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NURSE EXPECTATIONS AS COMPARED TO PERCEIVED REALITY

by

Kathryn McKelvy

A Dissertation

Submitted to the Graduate School,
the College of Nursing and Health Professions
and the School of Leadership and Advanced Nursing Practice
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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ABSTRACT

Burnout and turnover in nursing have been well documented in nursing literature, but little is known about a nurse's expectations of the profession compared to their perceived reality of the profession. Do these expectations meet the reality of the workplace, and does this cause the nurse to make a career change? What factors influence a nurse to leave the profession, job-hop, or return to school to further their education? The rate of nurse turnover is an ongoing issue with a lack of research regarding the foundation of nurse expectations compared to the realities of the profession.

The purpose of this study was to understand and describe the expectations of nurses compared to their perceived reality of the nursing profession. This study utilized a phenomenological qualitative design due to lack of research regarding the topic. The sample consisted of nine nurses who met the following criteria: had a bachelor's degree in nursing, had experience in the nursing profession of no less than 1 year and more than 10 years, and currently work in either an outpatient or inpatient setting with direct patient care. Two of the nurses had only worked in the outpatient setting. The remaining 7 nurses had worked inpatient setting at some point in their career. The participants were asked open-ended questions while being recorded. Each interview lasted no less than 30 minutes and no more than 3 hours.

Themes were identified during data analysis. Misalignment was the common theme among all 9 nurses. Happiness was the subtheme found between the two nurses who had only worked in the outpatient setting. Frustration, disappointment, and feeling unappreciated were the three subthemes found between the other 7 nurses.

The themes that were found suggest that there is a misalignment between what a nurse expects of the profession compared to their perceived reality, whether that is a positive or negative misalignment. These findings can be useful to the profession to determine the foundation of nurse turnover and burnout. Due to the negative misalignment that nurses who have worked in the inpatient setting have experienced, future research needs to be conducted so that these negative experiences can be acknowledged and change can occur to keep the nursing profession advancing.

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DEDICATION

This dissertation is dedicated to my family. Without the support of my loved ones, I would have never made it through this process. I am so thankful for the constant support that my family and friends always provide me.

To my parents, thank you for always providing encouraging words when I need to hear them the most. You are the reason I keep pursuing my dreams. Thank you for always being my loudest cheerleaders and pushing me to achieve my dreams. You always believed in me and never gave up. Thank you for your constant motivation and love.

To my husband, thank you for being a constant reminder of what I am capable of. You always find the perfect words (or joke) to encourage me to keep going. You are my rock. Without you, I would have never achieved this dream. Thank you for staying up with me during long nights and weekends, always by my side. Thank you for your constant love and support.

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LIST OF ABBREVIATIONS

<i>MBI</i>	Maslach Burnout Inventory
<i>PACU</i>	Post-Anesthesia Care Unit
<i>PRIMO</i>	Peer-Reviewed Instructional Materials Online
<i>RN or R.N.</i>	Registered Nurse

CHAPTER I - INTRODUCTION

The nursing profession has a well-documented issue regarding turnover of its nurses. According to the National Healthcare Retention & RN Staffing Report (2017), bedside and specialty turnover rates ranged from 17.2% to 26.5% in 2015 with a 2.6% decrease in 2016. Emergency departments reported a 40.2% turnover of their RNs over the past two years. Although the national averages can seem low, turnover rates prompt concern for the profession. With nurse turnover rates high in some areas, there are risks related to patient safety, financial costs, and improvement of the profession.

Another concerning aspect of nurse turnover is the projected growth and impending job vacancies within the profession. According to the U.S. Bureau of Labor, the projected growth rate for the nursing profession is 15% from 2016-2026 while the national average for other occupations is 7% (U.S. Bureau of Labor, n.d.). The National Healthcare Retention & RN Staffing Report (2017) reported vacancy rates of 8.1% with a projection to increase as RNs travel or return to school.

Turnover is a worldwide problem. A recent study found that 56.1% of Taiwanese nurses have tendencies to leave the profession for varying reasons (Lee et al., 2017). A study of Italian nurses found that 14.6% left the profession due to lack of respect and autonomy (Cortese, 2013). Another study conducted in Australia found that the turnover rate was 15.1% (Roche, Duffield, Homer, Buchan, & Dimitrelis, 2014). Any search within the literature prompts a multitude of research about turnover in many countries.

Not only are nurse turnover rates a concern, but the cost per employee is also concerning. The average cost of turnover per employee was about \$49,000 (Roche et al., 2014). The cost of turnover can be related to indirect costs such as training and direct

costs such as advertising. Other researchers examined the cost of turnover throughout many countries (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). Those researchers found that the United States had an average cost of \$20,561 per full-time employee. Canada averaged \$26,652 per full-time employee. Lastly, New Zealand averaged \$23,711 per full-time employee.

Due to the concern regarding the rates and cost of turnover, there has also been substantial research regarding why turnover is occurring. Researchers found the most common reason nurses leave is due to work hours and scheduling (Strachota, Normandin, O'Brien, Clary, & Krukow, 2003). Other reasons for turnover included better job opportunity for more money or hours, family reasons, poor staffing, unsupportive management, poor work environment, and stress related to poor staffing.

Although extensive research has been conducted on the cause of turnover, a gap in the research exists about what a nurse expected of the profession compared to the reality. Using Herzberg's two-factor theory of motivation (Herzberg, Mausner, & Snyderman, 1959), this research aimed to explore what nurses expected of the profession as compared to the reality. Are there unmet expectations and how does the reality of nursing prompt a nurse to leave the profession, change jobs frequently, or return to school? In doing so, the profession can utilize the findings to improve the profession and retain nurses by learning what was expected.

Problem Statement

The rate of nurse turnover is an ongoing issue with a lack of research regarding the foundation of nurse expectations compared to the realities of the profession. The purpose of this study was to understand and describe the expectations of nurses compared

to their perceived reality of the nursing profession. This study provided a framework for future research on nurse expectations and possible reasons for turnover.

Theoretical Framework

For the purpose of the investigation, Herzberg's two-factor theory was used for the framework for the study. Frederick Herzberg was a clinical psychologist who believed that mental health was a core issue within our society (Herzberg et al., 1959). Herzberg worked for the University of Utah as the professor of management. Best known for *The Motivation to Work*, Herzberg focused on the individual and management's role in a person's work life .

The *Motivation to Work* focused on answering the question: What do employees want from their job (Herzberg et al., 1959)? Work is one of the main issues people think about throughout the day. Our job/work makes up the majority of our day. Work can cause someone satisfaction or grief. Herzberg aimed to examine the individual's attitude toward their job, what caused these attitudes, and the consequences that follow. As Herzberg began researching these attitudes, he determined that job satisfaction and dissatisfaction cannot be measured on the same scale, leading to his two-factor theory.

Herzberg began his research by looking at which factors caused feelings of job satisfaction and dissatisfaction (Herzberg et al., 1959). He found two sets of factors: (a) first-level factors and (b) second-level factors. First-level factors are objective elements that cause a good or bad feeling. These factors include recognition, achievement, growth, advancement, salary, interpersonal relations, supervision-technical, responsibility, company policy and administration, working conditions, work itself, personal life, status, and job security. Second-level factors are the needs/values of the employee that led to

their attitude about the job during an event being described. From this research, Herzberg discovered basic satisfiers that appeared when an employee was satisfied with their job. Herzberg then created a hypothesis that the satisfier factors are more likely to increase job satisfaction than to decrease satisfaction, but the factors that cause dissatisfaction are unlikely to increase satisfaction.

Herzberg began to test his new hypothesis, leading to the two-factor hygiene motivation theory (Herzberg et al., 1959). The two-factor theory consists of hygiene factors and motivation factors. Hygiene factors are aspects that are related to the context of the job and the needs the employee want and expect to be met. If these factors are present, they do not lead to satisfaction or motivation. Hygiene factors include company policy, supervision, salary, working conditions, and interpersonal relations. These factors describe the work environment and serve to prevent job dissatisfaction. When these factors decrease below a level that the employee considers acceptable, job dissatisfaction occurs.

Motivation factors are elements that motivate the employee to perform at their best (Herzberg et al., 1959). These factors are related to performing the job and are rewarding to the employee. These factors include achievement, recognition, work itself, responsibility, and advancement. The presence of motivators causes feelings of job satisfaction.

Hygiene factors help to prevent job dissatisfaction and poor performance, which are important to the job (Herzberg et al., 1959). When a job offers little room for self-actualization or motivation factors, hygiene factors become increasingly important. The motivators cause creativity, and the hygiene factors cause feelings of fair treatment.

According to Herzberg, the hygiene factors help an employee avoid unpleasantness, and the motivation factors help the employee experience growth and self-actualization.

Herzberg's theoretical framework was chosen for this study because this theory confronts and challenges the basic thoughts about what an employee wants out of their job (Herzberg et al., 1959). The theory also provides a conceptual framework for creating a satisfying environment. The theory was used to determine what a nurse expects of the hygiene factors prior to entering the workforce in comparison to their reality. The theory was also used to guide this study on how motivating factors contribute to the divide between a nurse's expectation and reality.

Significant and Justification

According to the U.S. Bureau of Labor (n.d.), about 2.85 million registered nurses were employed in the United States in 2016. Out of the 2.85 million RNs who were employed, about 63% of those nurses worked in the hospital setting (Minority Nurse, 2016). As previously discussed, nurse turnover is an ongoing issue within the profession. Research that examines the groundwork of what a nurse expects of the profession compared to the reality could provide a reason for high nurse turnover rates. Research about expectations compared to the reality can also offer a framework for the answers that nurses provide for leaving the profession, job-hopping, or returning to school. Once the nursing profession better understands what a nurse expects, the profession can work on adapting their current management styles to prevent unmet expectations. If the expectations nurses have are unrealistic, further research can be done to examine nursing schools and how to better prepare nurses for the reality of the profession.

Assumptions

It was assumed participants responded truthfully, but the researcher also recognized there was no way of knowing whether answers are completely truthful. Fair, respectful, and trusting rapport was established between the participant and the researcher. The relationship between the two existed knowing that the researcher would respect the knowledge discovered. The research demanded close interaction between the participant and the researcher. This relationship suggested a qualitative approach to aid in answering the research questions. It was assumed that nurses had unmet expectations of the profession, which may lead to the nurse leaving the profession, frequently changing jobs, or returning to school to further their education.

