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Nurse Managers' Hiring Selection of Newly Licensed RNs: A Grounded Theory Approach

Susan Adamek
University of Nevada, Las Vegas, susanadamek@aol.com

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NURSE MANAGERS' HIRING SELECTION OF NEWLY LICENSED RNS:

A GROUNDED THEORY APPROACH

By

Susan Chambers Adamek

Bachelor of Arts in Biology

Mercer University, Georgia

1975

Bachelor of Science in Nursing

Armstrong State College, Georgia

1984

Master of Science in Parent Child Nursing

Georgia State University, Georgia

1991

A dissertation submitted in partial fulfillment of the requirements for the

Doctor of Philosophy – Nursing

School of Nursing

Division of Health Sciences

The Graduate College

University of Nevada, Las Vegas

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We recommend the dissertation prepared under our supervision by

Susan Adamek

entitled

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School of Nursing

Lori Candela, Ed.D., Committee Chair

Jennifer Kawi, Ph.D., Committee Member

Jessica Doolen, Ph.D., Committee Member

Carolee Dodge-Francis, Ph.D., Graduate College Representative

Kathryn Hausbeck Korgan, Ph.D., Interim Dean of the Graduate College

May 2015

ABSTRACT

Nurse Managers' Hiring Selection of Newly Licensed RNs:

A Grounded Theory Approach

by

Susan C. Adamek

The purpose of this research study was to construct a substantive grounded theory regarding how acute care nurse managers select the newly licensed RNs (NLRNs) they hire. This is important because a good selection process can reduce expensive employee turnover and improve teamwork on units. There has been extensive research regarding interventions that improve the retention of NLRNs after they are hired, such as residency programs, preceptors, mentors and support groups, but there is very little in the literature about the processes or preferences nurse managers use to select the right candidates to be hired. A constructivist grounded theory approach was used to examine the NLRN selection process within the theoretical perspective of symbolic interactionism.

This researcher interviewed acute care nurse managers in a Southwestern state and reviewed copies of documents or tools used by them in the NLRN selection process. Together the researcher and the 18 participants constructed a substantive theory explaining the processes used to select NLRNs for hire. Five theoretical concepts were identified: Developing Beliefs and Preferences, Expressing Beliefs and Preferences, Gathering Information Throughout the Process, Finding the Fit and Making a Decision.

This study adds to the currently limited knowledge of how nurse manager selection processes and preferences might contribute to NLRNs' retention in their first

nursing position. The findings of this study may also be used to inform additional research directed to improving those selection processes.

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CHAPTER 1
INTRODUCTION

Aim of the Study

The intent of this chapter is to introduce the main concepts related to acute care nurse manager selection of newly licensed registered nurses (NLRNs). Many NLRNs begin their nursing careers in the acute care setting, yet the nursing literature has only cursorily explored the processes by which NLRNs are selected by a hiring nurse manager for their initial nursing position. The current nursing literature that examines the NLRN transition to practice experience suggests that there may be pre-hire factors that influence NLRN retention in their first nursing position. This study sought to expand understanding of one of those factors: the acute care nurse managers' processes for selecting the NLRNs they hire.

Introduction to the Phenomenon

Recent studies indicate that NLRNs make up approximately 10% of the nurses in the acute care setting (Berkow, Virkstis, Stewart, & Conway, 2009), and that 87.3% of NLRNs accept their first nursing positions in hospitals (Kovner et al., 2007). Unfortunately, many of these new nurses leave their first job within the first few years of employment. Turnover rates within one year of hire have been reported to range from 7.1% (Ulrich et al., 2010) to 17.3% (Robert Wood Johnson Foundation, 2012), with about 26% of NLRNs leaving their first hospital job within two years (Kovner & Djukic, 2009). Although more than 90% of these nurses do accept another job in nursing (Kovner & Djukic, 2009), this type of organizational turnover is expensive.

Turnover costs per NLRN can be up to 1.3 times their salary, with new hire productivity costs up to six times those of experienced RNs (Jones, 2005). Brewer, Kovner, Yingrengreung, and Djukic (2012b) calculate estimated crude turnover costs to the U.S. healthcare industry of \$938 million for the new nurses who leave their jobs in the first year and \$1.4 billion for those who leave within two years. Duffield, Roche, O'Brien-Pallas, and Catling-Paull (2009) outlined non-financial costs of RN turnover to an organization as well. Nursing teamwork suffers as a result of frequent turnover, which can lead to additional turnover, absenteeism, reduced peer support, decreased staff satisfaction, reduced continuity of patient care and an increased risk of adverse clinical events. Because of the significant financial and quality impact of newly licensed RN turnover on a health care organization, it is important to encourage efforts to successfully retain them in their original positions.

The current nursing literature focuses heavily on retention initiatives that occur after NLRNs are hired for their first job. Duchscher (2009) developed the *Transition Shock Model*© to explain the experiences of NLRNs as they move from the role of student to that of practicing nurse, including changes in roles, responsibilities, relationships and knowledge. A number of studies have supported the effectiveness of structured residency programs in aiding the transition of these new nurses into practice (Casey, Fink, Krugman, & Propst, 2004; Dyess & Parker, 2012; "Executive Summary", 2008; Hoffart, Waddell, & Young, 2011; Ulrich et al., 2010). These programs incorporate varying amounts of didactic content, clinical practice, structured preceptorships, mentor programs and support groups.

There is very little nursing literature regarding the contribution of the NLRN selection process by nurse managers to the successful retention of these new nurses. Scott, Engelke, and Swanson (2008) designed a conceptual model to illustrate possible influences on the successful transition of NLRNs into the workplace. Organizational tactics related to selection and orientation were both identified as important dimensions of organizational socialization.

This study is important to nursing because it adds to the currently limited knowledge of how nurse manager selection processes might contribute to NLRNs' retention in their first nursing position. Selection processes that increase the successful retention of NLRNs may improve the financial and quality performance of the hiring organization. An important first step in improving NLRN selection is to determine how they are currently selected.

Definitions

Acute care hospital. “A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition)” (www.medicare.gov).

Newly licensed registered nurse. A registered nurse who has graduated from an undergraduate, prelicensure nursing program, who has successfully passed the NCLEX-RN, and who has obtained a RN license in the state. This individual has not yet worked as a registered nurse.

Nurse manager. A registered nurse in a supervisory position, with 24 hour accountability for the operations of one or more nursing departments in an acute care hospital. This individual has the authority to make hiring decisions.

Selection process. Activities ultimately leading to the employment of a NLRN, beginning with making a position available to applicants and ending with extending a job offer to a candidate.

Study Purpose

The purpose of this study was to construct a substantive grounded theory regarding how acute care nurse managers select the NLRNs they hire. It is important to explore the processes followed by acute care nurse managers to select certain NLRNs for hire, as this may impact NLRN satisfaction and retention as well as cost and quality of patient care. The findings of this study may be used to inform additional research directed to improving those processes.

Specific Aims

- 1) To explore nurse managers' processes for NLRN selection.

Rationale: There is little known about the actual processes followed by nurse managers in selecting NLRNs. It is unclear how much variation may exist in the process, and where in the process it occurs.

- 2) To identify attributes and characteristics of NLRNs who are selected for hire.

Rationale: The few extant studies examining nurse manager selection preferences suggest that there are qualities of the individual NLRN that contribute to the selection process. This aspect of the process requires more in depth exploration.

- 3) To explore how attributes and characteristics of nurse managers impact their NLRN selection.

Rationale: Human Resources literature suggests that the hiring manager may be influenced in their selection process by a number of internal factors. There are several

common hiring biases that may also exist. This aspect of the selection process also requires more in depth exploration.

- 4) To identify external factors that influence the nurse managers' NLRN selection, such as technology and organizational policies.

Rationale: There are likely some factors influencing the NLRN selection process that are not within the control of the hiring nurse manager. The literature suggests that technology and organizational policies are two such factors, but their influence on the process and the presence of other external factors require additional exploration.

- 5) To generate a substantive grounded theory related to nurse manager selection of NLRNs for hire in the acute care setting.

Rationale: The generation of a grounded theory will lead to a better understanding of the acute care nurse manager process of NLRN selection. This could inform additional research into best practices for NLRN selection in the acute care setting.

Summary

There is a lack of knowledge about the way acute care nurse managers select the NLRNs they hire. This chapter presented the rationale for conducting research on this topic. Important terms were defined operationally. Finally, the purpose and specific aims of this study were identified. The purpose of this study was to construct a substantive grounded theory regarding how acute care nurse managers select the NLRNs they hire.

CHAPTER 2
EVOLUTION OF THE STUDY

Introduction

This chapter discusses the controversy within grounded theory methodology regarding the role and timing of the literature review. This chapter also reviews the literature on topics related to NLRN job retention. Hiring and selection processes in nursing, other healthcare professions, and non-healthcare settings are also reviewed.

Grounded Theory and the Literature Review

In grounded theory methodology, the issue of how and when to consult the existing literature is often problematic. Glaser (1998) strongly discouraged conducting a literature review in the substantive and related areas where the research is to be done until the grounded theory is nearly completed, because it can restrict the freedom necessary for discovery of the theory. In contrast, Corbin and Strauss (2008) acknowledged that a review of the literature is an excellent source of research problems, can provide questions for interviews and can suggest areas for theoretical sampling. Charmaz (2012) recommended conducting the literature review required for dissertation and Institutional Review Board (IRB) approvals, then putting it aside until the categories and the analytic relationships between them are developed. At that time a full literature search in the substantive area, as well as other fields and disciplines, should be used to demonstrate how the study builds on and contributes to the existing knowledge (Stern, 2007). Researchers must also reflectively acknowledge the impact of their own existing knowledge, including previous reading, on their perspective throughout the study (McGhee, Marland, & Atkinson, 2007).

