examined:

RQ1: Is there a statistically significant difference in turnover intent after 8 months of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

The group statistics represented in Table 8 for those who responded to the Month 8 survey showed an *N* of 781 for associate degree NGRNs and an *N* of 1,241 for bachelor's degree NGRNs with respective means of 1.72 and 1.69 and standard deviations of .852 and .832, which were similar.

**Table 8**

*Group Statistics - Turnover Intention Month 8*

Degree level	<i>N</i>	Mean	Std. Deviation	Std. Error Mean
Associate Degree	781	1.72	.852	.031

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Bachelor's Degree	1241	1.69	.832	.024
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Levene's Test for Equality of Variances indicated a significance of .406, which is higher than the set significance level of 0.05, indicating that equal variances are assumed. The confidence interval indicates that 95% of the time, the actual difference in the mean of intent of turnover between NGRNs with an associate degree and those with a bachelor's degree is between .038 and -.041, indicating that NGRNs with an associate degree can sometimes have a higher or lower intent of turnover when compared to those with a bachelor's degree. The results of the independent samples *t* test indicated that the difference was not statistically significant between the two groups, as shown in table 9, with *t* being .542 and the significance level set at 0.05. Based on this information, the null hypothesis was accepted, and it was concluded that there was not a statistically significant difference in turnover intention between NGRNs with an associate degree and those with a bachelor's degree.



**Table 9***Independent Samples Test – Turnover Intention Month 8*

F	sig	<i>t</i>	<i>df</i>	Mean Difference	Std Error Difference	95% confidence interval of the difference	
						Lower	Upper
Equal variances assumed	.406	.542	.886	.188	.376	.038	-.041
Equal variances not assumed			.881	.189	.378	.039	-.042

RQ2: Is there a statistically significant difference in turnover intent after one year of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

The group statistics represented in Table 10 for those who responded to the one year survey showed an *N* of 638 for associate degree NGRNs and an *N* of 901 for bachelor's degree NGRNs, with respective means of 1.99 and 1.96 and standard deviations of 1.001 and .963, which were similar.

**Table 10***Group Statistics – Turnover Intention 1 Year*

Degree level	<i>N</i>	Mean	Std. Deviation	Std. Error Mean
Associate Degree	638	1.99	1.001	.040
Bachelor's Degree	901	1.96	.963	.032

Levene's Test for Equality of Variances indicated a significance of .191 which is higher than the set significance level of 0.05 which indicates that equal variances are assumed. The confidence interval indicates that 95% of the time the actual difference in the mean of intent of turnover between NGRNs with an associate degree and those with a bachelor's degree is between .051 and -.069 indicating that NGRNs with an associate degree can sometimes have a higher or lower intent of turnover when compared to those with a bachelor's degree. The results of the independent samples *T* test indicated that the difference was not statistically significant between the two groups as shown in table 11 with *t* being .662 and the significance level set at 0.05. Based on this information, the null hypothesis was accepted, and it was concluded that there was not a statistically significant difference in turnover intention between NGRNs with an associate degree and those with a bachelor's degree after one year of participating a new graduate residency program.

**Table 11**

*Independent Samples Test – Turnover Intention 1 Year*

F	<i>t</i>	<i>df</i>	Mean Difference	Std Error Difference	95% Confidence Interval of the Difference	
					Lower	Upper
Equal variances assumed	.662	.607	.272	.544	.051	-.069
Equal variances not assumed		.603	.273	.547	.051	-.069

### **Summary**

The purpose of this study was to determine whether there are statistical differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participating in a NRP. An independent *T* test was implemented to assess the RQs. It was found that there was no statistical difference in turnover intent a month eight or one-year post new graduate nurse residency completion. Additional data inclusive of 17 reasons for leaving the organization where the new graduate resident nurse was employed, was also evaluated. Section 4 will discuss the conclusions of the study and recommendations for further research.

## Section 4: Application to Professional Practice and Implications for Social Change

### **Introduction**

The purpose of this quantitative study was to determine whether there are statistical differences in turnover intent for nurses with new associate degrees and nurses with new bachelor's degrees after participating in an NRP. The results of this study provide information for healthcare administrators in acute care hospitals to determine whether there is a need to intervene with NGRNs based on their level of education to ensure positive patient outcomes, increased retention, decreased costs, and improved job satisfaction. Results from this study showed that there is not a statistically significant difference in turnover intent for NGRNs despite the level of degree that is held.