Limitations

The research consisted of bachelors-prepared nurses with fewer than 10 years of experience. The researcher transcribed and coded the data into themes. Due to only one researcher analyzing the data, limitations to analysis could occur. If participants were not truthful with their responses, results may be limited.

Delimitations

Nurses who are not bachelors-prepared were not included in the research. Nurses with more than 10 years of experience were not included in the research. Due to the lack of research and time on this subject, the inclusion criteria were narrowed to only include bachelors-prepared nurses with fewer than 10 years of experience. Questionnaires were not used for this research, only in-person interviews. Interviews were used so that the researcher could take note of any emotions that the participant had while answering questions.

Purpose Statement

The purpose of the study was to understand and describe the expectations of nurses compared to their perceived reality of the nursing profession. Do nurses have unmet expectations of the profession that lead to leaving the profession, frequently changing jobs, or returning to school? The study provided a framework for future research regarding expectations and the impacts of those expectations on the nurse's career.

Objectives

The three objectives for this study included:

1. To identify nurse expectations of the profession;
2. To identify the reality of the nursing profession compared to the expectations of nurses; and
3. To identify the underlying reason why a nurse may change jobs frequently, leave the profession, or return to school.

Research Questions

Two research questions for this study:

1. How do a nurse's expectations of hygiene factors of the profession compare to the reality of the profession?
2. How do a nurse's expectations of motivation factors of the profession compare to the reality of the profession?

Operational Definitions

Operational definitions were created for multiple variables that will be studied for the research. The definitions were created by the researcher or obtained from Merriam-Webster (n.d.) or Herzberg et al. (1959). The following are the variables that were studied:

1. *Nurse* – someone who promotes or maintains health, licensed, bachelors-prepared, has worked in the profession no less than 1 year and no more than 10 years, and has worked in outpatient or inpatient settings (Merriam-Webster, n.d.).
2. *Expectations* – the state of anticipating or looking forward to the occurrence of something (Merriam-Webster, n.d.).
3. *Reality* – the state of the profession that actually exists (Merriam-Webster, n.d.).
4. *Hygiene Factors* – according to Herzberg et al. (1959), these are factors that, when not met, produce dissatisfaction within an employee. These factors can include company policies, relationships, supervisors, administration, job security, or benefits.
5. *Policies* – rules or guidelines set forth by the organization that the nurse must follow (Merriam-Webster, n.d.).
6. *Relationships* – a relation that connects the nurse to other coworkers or the profession (Merriam-Webster, n.d.).
7. *Supervisor* – someone who is in an administrative position or superior to the nurse (Merriam-Webster, n.d.).

8. *Administration* – a group of individuals who create and administer policies for the organization (Merriam-Webster, n.d.).
9. *Job Security* – feeling secure in one’s job that he/she will not lose their job (Herzberg et al., 1959).
10. *Benefits* – compensation that the employee receives from the company such as health insurance, 401k, disability, etc. (Herzberg et al., 1959).
11. *Motivation Factors* – according to Herzberg et al. (1959), these are factors that satisfy an employee’s need for self-actualization. These factors include recognition, responsibility, achievement, work itself, and advancement.
12. *Recognition* – notice from supervisors or coworkers (Herzberg et al., 1959).
13. *Responsibility* – accountability for one’s actions (Merriam-Webster, n.d.).
14. *Achievement* – effort that results in feeling that something was gained (Herzberg et al., 1959).
15. *Work* – the environment that the nurse works in (Herzberg et al., 1959).
16. *Advancement* – promotion within the organization (Herzberg et al., 1959).

Summary

The purpose of this study was to describe the expectations nurses have for the profession compared to their perceived reality. Herzberg’s two-factor theory provided the framework for the study. Herzberg’s hygiene and motivation factors were used for the framework of the questions that were asked of the participants. The assumptions, limitations, delimitations, and objectives were addressed. Generalizability of the results was addressed as a limitation to the study.

CHAPTER II – REVIEW OF LITERATURE

Introduction

The review of the literature will discuss five areas related to this research. A search of the literature was conducted via The University of Southern Mississippi's library website. The following sections will discuss (a) nurse turnover rates and cost, (b) nurse perceptions and experiences of the profession, (c) nurses' intentions to leave the profession, (d) similar professions' turnover rates and expectations of the profession, and (e) Herzberg's two-factor theory.

The University of Southern Mississippi's library PRIMO database was utilized for the literature review. Nurse, expectations, turnover rates and cost, perceptions, nurse intention to leave, turnover and expectations of nurses around the world, similar professions to nursing, physician expectations and turnover, teacher expectations and turnover, and accountant turnover rates were keywords or phrases searched within the database. To narrow down the articles, the following criteria were used: (a) articles written within the last 5 years or original articles regarding the keywords, (b) articles with recent statistics or information, and (c) articles that were specific to the keywords or phrases. Once narrowed, a total of 25 articles were obtained and reviewed for this study.

Nurse Turnover Rates and Cost

Substantial research has been conducted examining the rates and the cost of turnover. Even though research has been conducted on nurse turnover, it is an ongoing concern for the industry. Several aspects can cause turnover including organizational issues, workload, stress, burnout, management, lack of empowerment, etc. (Hayes et al., 2011). The same study discovered impacts on the economy, nursing care, and patient

outcomes from nursing turnover. These issues are obvious reasons why nurse turnover is a concern to the nursing profession.

Christina Maslach was one of the first researchers to acknowledge burnout in human service occupations (Maslach, 1976). She determined that workers in these professions felt emotionally depleted causing negative attitudes toward their patients, leading Maslach to associate these feelings with burnout. Maslach, along with colleagues, created the Maslach Burnout Inventory (MBI) to measure and define burnout and its components (Maslach, Jackson, & Leiter, 1996). With the use of the MBI, Maslach identified the three most common symptoms of burnout: (a) inefficacy, (b) exhaustion, and (c) cynicism (Maslach & Leiter, 2008). According to Maslach (1976), these three symptoms, along with having a job, are key components that someone may exhibit who are likely to or are experiencing burnout.

The rates and cost of nurse turnover vary across countries (Duffield et al., 2014). In 2014, Australia was found to have a turnover rate of 15.1% with a cost of \$48,790 per employee. New Zealand had a turnover rate of 44.3% with a cost of \$23,711 per employee. Canada's turnover rate was 19.9% and cost \$26,652 per employee. Lastly, the United States was found to have a turnover rate of 26.8% and a cost of \$20,561 per employee. Turnover can cost an employer in direct and indirect ways, such as advertising, payout, or temporary personnel to fill the void.

One group of researchers examined nurse turnover in the United States (Kovner, Brewer, Fatehi, & Jun, 2014). An estimated 17.5% of new nurses left their first job within 1 year of starting the job. Another estimation was that 33.5% of new nurses leave their first job within 2 years. While turnover rates vary across the research, the statistics

remain concerning. About 1/3 of new nurses are leaving their first job within 2 years. The nursing profession has substantial research into these turnover rates and what caused the nurse to leave, but lacking is research on new nurse professional expectations.

Other researchers focused specifically on turnover in Australia (Roche et al., 2014). The turnover rate in Australia was 15.1% overall, varying throughout regions of the country. The study found that the cost could range from about \$26,000 to \$68,000 per employee. The demands from turnover placed a strain on the hospital budget and remaining staff. The cost of turnover in Australia is about 10 times higher than the lowest reported cost in the United States. The cost mostly came from temporary replacement of the nurse and/or payout.

Nurse Perceptions and Experiences

Literature was reviewed of what nurses' perceptions were of their job along with their experiences. New graduate nurses tend to have a positive perception of the profession upon entering the workplace (Numminen et al., 2016). New nurses place importance on the nurse-physician relationship and come into the profession with positive perceptions regarding this relationship. New nurses want to experience autonomy while having a good relationship between the nurse and physician. New nurses reported the least positive perception of staffing and resources. The research suggests that new nurses feel they lack time to accomplish their goals due to lack of staffing and resources. Despite lacking in staffing and resources, new nurses felt like their quality of care experience was still acceptable. Lack of resources is not limited to new graduates, but it is shown to be a common perception throughout nursing. The same study also found that certain environmental experiences lead to a turnover, particularly

the ethical climate. A positive perception of the work environment aids a new nurse to feel competent and supported, leading to retention.

Another group of researchers examined nurses' perceptions of their work environment across varying shifts (Teclaw & Osatuke, 2015). Off-shift nurses (night or weekend shifts) reported lower perceptions of management and fairness, potentially due to less interaction during those shift times. These nurses believed supervisors may not be present to witness their performance, resulting in a lack of fairness. Off-shift nurses also experience less physician support, especially during emergencies. Even though off-shift nurses have different perceptions of the environment, the intent to leave and level of satisfaction was similar to the other nursing shifts.

A content analysis of Australian graduate-entry nurses found a lack of understanding of a nurse's role in the profession (McKenna, Brooks, & Vanderheide, 2017). These nurses had a perception that health promotion and teaching were of great importance in the nursing workforce. The reality of nursing is health promotion and teaching is a small aspect of the profession. The nurses also reported the media influenced their perception of nursing. The media has influenced these nurses to expect to obey other healthcare providers, which is not the reality. Due to this skewed view, nurses' perceptions are met with negative experiences once they enter the workplace.

Lastly, one of the first studies on nurses' expectations examined these perceptions throughout different stages of life (Shindul-Rothschild, 2005). Nurses with less than 10 years of experience were considered in the early-career stage. Early-career stage nurses expected their employer to uphold standards of practice, which would lead to their retention. Nurses who had between 6 and 10 years of experience expected to be

recognized by their job. Mid-career nurses are nurses who have practiced between 11 and 22 years. These nurses expected to have control over their nursing practice, prompting independence. Salary was also important in their perception of the workplace. Later-career nurses are nurses with 23 years or more in the practice. These nurses also expected control over their practice along with opportunities for advancement. If all these expectations and perceptions were met, the nurses' retention rates improved.

Intention to Leave and Rationale

Other researchers have examined intention-to-leave rates of nurses. A group of researchers in China discovered that 56.1% of nurses have intentions to leave the profession (Lee et al., 2017). In a follow-up meeting 1 year later, only 2.5% had actually left the profession. While this percentage is low, over half of nurses having thoughts of leaving the profession is concerning. Nurses cited lack of respect and autonomy as a predictor of leaving. A similar study of American nurses would be beneficial to support the data found.

