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## Demographics and Perceptions of Work Environment for Registered Nurses

Pamela Brotherton Sedano  
*San Jose State University*

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TITLE OF PROJECT  Demographics and Perceptions of  
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NAME OF JOURNAL  Online Journal of Issues  
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Harriet Coeling

Harriet Coeling, PhD, RN, CNS  
Associate Professor  
Director, Graduate Nursing of the Adult Program  
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**From:** Rudolf Moos [REDACTED]  
**Sent:** Monday, January 03, 2005 10:57 AM  
**To:** Brotherton-Sedano Pam  
**Subject:** Re: manuscript

Ms. Sedano,

Thanks for sending your paper, which I enjoyed reading. In general, the WES differences you found are in the expected direction (e.g., that nurses who left perceived less supervisor support, clarity, and innovation and more work pressure); however, I certainly agree that it would be nice to know more about why the nurses who left actually left. Also, unfortunately, the response rate was relatively low, so that it is possible that nurses who were the most dissatisfied (and/or less trusting of the promise of confidentiality) may not have responded.

In any case, thanks for letting me know about the project and for sending me your paper, and also for your kind comments about the WES. I hope you have the opportunity to use it again sometime. Best wishes for the New Year.

Rudolf Moos

At 05:20 PM 12/29/2004 -0600, you wrote:

Good afternoon Dr. Moos,

Thank you for taking the time to talk with me the other day. I have thoroughly enjoyed conducting this research using your tool. We have been in progress for several years now with this study so it is nice that it is finally winding down. While our study did not have any statistically significant findings, I realized the importance of working towards achieving a higher level of satisfaction with nurses. "Average" is not the ideal that I feel we should strive for. As a Risk Manager, it is so important that nurses are engaged on all levels. This helps make hospitals and other healthcare environments safer for those that we serve.

Please let me know if you have any thoughts on my paper. Your tool is fabulous, simple to use, and should be used by every healthcare institution.

Very truly yours,

Pam Sedano  
[REDACTED]

1/3/2005

**Pamela Brotherton-Sedano, RN**  
**Director, Risk Management & Patient Relations**  
**San Jose Medical Center**

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**Rudolf H. Moos, Ph.D.**  
**Research Career Scientist and Professor**  
**Center for Health Care Evaluation (152-MPD)**  
**Veterans Affairs Health Care System**

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Again our thanks for submitting your manuscript to OJIN, Harriet Coeling

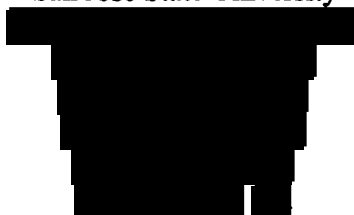
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**DEMOGRAPHICS AND PERCEPTIONS OF WORK ENVIRONMENT FOR REGISTERED NURSES**

**\*Pamela Brotherton Sedano, MS, RN  
San Jose State University**



**Diane Stuenkel, Ed.D., RN  
San Jose State University**

**Virgil Parsons, DNSc, RN  
San Jose State University**

### Biosketch

Pamela Brotherton-Sedano, MS, RN, CPHRM, CPHQ, is the Director of Risk Management at San Jose Medical Center, San Jose, CA. She received both her Bachelor's of Science and Masters of Science in Nursing (concentration in Administration) from San Jose State University. Patient safety and well-being is a primary area of focus and interest. Retention of nurses is a key issue in risk management. A stable work setting with little turnover helps to mitigate risk to patients, thus creating a safer environment for patients.

Diane Stuenkel Ed.D., RN is an Associate Professor at San Jose State University. Her clinical expertise is in the area of critical care and care of the adult. She has been a member of the research team exploring the relationship between staff nurse work environments and retention for the past 10 years. Her other research interest is in identifying predictors of student nurse success on the NCLEX-RN.