In this study, the relevant literature was reviewed and supported the need for the study, since very little research on this topic was located. The literature was used to guide the development of the initial questions in the semi-structured interview guide, and was also considered during theoretical sampling. Finally, the literature was revisited late in the analytical process, as described above (Stern, 2007).

Historical Context: Review of the Literature

Pre-hire Variables Associated With Job Retention

Review of the nursing literature has identified some pre-hire variables which could be considered in the selection process and may contribute to the retention of NLRNs. Scott et al. (2008) presented a conceptual model of the transition of new graduate nurses into the workplace. This model identified a number of anticipatory socialization variables that influence the NLRN's understanding of and preparation for the realities of working as a nurse. These factors included education, age, race, marital status, knowledge/skills, life events, family culture, personal hardiness and realistic/unrealistic expectations. These factors were investigated to determine impact on job retention.

Basic Nursing Degree

Studies have questioned whether the type of basic nursing degree completed by the NLRN affects their job retention. Brewer, Kovner, Greene, Tukov-Shuser, and Djukic (2012a) surveyed 1653 NLRNs in 51 randomly sampled metropolitan areas across the U.S. and found no association between first nursing degree and NLRN turnover. Ingersoll, Olsan, Drew-Cates, DeVinney, and Davies (2002) found that educational background was predictive of job satisfaction ($\beta = .087$; $p = .003$), and that nurses with

associate degrees reported the lowest levels of satisfaction. Respondents in this study included all RNs, not just NLRNs, so the results may not be generalizable to the NLRN population. In contrast to these findings, Kovner, Brewer, Greene, and Fairchild (2009) surveyed 1933 new nurses across the U.S. and reported that nurses with higher levels of education were less likely ($p < .001$) to remain employed with their current employers. Tourangeau and Cranley (2006) surveyed 8456 RNs in Canada and also noted that nurses holding a baccalaureate or higher degree were predicted to be significantly ($t = -8.06$, $p < .001$) less likely to remain employed at their current hospital. In a secondary analysis of survey data of 329 North Carolina NLRNs, Scott et al. (2008) found that ADN nurses had higher degrees of career satisfaction than baccalaureate graduates ($\beta = 1.12$, $p < .001$). Beecroft et al. (2008) also found that respondents with a BSN were more likely to indicate turnover intention ($p = .026$).

Even among baccalaureate prepared new nurses, differences in retention rates may exist. Brewer et al. (2009) surveyed 953 new nurses across the U.S. who were working in hospitals, and reported that second-degree baccalaureate NLRNs were more likely to plan to stay indefinitely in their first job ($p = .02$) than graduates of traditional baccalaureate nursing programs.

The contribution of type of basic nursing degree to NLRN turnover remains unclear. Although several studies suggested a higher risk of turnover among BSN graduates, others reported lower turnover or no difference at all. This study examined the extent to which type of basic nursing degree is considered by nurse managers in NLRN selection.

Previous Work Experience

The effect of previous work experience, either within or outside of healthcare settings, on NLRN retention has also been examined. In their study of 1653 U.S. NLRNs, Brewer et al. (2012a) found that previous healthcare work experience was not significantly correlated with NLRN turnover. Steen, Gould, Raingruber, and Hill (2011) surveyed 50 Sacramento State nursing graduates who reported that employment as a student nurse intern eased the transition to the new graduate RN role. The majority (82%) reported that they were encouraged by management to stay on the unit as an NLRN after graduation; however those who did reported feeling more pressure to perform than those who were hired on a different unit.

Surprisingly, Duncan (1997) surveyed 44 BSN graduates of a Midwestern university and found that past work experience with a specific employer actually was associated with an increased NLRN turnover rate within the first year ($p < .02$). The reason for this increased turnover was hypothesized to be related to a different type of selection process used in choosing the first employer. New graduates accepting offers at a familiar facility may have done less evaluating of potential employers than those with no experience at a facility. These nurses may believe that better employment opportunities exist elsewhere if they become dissatisfied in the early years of employment. Another possibility identified was an unfulfilled high expectation of the anticipated relationship with an employer where new nurses have had positive experiences in the past.

In a survey of 953 U.S. NLRNs, Brewer et al. (2009) found that the second degree BSN graduates were more likely to have previous non-healthcare work experience ($p <$

.0001) and were also more likely to plan to stay in their first nursing job ($p = .02$) than traditional baccalaureate graduates. A direct correlation between work experience and likelihood to stay in the first nursing job was not tested. Interestingly, Oermann et al. (2010) suggested that the previous work experience of these NLRNs may make them more desirable to hiring nurse managers as an employee. It appears that previous work experience might impact NLRN retention, but the relationship has not been clearly established. This study attempted to clarify the impact of the previous work experience of NLRNs on their selection by nurse managers.

Clinical Specialty

Obtaining a position in the NLRN's first choice of clinical specialty has consistently been demonstrated to improve retention. Palese, Toratto, Borghi, and Maura (2007) studied 45 NLRNs and 10 hiring nurse managers in Italy and found that both newly qualified nurses and nursing managers identified the kind of patient as the most important factor influencing choice of first ward. In a qualitative longitudinal study of 1203 novice nurses in Japan, Suzuki et al. (2006) found higher turnover among nurses who were assigned to a ward contrary to their desire ($p < .01$). Beecroft et al. (2007) reported similar findings in a prospective survey of 889 new nurse graduates at a single hospital between 1999 and 2006, with turnover intent being highest in older respondents (> 30 years old) who also did not receive first choice of nursing unit ($p = .015$). Bratt and Felzer (2012) conducted a longitudinal study of 468 NLRNs in 40 Midwestern U.S. acute care settings and noted significantly increased organizational commitment (which is associated with decreased turnover intent) among new graduate nurses who were in their desired position ($p < .001$). Similar findings were reported by Toren, Zelker, and Porat

(2012) in their mixed methods study of Israeli nursing students. All respondents rated the specific department as a factor of great (86%) or medium (14%) relevance in their choice of workplace.

It seems likely that efforts to select NLRNs who desire to work in the unit's specific clinical specialty would lead to their improved retention. The extent to which this is considered by nurse managers in the NLRN selection process, as well as the methods used to determine NLRN specialty preference, were explored in this study.

Nurse Managers' Hiring Preferences and NLRN Selection

There is very little information in the nursing literature about the role of the nurse managers' hiring preferences in the NLRN selection process. Weinberg, Cooney-Miner, Perloff, and Bourgoin (2011) offered the most relevant study of acute care nurse managers' perspectives of the differences between baccalaureate and other nursing graduates, and the impact of those perspectives on NLRN hiring preferences and decisions. In this qualitative study, 27 nurse managers from eight New York hospitals were interviewed about the differences they perceived between BSN and ADN prepared nurses' practice, as well as the hiring preferences on their units. The participating hospitals ranged from academic medical centers to small rural hospitals, with three of the hospitals holding Magnet designation. Twenty of the participants held a bachelor's degree, eight had masters' degree, and two more were pursuing a masters' degree. Three reported a diploma and three an associate's degree as their highest level of education. More than half had been with their current hospitals for more than 15 years. The percentage of BSN prepared nurses on the 48 units represented ranged from 12.5% to 60%, with only three units having more than 50% BSN nurses.

Although 19 of the nurse managers who were baccalaureate-prepared or higher expressed the value of a BSN in terms of increased knowledge, skills and insights to practice, only three of the nurse managers interviewed mentioned education level as a criterion considered in hiring decisions. Skills and experience were only listed as important factors by seven of the 27 nurse managers. Instead, most of the nurse managers (85%) reported that they hired based on the right personality and attitude. Desired traits included excitement and interest in the position, a positive attitude, caring, compassion, good interaction skills, cooperativeness, flexibility and a professional demeanor.

Oermann et al. (2010) conducted two focus groups with a total of 13 acute care nurse managers from a single 724 bed academic medical center to learn about the transition to practice of new graduates from accelerated baccalaureate programs. Clinical specialties represented were children's, women's, cardiology, surgery, oncology, medicine, critical care and neurology. The number of new graduates hired per unit in the previous 18 months ranged from 6 to 43.

Some of these managers expressed a preference to hire graduates with previous healthcare experience, including employment as a nursing assistant, completion of an externship, or a clinical rotation as a student on their unit. This preference was especially identified by critical care nurse managers. Nurse managers also expressed a general preference for graduates of accelerated programs, because of their maturity and ability to transfer previous work experiences and work habits to nursing. However, they clarified that the educational preparation was less important to their hiring decision than the individual. A concern was expressed related to Generation X nurses and the perception

by peers that they lack commitment and loyalty to the unit. In some cases this was also associated with a lack of peer support and socialization, causing the NLRN to leave their position.

Although nurse managers in the few studies that were located did not identify a strong preference for hiring NLRNs from baccalaureate programs, a recent survey of 515 schools of nursing by the American Association of Colleges of Nursing (2013) indicated that such a preference may exist. When asked if employers in their area were requiring or preferring a bachelor's degree in nursing (BSN) when hiring new nurses, 43.7% indicated that a BSN was required (up by 4.6 percentage points since 2012, and up 13.6 percentage points since 2011) and 78.6% responded that a BSN was strongly preferred. The 2012 annual survey of new RN graduates conducted by the National Student Nurses' Association (NSNA) found that 72% of baccalaureate graduates were employed four months after graduation compared to only 61% of associate degree graduates (Mancino, 2013). It is possible that this preferential hiring was driven by organizational policy rather than individual nurse manager preference.

These studies of nurse managers' hiring preferences raise a number of areas that were further examined in this study. The importance of the basic nursing degree to the hiring manager was explored. Although the "right" personality and attitude were identified as important factors, further exploration was conducted to determine what factors are considered in NLRN selection, which are most important, and how consistently the preferred characteristics are identified in different types of facilities and clinical specialties.