Younger nurses in Japan were found to have higher intentions to leave the profession than older nurses (Takase, Teraoka, & Yabase, 2016). Many factors may contribute to younger nurses wanting to leave the profession, including a lack of career opportunities/growth or lack of organizational growth. Younger nurses tend to value growth and learning new aspects of their job. When these aspects are missing, young nurses exhibit an increased desire to leave the profession.

Magnet hospital nurses have a lower intention to leave than non-magnet hospitals (Lee et al., 2015). Magnet hospitals were found to have better work environments and patient outcomes, which led to a decrease in a nurse's intentions to leave by 16% over a

7-year period. Over the same period, non-magnet hospital nurses had about a 9% decrease in their nurses' intentions to leave. Although both types of hospitals had a decrease, it shows that nurses working in a magnet hospital tend to be happier with their job and the profession. The improvements that magnet hospitals make to their work environment could be implemented in other hospitals to help decrease nurse turnover and increase satisfaction.

Another group of researchers of school nurses in Louisiana found that 65% of the nurses interviewed had intentions to return to school (Broussard & White, 2014). Those nurses cited salary, professional goals, stability, and advancement as reasoning for pursuing an advanced degree in nursing. The study did not examine if anything specific within the profession was leading the nurses to advance their education.

Lastly, researchers from 2016 examined the motivators and inhibitors to nurses returning to school (Harris & Burman, 2016). As job satisfaction increases, nurses become less likely to return to school. Nurses cited professional growth, lack of career mobility, and lack of credibility as reasons to return to school. These intentions to return to school can lead to nurse turnover and inability to maintain consistency within the profession.

Perception Mismatch and Turnover in Similar Professions

Similar professions have also experienced issues with perceptions and turnover. Social workers, accountants, and teachers can be compared to nursing in many ways. These professions are large and regulated with the presence of unions. These professions also serve the public. A license of some sort is required for these professions. Teachers,

social workers, and nurses consist of a majority female workforce who can work with varying age groups but especially with children.

Teachers at charter schools in the District of Columbia had a turnover rate of 13% (Torres, 2016). The same group of teachers was asked about their workload and whether they had left their job. About 1 in 3 who felt their workload was unmanageable left their job, compared to 1 out of 10 who did not feel their workload was unmanageable who left their job. The hours that teachers work can lead to burnout and exhaustion, resulting in turnover. Workload can be a major predictor for any profession and turnover rates.

Researchers examining welfare workers found high rates of turnover in the early stages of their careers (Johnco, Salloum, Olson, & Edwards, 2014). Welfare workers were found to stay at their job if they felt like their work environment was supportive. These workers also tend to leave the profession due to workload and the burden of their work. The environment and the nature of welfare work can be trying and difficult to reconcile.

Accountants face the same issues when dealing with workload and turnover. Junior accountants in Australia tend to have higher turnover rates due to an inability to cope with pressure (Chong & Monroe, 2015). Role conflict and role ambiguity often cause turnover with junior accountants. These young accountants face emotional exhaustion related to lack of information and control of their job. Prevention programs could be implemented to help junior accountants succeed. Prepping these accountants while in school could also lead to their success.

A group of researchers discovered medical students noted the importance of aligning student expectations with the reality of the practice of medicine (Gibson & Borges,

2009). By aligning these expectations, satisfaction increases in once a physician is practicing. This alignment also has benefits for advising medical education. Physician expectations are mostly centered on patient care, which does align with the profession. A misconception about stress levels and changes to the medical field was present, which led to unmet expectations. Overall, 85% of the physicians interviewed reported alignment between expectations and their career.

Herzberg's Two-Factor Theory

Lastly, a literature review of studies utilizing Herzberg's Two-Factor theory and its usefulness was conducted. In 1968, Herzberg wrote a follow-up article discussing how to motivate employees (Herzberg, 1968/2008). Herzberg discussed many ways to motivate employees with support from his two-factor theory. Herzberg continues to support his theory that the presence of hygiene factors does not motivate an employee to work harder. He discussed how changes in tasks do not accomplish satisfaction either. Ultimately, the employee needs challenging work for which he/she feels responsible (Herzberg et al., 1959). Job enrichment helps an employee feel satisfied, but not all jobs can be enriched. Herzberg ends his argument with challenging employers to put less effort into the hygiene factors and more effort into job enrichment. By promoting job enrichment, satisfaction, and economic gain increase.

Researchers conducted a study in Jordan examining how employee voice and job satisfaction are related using Herzberg's theory as the framework. The study found that giving employees a voice makes the employee feel supported, leading to increased job satisfaction. Employee voice can be considered a motivational element that leads to satisfaction, but if not present, it does not lead to job dissatisfaction. Organizations

should build environments that are inspiring and utilize the employee to promote satisfaction. With support for Herzberg's theory, satisfaction may not be present if employee voice or these environments are not present, but it will not lead to dissatisfaction.

Retail employees were found to be motivated by hygiene and motivational factors (Kotni & Karumuri, 2018). Due to the nature of their job and increased benefits from sales, salary motivates retail employees. These employees want a higher salary, so they are motivated to sell more. Retail employees are also motivated by factors such as work-life balance. The motivational factors did provide higher levels of motivation for these workers with job satisfaction, but hygiene factors were also motivating due to the nature of their jobs.

Another group of researchers examined Herzberg's theory in relation to tourism workers (Lundberg, Gudmundson, & Anderson, 2008). The study validated that his theory is still relevant in today's society. The tourism workers were not motivated by hygiene factors such as salary. The hygiene factors did not keep the workers satisfied when present. To motivate these employees, growth opportunities need to be present. Training and feeling knowledgeable about their job motivated the workers the most. As an employee's intrinsic values are met, they had an increase in motivation.

Summary

The literature review revealed five aspects that are related to the research. The sections discussed nurse turnover rates and cost, nurse perceptions and experiences, nurse intentions to leave the profession, similar professions' turnover rates and expectations, and Herzberg's two-factor theory. Keywords and phrases were searched on the

university's library database. Criteria were used to narrow down the results, yielding 25 articles that were used. During the review of the literature, a gap regarding nurse expectations of the profession was found. Little research has been conducted to determine what a nurse expects of the profession prior to entering the workplace. A gap in the literature was also found regarding the reality of the profession compared to what the nurse expected. Research has been conducted about the results of nurse turnover and the causes; however, a lack of research has been conducted regarding the foundation for these causes.

CHAPTER III - METHODOLOGY

Introduction

The purpose of this study was to understand and describe the expectations of nurses compared to their perceived reality of the nursing profession. The research design used a basic, phenomenological qualitative design. Convenience sampling was used to acquire a sample of nurses who met the inclusion criteria. Interviews were conducted, transcribed, and analyzed to look for common themes.

Pilot Study

A pilot study was conducted in the summer of 2017 with approval from The University of Southern Mississippi's Institutional Review Board (Protocol #7060702) (McKelvy, 2017). The purpose of the study was to explore the expectations of bachelors-prepared nurses who had worked in the profession for less than 5 years. The study was conducted to provide the groundwork for this research. A phenomenological qualitative design was used for the pilot study. During the pilot study, a set of questions was established, and three nurses were interviewed while being recorded. The interviews were transcribed, and a thematical analysis was conducted. Three common themes found were—disappointment, lack of teamwork, and feeling undervalued.

During the pilot study, assumptions were made preceding the study, such as the assumption that nurses had expectations of the profession prior to entering the workforce. As the study was conducted, it was learned that these assumptions should always be kept at the forefront of the researcher's mind so that the assumptions do not affect the research. For future research, assumptions will be acknowledged and remembered throughout the process. Another lesson learned was future research is needed to establish

if the results can be generalized to the entire nursing population. The pilot study did not utilize Herzberg's two-factor theory to create the interview questions. The questions for this study were updated to include Herzberg's two-factor theory as a framework.

Design

This study utilized a phenomenological qualitative design. The goal of phenomenological research is to gain a better understanding of the participants' lived experiences (Creswell, 2013). The research should describe what the participants have in common as they are experiencing the studied phenomenon. The research will reduce the individual experience of the phenomenon to a universal principle. The phenomenological research was appropriate for this study due to the lack of research regarding the expectations nurses have of the profession compared to the reality of the profession. This research provided a deeper understanding of the already studied causes of turnover by determining the precursor to these factors. A narrative design would not be appropriate due to needing to learn about the experiences the nurses are having, not their stories. A grounded theory design would not be appropriate because not enough is known about this phenomenon to develop a theory. A case study would not be appropriate because this research cannot be studied in a real-life setting as it is grounded in the participants' experiences.

Role of the Researcher

The researcher was considered an instrument of data collection (Creswell, 2013). The researcher was interviewing the participants with the observation of behavior and transcription of the interviews, which makes the researcher the instrument of data collection. Bias, assumptions, and expectations were identified prior to data collection.

Bias was reduced by (a) bringing any bias to a conscious level with recognition of the bias prior to data collection and analysis, (b) examining for alternative explanations to data analysis, and (c) presenting findings to peers and experts for interpretation during dissertation defense. The researcher was also an observer with an objective view of the data. Assumptions about the data were acknowledged and presented.

Ethical Considerations

Approval from The University of Southern Mississippi's Institutional Review Board was received prior to any contact with the participants or data collection. Once approval was received and participants were selected, the participants were informed of the study's purpose and intended use of the results. The participants were given information that participation was voluntary and could be ended at any time by the participant. Confidentiality was guaranteed by assigning a pseudonym to the data, preventing the identification of personal information. The participant was informed that the interview would be recorded, transcribed, and analyzed by the researcher. The participant was informed of the plans for the data such as presentations or written journal articles. Once the participants verbalize understanding, informed consent was obtained.

Sampling

The researcher utilized convenience sampling to save time and effort but acknowledged that this form of sampling may affect the information provided. The researcher knew the participants prior to the study. The nurses were selected from local hospitals or outpatient settings. The participants were recruited via phone conversation, emails, or through social media messaging. Selection criteria included: (a) having a bachelor's degree in nursing, (b) experience in the nursing profession of no less than 1

year and no more than 10 years, and (c) current employment in either outpatient or inpatient settings with direct patient care. Bachelors-prepared nurses were selected so that all nurses have the same education level. The work experience was chosen due to the assumption that a nurse with no less than 1 year and no more than 10 years of experience has worked in different areas of nursing, giving more insight into the reality of the profession. The sample size was nine nurses. This sample size was chosen so a more in-depth understanding of the lived experience can be gained.