### **Interpretation of the Findings**

The following is the first RQ and hypotheses that were developed for this study:

RQ1: Is there a statistically significant difference in turnover intent after 8 months of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_01$ : There are no statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

$H_a2$ : There are statistically significant differences in turnover intent for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

The results of the independent samples  $t$  test indicated that the difference was not statistically significant between the two groups, with  $t$  being .542 and the significance level set at 0.05. Based on this information, the null hypothesis was accepted, and it was

concluded that there was not a statistically significant difference in turnover intention between NGRNs with an associate degree and those with a bachelor's degree.

The following is the second RQ and hypotheses that were developed for this study:

RQ2: Is there a statistically significant difference in turnover intent after 1 year of employment from 2018 to 2020 for new associate degree nurses and new bachelor's degree nurses after participating in an NRP?

$H_02$ : There are no statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

$H_a2$ : There are statistically significant differences in turnover intent after 1 year of employment for new associate degree nurses and new bachelor's degree nurses after participating in an NRP.

The results of the independent samples  $t$  test indicated that the difference was not statistically significant between the two groups, with  $t$  being .662 and the significance level set at 0.05. Based on this information, the null hypothesis was accepted, and it was concluded that there was not a statistically significant difference in turnover intention between NGRNs with an associate degree and those with a bachelor's degree after 1 year of participating a new graduate residency program.

Additional descriptive data were also reviewed. The top five turnover intent reasons consisted of salary, family or personal commitment, other, the workload is too difficult, and dissatisfaction with the job. These five turnover reasons accounted for

50.84% of the reasons chosen on the survey. When reviewing the results of this study and the literature review, the reasons for turnover intent align with the literature. Winters (2019) suggested that nurses with less than 2 years of tenure and an intent to leave within 1 year have high levels emotionality. Based on the top five turnover intent reasons, this information remains true for this study.

The literature review for this study suggested that NRPs were both recommended and established to assist with reality shock, decreasing burnout, and improving retention (Institute of Medicine, 2010). Based on the descriptive data collected and reviewed, despite NRGNs' participation in the NRP, dissatisfaction with the role, workload, and reality shock were still prevalent and were indicative of turnover intention at both the 8 month and 1-year postresidency completion. What is challenging to determine is what turnover intent would be for the NGRNs who participated in this study if an NRP was not participated in. It is clear by the results of this study that NGRNs who participated in an NRP are still struggling with the issues that NRPs are intended to help prevent, such as dissatisfaction with the role. Additionally, the recommendation for implementing NRPs were established prior to the COVID-19 pandemic. The data for this study spanned both before and during the pandemic. It is challenging to differentiate what the impact of the pandemic is to the results without further separating the data.

The literature search also indicated a positive perception of NRPs by healthcare administrators and nurse leaders. Linus et al. (2014) determined that nurse leaders positively perceived NRPs, and leaders said there was a positive impact on retention, terminations, and costs. Based on the feedback in this study, it is difficult to determine if

nurse leaders and healthcare administrators would have similar impressions of NRPs based on the intent of turnover reasons. Additionally, some healthcare administrators have been focusing on hiring NRGNs who are bachelor's degree prepared based on Institute of Medicine recommendations; however, the results of this study indicated that there is not a statistically significant benefit to hiring bachelor's prepared nurses if only considering intent of turnover.

In addition, the results aligned with the theory of cognitive dissonance. Schubert et al. (2008) described rationing of care "as the withholding or failure to carry out necessary takes due to inadequate time, staffing level and/or skill mix" (p.228). In the review of the descriptive data within this study, 273 survey respondents listed workloads as being too difficult. Within the free text responses as to reasons NGRNs would make the decision to stay within their organization, the theme improved staffing and decreased ratios described the challenging staffing levels that are within these healthcare organizations.

In the interviews conducted by Harvey et al. (2020), nurses described compromised care, emotional exhaustion, disconnect between care standards, and detachment from their work, which is similar to the descriptive data reviewed by the NGRNs in this study. Survey respondents in this study listed workload as being too difficult, dissatisfaction with the role, and lack of control of their practice as being intent of turnover reasons. These responses indicated the disconnect between care standard and resources that are needed, which causes cognitive dissonance among nurses who are trying to provide high quality care.