New Graduate Selection in Other Healthcare Professions

Having located few nursing studies about selection and hiring of new graduates, the literature review was extended to include other healthcare professions that hire new college graduates. This search yielded two additional relevant studies. Mulholland and Derald (2004) surveyed 128 Canadian employers to identify what they seek when hiring occupational therapists, and whether they have different expectations of new graduates. The five most desirable attributes for occupational therapists were experience, team skills, practice skills and abilities, communications and interpersonal skills. Many employers looked for similar qualities in new graduates, but they expected less experience and knowledge. Some employers also expressed additional requirements such as a willingness to learn, willingness to seek help, enthusiasm and favorable recommendations from the new graduate's fieldwork placements. Expectations for new graduates were related more to attitude and potential ability than specific skills or experience.

Thompson, Nuffer, and Brown (2012) surveyed 318 members of the pharmacy practice community in Colorado to determine the characteristics most valued when hiring a recently graduated pharmacist. From a list of 20 characteristics of a pharmacy graduate, respondents were asked to rank the top five attributes that they believed a new pharmacist should possess if they were going to hire that person. The top five overall ranked characteristics identified were communication (15.9%), adaptability (9.2%), professionalism (8.9%), knowledge (7.9%) and critical thinking (7.8%). Minor differences in rankings were identified between retail pharmacy managers and institutional (hospital based) managers, with institutional managers ranking a personable

style and problem solving skills higher and retail pharmacy managers rated business sense and a methodical style higher.

It is possible that the desired characteristics for new occupational therapists and new pharmacists will be similar to those preferred by nurse managers for NLRNs. The differences in preferred characteristics based on practice setting identified for pharmacy graduates may also be found in different types of hospitals or specialty units for nursing graduates. Of interest, experience and skills were not identified as high priorities for hiring graduates in these specialties, which is consistent with findings of the two identified studies of nurse manager hiring preferences. This study continued to explore these aspects of NLRN selection.

New Graduate Selection in Non-Healthcare Professions

Because the literature related to healthcare professions also yielded very few relevant studies, the review was extended to include non-healthcare professions that hire a significant number of college graduates into entry level positions. Ziebarth-Bovill, Kritzer, and Bovill (2012) asked 44 hiring officials how they decided between two or more proficient teacher candidates. The eight most frequent responses were enthusiasm for teaching (37%), staff collaboration (37%), professional responsibility (26%), accepting additional duties (21%), classroom management skills (23%), positive personality traits (21%), motivational skills (19%) and maturity/self-management (16%). Hiring officials appeared to be looking for candidates who would fit in well with existing staff members, show a strong degree of enthusiasm, understand their professional responsibility and are positive in their thinking. Teacher candidates were expected to accept duties outside of the classroom, especially in smaller schools with fewer teachers.

These responses reflected recognition that teaching is both a science and an art, with contribution from both professional skills and personal qualities. This study explored whether nurse managers reported similar preferences for NLRNs.

Kwok, Adams, and Feng (2012) compared graduating seniors in the hospitality industry who receive job offers and those who do not. This mixed-methods study used the Factors Influencing Hospitality Recruiters' Hiring Decisions (FIHRHD) Model, which suggests that recruiters select candidates according to the student characteristics of intellectual skills, academic performance, extra-curricular activities, relevant job experience, job pursuit intention, person-organization (PO) and person-job (PJ) fit, in addition to other qualities. Recruiters' demographic backgrounds and expectations may also influence the selection process.

In the quantitative phase of this study, 183 graduating seniors in 26 U.S. hospitality programs completed a questionnaire designed to measure participant characteristics and job offer status. Following statistical analysis of the data, interview behaviors, professionalism and leadership/career preparedness were identified as other qualities impacting recruiter selection. Recruiters tended to measure leadership potential by assessing the leadership roles taken at work and in extra-curricular activities. Relevant job experience in hospitality was rated as more important than general work experience. Recruiters considered both PO and PJ fit to be important. However, the data did not support the importance of intellectual skills, academic performance, or job pursuit intention to hospitality recruiters. This study did not specifically examine the impact of the recruiters' backgrounds, expectations or recruiting-selection process to their hiring decisions. The FIHRHD Model may be applicable to NLRN selection processes as well.

Impact of the Recruiting/Selection Process

Before NLRNs can be selected for hire, they must undergo some kind of application, screening and interview process. These processes vary widely, but can substantially impact the nurse manager's selection of NLRNs. Processes may be determined by the hiring nurse manager, or be dictated by the organization, regulations, or available technology.

Applications and Resumes

Applications may be accepted in a variety of ways. Resumes and job applications may be submitted in hard copy or online processes may be in place. Evaluation of submitted resume information is an initial step in most employment decisions for professional positions, and it plays a major role in determining which applicants are invited for additional screening (Cole, Rubin, Feild, & Giles, 2007). In some organizations the digital resume is automatically screened by the electronic human resources management system to remove unqualified applicants (Furtmueller, Wilderom & Tate, 2011). Cole et al. (2007) investigated the role of resume content in the recruiters' assessment of applicant employability. Resumes from 122 students in business courses at a university were reviewed and scored by two out of 244 volunteer recruiters. Seventeen types of resume items were evaluated on the extent they were present in the resume. Applicant gender and academic major were controlled, as well as reviewer gender, age and educational level. Academic qualifications ($\beta = .16, p < .05$) and extracurricular activities ($\beta = .32, p < .01$) listed on resumes were positively associated with employability ratings. Resumes with high academic qualifications but low on work experience and extracurricular activities still received positive employment

ratings. In addition, resumes reporting low academic qualifications but high amounts of work experience and extracurricular activities were rated as being highly employable.

Applicant gender has also been found to affect recruiters' perceptions of applicant resume content. Cole et al. (2003) investigated the impact of applicant gender and recruiter gender on the recruiter's perception of academic achievements, work experience and extracurricular activities as reported on the resume. After scoring by four independent recruiters and controlling for applicant age and race, female recruiters rated male applicants' resumes with significantly more work experience ($p < .05$) than those of female applicants. Male recruiters rated female applicants as having more extracurricular activities ($p < .05$) than male applicants. Recruiter gender did not interact with applicant gender in the rating of academic achievements.

Luzadis, Wesolowski, and Snavely (2008) investigated prescriptive gender bias in hiring decisions. This study utilized jobs judged to be male-gendered, neutral or female-gendered, and applicant who were identified as male, female or gender not specified. Although in all cases, participants accurately identified and recommended the most qualified candidate, the rationale for selecting the candidate was impacted by applicant-job gender congruity.

Cole, Feild, and Stafford (2005) found that some valid personality inferences are possible based solely on resume evaluation. In this study, 52 undergraduate business students reviewed two resumes and were asked to score the extent to which 25 personality adjectives described the applicant. The adjectives were all related to one of the Big Five personality traits. In psychology the Big Five personality traits are used to describe dimensions of human personality (Costa & McCrae, 1992). Neuroticism refers

to a degree of emotional stability, impulse control and anxiety. Conscientiousness is shown by being disciplined, organized and achievement oriented. Extraversion is demonstrated through a higher degree of sociability, assertiveness and talkativeness. Openness is reflected in intellectual curiosity and a preference for variety. Agreeableness refers to being helpful, cooperative and sympathetic toward others. Even with no prior training, the reviewers were able to validly score three of the traits, specifically extraversion ($r = .39, p < .01$), openness to experience ($r = .44, p < .01$), and conscientiousness ($r = .45, p < .01$).

The importance of resumes in the NLRN selection process was considered in this study. A preliminary review of resumes may determine which applicants are interviewed, either through rating of academic qualifications, work experience or extracurricular activities, or through the identification of preferred personality traits. The resumes may also be processed differently based on the gender of the nurse manager and the gender of the applicant.

Screening Processes

Once an application and resume are evaluated, additional screening processes are started. Higgins, Kuthy, Sadler, Gonzalez, and Biddle (2013) described a screening process for nursing applicants that incorporated written clinical assessments, situational judgment assessments and personality/behavioral assessments. Weighted scores from the three assessments were combined to create a composite score that correlated strongly ($r = .67$) with job performance. The return on investment of such testing can be calculated by formulas incorporating the organization's percentage of qualified applicants, percentage of applicants tested, number of new hires, average tenure and annual salary. The authors

suggested that using a multidimensional assessment may improve the effectiveness of the nurse hiring process.

Markey and Tingle (2012) outlined the RN Competency-Based Behavioral Screening used at a large community hospital in Louisiana, in which potential RN hires were rated on responses to a variety of clinical practice scenarios, recognition of the appropriate equipment for a series of nursing procedures, and a demonstration of selected psychomotor skills such as I.V. insertion, urinary catheter insertion and wound care. For each area of the screening, the RN applicant is rated as a novice, advanced beginner, competent or proficient. This screening assists the recruiter to identify the best candidate for hire, with a 16.3% reduction in RN turnover noted after implementation.

Screening for behavior can also be accomplished by a combination of behavioral interviewing, tests and inventories, and role plays and simulations. Nelson (2004) cited several instances of positive results following implementation of processes to evaluate behavioral and clinical competencies during the selection process. Children's Health System of Birmingham reported a reduction in RN turnover from 23% to 9% within two years, and HCA's MidAmerica Division reported turnover dropping from 29% to 23% in twelve months.

Patterson et al. (2012) presented a systematic review of research evidence for the use of situational judgment tests (SJTs) for testing non-academic attributes in the selection process. In an SJT, applicants are presented with either written or video descriptions of hypothetical situations and are asked to select the appropriate action or response from a list of choices. SJTs are based on behavioral consistency theory, which holds that past behavior is the best predictor of future behavior. After an extensive

literature review, the authors conducted a final review of 39 studies and concluded that SJTs are cost efficient to implement and have good levels of reliability and predictive validity for testing a wide range of non-academic attributes such as empathy, coping with pressure and integrity.