Data Collection

Once consent was obtained by the researcher, a mutually agreed upon meeting time in a public place was established. The participant was reminded that he/she could terminate the interview at any time and that he/she would be recorded. While listening to the answers, the researcher took notes on emotions noticed during the interview. Open-ended questions were asked to explore expectations of nursing compared to the reality with a basis of Herzberg's two-factor theory. The interviews lasted no less than 30 minutes and no more than 3 hours. There was 1 interaction with each participant. Once the interview was completed, the interview was transcribed. Once transcribed, recorded interviews were destroyed. Transcriptions were kept in a password-protected file on the researcher's computer.

The foundation for the questions were the following two research questions:

1. How do a nurse's expectations of hygiene factors of the profession compare to the reality of the profession?
2. How do a nurse's expectations of motivation factors of the profession compare to the reality of the profession?

Data Analysis

The researcher began the analysis by listening to the recording while reading the transcript to ensure accuracy. While listening to the recording, the researcher took notes of any emotion heard during the recording with the addition of any notes taken during the interview. The researcher transcribed the interviews verbatim. The transcriptions were read in their entirety several times to allow immersion into the data and achieve the sense of the entire interview. A list of significant statements were created. After reading through the transcriptions, similar words, thoughts, or experiences were color-coded to detect recurring themes (Creswell, 2013). The goal of the thematic analysis was to tell a story about the lived experience of the nurses. Once the thematic analysis was completed, common themes were identified.

Qualitative Rigor

Rigor was maintained throughout the research process (Tracy, 2010). Credibility was maintained by having other researchers, such as the dissertation committee, review the data and findings to validate. Auditability was maintained by providing the reader with clear steps that were followed throughout the research process so that the thinking of the researcher could be followed. Fittingness was achieved by providing clear results that are related to the nursing profession and future research. Fittingness also supported the coherence of the study by providing interconnections of the research with research questions, findings, and interpretations.

Summary

The purpose of this study was to understand and describe the expectations of nurses compared to their perceived reality of the nursing profession. The study was a basic, phenomenological qualitative design. Convenience sampling was used to obtain the participants. Interviews were conducted, transcribed, and analyzed to look for common themes.

CHAPTER IV – PRESENTATION AND ANALYSIS OF DATA

Introduction

Using a qualitative research design along with Herzberg's two-factor theory (Herzberg et al., 1959), this study aimed to answer the following research questions:

1. How do a nurse's expectations of hygiene factors of the profession compare to the reality of the profession?
2. How do a nurse's expectations of motivation factors of the profession compare to the reality of the profession?

The findings of this study are presented in this chapter. The following is a discussion of the collected data. The similarities and differences of experiences and opinions among the participants will be explained. While some participants' answers to the interview questions were similar, some were not. This chapter will also include a discussion of how the results relate to Herzberg's two-factor theory.

Description of Sample

Nine registered nurses were interviewed for this study. Nine participants were determined to be acceptable due to data saturation. All participants were female, ranging from age 28 to 40. Years of experience ranged from 1 year to 10 years of experience. Each nurse met the previously mentioned selection criteria. Two of the nurses have only worked in outpatient settings. Two of the nurses have only worked in inpatient settings. The remaining 5 nurses have worked in both inpatient and outpatient settings. All of the participants expressed a willingness to participate in the study.

Table 1

Description of Sample

Participant 1	Age 26, 1.5 years of experience, metro, only worked in outpatient clinic, currently works in outpatient clinic
Participant 2	Age 28, 4 years of experience, metro, only worked in outpatient clinics, currently works in outpatient clinic
Participant 3	Age 29, 6 years of experience, metro, worked in local hospital on oncology floor and outpatient clinics, currently works in inpatient infusion department
Participant 4	Age 40, 10 years of experience, metro, worked in local hospital on oncology floor and outpatient clinics, works in outpatient clinic
Participant 5	Age 30, 7 years of experience, metro, worked in local hospital on medical/surgical floor and outpatient clinics, currently works in outpatient clinic
Participant 6	Age 29, 6 years of experience, metro, worked in medical center, Magnet hospital, and outpatient surgery; currently works in outpatient surgery center
Participant 7	Age 33, 1.5 years of experience, metro, worked in local hospital, home health nursing, and outpatient clinic; currently works in outpatient infusion clinic
Participant 8	Age 38, 8 years of experience, rural, worked in medical center, currently works in medical center emergency department
Participant 9	Age 32, 9 years of experience, metro, worked in medical center, currently works in PACU at a medical center

Findings

While listening to the recordings and reading through the transcripts, themes began to emerge. One common theme was identified among all 9 participants—misalignment between expectations and reality. The two nurses who only worked in outpatient settings had a positive misalignment. The remaining 7 nurses, who had worked in inpatient at some point during their career, had a negative misalignment. Happiness was the subtheme found between the 2 nurses who had only worked in outpatient settings. Frustration, disappointment, and feeling unappreciated were the 3 subthemes found among the 7 remaining nurses. Each theme will now be discussed

further, beginning with the 3 common subthemes found among the 7 nurses who had worked in inpatient settings.

Misalignment

Misalignment between expectations and perceived reality was the common theme among all 9 nurses interviewed. All 9 nurses had expectations of the nursing profession that varied from their perceived reality, positive or negative. The nurses who had experienced inpatient nurses had a negative misalignment between their expectations and their perceived reality. The nurses who had only worked in the outpatient setting had a positive misalignment between their expectations and perceived reality.

One question was asked of all 9 nurses regarding their expectations: describe what you could have done differently to achieve your expectations once entering the workplace. This question was asked to determine if the nurses had achieved their expectations or what they felt they could have done differently to achieve their expectations. To provide a better understanding of the nurse's perceived reality and how they viewed the variation between their expectations and reality, the following are statements from the nurses:

- My expectations were not met. I hate to be like this, but I feel like I have done everything that I could possibly do to have achieved my expectations.
- To achieve my expectations, I maybe could have started off on a different floor. You're not doing happy nursing. I think if I had gone that route it might have been a little different.
- I don't think there is anything I could have done, besides choosing another profession or career path.

- I can't think of anything that I could have done. There are things that I can think of, but nothing that is me personally.
- I don't know if I could've done anything differently. I think that going through a really bad experience as a new nurse in a hospital definitely showed me what I'm capable of and what I'm not capable of.

The 2 nurses who had only worked in the outpatient setting only described the possibility of starting out in the inpatient setting to achieve other goals besides achieving their expectations. Neither nurse stated anything they could have done to achieve their expectations. Their positive outlook on the profession led to these feelings of satisfaction with their expectations.

Throughout the subthemes, the misalignment between expectations and perceived reality can be noted. The nurses who had only worked in the outpatient setting described their happiness related to their expectations and their perceived reality. The nurses who had experienced the inpatient setting described subthemes that expressed a negative misalignment.

Frustration

Patient Care. During the interviews, the participants who had worked in the inpatient setting expressed frustration regarding their perceived reality compared to the expectations they had. While describing their frustration with their perceived reality, the participants would express anger and resentment toward the profession. The participants also expressed their concerns that their frustrations could not be fixed. While discussing their initial expectations of the nursing profession compared to their perceived reality, one participant expressed feeling frustrated with tasks instead of patient care:

I think my perception of going into nursing is that I would be helping people, that there would be tangible benefits to what I did. Some days it feels like you are checking boxes, that I'm just checking boxes and doing tasks because you have to. Frustrating. You have to do the whole protocol or none of it. You are taking away the reason I am at the bedside. My assessment, my knowledge, and my expertise does not seem, it is getting less and less a part of the equation.

Frustrated, at the end of the day, I think that anyone could do these tasks because my knowledge, wisdom about what I do doesn't factor in.

Another nurse further expressed frustration with their perceived reality compared to the reality

I had no clue what all a nurse had to actually juggle. In nursing school, you get a pretty decent knowledge base but it gives you no functional way to manage your day. You don't take in the whole picture until you actually start working. It is eye-opening.

The nurses who had worked in inpatient also expressed frustration with the perceived reality of patient care. The nurses had misaligned expectations of what patient care would be. One nurse described feeling frustrated with having to focus on satisfying the patient, instead of the care. She stated, "I'm not a miracle worker, I can't fix everything." Another nurse described her perceived reality as "it makes me frustrated that my current situation is not really nursing patient care, more satisfaction."

Participants who had worked in the inpatient setting described feelings of frustration. These feelings of frustration were expressed about what their perceived reality was in comparison with expectations. These nurses were not only frustrated with

this aspect but also with their perceived reality of their supervisors, responsibility, patient care, and patient satisfaction.

Supervisors. When discussing their expectations of supervisors, one nurse explained the nurses expected their managers to care more about what happened at the bedside. Instead, their managers have been concerned with other issues. She explained, “the things that management have been concerned about are things that do not help or aide my daily work, they make things more frustrating.” She went on to describe how management was not concerned with the care patients were receiving or safety but, instead, concerned with whatever incentives they had at the moment such as satisfaction or their own evaluations. Two other participants described feelings of frustration about expecting their supervisors to have more experience. Their perceived reality was that their supervisors were lacking experience or were so far removed from patient care that they were unable to assist the department if needed.

Responsibilities. When discussing their responsibilities, one nurse described frustration with the amount of responsibility a nurse has, stating, “it was insanely overwhelming.” Another nurse described feeling like she knew what to expect in regards to a nurse’s responsibility, but her perceived reality was “I didn’t understand the responsibility to care and initiate care.” One nurse described her expectations and perceived reality:

I thought that my responsibilities would be geared toward patient care, but the reality that I’ve found is that I feel like I chart and fill out more forms than I actually do providing patient care.

Another nurse described similar expectations and perceived reality:

I thought that so much of it would be me taking care of the patient, not coordinating the whole day for the patient. I knew the core responsibilities would be assessing, passing meds, but I did not really know about all of the coordination that would go with that or fixing things that other people do. I expected to have a lot more time to read up on the patient and know what I was getting into, whereas you don't at all. It is just so much more than I think that you realize it will be.

You are taking a million phone calls, used to having 4 or 5 patients on the floor, especially on day shift, coordinating therapy, transportation, timing medications right, etc. It is just so much more than being a nurse. All of the communication stuff can be frustrating.

Patient Satisfaction. Patient satisfaction was another aspect that caused frustration. The nurses did not have prior expectations regarding patient satisfaction. The nurses expressed frustration that patient satisfaction scores were affecting patient care. "The thing that frustrates me the most is patient satisfaction. The profession could improve by not making my whole job about patient satisfaction." Another nurse stated:

You thought there was going to be so much more patient care and you would have a lot more time to spend with patients and empathetic experience. My first job was inpatient, you are so busy, especially day shift, you are being pulled a million different directions. When I first started, they were introducing the surveys for reimbursements so that was a big shock to me that that was going to be such a big part, that you felt like you were serving someone, instead of taking care of them.