Virgil Parsons, DNSc, RN, is Professor, School of Nursing, San Jose State University. During his 30 years tenure, he has taught courses in the areas of community and mental health nursing, health care systems, nursing research, and professional writing. Currently retired, serving as a part-time faculty, his areas of interest include community health agencies, gerontological nursing and health care, and alternative health care practices and services.

## DEMOGRAPHICS AND PERCEPTIONS OF WORK ENVIRONMENT FOR REGISTERED NURSES

### Abstract

Registered nurses (RNs) are the lifeblood of hospitals. Therefore, retaining skilled nurses is necessary to insure the viability of these institutions. A two-year longitudinal, non-experimental research study utilized a descriptive design to compare the perceptions of RNs who remained on their units to those who left or changed units over a two-year time period. The purpose of this study was to ascertain whether there was a statistically significant difference between these two groups. Results in several areas indicate that further evaluation is necessary by nurse managers and administration. This information could help retain RNs as well as attract qualified nurses to a center of excellence.

### Keywords

Retention, recruitment, turnover, nursing shortage, staff nurses, social climate, work environment, supervisor support, peer cohesion, Rudolf Moos, innovation, morale, relationships.

### Background and Literature

“Nurses provide the vast majority of patient care in hospitals, nursing homes, ambulatory care sites, and other healthcare settings” (American Organization of Nurse Executives, 2000, p. 3). “The work environment for the practice of nursing has long been cited as one of the most demanding across all types of work settings” (American Association of Colleges of Nursing [AACN], 2002, p. 3). In a report by the Josiah Macy Foundation in 2000, nurses described the current work environment as highly stressful and professionally unfulfilling (AACN, 2002).

The current nursing shortage makes it difficult to recruit, and perhaps more importantly, retain highly skilled and prepared registered nurses (RNs). "The impact of increasing demand and decreasing supply of RNs due to the aging of the nursing workforce means that by the year 2020 there will be a 20% shortage in the number of nurses needed in the United States (U.S.) health care system.... This translates into an unprecedented shortage of more than 400,000 RNs" (AACN, 2002, p. 5).

Unless nurse executives can implement strategies to retain RNs, recruitment will be very difficult. Staff turnover decreases morale and creates an unsafe atmosphere for patients. Additionally, in 1999, the cost of turnover of an ICU nurse averaged \$64,000, and \$42,000 for a medical-surgical nurse (Advisory Board Company, 1999). Costs aside, skilled nurses are the lifeblood of a hospital. Insuring their retention is crucial.

#### Purpose of the Study

The purpose of this study was to ascertain whether there was a statistically significant difference in the demographics and perceptions of the work environment for RNs who elected to leave the hospital during a 24-month time period versus those who stayed.

#### Conceptual Framework

Rudolf H. Moos is a well-known researcher studying work climates in an array of settings including healthcare. Moos' research on work environments was used as the conceptual framework for this study. Moos described his framework as one "that integrates concepts from three major perspectives on the workplace: the human relations approach, the sociotechnical perspective, and a social information processing orientation" (Moos, 1994a, p. 28), and he indicated that "specific work

stressors employees face stem from both the nature of the tasks they perform and how their work groups are organized” (Moos, 1994a, p. 28). Moos stressed that the quality of the relationships among employees and their supervisors, as well as the employee’s assessment of the work situation is crucial. The Work Environment Scale (WES)-Form R developed by Moos has been used extensively in a variety of healthcare settings. The WES-Form R version consists of 10 subscales that measure the actual social environments of work settings (Moos, 1994b). The Real Form (Form R) measures managers’ and employees’ perceptions of their work environment as it currently exists. These 10 WES subscales or dimensions are divided into three sets: Relationship Dimension, Personal Growth (or Goal Orientation) Dimension, and System Maintenance and Change Dimension. The Relationship Dimension encompasses three subscales: Involvement, Peer Cohesion, and Supervisor Support. Moos believed that in order for an employee to thrive and an organization to survive, employees should be concerned about and committed to their organization (Moos, 1994b). When employees are engaged, friendly, and supportive of one another there is greater likelihood that the organization will experience less turnover.