The acute care hospitals in the study used a variety of processes to screen their NLRN applicants. In this study, screening processes were explored during the semi-structured interviews. Any documents used in applicant screening were also examined.

Interviews

Possibly the most important screening process is the employment interview itself. Interviews may be conducted by one individual (usually the hiring nurse manager or nurse recruiter) or by groups. A series of interviews may be required. Typically interviews are conducted in person, but telephone or video methods (Zielinski, 2012) may be used for applicants who are geographically distant from the hiring location as a cost reduction strategy. Recorded or live video interviews may also allow more stakeholders to participate in collaboration around hiring decisions, and also offer the ability to evaluate body language and personality in addition to verbal responses.

Nonverbal cues provide important information in a job interview. DeGroot and Gooty (2009) examined the relationships between nonverbal cues and interview performance ratings, specifically the role of personality attributions. A sample of 110 managers participated in a videotaped structured behavioral interview. After a panel of 26 experienced raters scored the interviewees on seven dimensions of performance, a “true score” was established for each interview. A group of 110 undergraduate students then each viewed five interviews without sound and rated the visual cues. The voice

samples were then rated by a computer analyzer. An additional 220 students rated their perceptions of the managers while either receiving only the audio or only the visual content. Interview raters and job performance raters both used personality attributions when making their ratings, with good predictability of both the criterion ($R = .27$) and interview ($R = .54$) judgments. All five personality attributes were related to the cue index when only visual cues were used. Extroversion, conscientiousness and openness to experience related to ratings when only the vocal cues were used.

The content and format of employment interviews may also vary widely. The questions asked may be totally at the discretion of the interviewer, or an interview script may be utilized. Behavioral interviews are based on the thesis that life themes recur and are likely to predict future behavior. Oliphant, Hansen and Oliphant (2008) used a four-step process to develop a behavioral interview for sales candidates, and found a significant difference between the sales performance of A and C-rated candidates ($p < .05$) in the areas of average loans per month, dollar amount of loans and dollar goal. Annual turnover rate following implementation of the behavioral interviews also dropped from 38.7% to 13.6%, with C-hires twice as likely to be terminated for performance as A-hires. Situational interview formats are a type of behavioral interview, and have been found to be more valid than non-behavioral methods (Maurer & Lee, 2000), particularly when a number of candidates will be interviewed in a short period of time. Compared to traditional interviews, the technique demonstrated both accuracy and resistance to “carryover” effects such as gender bias ($p < .05$) and first impression bias (no significant difference between first and subsequent average candidates) in rating multiple candidates.

Biases

It is important to be aware of potential biases that may impact the selection process. Watkins and Johnston (2000) investigated the impact of physical attractiveness and resume quality on the screening of applicants. Participants evaluated resumes that were either average or high quality, with an attractive photo, an average photo, or no photo attached. Applicant attractiveness improved the ratings of mediocre resumes ($p < .05$), with high and average quality resumes judged equally. This effect was found regardless of the gender of the rater.

A commonly reported related bias is weight-based bias. Puhl and Brownell (2001) reviewed the literature on discrimination against obese individuals, and identified a number of studies pointing to prejudice and inequity in the work setting. In a recent study related to overweight applicants and hiring recommendations, Krueger, Stone and Stone-Romero (2014) examined the effects of the personality attribute conscientiousness and nurturing job demands on ratings of normal and overweight female applicants. Overweight female applicants were rated as more suitable for jobs and more likely to be recommended for hire when they had high scores on conscientiousness, which is exemplified by being disciplined, organized and achievement-oriented. Hispanic raters were more likely to recommend overweight applicants for hire than Anglos overall ($p = .04$). For jobs requiring high nurturing demands Hispanic raters ranked the overweight applicants higher ($p = .02$) and Anglos ranked the normal weight applicants higher ($p = .04$). Since nursing might be considered a nurturing profession, these findings may be relevant to the hiring selection of new nurses.

Biases may exist due to indicators of social categories such as ethnicity or accent. The presence of an unfamiliar accent may lead to lower evaluations of the applicant (Deprez-Sims & Morris, 2010). When 63 college students listened to audio files performed by a native of the Midwestern U.S., France and Columbia, participants gave significantly higher hirability ratings to the American applicant than the French applicant ($\eta^2 = .10$).

Gender bias may also be a factor, particularly since nursing is predominantly a female profession. McMurry (2011), however, reported that men typically were welcomed into nursing by their female colleagues. Exceptions to this may exist in certain specialties that are traditionally female-dominated such as obstetrics and gynecology.

Anderson and Shackleton (1990) examined three dysfunctions in interviewer decision making. Interviewers may tend to recruit in their own self-image (similar-to-me effect), may favor those they like (personal liking bias) or may have a strict idea of specific stereotypes of suitable personalities for the position (prototype bias). Thirty-eight managers conducted a total of 330 semi-structured interviews of new college graduates for jobs in 14 different occupational groups. Candidates accepted for a second interview were liked significantly more than those rejected ($p < .001$) and also perceived as more similar to the interviewer ($p < .001$). Accepted candidate personality profiles did not vary significantly across occupations, suggesting that the interviewers were seeking a generic graduate personality rather than an occupation-specific stereotype. The combined effect of the interviewer errors is likely to reduce the predictive validity of the assessments.

A number of recruiter/interviewer biases may be present, and may impact the selection process. Applicant attractiveness, weight, accent and gender may all make a

hiring manager view them more or less favorably. Interviewers may also be seeking a particular type of applicant for the position. This study attempted to identify whether these biases are present in the NLRN selection process.

Experiential Context

I have been involved in the selection and orientation of NLRNs in my professional roles as Clinical Nurse Specialist, Director, and Chief Nurse Executive for the past nineteen years. In my experience, I have utilized a variety of selection criteria and processes with varying degrees of success in identifying and retaining high performers. Requirements for academic performance, clinical or related work experience, type of degree, and type of nursing school attended have all changed over time. Situational judgment tests were implemented and then discontinued when they did not lead to improved retention and performance. Interview processes have changed from extremely structured group behavioral interviews to individual interviews with the hiring managers. None of these changes were based on evidence in the literature, although I did review all available literature extensively at the time. These reviews led me to realize that much of the evidence for nursing still must be developed.

As this study progressed, it was necessary for me to attempt to put aside this experience and knowledge until the data analysis was nearly complete. A reflexive stance was assumed, assessing how and to what extent my interests, positions and assumptions influenced the research process (Charmaz, 2012). As a constructivist, I attempted to become aware of my assumptions and perspectives and how they affected the study. Memo-writing was employed as a tool to assist with examining these ideas through successive layers of analysis.

Summary

Review of the nursing, healthcare and human resources literature yielded little existing information about the ways nurse managers currently select the NLRNs they hire, or the impact of that selection process on NLRN retention. It is unclear whether the findings from non-nursing studies are generalizable to nursing. The purpose of this study was to construct a substantive grounded theory regarding how acute care nurse managers select the NLRNs they hire. The lack of available information on this topic in the literature supports the study purpose as well as the use of a grounded theory approach. Factors considered in this study included the effect of pre-hire characteristics of the applicant, nurse manager hiring preferences, the impact of applications/resumes, screening processes, interview processes and the presence of interviewer biases.

CHAPTER 3

GENERAL METHOD OF INQUIRY

Introduction

This chapter examines qualitative research methods, and grounded theory research as the methodology selected for this study. A general description of the method is provided, as well as a comparison of the different approaches to grounded theory. The characteristics that differentiate grounded theory from other forms of qualitative research are reviewed; the theoretical perspective used in constructivist grounded theory is presented. Methods of assuring rigor in a qualitative study are also discussed.

Qualitative Research Methods

The study of human thought and behavior is rooted in descriptive scientific modes. Qualitative research methods developed because human values and relationships could not be fully described using quantitative approaches. Qualitative research methods are inductive, starting with the details and moving to a more general perception of the phenomenon being studied. Qualitative researchers regard the following six characteristics of their research as significant: multiple realities, using an approach that supports the phenomenon being studied, a commitment to the participant's perspective, limiting disruption of the natural context, participation of the researcher in the process, and reporting data in a literary style with participant comments (Streubert & Carpenter, 2011).

A variety of qualitative research methods exist, and it is important to select an approach that will answer the research question. Grounded theory is a qualitative methodology used in the collection and analysis of data. A grounded theory approach is

useful when there is an observed social process requiring description and explanation, and the researcher desires to build a theory to explain what is happening rather than simply describing the phenomenon. Grounded theory is also useful when little is known about the topic (Munhall, 2007). Grounded theory methods have been used extensively to study phenomena important to nursing since the 1960s (Streubert & Carpenter, 2011), and are appropriate for use in exploring acute care nurse managers' selection of NLRNs.

Overview of Grounded Theory Methodologies

Grounded theory was originally developed by sociology professors Barney Glaser and Anselm Strauss (Glaser & Strauss, 1967) in an effort to provide a basis for systematic qualitative research of equal significance to those produced by the predominant quantitative methods of the 1960s (Bryant & Charmaz, 2013) and to promote the development of theory from research grounded in the data rather than developing hypotheses and using data to test existing theories. It is an inductive approach to research in which theories and hypotheses about patterns of human behavior are generated from the data collected (Engward, 2013).