Another nurse stated, “it is really hard for me to care about patient satisfaction when I do everything I can and it doesn’t matter.” These nurses went on to express continued frustration with how patient satisfaction was affecting their ability to perform patient care. This frustration led to a misalignment between their expectations and their perceived reality.

Disappointment

Another subtheme that was discovered through thematic analysis of the transcripts was a disappointment. The nurses expressed disappointment in varying aspects of the nursing profession and their perceived reality compared to their expectations. These feelings of disappointment were also expressed as feelings of sadness leading them to question if they made the correct career choice. The nurses expressed disappointment regarding their expectations and the perceived reality of their supervisors, patient care, responsibilities, and teamwork/relationships.

Supervisor. Disappointment in their manager compared to what they expected was described as:

I expected a leader to take care of me and keep me safe, fight certain battles for you that you cannot fight on your own. I have not worked for a solid leader in quite some time. I have a current manager that is incapable of taking care of patients. If I call her in the middle of something, she could not help me. It’s just sad that this is what it has come to.

Another nurse expressed her disappointment in her supervisor. She believed the supervisor would be present and helpful to new graduates but discovered that was not the perceived reality. She stated, “I think I was kind of just left in a dismissive state, and it

led to several of the new grads leaving to go to office settings and out of the hospital, and I think that's a very unfortunate situation.” She went on to describe that she expected her supervisor to want to retain nurses instead of forcing them out. She stated, “I thought they would try to work more towards retaining staff instead of trying to get you out or to make you less seen or less available.” These feelings of disappointment stemmed from an expectation that was not met by her perceived reality.

Patient Care. Not only were the nurses expressing frustration with patient care, but they also expressed disappointment. Patient care is a large aspect of nursing. The nurses who were interviewed all had expectations of what patient care would be like upon entering the workforce. Their perceived reality of patient care led to the feeling that their expectations were not met, causing disappointment. One nurse described her feelings regarding patient care as:

It makes me sad. It makes me afraid to be on the other side and be a patient myself just knowing how stressful it can be. I thought it would be a lot more hands-on and a lot more time with the person and their family. The reality was you are pulled in a million different directions, have a million people who want to talk to you. It is a broken system. I think the introduction of those surveys that affect reimbursement, it will take the focus off of the patient/nurse and making it about being served.

The nurse went on to describe if her perceived reality could be fixed. She stated, “The thing is, I don't really know how it can be fixed. I don't know what to fix or how to fix the brokenness of the system.” These feelings of unmet expectations led her to feel disappointed in the reality of patient care.

Another nurse described how her expectations and perception of patient care caused her to change jobs frequently. She stated, “Each time I changed my job was because I was pursuing a different reality. My last two jobs made me feel like I could not be a nurse for the rest of my life because it’s too much.” Her reality of patient care has led her to job-hop to seek a better reality. As mentioned previously, nurse turnover is an ongoing issue within the profession. This nurse described disappointment leading to her turnover.

When asked about expectations and the perceived reality of patient care, another nurse stated:

When you are handed that stack of paperwork and realizing you are not there to take care of the patient as much as you are to fill out forms for the state. It crushed me as a nurse to think that’s really what is happening. How many people get home health care? There’s so many people, and you’re literally a paper pusher. I never thought that’s anything a nurse would be doing.

This nurse had worked in home health nursing. Her perceived reality of patient care was often affected by paperwork and environmental factors. She expected the patient care in home health nursing to be different from what was her perceived reality.

Responsibilities. Along with disappointment in patient care, nurses also expressed disappointment in their perceived reality of responsibility compared to their expectations.

One nurse described her expectations and perceived reality as:

I knew I would have several patients that would entail organization and it would entail having to be quick, go in and out, patient load, teaming up with the patient care technician. I think the reality of it was it just never panned out to what I

thought it was going to be when I ended up in the hospital with 8 patients and not enough time to administer all of that stuff and feel safe, and I just knew that it wasn't something I could do and feel good about every night going home. And that's what frightened me the most about the hospital was that I was always afraid. I now work in an outpatient setting. I can live with the kids are safe, they're not going to be hurt by what I've done here, and I just never felt that in the hospital because of the acuity level and responsibility, that was the bottom line. I never expected that.

Another nurse described her expectations of responsibilities compared to her perceived reality as "being naïve to it." She also felt that new graduate nurses may be experiencing the same feelings, stating:

I think that is so many new nurses that I see. They come in, they are so eager to do a job and then they are like 'Wait a minute, I did not know this is what it is like, I did not know this is what you had to deal with.' The responsibility, it is so overwhelming. The reality was life-altering. After a year or two, I was like 'What have I done, why did I choose this profession?' I had no clue what I was actually going to have to deal with.

These feelings of disappointment led her to question her career choice. Her statement regarding new nurses may provide insight into the issues of nurse burnout and turnover. The nurses who had worked inpatient expressed these same feelings of disappointment regarding the amount of responsibility that is placed on a nurse.

Teamwork. Lastly, the nurses who had worked inpatient expressed feelings of disappointment regarding teamwork and relationships with coworkers. The nurses had

expectations that were misaligned between what they believed these aspects would look like and their perceived reality, leading to disappointment. One nurse described travel nurses as not being team players due to the in and out nature of their jobs. The same nurses also described teamwork by stating, “there are some people who don’t even want to be bothered due to turnover.” She felt that these nurses did not act as a team player due to assumptions that there would be turnover.

Another described her expectations and perceived reality as:

I thought there would be cohesiveness. I thought there would be a little more partnership. I saw a lot of very angry, resentful nurses that hated their job, nurses that couldn’t wait for their shift to end. A lot of gossip, and it was very defeating to the profession in general, and for somebody that was so excited to be finished with school and excited to take the next step. I consider myself a fairly optimistic person. It was more a derogatory place to be. I just saw such a downside to nursing. I mean, there were times I found myself questioning ‘Why did I even go into this profession in the first place?’ The patients have got to feel this negativity. It made me sad for the profession as a whole, and I rethought the profession as a whole. It ultimately made me think, I want to get out of the hospital and be finished with this.

Another nurse provided insight into teamwork in regards to nursing school clinical. Her experience led her to have negative expectations of teamwork prior to entering the workplace. She described getting stuck with a needle while on a clinical rotation. “I went out to find another nurse, and she was really rude to me.” She also described a lack of teamwork or relationship with her clinical instructor, leading to her

expectations of the profession. She stated, “My first clinical instructor was awful. She would grill and embarrass you. It could scare someone out of nursing all together.”

These nurses are also describing experiencing horizontal violence within the profession and nursing school. While not all of the participants described experiencing horizontal violence, it is important to note that these participants did describe horizontal violence and the effects on the profession.

One nurse described her expectations and perceived the reality of teamwork and relationships as:

They were only positive relationships if you were able to get your job done by yourself. If you ever needed help, then you didn't really have very good relationships with the other nurses because if you needed help or were drowning or weren't able to get an IV, then there was this perception that you are not a good nurse. The more people had to help you, the less they wanted to help you. It became very catty like clique-y system. It was kind of cutthroat at times, like every nurse for themselves.

She described this reality as being disheartening. She felt that the lack of teamwork and positive relationships made it hard to ask for help. The effect on patient care scared her.

Unappreciated

The last subtheme identified among the nurses who had worked in inpatient nursing was feeling unappreciated. These nurses described feeling unappreciated throughout their interviews. They felt that nursing is an underappreciated profession in general. One description was:

It is such an undervalued profession. Undervalued and not adequately respected. People say things like ‘You are just a nurse.’ I feel like the profession, to me, is extremely undervalued. Being understaffed and not having the adequate resources and not having a supportive work environment make you feel terrible about being a nurse. It’s like I made a mistake. Nursing is a thankless job and so to go unrecognized, it can be disappointing and disheartening and hard to keep going. It would be nice to actually be talked about the good things that you have done.

Another nurse stated:

You just feel like there is going to be some kind of give and take. I’m going to care for you, and you’re going to be appreciative. But I guess the reality is that people have a sense of entitlement, and they expect to be taken care of and they don’t always say thank you. Sometimes you’ll do everything that you’re capable of, you do everything for them, or you spend more time on patients who probably don’t need it, but you’re so trying to make them feel like they’re being cared for, and they’re still not happy. You become very jaded and wondering like ‘Is this what I became a nurse to do, to be taken advantage of or to be felt like you’re not appreciative of the care I’m giving?’ You’re not going to get a thank you or anything in return. People are still not happy, and that’s patients and/or supervisors. You feel like you could do everything right, and there’s still something I could have done better.

The other nurses went on to describe feeling unappreciated. One stated, “Because you are the nurse, you catch the brunt of it, they are awful. I can’t tell you how many

times I've been cussed out, physically threatened, and verbally threatened. You would not think it would be that way.” Another nurse had a similar description. “Family members might yell, screamed at, cussed out daily. I've been called things, every form of the word b**** that you can be called. I'm just like, 'Do other people get called these things at their jobs?' And you are supposed to say 'Oh they are just sick.' No, they are just angry, so that's hard.” Another described feeling like nursing is an underrated profession to others. “I was just another name on the wall, and they can just hire some random nurse, and they will come do the job” was another description of feeling unappreciated.

One nurse described feeling unappreciated in several ways:

You are overworked and not really respected by not just physicians, but we are not respected by our peers, like our fellow nurses, and our patients. Patients, if you say something they don't like, then they want to hear it from the doctor and are still mad at the nurse. It is a thankless job. Managers can be demeaning and not seem to really care about their employees. There is nothing more discouraging than knowing that you are not valued where you work. Not only are you not valued, you are not respected. It is just discouraging to know that you really don't matter where you work and the only work that you do that is going to get recognized is if someone were to complain or if you were to miss the mark. Your successes aren't really celebrated or promoted. At my previous job, nurses were just warm bodies to fulfill a ratio that they had to provide. It makes me feel like it is such an undervalued profession and not adequately respected.

Happiness

The two nurses who had only worked in the outpatient setting expressed happiness throughout their interview. These nurses were content with their reality and had a positive outlook on the nursing profession. This theme of happiness was expressed throughout many aspects of the profession such as managers, teamwork, responsibility, and patient care.