The Personal Growth Dimension incorporates three subscales: Autonomy, Task Orientation, and Work Pressure. Organizations generally are successful when employees are encouraged to be self-sufficient and are allowed to make their own decisions. An organization that emphasizes good planning, efficiency, and getting the job done generally fosters a work environment that encourages employees’ loyalty.

The System Maintenance and Change Dimension includes four subscales: Clarity, Managerial Control, Innovation, and Physical Comfort. In order for employees to be successful at work they must know what to expect in their daily

routine. It is the supervisor's responsibility to explain rules and communicate policies. The managerial control subscale measures how management uses rules and procedures to keep employees under control. Organizations that emphasize variety, change, and new approaches engage their employees more readily. In addition, physical surroundings contributing to a pleasant work environment play a greater role in an employee's satisfaction with the workplace than one might imagine.

Moos' WES-Form R has proven to be accurate in assessing the work environment. Normative data have been obtained by Moos for a total of 8,146 employees. There were 3,267 employees in general work groups, and 4,879 employees in healthcare work groups which completed WES-Form R (Moos, 1994a). Moos stated that the scores on Form R are generally indicative of "the quality of care and clients' treatment outcomes" (Moos, 1994a, p. 28).

## Methods

### *Research Questions*

The research questions addressed in this study were:

1) What are the perceptions of the work environment for RNs who remain on their unit versus those who left or changed units over a 2-year time period?, and 2) What are the demographic characteristics of RNs who remain on their unit and those who left or changed units over a 2-year time period?

### *Design*

This longitudinal, non-experimental research study utilized a descriptive design to compare the demographics and perceptions of RNs who remained on their units to those who left or changed units over a 2-year time period.

### *Subjects and Setting*

This study was conducted in a publicly owned hospital located in a metropolitan area of Northern California from September 2002 to September 2004. The hospital institutional review board (IRB) and university IRB granted approval for the study. Participants in the study were RNs at clinical levels I through IV, ranging from new graduates to charge nurses and assistant head nurses who provided direct patient care on all shifts. Participants were recruited from all inpatient units. Nurse managers, clinical nurse specialists, and educators were excluded from participating in this study.

### *Data Collection*

Sealed survey packets containing a brief description of the research project, a consent form, the Moos Work Environment Subscale (WES)-Form R, a short demographic survey, a stamped return envelope, and a \$2.00 gift certificate to be used at the hospital cafeteria were distributed to RNs (N=692) by nurse managers in the Fall 2002. The response rate was 39% (N=272). Data were gathered using the WES Form-R, a 90-item true/false questionnaire that has nine questions associated with each of the 10 subscales. Each of the 10 subscales has a scoring range from 0 (considerably below average) to 9 (considerably above average), with well below average, below average, average, above average, and well above average in-between (Moos, 1994b).

The RNs who chose to participate in the study completed the WES-Form R, which took approximately 30 minutes to complete. These were completed on the nurses' own time and mailed back to the researchers along with the demographic form in an addressed stamped envelope. Retention data were subsequently obtained from

employee census rosters at 6-month intervals for the next 2 years (March 2003, September 2003, March 2004, and September 2004). Raw data were kept locked and accessed only by the research team and select graduate students involved in the study. Once the study has been finalized and completed, the data will be shredded.

A demographic form was used to collect background data on each of the participants. This form included questions regarding gender, age of participant, ethnic background, marital status, number of children, age range of children, utilization of childcare services, dependability of childcare services, highest degree completed, current enrollment in an academic program leading to a degree, years as an RN, years in present position, clinical level, hourly base rate, role experience as a charge nurse, role experience as an assistant nurse manager, and average number of hours worked per week.