Glaser and Strauss's original grounded theory methodology (Glaser & Strauss, 1967) emphasized the need to enter into research with no preconceived ideas about the area being studied. No literature review should be conducted until after developing an independent analysis of the data, and a specific research question was not required. Interview guides and the recording of interviews verbatim were also discouraged. Data collection and analysis occurred simultaneously. Field notes, memos and other documents were coded and analyzed using constant comparison to identify the major concepts and theoretical connections between them (Streubert & Carpenter, 2011).

Theory development advanced at each step of data collection and analysis. Memo writing was used to identify categories, relationships between categories and gaps in knowledge. The researcher was passive and unbiased, maintaining an open attitude as the theory emerged from the data. The theories were more likely to be useful “middle range” theories than “grand” theories. The quality of the work was evaluated by fit, work, relevance and modifiability (Streubert & Carpenter, 2011).

Strauss and Corbin (1990) introduced a different, more structured approach to grounded theory that incorporated different terminology and a more detailed coding procedure. A research question was expected. Extant theories could be used to provide a perspective the researcher used in approaching the data. This approach allowed the early use of literature reviews, structured interview questions, interview transcriptions, and the use of computer programs to assist with analysis. Data analysis was expected to result in, at least, themes and concepts. The development of a theory was not required. The researcher assumed a more active role. The quality of the work was evaluated by fit, applicability, concepts, contextualization of concepts, logic, depth, variation, creativity, sensitivity and evidence of memos (Streubert & Carpenter, 2011).

A further adaptation of grounded theory methodology was introduced by sociologist Kathy Charmaz in the 1990s. Constructivist grounded theory acknowledges positions of subjectivism, meaning researchers cannot be totally objective, and that they have an interrelationship with the participants; and of relativism, meaning that concepts such as reality and truth can only be understood within the context of time, place and culture (Gardner, Fedoruk & McCutcheon, 2013). The constructivist approach to grounded theory methodology emphasizes flexible guidelines rather than methodological

rules, the active role of the researcher, the inclusion of the voices of the participants, and the construction (rather than discovery) of grounded theory through past and present interactions with the data (Charmaz, 2012). In constructivist research, the researcher and participant are in a more equal position of power within the relationship, requiring the researcher to assume a reflexive stance (Mills, Bonner, & Francis, 2006).

Rationale for Choice of Method

Constructivist grounded theory was the research method selected for this study. A qualitative grounded theory approach is appropriate when there is an observed social process requiring description and explanation, and the researcher desires to build a substantive theory to explain what is happening (Streubert & Carpenter, 2011). In this study, that process is the selection of NLRNs by the acute care nurse manager. Grounded theory is also useful when little is known about the topic (Munhall, 2007), as is the case with NLRN selection. The constructivist approach was selected because the researcher and the participants co-construct a theory that is grounded in the participants' and researcher's experiences, and because the emphasis is on keeping the participants' voices and meanings present in the outcome (Mills et al., 2006).

Important Aspects and Concepts

All forms of grounded theory methodology incorporate some of the same basic principles, though specific techniques vary. These principles include categories, coding, constant comparison, negative case analysis, theoretical sensitivity, theoretical sampling, theoretical saturation and memo-writing (Willig, 2008). Brief definitions of these terms are presented for clarity.

Categories

Categories are grouping together of instances that have common features or characteristics. Categories may be descriptive (low level of abstraction) or analytic (more abstract). Analytic categories interpret, rather than simply labeling aspects of the phenomenon. Categories emerge from the data, are not mutually exclusive, and may evolve as the study progresses (Willig, 2008). As coding progresses, the researcher is able to identify higher level categories that integrate the lower level categories. Category labels should use words or phrases from the participants if possible.

Coding

Coding is the process of naming or identifying categories. Coding from the data is the basic analytical tool that will identify an emergent grounded theory. Charmaz (2012) identifies three levels of coding: initial, focused and theoretical. Initial coding is an inductive approach, used to generate as many ideas as possible from early data. Coding then becomes increasingly selective or focused, using a set of frequently recurring codes that are most prevalent or important. Theoretical coding involves the refinement of the final theoretical concepts (Engward, 2013). Codes are identified as *in vivo* if they use words or phrases stated by participants in the study. These may be particularly useful if they are general terms that are widely known, an innovative term that uniquely describes meanings, or terms specific to a particular group.

Constant comparison

Data are compared with other data to find similarities and differences. Comparison is made at each analytical level (Charmaz, 2012). During the coding process, the researcher moves back and forth between identifying similarities and

differences between emerging categories. Differences identified within a category may lead to the development of subcategories. The goal of constant comparison is to link and integrate categories to include all instances of variation in the emerging theory (Willig, 2008).

Negative case analysis

Once a category or linkage between categories is identified, cases that do not fit are located. The identification of these cases allows the researcher to add to the depth of the emerging theory, so that it is able to include the full complexity of the available data (Willig, 2008).

Theoretical sensitivity

Theoretical sensitivity is the ability to have theoretical insights into one's area of research (Glaser & Strauss, 1967). It also includes their attunement to the nuances and complexity of the participants' actions and comments, the ability to construct meaning from the data, and the ability to differentiate relevant information from that which is not (Strauss & Corbin, 1990). The researcher's immersion in and interaction with the data contributes to theoretical sensitivity. This may involve asking questions, making comparisons, looking for opposites, or collecting further data (Willig, 2008).

Theoretical sampling

Additional data is collected in response to the categories that have emerged in the earlier stages of data collection and analysis. Additional participants may be selected and questions may be modified to fill gaps, clarify uncertainties and test interpretations. The emerging theory is checked by sampling incidents that may challenge or elaborate on its development. In the early stages of grounded theory a wide range of categories are

identified, then theoretical sampling is directed toward the refinement and saturation of existing categories (Willig, 2008).

Theoretical saturation

Ideally data collection and analysis continue until theoretical saturation has been achieved. Theoretical saturation is reached when no new categories can be identified, no new variation is identified in existing categories, all the theoretical concepts are understood and concepts are substantiated by the data. Theoretical saturation is actually a goal rather than a reality, because modifications of categories or perspective changes are always possible (Willig, 2008).

Memo-writing

A written record of the theory development is kept by the researcher. Memo-writing is a reflective process that prompts analysis of data and codes, captures thoughts, raises questions and develops insights. The voice of the participant should be included (Charmaz, 2012). In all types of memos there is a need to raise the description of the data to a theoretical level through presenting the material conceptually (Glaser, 1978). All memos should be dated, contain a heading and state the sections of the data they are referencing. They may be any length, may be original or integrate earlier memos or ideas, and may use words, diagrams or both. Memos provide information about the research process itself as well as the study findings (Willig, 2008).

Theoretical Perspective

Because of the lack of research and knowledge about this topic, an exploratory research approach was used. Consistent with the constructivist grounded theory approach, no pre-assigned theoretical framework guided the study design (Charmaz,

2012). There are no known theories or concepts applicable to the topic of this study, therefore the concepts and theoretical relationships relevant to the topic emerged during the analysis of the study data.

Symbolic Interactionism

Charmaz utilizes a symbolic interactionist theoretical perspective in her approach to grounded theory. Symbolic interactionism is a distinct approach to the study of human group life and behavior (Blumer, 1969), and is derived from American pragmatism and the work of George Herbert Mead. It incorporates three basic premises. First, humans act toward things based on the meanings those things have for them. Second, these meanings are derived from social interaction with others. Third, these meanings are managed through an interpretive process used by the person in dealing with the things he encounters. Meanings and the concepts of action, interaction, self and perspectives are themes of symbolic interactionism that are directly incorporated in grounded theory methods.

Meaning.

A realist approach to the origin of meaning considers an intrinsic meaning to all things (a dog is a dog). A psychological view proposes that meaning is an expression of feelings, sensations, memories, and attitudes connected with a person's perception of a thing (Blumer, 1969). Thus a dog is a pet or a worker. From a symbolic interactionism perspective, objects do not have a permanent character. Meaning comes from the process of interaction (Charon, 1998). In grounded theory processes, ascribing meaning corresponds to the process of coding and categorizing. Through constant comparison

meanings are reassessed, and previous meanings may change and new meanings may be generated (Chamberlain-Salaun, Mills, & Usher, 2013).

Action and interaction.

Actions arise out of social interaction. Social interaction may be nonsymbolic, where individuals respond to each other's gestures or actions directly, or symbolic, where individuals interpret and define objects and their own or another's actions and act based on the assigned meanings (Blumer, 1969). Symbolic interaction is a cyclical and fluid process in which individuals constantly adapt or change their acts to fit the acts of each other. Action and interaction are key activities in grounded theory methods, demonstrated while concurrently collecting and analyzing data and conducting theoretical sampling. These processes continue to cycle until the theory is fully developed (Chamberlain-Salaun et al., 2013).

During action and interaction, contingencies may arise. External contingencies may include economic, political, organizational and world conditions. When conducting constant comparison in a grounded theory study, patterns in the data related to external conditions may be identified. The effects and interconnectedness of the conditions are included in the advanced and theoretical coding stages. Internal contingencies are unanticipated consequences of the action itself (Chamberlain-Salaun et al., 2013).

Identification of participants' membership in various social worlds and contexts will likely occur during concurrent data collection and analysis, through interviews and collection of demographic data. Understanding the social context may assist the researcher to understand how codes may relate to each other, and may be included in advanced coding and theoretical integration (Corbin & Strauss, 2008).

Self.

In symbolic interactionism, the self is central to all social acts. Self arises through social process (Blumer, 1969). Self is constantly developed through reflexive processes or self-interaction. The individual is able to reflect back on itself and act toward itself as it may act toward others. An individual may assume the role of the other, and can view itself from different perspectives. It is in the act of memoing and developing theoretical sensitivity that the symbolic interactionist concept of self is seen. Memos record the researcher's reflexive processes and mental discussions while providing an audit trail of those thought processes (Charon, 1998). Theoretical sensitivity relates to a researcher's insights into themselves, their participants and the phenomenon of interest (Glaser & Strauss, 1967). Memoing supports the development of theoretical sensitivity.