Supervisors and Teamwork. One nurse described her expectations of supervisors/teamwork and her perceived reality by stating:

I felt like I was going to be held to a pretty strict standard just being a new nurse coming out of school last year. I felt like they would be looking a little bit more at me, their scope would be dialed up a little bit just to make sure I was following what I needed to be doing. In reality, it is a very teamwork-oriented environment, and that's not really something that you can describe before you get into it. It's a great feeling to know that someone is a great supervisor that you can go to that is a leader of the team and also engages with everyone to create a teamwork environment. I expected to create relationships with my coworkers. I don't want to just clock in and clock out, so that was another driving factor in my decision to go to outpatient, and I felt in outpatient I could engage a little more and get to know my coworkers. The expectation came true that I have great relationships with my coworkers both professionally and personally. That's a nice feeling to be around people that you share work in common with and that you can relate to on different levels of life. For supervisors, that was the one I was a little more surprised about, that she's a real human being and has been a nurse before and

understands and looks out for you and for the team as a whole. That's my favorite part of the reality.

The other nurse who had worked only in outpatient settings stated:

I expected nursing supervisors to have really good teamwork, knowledgeable, and be a registered nurse. In my current job, I love my supervisors. My nursing supervisors are all very knowledgeable, friendly, willing to help, and trying to promote that within the nursing staff. She encourages others to take after her like that. I expected to have close friends within my nursing group and I feel like we are friends here. I think that before getting into the workplace, I thought there would be more of a divide between myself and the supervisor, but there is not much of one at my current job. I can talk to them about things. The presence of these relationships makes me feel good, that's a motivating factor to keep me here, the people that I work with. It can make or break it. I feel like there haven't been any personalities that I have clashed with.

Responsibilities. These two nurses also described happiness with their perceived reality of responsibility compared to what they expected. One nurse described her expectations as having to work independently and have a lot of responsibility placed on her with a heavy weight placed on her to make decisions. Regarding her perceived reality, she stated, "The reality of the responsibilities is it's still responsibility, but it's a lot more doable in your work environment when you're oriented to your job and around people with the

I thought it would be less responsibility. Kind of following orders and not thinking much. In my current job, I use the ADPIE process a lot, which I did not

expect. It makes me feel good about what I am doing. Even though it is more than I thought, I feel like I am providing great service to the patient and their families. Overall, it makes me feel good about nursing. I feel like nursing is a necessity and I like that there is so much autonomy and respect toward nurses.

In comparison with the nurses who had worked in the inpatient setting, these 2 nurses described experiencing supervisors who were caring and supporting with a good work environment. These nurses felt appreciated and that they were doing something good for the patient. They felt that they were making a contribution to their care and to the profession.

Patient Care. Along with a positive outlook on their responsibilities, these 2 nurses also described a positive alignment between their expectations of patient care and their perceived reality. One nurse described her expectations of patient care as being less involved than what she perceived it is. She went on to state, “I feel good about what I am doing and the service I am providing. Without nursing, there would be no one to implement things and evaluate the patients. It would be lost, and there would be no progress to be made or tracked.” The other nurse described her expectations and perceived reality:

Coming from nursing school, honestly, I thought I was going to be giving a lot of meds, skills. I thought it was going to be way more skill-oriented as much as communicating and research-oriented. The reality was more so that nursing is transitioning into a different kind of way that we approach it. It’s still holistic, which is great to see. The holistic piece is really important, but I feel like it’s so

much more communication emphasized, which I really like, being able to provide patient care and communicating with people.

These 2 nurses had an opposite perceived reality than the nurses who had experienced inpatient nursing. The outpatient nurses had a positive outlook on communication and patient care. These nurses felt that they were being heard and impacting their patients in a positive manner.

Summary

The purpose of this study was to understand and describe the expectations of nurses compared to their perceived reality of the nursing profession. A discussion of how the data was collected and analyzed was provided along with the results of the thematic analysis. Two research questions were utilized for this study that were based on Herzberg's two-factor theory. The results of the data analysis were described in relation to the factors that impacted the nurse's satisfaction and motivation. Support for Herzberg's two-factor theory was also discussed with support quotes provided. One common theme was identified among all nine participants—misalignment between their expectations and perceived reality. Three subthemes were identified among the nurses who, at some point, had worked in the inpatient setting. One subtheme was identified among the nurses who had only worked in the outpatient setting. The following chapter is a presentation of conclusions and recommendations for the nursing profession.

CHAPTER V – DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

Nursing turnover and burnout is a reoccurring issue within the nursing profession. The purpose of this study was to better understand a nurse's expectations of the profession compared to their perceived reality. Herzberg's two-factor theoretical concept was applied to the research as a foundation for the interview questions. Nine nurses were interviewed, 7 who had experienced both inpatient and outpatient settings and 2 who had experienced only outpatient settings. Misalignment between their expectations and their perceived reality was the common theme among all nine nurses. Subthemes were discovered through thematical analysis. These themes were previously discussed in detail with supporting quotes. Interpretation of the findings and recommendations will now be discussed.

Interpretation of Findings

The goal of this research was to understand what expectations a nurse had of the profession compared to their perceived reality. The study found that the nurses had a misalignment between their expectations and their perceived reality within the profession. The misalignment for the 2 nurses who had only worked in the outpatient setting was positive. The misalignment for the remaining nurses who had worked in the inpatient setting was negative.

The 3 subthemes discovered among the nurses who had worked at some point in the inpatient setting were frustration, disappointment, and feeling unappreciated. These 3 themes show a negative misalignment that these nurses experienced when comparing their expectations with their perceived reality. In regards to the 2 research questions for

the study, these nurses showed how hygiene factors and motivation factors were lacking in their perceived reality, leading to negative themes and emotions about the profession. Multiple nurses expressed frustration and disappointment, often stating it was disheartening to think about the reality of the profession. These nurses also expressed that they would be motivated if the motivation factors were present but stated that those factors tend to be lacking in the inpatient setting. The nurses also expressed feelings of dissatisfaction when discussing the lack of presence of the hygiene factors.

An article published regarding why new nurses do not stay in the profession discusses many factors that new nurses report regarding their decisions to leave the profession (Twibell & Pierre, 2012). The researchers discuss that new nurses report issues with heavy workloads and patient safety as the primary factors affecting their job satisfaction. The nurses also reported issues with disillusionment, lack of autonomy, lack of rewards, and dissatisfying relationships among coworkers and supervisors. These reasons that the nurses gave support the findings of this study. The nurses interviewed that had worked at some point in the inpatient setting gave statements supporting these researcher's findings. The nurses interviewed felt unappreciated by peers and supervisors. The nurses also expressed frustration and disappointment with rewards, autonomy, and relationships. The theme of misalignment also supports the disillusionment discussed in the article by the researchers.

Researchers also looked at factors that motivate nurses to return to school (Harris & Burman, 2016). These researchers found that nurses were returning to school due to lack of professional growth, career mobility, and credibility as reasons they were returning to school. These researchers also found that as job satisfaction increased, the

nurses were less likely to return to school. The findings of these researchers are supported by the findings of this study. The nurses described lack of motivation factors, such as advancement, recognition, and achievement. Due to the lacking of these factors, the nurses interviewed described a lack of motivation but also described how if these factors were present, their motivation would increase. These findings, along with Harris and Burman's findings, support Herzberg's two-factor theory. As motivating factors increase or become present, a nurse is more inclined to stay within the profession and not return to school or turnover.

Another group of researchers examined new graduate nurses' experiences within their first year of working within the profession (Parker, Giles, Lantry, & McMillan, 2014). Their research found that new graduate nurses' described their experience within the profession as stressful, demanding physically and emotionally, draining, and challenging. The participants of this study described improving support, workloads, fair treatment, and fewer expectations related to excessive responsibilities placed on them. These findings support the findings of this study. The participants who had worked in the inpatient setting described frustration with the workload and heavy responsibilities that were placed on them. These nurses also described disappointment with lack of support from their coworkers and feeling unappreciated. The findings of this study align with the researcher's findings in 2014.

One subtheme, happiness, was discovered between the two nurses who had only worked in the outpatient setting. These two nurses expressed a positive misalignment between their expectations and their perceived reality. These nurses discussed how their expectations were met or their perceived reality was better than they expected. These

feelings of met expectations caused the nurses to express happiness and satisfaction within the profession. These nurses expressed that their expectations of hygiene factors were met or better than they expected, causing them to feel happy/satisfied. Feelings of motivation were expressed in regards to recognition, advancement, etc.

Herzberg's Two-Factor Theory

The nurses were asked about several factors that impacted their satisfaction within the profession. According to Herzberg (1959), the hygiene factors impact satisfaction within one's job. These factors include policy, supervisors, salary, relationships, and working conditions. The nurses were asked to describe how these factors impacted their satisfaction within the profession.

Hygiene Factors. The following are statements were provided by the 9 nurses:

- Policies can be beneficial when you are dealing with people who are using the system. It can be impersonal, which is frustrating, but it is a safety net. Sometimes I feel micromanaged by all of the policies like it doesn't matter what happens at the bedside as long as you check all of the boxes, which is frustrating. I think it impacts my satisfaction in that disconnect. As a new nurse, there is so much disconnect between book knowledge and policies and all that. It is frustrating that supervisors are incentivized by patient satisfaction. I think that disconnect and frustration impact satisfaction.
- Having really good benefits and job security are huge. It makes a huge difference when companies offer you incentives to let you know that you actually matter, and you are not a warm body filling the spot. At my current job, we have no policies. Our management is just now, literally two weeks

ago, the first policy popped up online for our department. We had questions like ‘What is going on?’ or ‘Why are some people allowed to work alone when in the middle of the night when they have already worked 10 hours?’ We looked it up, and there was no policy or guidelines for the PACU. I feel like they don’t care enough to make the policies or to make things safe for you. There are multiple issues the staff has brought up, but management is more concerned with moving offices or other things. It makes me want to go elsewhere where the job and department are run the way it should be. Right now, I wish I could find another job. That is the impact it has had on my satisfaction.

- I feel like in my current job, my supervisors are fairly absent. They are not even on the current premises. They don’t even really work with us so we have to work independently, and we have to have it on ourselves to pat ourselves on our own back. The lack of supervisors and teamwork impact how we encourage each other, leading to satisfaction.
- I guess the lack of progressive policies and positive management in my current job make it hard to work there. Even though it is a great job, it makes it hard to go to work. It makes it hard to actually enjoy your job and have a positive outlook and perspective when you go to work. It is disappointing, and it makes it hard for you to even be able to celebrate the small things. Having benefits and that kind of thing, for me, it’s great. It definitely provides a level of job satisfaction that I wouldn’t have otherwise. At the end

of the day, if you have a bad day, you can say at least I have good pay with good benefits. Sometimes, that's all you can hold onto.