#### *Data Analysis*

During the 2-year period the study was conducted, 41 RNs (15%) left the unit or hospital (Left). Descriptive statistics were obtained on all variables for both the Stay and Left groups. Due to the unequal group size, nonparametric statistics were utilized. In order to determine if there was a difference in the perception of work environment between the two groups as measured by the WES, the Mann Whitney *U* test was conducted. The confidence level was set at  $p < .05$ .

#### *Results*

For both groups, the majority of RNs who participated in this study were female (Stay=97%, Left= 90%, see Table 1). Forty-six percent of the Stay group were between the ages of 40-49. Of those that Left, the greatest number fell into the same age range (34%). The ethnicity of study participants who remained on their units was



primarily Caucasian (43%), Filipino (25%), and Asian-Non-Filipino (21%). There was little difference with the group that left, Caucasian (46%), Filipino (20%), and Asian-Non Filipino (20%). In both groups, the majority of study participants were married (Stay=66%, Left=59%). Most of the nurses had two children in the group who stayed (36%) whereas 44% of those who left had no children. The majority of nurses in both groups held a baccalaureate in nursing (Stay=53%, Left=51%).

Both groups of nurses had more than 20 years experience as an RN (Stay=35%, Left= 39%). In the group that stayed, the majority of nurses had held their present position between 11-15 years (20%). Interestingly, the group that left had held their present position for less than 2 years (29%).

The results of this study indicated that there are several areas that need further exploration so that strategies for retention can be implemented. Whereas none of the WES analyses yielded statistically significant results (see Table II), the Innovation subscale approached significance with a  $p = .06$ . This suggests that the nurses in both the Stay and Left groups may place value in trying things differently. New ideas, variety, and change would be appreciated and may attract and retain nurses to a unit or hospital that emphasizes being on the cutting edge of innovation.

#### *Involvement*

The Involvement subscale is indicative of the concern and commitment an employee has about his/her job. This subscale also measures how friendly employees are, and how well they support each other and in turn are supported by their supervisors. The mean score for the Stay group ( $n=231$ ) was 6.3, and 6.4 for the Left group. Both of these scores fell within Moos' normed average range of 5.5 – 6.5. No significant statistical difference between the groups was found.

### *Peer Cohesion*

The Peer Cohesion subscale measures the perception of the friendliness of employees and support given to each other. The mean score for the Stay group was 5.5, and 5.3 for the Left group. The Stay group mean scores were in the normed average range of 5.5-6.0, whereas the Left group mean scores were below average suggesting that the employees were not engaged with one another.

### *Supervisor Support*

The Supervisor Support subscale measures the support shown by management to employees and to each other. The mean score for the Stay group was 4.6, and 4.2 for the Left group. The Stay group ranked below the normed average range (4.5-5.0) while the Left group ranked well below average (4.0-4.5).

### *Autonomy*

The Autonomy subscale measures the extent to which employees can make decisions for themselves and are encouraged to be self-sufficient. The mean score for the Stay group was 5.13, and 5.0 for the Left group. Both groups ranked average in this subscale.

### *Task Orientation*

The Task Orientation subscale measures the importance an employee places on good planning, efficiency, and getting tasks completed. The mean score for the Stay group was 6.7, and 6.6 for the Left group. Both groups ranked above average on this subscale (6.5-7.0).

### *Work Pressure*

“The Work Pressure subscale assesses the degree to which the pressure of work and time urgency dominate the job milieu.” (Moos, 1994b, p. 7). The mean

score for the Stay group was 5.7, and 6.4 for the Left group. The group that stayed ranked above average (5.0-6.0). The Left group ranked well above average (6.0-6.5) indicating that they felt increased pressure to get the job done in limited time. Twenty-nine percent of the nurses who left had been in their present position less than 2 years. Due to the short length of service, these nurses might not be as compelled to stay under these conditions.

#### *Clarity*

The Clarity subscale measures the extent to which an employee knows what is expected of him/her on a daily basis and how well rules and policies are communicated. The mean score for the Stay group was 5.4, and 5.1 for the Left group. Both groups ranked below average to average (5.0-5.5).