Perspectives.

Grounded theory research is not an objective process. The phenomenon being studied is integrated with the perspectives and interpretations of the participants and the researchers. An individual's perspective and how they interpret events or situations influences their actions (Blumer, 1969). Membership in various social worlds may also influence perspectives. In grounded theory studies, the researcher must deal with different perspectives in the data to construct an integrated theory. Awareness of multiple perspectives allows the researcher to include variation into the data analysis in the early stages of coding (Corbin & Strauss, 2008). Constant comparisons drive the researcher to integrate differing perspectives as the grounded theory is constructed

Blumer (1969) presented the term "joint action" to refer to a collective form of action that fits together the behaviors of separate participants. Joint actions may be as

small as a family dinner or as large as a war. The totality of all instances of joint actions forms the life of a society. Joint actions cannot be resolved into a single type of behavior on the part of the participants. Each must occupy a different position and perform distinctive acts. It is the fitting together of these acts that results in joint action. The participants must identify the act in which they are going to engage and must interpret and define each other's acts in forming the joint act. In this study, the joint action of job selection was explored using a symbolic interactionist perspective, with the nurse managers, the NLRNs, and possibly other individuals as participants.

Statement of the Research Question

In constructivist grounded theory a research question is determined. This question should identify, but not make assumptions about, the phenomenon of interest. The question should be open-ended, and should not employ constructs from existing theories. It is also recommended that the question be oriented toward action and process (Willig, 2008). The initial research question for this study was: How do acute care nurse managers select the NLRNs they hire?

Methodological Rigor

Lincoln and Guba (1985) identified four methods of supporting rigor in qualitative research: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. Credibility includes efforts to increase the likelihood that credible findings will be produced, such as in depth engagement with the topic (Streubert & Carpenter, 2011). Member checking is the act of returning to the participants to verify the researcher's interpretations, and it may be used to determine the accuracy of the qualitative findings (Creswell, 2003). Charmaz (2012, p. 183) addressed member

checking in her criterion “resonance”, by suggesting that a grounded theory should make sense to the study participants or others in their circumstances. Another method of improving credibility is peer debriefing, in which a peer outside of the research is used to explore aspects of the study to avoid researcher bias (Lincoln & Guba, 1985). Charmaz (2012, p. 182) suggested answering the following questions to evaluate the credibility of a grounded theory study:

- Has your research achieved intimate familiarity with the setting or topic?
- Are the data sufficient to merit your claims? Consider the range, number, and depth of observations contained in the data.
- Have you made systematic comparisons between observations and between categories?
- Do the categories cover a wide range of empirical observations?
- Are there strong logical links between the gathered data and your argument and analysis?
- Has your research provided enough evidence for your claims to allow the reader to form an independent assessment- and *agree* with your claims?

Transferability refers to the likelihood that the study findings are meaningful to others in similar situations (Streubert & Carpenter, 2011). Transferability is determined by potential users of the findings, not the researchers (Lincoln & Guba, 1985). Glaser and Strauss (1967) suggested that a grounded theory should be general enough to make a wide variety of situations understandable, and to accomplish this it should be based on a large number of diverse facts. Charmaz (2012) identified a related criterion she called “usefulness”, which suggests that the analysis should offer interpretations that may be

used in everyday life and perhaps suggest generic processes that might be researched in other substantive areas.

Dependability is related to the consistency with which the researcher produces the results (Streubert & Carpenter, 2011). Triangulation of methods is a technique that may contribute to dependability (Lincoln & Guba, 1985). Triangulation involves using more than one approach to data collection to examine the topic, such as interviews, document reviews and observation. This approach is congruent with grounded theory methodology.

Confirmability is the ability to follow an audit trail which records the study activities over time. The purpose is to illustrate the evidence and thought processes leading to the conclusions (Streubert & Carpenter, 2011). In constructivist grounded theory methodology, the theory depends on the researcher's view and interpretation (Charmaz, 2012, p. 130) so confirmability does not require that the auditor agree with the conclusions- only that they can determine how the conclusions were reached.

Charmaz (2012) noted additional criteria for evaluating the quality of grounded theory research. Originality is the ability of the study to offer new insights, or to challenge, extend or refine current thoughts. Other important considerations include issues specific to the discipline, such as standards for research and acceptability of evidence within that discipline. Aesthetic merit, or a well written manuscript, is also important to the reception of the grounded theory by wider audiences.

Summary

This chapter presented the history and methods associated with grounded theory methodologies, with a focus on constructivist grounded theory. Constructivist grounded theory was introduced as the appropriate method for this study because it examines an

observed social process requiring description and explanation, and the researcher desired to build a substantive theory to explain what is happening, and because little is known about the topic. The constructivist approach was selected because the researcher and the participants co-construct a theory that is grounded in both the participants' and researcher's experiences. The theoretical perspective of symbolic interactionism was introduced, and methods to assure rigor in qualitative studies were discussed.

CHAPTER 4

APPLIED METHOD OF INQUIRY

Introduction

This chapter discusses the processes and data collection methods that were used in constructing a substantive theory regarding how acute care nurse managers select the NLRNs they hire. Participant recruitment and selection is described, as well as the data collection process. The use of constructivist grounded theory methods of data analysis is also discussed, including coding and memo-writing in order to construct a substantive theory.

Population Sampling

The sample for this study was composed of nurse managers selected from acute care hospitals in one state in the Southwestern United States. These nurse managers must have hired at least one NLRN in the past year, and must have been in their current position for at least one year. These inclusion criteria were established to assure that current NLRN selection processes were reflected in the interviews, and to maximize the participation of smaller hospitals that may not hire large numbers of NLRNs. Purposive, maximum variation sampling (Teddlie & Yu, 2007) was used to select the initial participants in a targeted way to assure representation of different hospital types, locations and sizes, clinical specialties, nurse manager experience and education, genders, generational membership and number of NLRNs hired. One participant per eligible hospital was initially selected, resulting in an initial sample size of 11 participants.

In grounded theory research, theoretical sampling drives the selection of subsequent participants based on the current data. Glaser and Strauss (1967) recommended that the researcher look for additional groups that stretch diversity of data as far as possible to assure that saturation is based on the widest possible range of data on the category (p. 61). After data from the initial participants was collected and analyzed, seven additional participants were chosen. These selections were based on the information needed as the theory began to emerge, including a need to further explore the unique dynamics of rural hospitals and a need to include additional clinical specialties.

The sample size was increased until theoretical saturation was reached, when no new categories could be identified and no new variation was identified in existing categories (Willig, 2008). Stern (2007) suggested that 20 to 30 interviews is usually a good estimate of the number needed to reach saturation of the categories. This study sample included 18 nurse manager interviews and six documents used in the hiring process.

Following the University of Nevada, Las Vegas Institutional Review Board (IRB) approval to conduct the research (Appendix A), nurse managers were recruited by business email through their Chief Nursing Officer. The most current database of Chief Nursing Officer contact information was obtained by email from the state hospital association. An initial email (Appendix B) was sent to all Chief Nursing Officers in the database explaining the study and requesting contact information for eligible nurse managers. A second email (Appendix C) was sent to those Chief Nursing Officers who had not responded to the initial communication within two weeks. I then contacted potential nurse manager participants identified by the Chief Nursing Officer at their

business email and were asked to indicate their willingness to participate in the study. This email included a copy of the informed consent (Appendix D) for the potential participant to review and a copy of the demographic questionnaire (Appendix E). Appointments for in person interviews were then scheduled with eligible nurse managers who agreed to participate.

Human Subjects Considerations and Protection

The research proposal was approved by the University of Nevada, Las Vegas Biomedical Institutional Review Board before beginning participant recruitment (Appendix A). The principal investigator for the study was identified as the researcher's dissertation chair. During initial participant recruitment, one Chief Nursing Officer identified a requirement to have the research proposal approved by their hospital-specific Institutional Review Board as well. The required documents were submitted, and approval was also received from that organization (Appendix F).

Informed consent was obtained from each participant prior to the interview process, and included consent for audiotaping the interview. Participants were told that they could withdraw from the study at any time with no repercussions. They were also made aware of the purpose of the research and the procedures for data collection.

Privacy was protected by conducting the interviews in a private setting. All documents and audio recordings were stored in a locked drawer at the researcher's home during data collection and analysis. Audio recordings were erased after completion of the study. All transcribed data was stored on a flash drive. The drive was secured in the locked drawer when not in use.

Confidentiality was promoted by the use of a participant number and a hospital code on all documents instead of names. A master list of identifiers was kept in the locked drawer for reference. All identifying information was removed from documents submitted. Interviews were transcribed and edited only by the researcher with the use of the voice recognition software Dragon Naturally Speaking Version 10.

Data Collection Setting

Data were collected in the form of audiotaped semi-structured interviews and documents used by acute care nurse managers in the process of NLRN selection. All participants were interviewed individually. Consistent with a constructivist approach to allow sharing of power with participants, interviews were conducted face-to-face at a time and location of the participant's choice. Participants were asked to choose an area that was quiet and free from interruption. One participant chose to meet at a public library, and all others asked that the interview be conducted in their office at their hospital. I traveled to the northern part of the state on two occasions to interview participants who lived too far away for me to drive to the interview location. Interviews with participants in that part of the state were grouped together over a period of several days to accommodate participant availability and to minimize the air travel required.

Data Collection Procedures

Data collection followed qualitative constructivist grounded theory methods. Semi-structured interviews lasting approximately 45-60 minutes were conducted in person with each participant at a time and location of their choice. Interviews were audiotaped and I made concurrent field notes.