- I feel like policy and supervisors/administration are most limiting. It's just like, other places that I have worked it is like they don't want to spend the money on something that you really need to get your job done. You realize that some of the policies can be hindering. Even though it is the right way to do something, it is not always the most efficient or best for the patient.
- At my previous job, there was no outline of policy and procedures. It was just hearsay. I didn't know what policies and procedures I should have been following. In my current job, it has been suggested that maybe we don't do things the way that we should, but again, it's a gray area. What is the right and wrong way? It's not in black and white writing anywhere on the way we should be doing these things.
- In the outpatient world, we definitely work better as a team. Where before, I felt like there were too many policies and not enough teamwork, not enough supervision and everything, you felt very left out in the cold. It makes you hate what you do when you feel like nobody is working together. Being in the hospital and feeling like there is so much negativity and so much, you feel so confined as to what you can do and have to focus on the task versus the patients.
- I feel like these things add structure. It puts things in place so that you don't have to worry as much. The relationships aren't a distraction; it enhances the work environment, which is nice. Administration can assist with being able to

focus on patient care. The benefits, the pay, things like that, again, just add to the quality of life so you don't have to worry about that kind of stuff. I feel like it just enhances the overall experience.

- Benefits are huge. I love the benefits. Management is understanding at my current job, making it much less stressful. I feel like these are the things I would look for in a new job.

These statements all provide support regarding Herzberg's two-factor theory.

These statements show the impact of how these hygiene factors are affecting their satisfaction within the profession, whether it was negative or positive. If the factors were present, the nurses were not describing job dissatisfaction. If the factors were not present or lacking, the nurses were describing job dissatisfaction and unpleasantness. The statements provided by the nurses show consistency with Herzberg's two-factor theory.

Motivation Factors. The nurses were also asked about the motivation factors.

According to Herzberg (1959), these factors include achievement, recognition, responsibility, the work itself (patient care), and advancement. The following statements are how the nurses described the impact of these factors on their motivation:

- It is nice when good work is recognized. I think that I like to be recognized for doing my job well, not just that we are recognized for things that don't matter. I like when people notice, so things motivate me when my job is done well, and someone recognizes it.
- If those things were actually present, it would be amazing. I would go in ready to do my work, knowing that I was appreciated and knowing that I was valued. There is no recognition where I am at now.

- I guess it would motivate me on some level. As I said, nursing is a thankless job and you go unrecognized. It is nice to be recognized by your physicians and your peers, administration, instead of being constantly criticized.
- I think these factors are really important. I don't feel like nursing has a lot of those factors, or maybe it's just the places I have worked weren't involved in motivating things or achievements. My significant other just got rewarded with a trip and won a huge reward. There is nothing like that in nursing. That would motivate me if it was present.
- Just having someone say you did a great job goes so far for me. It doesn't have to be monetary. Just telling me thank you or you did a good job.
- At my current job, having a doctor tell me I did a good job, it has definitely motivated me to stay where I am.
- When you hear good feedback or recognition, I definitely feel like those are motivating factors for me.
- It motivates me a lot. We don't have awards in outpatient. It would be nice if parents had a way to recognize nurses or staff members. Nothing feels better when hard work that I do is recognized.

These statements all describe how the nurses are motivated by these factors within their jobs. Although many of the nurses described a lack of these factors, they did describe how the presence of the factors would motivate them. The nurses who had the factors present described satisfaction. The statements provide support and consistency that Herzberg's two-factor theory was correct when examining what motivates a nurse and what keeps a nurse from experiencing job dissatisfaction.

Herzberg's two-factor theory can be seen at work throughout the interview questions and responses provided by the nurses. A lack of hygiene factors was found to be associated with feelings of dissatisfaction. The findings on hygiene factors are consistent with Herzberg's two-factor theory regarding hygiene factors. The nurses also discussed how motivation factors are lacking within the profession but would be motivating if present. Recognition was the commonly discussed the motivation factor. The findings on motivation are also consistent with Herzberg's two-factor theory regarding motivation factors. The nurses felt that recognition is the factor that would motivate them the most within the profession.

Findings of the study support the misalignment between what a nurse expects of the profession compared to their perceived reality. Hygiene factors and motivation factors seem to be lacking within the profession. If these factors improved, nurses could possibly show more satisfaction and motivation within the profession.

Recommendations for Action

The results of this study could provide insight into the foundation of what leads a nurse to leave their job or burnout. The profession could benefit from the results of this study by learning what nurses are expecting and what they are experiencing. The inpatient setting of the nursing profession can benefit the most from the results. By utilizing these results, the profession could build better environments that are supportive, not only from supervisors but from peers. The nurses who had worked in the inpatient setting expressed frustration and disappointment in regards to their supervisors and peers. The profession can learn from a nurse's expectations to help prevent these feelings. Once

these feelings are prevented and nurses no longer feel dissatisfied, turnover and burnout may improve.

To improve burnout and turnover, it is recommended that the profession show nurses that they are valued, especially inpatient nurses. The nurses who were interviewed that had worked in the inpatient setting expressed frustration and disappointment with many aspects of the profession. The nursing profession should take the time to discuss these concerns with nurses and try to implement positive change. By showing nurses that they are valued and listened to, burnout and turnover may decrease.

To achieve these goals, the inpatient setting could benefit from forming committees that consist of nurses within different departments that can recommend changes. These committees should be respected by showing the nurse they are being heard and implementing changes where needed. Inpatient settings could also benefit from nurses being represented in higher positions within the hospital. Nurses tend to be the majority of the staff. Representation at a high level could bring about a positive change.

Frustration and disappointment could also be improved by requiring managers to listen to their staff and work within their area. The inpatient nurses repeatedly stated that they felt their managers were not capable of helping if they needed them or did not listen to their concerns. Managers could create an anonymous way for nurses to voice their concerns and their recommendations. The nurses should not be penalized for these recommendations.

Another aspect that the inpatient setting could improve on is motivating nurses. A lack of motivation factors was expressed throughout the interviews. The nurses

discussed how they felt unappreciated within the profession, not only from patients, but also from supervisors, administration, and peers. Many times, the nurses stated that this profession is an undervalued and thankless career. The inpatient setting needs to improve on recognizing nurses for positive achievements and actions, not the negative. The nurses continuously expressed that recognition was lacking but would be motivating if present. Feelings of enjoying their work and patient care could increase with positive recognition.

To achieve recognition, inpatient and outpatient settings could create a system to reward and acknowledge when a nurse does something that is positive such as being a team player or a compliment from a patient. The nurses stated that they wanted to be recognized, not just by a reward, but with words. Managers and team leaders could make a system where nurses can recognize each other with comments. The leaders should also recognize their team and reward them for positive actions. These rewards could include something monetary or an extra vacation day, etc. If possible, the company could host a dinner or event to recognize nurses for their hard work.

Lastly, the inpatient nurses expressed frustration with the increased focus on patient satisfaction. The nurses believed that their jobs were becoming less focused on providing good patient care and patient safety and more on keeping a patient satisfied. The nurses believed that they were becoming servants, instead of taking care of the patient. Inpatient settings will not lose the push for increasing patient satisfaction but could place equal or greater importance on patient care and safety so that nurses do not feel they are losing these aspects.

The only recommendation for the outpatient setting is placing more emphasis on recognition. The two outpatient nurses expressed that they are recognized, but this factor could improve. Allowing patients to recognize nurses could help increase this factor, providing a motivation factor for these nurses. Outpatient settings could reward and recognize nurses with a system in place for patients or family to give compliments to the nurses. Also, these nurses could be recognized with some kind of event that shows appreciation for their hard work.

Recommendations for Future Research

The purpose of this study was to understand and describe the expectations nurses had for the profession compared to their perceived reality. The inclusion criteria for experience was nurses with more than 1 year of experience and less than 10 years of experience. The need for further research on this experience group with the same purpose is evident. Future research with the same experience group could be expanded to include an increased number of nurses, rather than just 9.

Future research on nurses with less than one year of experience who have only worked in the inpatient setting would be beneficial. Nurses with less than one year of experience are newer to the profession and could provide further insight into what they expected compared to their perceived reality. Future research on nurses who have only worked in the outpatient setting would also be beneficial in generalizing the results to the entire population.

Future research with nurses who have worked in both inpatient and outpatient setting should be conducted. This research should aim to discover the difference or similarities in perceived realities between the inpatient and outpatient settings. If it holds

true that outpatient settings are perceived in a positive manner, the inpatient settings could learn what needs to be addressed to prevent turnover and burnout.

Lastly, future research regarding nursing school would also be beneficial. Professors could provide insight into how nurses are prepared for the profession and what impact education has on the expectations nurses are having of the profession. The foundations for these expectations may be related to what is occurring in nursing education. If this is true, then research should be conducted to determine how to better prepare nurses for the reality of the profession so feelings of frustration and disappointment do not occur.

Once additional research is completed on a qualitative level, quantitative research should be conducted. A survey should be created that asks nurses to rank their level of expectation in certain aspects and rank their perceived reality of those same aspects of the profession. Depending on what future qualitative research shows, varying surveys for inpatient and outpatient nurses should be created to determine what the degree of varying views is between these nurses. By conducting qualitative research, the results of the studies would be generalizable to the nursing population. Generalizability would provide a foundation for the profession on what aspects should be addressed to help prevent turnover and burnout.

Reflection

Assumptions and bias for this study were known and acknowledged prior to conducting data collection and data analysis. It was assumed that the nurses had preconceived expectations of the profession. Due to a previously conducted pilot study, there was a preconceived idea that inpatient nurses may be experiencing a negatively

perceived reality of the profession. This bias was acknowledged prior to conducting data analysis to prevent skewing the data toward this theme. Experience with qualitative research data analysis caused many feelings of sadness while conducting the thematical analysis. Sadness towards the reality of the profession was discovered, acknowledged, and brought to a conscious level to prevent bias. The possible effects of this research on the participants could also be sadness and increased levels of frustration with their perceived reality. Due to the results of this study, changes in thinking about the profession have occurred. Further research needs to be conducted to determine if these results are consistent with other nurses. If the results are accurate, the profession will need to acknowledge these feelings that nurses have that change can occur. Burnout and turnover are issues that may have underlying reasons that cause them. These underlying reasons will need to be addressed so that burnout and turnover do not become an increasing problem for the profession.