### **Limitations of the Study**

Potential limitations in this study included an inability to control for differences in organizational culture and work environments. In addition, there are other variables that can influence turnover intention that were not represented in this study. These factors include, sleep and health status, peer relationships, emotional support, and job satisfaction (see Bae, 2023). Additionally, while not a threat to validity, other limitations included NGRNs who did not respond to both surveys and turnover that may have occurred before or during when the surveys were conducted.

### **Recommendations**

Because this study did not reveal a difference in turnover intent between the two degree levels at Month 8 or 1 year, it would be important to again review turnover intention at further time intervals to identify if there was a long term difference in the two degrees. Additionally, because this study was conducted with one proprietary program, further research should be conducted on other programs. Due to the results of the chi-square test of independence, it would also be important to further understand the relationship between the reasons for potential turnover and the degree levels. Finally, the ability to identify actual turnover of the participants in the surveys would add further impact to the literature.

### **Implications for Professional Practice and Social Change**

The ability of healthcare administrators to understand the effect of education on turnover can positively impact social change as any potential mitigation strategy to reduce turnover can improve the experience of a nurse and may also positively influence



patient care. Turnover negatively impacts nursing, healthcare, and the experience patients have in acute care organizations. By accepting the null hypotheses for both RQs, this study provides healthcare administrators with the understanding that the level of degree of a NGRN does not impact turnover intention.

With nurses reporting high levels of dissatisfaction, burnout, and intentions to leave their organization, it is important to arm healthcare administrators with data to support their nursing workforce (NSI Nursing Solutions, 2022). At the recommendation of the Institute of Medicine in 2010 to increase the number of RNs with a BSN to 80% by the year 2020, some healthcare administrators have focused on strictly hiring BSN-prepared nurses, potentially limiting their candidate pools. Currently, hospitals are experiencing average turnover rates of 27.1% and average vacancy rates of 17%, both of which are dramatically higher than previous years (NSI Nursing Solutions, 2022). Based on the results of this study, healthcare administrators may have additional data to help support the hiring of ADN-prepared nurses. The improvement of the current nursing workforce could provide for positive social change as healthcare organizations could improve patient experience and outcomes with the ability to retain nurses.

In addition to the results of this study, the literature review also provides impactful data to healthcare administrators on the current trends in the nursing industry. These trends are not limited to high turnover and vacancy rates but also the financial impact to organizations caused by these trends. With the average turnover rate of 17%, hospitals in the United States are experiencing turnover costs of \$44,380 to \$63,400 per individual nurse, which equates to an average annual loss of \$4.21 to \$6.02 million per

hospital (Yarbrough et al., 2017). Additionally, the literature review also provided information related to the positive impact that an NRP can provide.

### **Conclusion**

To close, in this study, I provided an overview of the nursing crisis that is occurring within the healthcare systems related to high turnover, high vacancies, and the high cost that comes with these issues. Additionally, I provided information on turnover intent and the top reasons that NGRNs cite as cause for turnover. By accepting the null hypotheses of my RQs, I provided information to healthcare administrators that there is not a statically significant difference between the two degree levels of NGRNs as related to turnover intent at Month 8 and 1 year. This information provides healthcare administrators with additional data to support the hiring of nurses with either degree as it relates to turnover intent, which can lead to positive social change as this would potentially degree nursing vacancies in healthcare organizations allowing for improved patient outcomes and improved nursing retention as staffing would improve.

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## Appendix: Data Use Agreement – Versant National Database



September 19, 2022

Ashley Peters, MHA, BSN, RN  
Walden University Doctoral Student

RE: Data Use Agreement- Versant National Database

Dear Ms. Ashley Peters:

This letter serves as an agreement and permission to use data from the Versant National Database for your study titled, "Influence of Nurse Residency Programs on Turnover Intent for New Nurse Graduates".

You have permission to use the data file that includes:

- Versant New Graduate Nurse participant responses from 1/1/2018-12/31/2020 which includes Demographics and Turnover Intention. These responses are from New Graduate Nurses that went through a residency program between 2018-2020.

This file and a document identifying the Likert Scales and Occasions of Measurement for the instruments was provided to you. If you should have questions regarding this data, please do not hesitate to contact us. We look forward to hearing about your progress and acknowledging The Versant Center for the Advancement of Nursing in your dissertation.

Sincerely,

Executive Director, Versant Center for the Advancement of Nursing