Demographic information was collected as a part of the interview process. Demographic data included information about the hospital, job title, clinical specialties supervised, years of experience in the role and with the organization, number of NLRNs hired in the past year, entry level and current educational level, age, gender, ethnicity and race. This information assisted during data analysis in identifying similarities or differences that occurred with these factors.

A semi-structured interview guide including open ended questions provided a starting point for data collection, and addressed the nurse managers' descriptions of their own experiences with selecting NLRNs. A draft interview guide was provided (Appendix G), however questions were revised to clarify emerging concepts or explore new theoretical leads as the study progressed. Participants were given an opportunity at the end of the interview to share further information that was not specifically asked.

In the interview, participants were asked to provide a deidentified copy of any documents used in the NLRN selection process and to explain how and when it is used. The documents were identified with the assigned participant number. These documents were analyzed along with the transcribed interviews and field notes. Consistent with grounded theory methodology, data collection and analysis were conducted concurrently.

Data Analysis

Data Transcription and Storage

After each interview, the digital recording was copied to the flash drive. The drive was stored in a locked drawer when not in use. The recorded interviews were transcribed using the voice recognition software Dragon Naturally Speaking Version 10. Because voice recognition software is most accurate when recognizing a single voice, use

of the “listen and repeat” method (Park & Zeanah, 2005), in which the researcher listens to the recording and repeats the words verbatim, was planned. However, the quality of the transcription directly from the software for female participants was high enough that I chose to use the “listen and repeat” method only for the male participants. Both techniques provided multiple opportunities to listen carefully to the interviewee, and to focus on the data without being distracted by conducting the interview. Listening to the recording of the interview also encouraged memoing at that time (Matheson, 2007). The software-generated transcription was reviewed and edited before it was coded.

Computer-assisted qualitative data analysis software (CAQDAS) was developed to create efficient methods of qualitative data storage and analysis. Advantages include the organization of large amounts of data, simple coding capabilities, categorizing data into emergent themes and creating and linking memos to text (Davis & Meyer, 2009). CAQDAS also may improve internal validity and provide transparency of interpretations that lead to findings (Carcary, 2011). Disadvantages may include a lack of flexibility in simple coding, the possibility of computer malfunction, and the time required to learn the software (Davis & Meyer, 2009). Fielding and Lee (2002) expressed concern that the researcher might lose touch with the data when using CAQDAS. It is important to note that the software does not do the analysis, but allows the researcher to build more easily on the existing analysis (Carcary, 2011).

A number of different CAQDAS packages exist, including NVivo (“NVivo,” 2013), MAXQDA (“MAXQDA,” n.d.) and ATLAS.ti (“ATLAS.ti,” n.d.). Although Saillard (2011) found that MAXQDA supported grounded theory method interpretation better than NVivo, the qualitative data analysis package QSR NVivo 10 was used in this

study to store and organize data. This selection was made because of the familiarity of two faculty advisors with the product, and the availability of a local expert user who could provide a resource.

Coding Procedures

Qualitative coding is the process of defining what the data are about. Coding involves naming segments of data that categorizes, summarizes and accounts for it (Charmaz, 2012). This is the first step in analysis. During initial coding, the data were examined and coded line-by-line. As each line was coded, insights were gained about what data to collect next. At this stage, the goals were to remain open to any theoretical direction suggested by the data, to move quickly through the data and to record simple and precise codes. As recommended by Charmaz (2012) I attempted to code with words that reflect action, as this discourages adopting concepts or extant theories before conducting the necessary analysis, and to integrate *in vivo* codes which include the participants' own words. This process was done manually, using printed copies of the transcribed text from the interviews and other submitted documents.

Following initial coding, focused coding was used to categorize and explain larger segments of data (Charmaz, 2012). These codes are more selective and conceptual, and include the most significant or frequent codes identified in the initial phase. They should make the most analytic sense to categorize the data. Focused codes were developed by using the constant comparison method. Constant comparative methods (Glaser & Strauss, 1967) involve making comparisons within and between data to find similarities and differences (patterns). The focused codes were developed by comparing data to data, and refined by comparing data to the codes (Charmaz, 2012). At this point the

transcribed interviews and codes were entered into the qualitative data analysis package QSR NVivo 10.

Finally, theoretical coding was performed to specify possible relationships between the categories developed during focused coding. This involved comparing the focused codes to each other. Theoretical codes conceptualize how the substantive codes are related, and move the analysis toward a coherent story. Glaser (1978, p. 74) presented 18 theoretical coding families which could be used to add precision and clarity to the analysis. Charmaz (2012) cautioned that these codes should not impose a forced framework on the analysis, but may be used as indicated. This level of coding is supported by the use of memos.

Memo-writing accompanied all phases of data coding and analysis, capturing ideas about the data, emerging theoretical codes, and relationships among the codes. Early memos were used to explore and complete codes, to direct further data collection and to document observed and predicted relationships between data and categories (Charmaz, 2012). Consistent with the constructivist approach, reflective memo-writing also provided a chance to remember, question and analyze time spent with each participant and the data generated together (Mills et al., 2006). In addition, Charmaz (2012) recommends consistently including the participants' voices throughout the process of analysis, including memo-writing.

More advanced memos were used to make comparisons between individuals, points in time, categories, subcategories, and concepts. Memos also compared the analysis with the existing literature or knowledge. At this point in the analysis, my years of experience with hiring NLRNs and extensive knowledge of the related literature were

incorporated in the memo-writing process. Sorting memos in the late stages of the analysis led to creating and refining theoretical links and drafting a narrative (Charmaz, 2012).

When the categories were saturated, the categories that made the data meaningful were raised to theoretical concepts. A return to the literature was then conducted to clarify ideas, make comparisons and show how the work fits or extends the relevant literature (Charmaz, 2012). A theoretical framework was written to position the new grounded theory in relation to others.

Specific Aspects of Methodological Rigor

Credibility

Credibility includes efforts to increase the likelihood that credible findings will be produced, such as in depth engagement with the topic (Streubert & Carpenter, 2011). Credibility was established by having participants verify transcripts of interviews to ensure that collected data has been correctly transcribed. Peer debriefings were conducted with the committee chair and methodology expert member of the committee in order to validate my interpretation of the emerging themes from the data.

Transferability

Transferability refers to the likelihood that the study findings are meaningful to others in similar situations (Streubert & Carpenter, 2011). The analysis of the substantive theory offered interpretations that may be used in everyday life by nurse managers in other locations and suggested generic processes that could be researched in other areas in healthcare and other professions.

Dependability

Dependability is related to the consistency with which the researcher produces the results (Streubert & Carpenter, 2011). Triangulation of methods is a technique that may contribute to dependability (Lincoln & Guba, 1985). Dependability was improved by using multiple sources of data, including interviews and documents used in the NLRN selection process.

Confirmability

Confirmability is the ability to follow an audit trail which records the study activities over time. The purpose is to illustrate the evidence and thought processes leading to the conclusions (Streubert & Carpenter, 2011). The use of the CAQDAS software NVivo 10 in data analysis and storage of all study data including interviews, documents, memos and coding queries provided a clear audit trail for review of the progress of the study.

Strengths and Limitations

Strengths of this study include the involvement of a large percentage of the acute care hospitals in the state of the study, and a variety of types of hospitals, clinical specialties and nurse managers. The design was strengthened by the use of both interviews and documents to explore and validate emerging themes.

Limitations to this study include a lack of generalizability, as only a small number of participants were used, and they were all located in one state. This sample may not be representative of the population of acute care nurse managers. Another limitation was my inexperience with conducting grounded theory research. This limitation was addressed by including a faculty member with extensive grounded theory experience in

the dissertation committee. She served as a resource on the design and implementation of this study.

Summary

This chapter presented the methods of grounded theory that were used in this study. The specific application of grounded theory research methods in this study were discussed, including theoretical sampling, procedures for data collection, storage and analysis. Techniques used to improve the methodological rigor of this study were identified, as well as strengths and limitations.

CHAPTER 5

RESULTS OF THE STUDY

Introduction

The qualitative methodology of grounded theory was used to construct a substantive theory regarding how acute care nurse managers select the newly licensed RNs (NLRNs) they hire. Through initial, focused and theoretical coding, the data categories were identified and analyzed. This chapter discusses those findings and the theoretical concepts constructed from nurse managers' specific beliefs and processes regarding selecting NLRNs to be hired.

Description of Study Participants

The study sample was comprised of 18 acute care nurse managers from 15 different acute care hospitals in a Southwestern state. The sample included 16 women and two men. A large majority of participants were Caucasian (15), with one participant reporting their race as Asian, one as Pacific Islander and one as Other. Only one participant indicated Hispanic/Latino ethnicity. Participant ages ranged from under 40 (5) to over 60 (2), with the largest group (7) in the 41-50 year category.

Participants reported a wide range of experience and educational levels. The majority had been in their current position for one to five years (13). Four participants had been in their current position for six to 10 years, and one for greater than 10 years. Experience within their current organization also ranged from one year to greater than 10 years. Ten participants reported their job title as a Manager, six as a Director, and two as a Director of Nursing or Chief Nursing Officer. The original education level in nursing included a Diploma (2), an Associate's Degree (10) and a Bachelor's Degree (6). Current

levels of education were reported as an Associate's Degree (2), a Bachelor's Degree in Nursing (7), a Master's Degree in Nursing (7) and a Master's Degree in another Discipline (2). A wide variety of clinical specialties were supervised by these study participants, with some overseeing two or three different specialties. The most frequently reported specialties were Surgical (8) and Medical (7), followed by Adult Critical Care (4), Adult Stepdown/Intermediate Care (4), Emergency Department (3), Perioperative Services (3) and Maternity Services (2). The number of NLRNs hired in the past year varied widely, with eight participants hiring one to five NLRNs, five participants hiring six to 10 NLRNs and five participants hiring more than 10 NLRNs.