Conclusion

The increasing burden of nurse turnover and burnout is an ongoing issue within the nursing profession. This study revealed that nurses who have worked in the inpatient setting are experiencing negative emotions toward the profession when comparing their expectations to the reality of the profession. The results of this study provide a possible foundation for nurse turnover and burnout, yet can guide future research to determine if these results can be generalized to the nursing population. The main finding of this study is a misalignment between expectations and perceived reality. Due to the negative misalignment that nurses who have worked in the inpatient setting have experienced, future research needs to be conducted so that these negative experiences can be

acknowledged and change can occur to keep the nursing profession moving in the right direction.

APPENDIX A – Interview Questions

1. Tell me about your expectations of nursing prior to entering the workforce compared to your perceived reality of the profession.
2. Describe how these expectations and perceived reality make you feel.
3. Tell me what you expected of your supervisors prior to entering the workforce.
4. Describe the reality of your supervisors.
5. Describe what you expected of workplace relationships with coworkers and supervisors prior to entering the workforce.
6. Tell me about the reality of your workplace relationships. Describe how the lack of or presence of these relationships makes you feel.
7. How do you feel that workplace relationships can benefit or hinder the nursing profession?
8. Describe how the reality of policy, supervisors, workplace relationships, administration, job security, and benefits impact you as a nurse.
9. How does the presence of or lack of these factors make you feel about where you currently work?
10. Describe how these factors impact your satisfaction within the profession?
11. Describe your expectations of your responsibility as a nurse prior to entering the workplace.
12. Tell me about the reality of your responsibility.

13. Tell me about a time when the environment (hospital/outpatient setting) you work in affected your perception of the profession in a positive or negative way.
14. Tell me about your expectations of patient care and the work itself prior to entering the workplace?
15. Describe the reality of patient care and the work itself.
16. How does the reality of patient care and the work itself make you feel about your current job? About the profession?
17. How does the presence of or lack of these factors make you feel about where you currently work?
18. How do achievement, recognition, responsibility, environment, and advancement motivate you as a nurse?
19. Describe what you could have done differently to achieve your expectations once entering the workplace.
20. Describe how it feels when your expectations are met.
21. Describe how it feels when expectations/perceptions are not met.
22. Does the reality of nursing influence you in any way to make a career change (i.e. leave the profession, job-hop, return to school, etc.)? If so, how?
23. What can the nursing profession do to keep you in the same career long-term?

APPENDIX B – IRB Approval Letter



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NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 18060801
PROJECT TITLE: Nurse Expectations as Compared to Perceived Reality
PROJECT TYPE: Doctoral Dissertation
RESEARCHER(S): Kathryn McKelvy
COLLEGE/DIVISION: College of Nursing
DEPARTMENT: Leadership and Advanced Nursing Practice
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IRB COMMITTEE ACTION: Expedited Review Approval
PERIOD OF APPROVAL: 06/14/2018 to 06/13/2019
Edward L. Goshorn, Ph.D.
Institutional Review Board

REFERENCES

- Broussard, L., & White, D. (2014). School nurse intention to pursue higher education. *The Journal of School Nursing, 30*(5), 340-348.
<http://dx.doi.org/10.1177/1059840513509111>
- Chong, V., & Monroe, G. (2015). The impact of the antecedents and consequences of job burnout on junior accountants' turnover intentions: A structural equation modeling approach. *Accounting & Finance, 55*(1), 105-132.
- Cortese, C. G. (2013). Predictors of intention to leave the nursing profession in two Italian hospitals. *Assistenza Infermieristica e Ricerca, 32*(2), 20-27.
<http://dx.doi.org/10.1702/1267.13987>
- Creswell, J. W. (2013). *Qualitative inquiry and research design* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Duffield, C., Roche, M., Homer, C., Buchan, J., & Dimitrelis, S. (2014, June 21). A comparative review of nurse turnover rates and costs across countries. *Journal of Advanced Nursing, 70*(12), 2703-2712. <http://dx.doi.org/10.1111/jan.12483>
- Frederick Herzberg the hygiene motivation theory thinker. Retrieved from <https://www.bl.uk/people/frederick-herzberg>
- Gibson, D. D., & Borges, N. J. (2009). Aligning career expectations with the practice of medicine. *Journal of Career Development, 35*(4), 331-351.
<http://dx.doi.org/10.1177/0894845309335240>
- Harris, P., & Burman, M. (2016). Nurses returning to school: Motivators, inhibitors, and job satisfaction. *Journal of Professional Nursing, 32*(2), 85-93.
<http://dx.doi.org/10.1016/j.profnurs.2015.10.008>

- Hayes, L., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... North, N. (2011). Nurse turnover: A literature review - An update. *International Journal of Nursing Studies*, 49(7), 887-905.
<http://dx.doi.org/10.1016/j.ijnurstu.2011.10.001>
- Herzberg, F. (2008). *One more time: How do you motivate employees?* Boston, MA: Harvard Business Press (Original work published 1968).
- Herzberg, F., Mausner, B., & Snyderman, B. (1959). *The motivation to work* (2nd ed.). New York, NY: John Wiley & Sons.
- Johnco, C., Salloum, A., Olson, K., & Edwards, L. (2014). Child welfare workers' perspectives on contributing factors to retention and turnover: Recommendations for improvement. *Children and Youth Services Review*, 47(3) 397-407.
- Kotni, V., & Karumuri, V. (2018). Application of Herzberg two-factor theory model for motivating retail salesforce. *IUP Journal of Organizational Behavior*. 17(1), 24-42. Retrieved from
<http://eds.b.ebscohost.com/eds/pdfviewer/pdfviewer?vid=6&sid=a4b611fd-ca17-47a9-b5ea-e02b65fd54f3%40pdc-v-sessmgr01>
- Kovner, C., Brewer, C., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate? *Policy, Politics, & Nursing Practice*, 15(3-4), 64-71.
<http://dx.doi.org/10.1177/1527154414547953>
- Lee, A., Stimpfel, A., Sloane, D., Cimiotti, J., Quinn, L., & Aiken, L. (2015). Changes in patient and nurse outcomes associated with magnet hospital recognition. *Med Care*, 53(6), 550-557. <http://dx.doi.org/10.1097/MLR.0000000000000355>

- Lee, Y., Dai, Y., Chang, M., Chang, Y., Yao, K., & Liu, M. (2017, March 27). Quality of work life, nurses' intention to leave the profession, and nurses leaving the profession: A one-year prospective survey. *Journal of Nursing Scholarship*, 49(4), 438-444. <http://dx.doi.org/10.1111/jnu.12301>
- Lundberg, C., Gudmundson, A., & Anderson, T. (2008). Herzberg's two-factor theory of work motivation tested empirically on seasonal workers in hospitality and tourism. *Tourism Management*, 30(6), 890-899. <http://dx.doi.org/10.1016/j.tourman.2008.12.003>
- Maslach, C. (1976). Burned Out. *Human Behavior*, 5(9), 16-22
- Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., & Leiter, M. P. (2008). Early Predictors of Job Burnout and Engagement. *Journal of Applied Psychology*, 93(3), 498-512. <http://dx.doi.org/10.1037/0021-9010.93.3.498>
- McKelvy, K. (2017). *Nurses' expectations versus reality*. Unpublished raw data.
- McKenna, L., Brooks, I., & Vanderheide, R. (2017). Graduate entry nurses' initial perspectives on nurses: Content analysis of open-ended survey questions. *Nurse Education Today*, 49, 22-26. <http://dx.doi.org/10.1016/j.nedt.2016.11.004>
- Merriam-Webster. (n.d.). <https://www.merriam-webster.com/dictionary>
- Minority Nurse. (2016). <https://minoritynurse.com/nursing-statistics/>
- National Healthcare Retention & RN Staffing Report. (2017). Retrieved April 04, 2018, from <https://www.emergingrnleader.com/wp-content/uploads/2017/09/NationalHealthcareRNRetentionReport2017.pdf>

- Numminen, O., Ruoppa, E., Leino-Kilpi, H., Isoaho, H., Hupli, M., & Meretoja, R. (2016). Practice environment and its associated with professional competence and work-related factors: Perception of newly graduated nurses. *Journal of Nursing Management*, 24(1), E1-E11. <http://dx.doi.org/10.1111/jonm.12280>
- Parker, V., Giles, M., Landry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*, 34(1), 150-156. doi:10.1016/j.nedt.2012.07.003
- Roche, M., Duffield, C., Homer, C., Buchan, J., & Dimitrelis, S. (2014). The rate and cost of nurse turnover in Australia. *Collegian*, 22(4), 353-358. <http://dx.doi.org/10.1016/j.colegn.2014.05.002>
- Shindul-Rothschild, J. (2005). Life-Cycle influences on staff nurse career expectations. *Nursing Management*, 26(6), 40-44.
- Strachota, E., Normandin, P., O'Brien, N., Clary, M., & Krukow, B. (2003). Reasons registered nurses leave or change employment status. *The Journal of Nursing Administration*, 33(2), 111-117.
- Takase, M., Teraoka, S., & Yabase, K. (2016). Retaining the nursing workforce: Factors contributing to the reduction of nurses' turnover intention in Japan. *Journal of Nursing Management*, 24(1), 21-29. <http://dx.doi.org/10.1111/jonm.12266>
- Teclaw, R., & Osatuke, K. (2015). Nurse perceptions of workplace environment: Differences across shifts. *Journal of Nursing Management*, 23(8), 1137-1146. <http://dx.doi.org/10.1111/jonm.12270>

- Torres, A. (2016). Is this work sustainable? Teacher turnover and perceptions of workload in charter management organizations. *Urban Education, 51*(8), 891-914. <http://dx.doi.org/10.1177/0042085914549367>
- Tracy, S. (2010). Qualitative quality: Eight “Big-Tent” criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837-851. <http://dx.doi.org/10.1177/1077800410383121>
- Twibell, R., & Pierre, J. S. (2012). Tripping over the welcome mat: Why nurses don't stay and what the evidence says we can do about it. *American Nurse Today, 7*(6). Retrieved November 15, 2017, from <https://www.americannursetoday.com/tripping-over-the-welcome-mat-why-new-nurses-dont-stay-and-what-the-evidence-says-we-can-do-about-it/>.
- U.S. Bureau of Labor, Registered Nurse Summary. (n.d.). Retrieved April 04, 2018, from <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>