#### *Control*

The Control subscale measures the extent to which a manager or the organization uses rules and other pressures to keep employees under control. The mean score for the Stay group was 6.7, and 6.3 for the Left group. Both groups ranked well above average (6.0-7.0). This ranking is a negative outcome indicating that employees feel overly controlled by management in this work environment.

#### *Innovation*

The Innovation subscale measures how employees perceive management's support of variety, change, and new ideas in the workplace. The mean score for the Stay group was 3.8, and 3.0 for the Left group. The Stay group ranked below average to average (3.0-4.0). The Left group ranked below average (3.0-3.5).

### *Physical Comfort*

The Physical Comfort subscale measures how an employee perceives his/her surrounding work environment. The mean score for both groups was 5.1, within the normed average (4.5-5.0).

Based on these findings, it is recommended that nurse managers delve further into assessing the work environment and developing retention strategies as suggested by the results in the following categories: Involvement (average), Peer Cohesion, especially for employees with less than 2 years of service to the organization (below average-average), Supervisor Support (well below average to below average), Work Pressure (average to well above average in terms of too much pressure and time constraints), Clarity (below average to average) and Control (well above average whereby an employee feels overly controlled by rules).

### *Limitations*

This study is limited by size, setting, and sample. The size of the Left group was small thus limiting the ability to adequately compare groups. In another setting, such as a private hospital, there may be more turnover due to less competitive benefits.

Another limitation of this study was the inability to interview those who have left the organization or changed units. Without this qualitative information, it is impossible to surmise why an RN left the unit or hospital. It could be due to a variety of factors that have nothing to do with job dissatisfaction, for example, job change for a spouse/partner, area too expensive to live in, or the employee retired, became disabled, or died. A recommendation for future studies is that a confidential interview

be conducted with predetermined questions in an effort to ascertain the true reason(s) for leaving the unit or organization.

Another factor that should be taken into consideration is that State of California mandated nurse-staffing ratios went into effect right before the 18-month survey was to take place. By the time the 24-month survey was conducted, the mandated nurse-staffing ratios had been in effect for nearly 9 months. Additionally, the study was begun as there was a downward shift in the local economy. RNs may have needed the stability that this organization offered economically. As stated previously, this hospital is publicly owned and provides excellent benefits, including retirement. Those RNs who have invested a substantial number of years may feel that they have much to lose if they leave.

#### Summary and Discussion

Moos called the social climate the personality of the work setting (Moos, 1994b). Each work setting has a unique personality, or social climate, that affects its unity and coherence (Moos, 1994b). In an effort to retain nurses, an assessment of the work climate may be necessary in order to provide valuable clues regarding what is positive about the workplace and areas that need improvement. It is imperative that there is genuine management support of employees. Managers should lead by example. For instance, they should be visible, approachable, and supportive of employees, and in turn encourage employees to be supportive of one another.

Peer Cohesion is an area that is crucial in the retention of RNs. Simple activities such as potlucks and recognition of significant events in an employee's life (birthdays, work anniversary, clinical ladder promotions and new hire recognition) do not generate great expense but go a long way in making an employee feel welcome.

When employees are in synch with one another, they raise the bar for the unit. Work becomes an enjoyable environment. Kerfoot (2000) stated that “when the relational side of work is ignored, it is easy for people to feel unengaged and to uncouple from work and join another organization” (p. 291).

Supervisor Support is another area that is essential in the retention of nurses. Kleinman (2004) stated that studies have shown that “leadership behaviors which include support and consideration of staff, high visibility, and willingness to share leadership responsibilities positively influenced staff nurse retention” (p. 131). These are not activities that increase costs for the department. Kindness is budget neutral and in fact it may decrease costs by decreasing turnover. Involving staff in decision-making helps engage RNs and support changes that need implementation. Leadership rounds are crucial in any organization. It is important that staff knows whom they can depend on and being visible shows support and caring. Recognizing that time is a valuable commodity for managers, it may be necessary to actually schedule time to make daily rounds and not just on the day shift. The off-shifts need to physically see their manager too.

Work Pressure is an area that nursing leaders need to take note of because pressure at work to constantly hurry and get the job done cannot be sustained over long periods of time. In this study, the Left group showed that work pressure was more prevalent in their population. This is an area that a nurse manager could have some influence in by conducting a focus group with all shifts comprising all levels of experience to see what might be done to mitigate work pressure. Nurses cannot always operate in a mode of urgency with unrelenting time constraints. It is necessary to give RNs the resources they need that allow them to do an effective job. Attrition

will increase if the pace at work is such that RNs do not have time to occasionally relax. In addition, nursing and medical errors increase when nurses are distracted and rushed.

Overall, both groups (Stay and Left) of RNs felt that the expectations communicated by managers needs improvement. This could be resolved by having monthly staff meetings whereby a formal agenda is sent out ahead of time giving employees an opportunity to voice their concerns. This might help alleviate the organizational control the employees feel is imposed upon them either unspoken or with written rules.

The scores of the Innovation subscale reflect the perception of both groups that management does not value doing things differently and that change is not readily supported. Moos' (1994a) established norm of 4.09 (average) suggests that globally there is room for improvement in management's acceptance of new ideas and creativity. Although not statistically significant, this is an area that would be prudent for management to take a closer look at. This is another area where visible support of staff would go a long way in retention of RNs. Kerfoot (2000) stated that "a fatal flaw for many leaders is that they do not truly believe that people on the front lines can have profound ideas necessary for the future of the company" (p. 289, 290). Listening is another leadership quality that does not require capital expenditures. "Leaders who cannot listen effectively do not have what it takes" (Kerfoot, 2000, p. 290). Change is essential, and when staff feel stagnant and their creativity is stifled, they cannot grow professionally. Allowing for innovative thinking shows appreciation and support of staff and may encourage others to speak up.

The WES subscale scores did not show any statistically significant differences between the RNs who remained on their units versus those who chose to leave. However, many of the mean subscale scores for both groups showed opportunity for improvement. The challenge for organizations using this tool is to take the information and work on the areas of weakness while capitalizing on the areas of strength to improve the nursing and health care environment and retention of RNs.

### Conclusion

The one underlying theme that seems to have the greatest influence on retention of nurses is management support and effective leadership. Kleinman (2004) reiterated in her work that “effective leadership has been demonstrated to be an integral component of retention and should be an important part of any multidimensional recruitment and retention strategy” (p. 130). She suggested several “evidence-based strategies to enhance staff nurse retention beginning with an emphasis on the importance of leader preparation and organizational structure” (p. 130).

Kleinman (2004) stated that graduate education is important for nurse managers. She suggested that “effective leadership characteristics were associated with nurse leaders who possessed graduate degrees. In addition, nursing leaders with master’s degrees in nursing may have better transformational leadership preparation than those who receive masters in other disciplines” (pp. 130-131). “Transformational leadership occurs when leaders and followers raise one another to higher levels of motivation through their interactions” (Larrabee, Janney, and Ostrow, 2003, p. 271). It is one thing to say that leaders should have advanced degrees but it is equally important for organizations to realize the value gained when their leadership has



advanced degrees. It is necessary for administrators to support this education by allowing time off to complete studies, offering support in completing their everyday work obligations, paying for schooling, and offering bonuses once the work is completed.

Shared governance is another retention tool that has been used effectively to retain staff nurses. Flattening the hierarchical nursing structure allows more opportunity to share leadership and enhance professional development of both nurse leaders and staff nurses (Kleinman, 2004).

Shader, Broome, Broome, West, and Nash (2001) showed in their research that increased job stress lowers group cohesion. When there is lower work satisfaction, there is generally higher anticipated turnover. Conversely, the higher the work satisfaction, the higher the group cohesion, and the lower the anticipated turnover.

Nursing managers walk a fine line between their staff nurses and hospital administration in their efforts to recruit and retain staff. Nurse managers need to be supported by their leadership in order to help create a work environment that fosters growth and trust, is visionary, supports change and innovation, allows for autonomy in the workplace, and reduces work pressure while engaging staff. This is a tall order but is a necessary one in light of the acute nursing shortage being faced across the United States and internationally.

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Table 1. Staff Nurse Background Characteristics (N= 272)

<b>Demographics</b>		
<b>Category</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Ethnicity</b>		
Caucasian	118	43.4
Filipino	66	24.3
Asian-Non-Filipino	56	20.6
Hispanic	12	4.4
African American	6	2.2
American Indian-Alaskan Native	1	0.4
Other	9	3.3
Missing data	4	1.5
<b>Gender</b>		
Female	260	95.6
Male	12	4.4
<b>Age groups</b>		
20-29	28	10.3
30-39	43	15.8
40-49	119	43.7
50-59	71	26.1
> age 60	10	3.7
Missing data	1	0.4

**Marital status**

Married	176	64.7
Single	60	22.1
Separated/divorced	28	10.3
Widowed	4	1.5
Missing data	4	1.5

**Number of children**

None	82	30.2
1	43	15.8
2	90	33.1
3	37	13.6
4 or more	15	5.5
Missing data	5	1.8

**Educational level**

Diploma	25	9.2
Associate degree	4	1.5
Associate degree in nursing	63	23.1
Baccalaureate	21	7.7
Baccalaureate in nursing	143	52.6
Masters	5	1.8
Masters in nursing	2	0.7
Doctorate	1	0.4
Missing data	8	3.0

**Years in present position**

>2	45	16.6
2-3	49	18.0
4-5	30	11.0
6-10	31	11.4
11-15	51	18.8
16-20	44	16.2
21 & >	21	7.7
Missing data	1	0.4

**Years as a Registered Nurse**

>2	18	6.6
2-3	18	6.6
4-5	20	7.4
6-10	35	12.9
11-15	34	12.5
16-20	49	18.0
21 & >	96	35.3
Missing data	2	0.7

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Table 2. Description of the Work Environment

WES Subscales	n	Mean	SD	Mann-Whitney <i>U</i>	Sig. (2-tailed)	Moos norm
<b>Involvement</b>				4513.5	.63	5.71
Stay	231	6.3	2.15			
Left	41	6.4	2.19			
<b>Peer cohesion</b>				4592.5	.76	5.52
Stay	231	5.5	2.08			
Left	41	5.3	2.54			
<b>Supervisor support</b>				4284.0	.33	5.18
Stay	231	4.6	2.36			
Left	41	4.2	2.72			
<b>Autonomy</b>				4494.5	.60	5.47
Stay	231	5.1	2.00			
Left	41	5.0	1.65			
<b>Task orientation</b>				4707.5	1.00	5.86
Stay	231	6.7	1.96			
Left	41	6.6	2.24			
<b>Work pressure</b>				3986.0	.10	5.31
Stay	231	5.7	2.21			
Left	41	6.4	1.95			
<b>Clarity</b>				4297.5	.34	4.91
Stay	231	5.4	1.80			
Left	41	5.1	2.03			

<b>WES Subscales</b>	<b>n</b>	<b>Mean</b>	<b>SD</b>	<b>Mann-Whitney <i>U</i></b>	<b>Sig. (2-tailed)</b>	<b>Moos norm</b>
<b>Control</b>				4099.5	.16	5.26
Stay	231	6.70	1.74			
Left	41	6.30	1.67			
<b>Innovation</b>				3869.0	.06	4.09
Stay	231	3.84	2.43			
Left	41	3.07	2.35			
<b>Physical comfort</b>				4735.5	1.00	4.24
Stay	231	5.10	2.56			
Left	41	5.10	2.70			