Study participants were employed at a variety of types of hospitals. Five hospitals were reported as being for profit and 10 were not for profit. Three of the acute care hospitals were rural, critical access facilities. Ten were located in suburban areas, and two were in urban centers. Although geographic location within the state was not a demographic that was originally collected, differences between nurse manager responses in the southern and northern parts of the state began to appear during data collection. Therefore, each hospital was also categorized as being in the North (6) or the South (9). Because there are only two large population centers in the state, hospitals were categorized based on the number of miles to either the largest city in the northern part of the state or the largest city in the southern part of the state.

Data Collection Procedure

Authorization to perform the current study was granted by the University of Nevada, Las Vegas Biomedical Institutional Review Board on June 19, 2014. One hospital required their own IRB approval in order to forward recruitment emails to their

managers, and additional approval was obtained from their Institutional Review Board on August 19, 2014. Purposive, maximum variation sampling (Teddlie & Yu, 2007) was used to select the initial participants in a targeted way. This sampling technique provided representation within the study sample of different hospital types, locations and sizes, clinical specialties, nurse manager experience and education, genders, generational membership and number of NLRNs hired. Participants were recruited by email communication with the Chief Nursing Officer of the hospital. Nurse managers who expressed interest in the study were sent the informed consent form (Appendix D) and the demographic questionnaire (Appendix E) for review prior to the in person interview. Before beginning each interview the consent form was reviewed with the participant and they were given the opportunity to ask questions regarding study procedures. The consent form was then signed, and a copy was given to the participant for their records. The participant then completed the demographic questionnaire, and the results were reviewed and clarified before starting the interview. Interviews were conducted in a private setting selected by the participant and were audiotaped. The tape recorder was placed on a desk surface near the participant during the interview, and participants were advised that they could stop the interview at any point during the process. None of the participants chose to stop the interview prior to completion. Field notes were also made during each interview.

Each interview began with the generic question: “Please describe your ideal newly licensed registered nurse candidate”. This was followed by a series of open-ended questions designed to identify the nurse manager’s beliefs and practices surrounding the process of selection a NLRN for hire. Additional probing questions were included to

address specific areas that the literature identified as possible relevant factors in hiring selection. These included queries about the participant's preferences on academic topics (grade point average, type of degree, school preferences, and school location), preferred candidate experience (work, volunteer, extracurricular) and specific candidate factors (gender, physical appearance).

Participants were asked to share any tools or forms that they used in selecting NLRNs, and to describe how they used them. Of the 18 participants, six shared their form in the interview as requested. Six agreed to send the form to me after the interview, but none of them did, even when reminded by email. One participant stated that their tool was completely electronic and could only be accessed within their Human Resources system. Of the forms that were shared, two of them were identical forms that were specified by the parent corporation of their hospitals.

The recorded interviews were transcribed with the assistance of the voice recognition software Dragon Naturally Speaking Version 10. Each participant was asked to review his or her interview transcripts for validation of accuracy. Two participants provided information that was missing in the original transcript because it was inaudible and this information was added. Nine participants agreed that the transcript was accurate, and the remaining seven participants did not respond to the request to review their transcript.

Method of Data Analysis and Process

Constant comparative methods of grounded theory were used with each set of participant data. Initially each transcript was read through with a general focus on content. On the second reading the initial coding of the content was conducted line-by-

line on a printed copy of the transcript. Line-by-line coding is an effective method when looking at detailed data about fundamental problems or processes. These initial codes incorporated the participant's own words when possible, and utilized words that reflect action (Charmaz, 2012). These techniques were used to stay close to the perspective of the participants. Numerous initial codes were identified during the review of the interview transcripts.

Focused coding followed initial coding, and included using the most significant or frequent earlier codes to sort large amounts of data. During this process, the initial codes were examined to determine which ones made the most analytic sense to categorize the data accurately and completely. Focused coding of the earlier interviews occurred concurrently with the initial coding of later interviews. New initial codes were identified throughout the 18 interviews. As a result, the earlier interviews were reviewed and coded multiple times with a focus on the newly identified concept. Focused codes were developed through many iterations of comparing data to data, and then were refined by comparing data to the codes (Willig, 2008). At this point the transcribed interviews, other documents, demographic data, initial and focused codes, and specific supporting quotes from the interviews were entered into the qualitative data analysis package QSR NVivo 10.

The documents used in the NLRN selection process that were submitted by six of the participants were examined for written support of the processes identified in the interviews. The majority of these documents included lists of interview questions and a scoring system. Two (Participants 4 and 5) were identical forms mandated for use by the corporation operating the specific facilities. This illustrated one way that the

organization itself can have influence over the NLRN selection process independent of the influence of the hiring manager. One document (Participant 6) incorporated the results of an online screening test and used the specific candidate's responses to provide scores and suggestions for additional clarifying interview questions. One document listed potential interview questions without an associated method of scoring. The manager using that document (Participant 14) confirmed in her interview that she does not score candidates. In all cases the questions listed on the documents were consistent with the interview process described by the participants in their interviews. For this reason these documents themselves were not coded in addition to the interviews.

Following focused coding, the relationships between the identified categories were examined during the process of theoretical coding. This process was assisted with the use of matrix coding queries in the qualitative data analysis package QSR NVivo 10. These queries allowed me to examine the relationship between certain codes and other codes, and between codes and demographic attributes. I compared the categories, considered how their order reflected the experiences and processes reported by the participants, considered their logical order, and balanced the categories, the processes reported by the participants and the theoretical statements developed. A number of different diagrams were drawn to provide visual representations of the categories and the relationships between them as the analysis progressed, consulting memos for clarification. Ultimately five theoretical categories were identified: Developing Beliefs and Preferences, Expressing Beliefs and Preferences, Gathering Information Throughout the Process, Finding the Fit and Making a Decision.

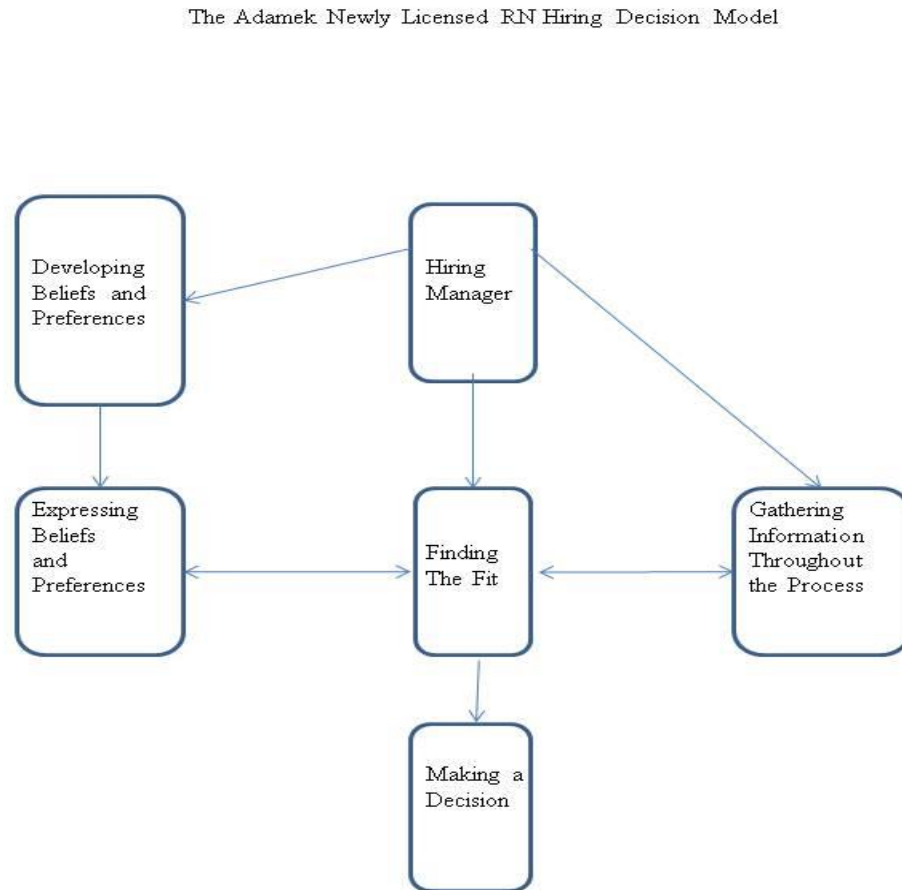
Audit Processes

In constructivist grounded theory the purpose of an audit is to allow the auditor to determine how the researcher's conclusions were reached (Charmaz, 2012). Data from the current study was carefully processed and entered into the qualitative data analysis package QSR NVivo 10. Qualitative researchers use this software to automate the process of sorting, matching and analyzing qualitative data. The software has the ability to generate matrix coding queries that compare codes, to build models that illustrate relationships between different codes, and to produce an accurate audit trail of all changes made within the project as the analysis process is conducted. It is important to note that the software does not do the analysis, but allows the researcher to build more easily on the existing analysis (Carcary, 2011). In this study, the initial analysis was conducted manually, but the software was used to assist with data analysis beginning in the focused coding phase. I entered all interviews, memos, coding and reports in the software to facilitate the audit process.

Conceptual Category Development

Each category was developed carefully to accurately represent the coded data. Each participant had some unique beliefs and processes, but collectively the participants displayed similar preferences and processes related to selecting the NLRNs they hire. The five theoretical concepts identified formed a hiring decision model (Figure 1).

Figure 1. The Adamek Newly Licensed Registered Nurse Hiring Decision Model



Category A: Developing Beliefs and Preferences

All participants reported that they entered the NLRN selection process with a set of preferred attributes that they hoped to find in an applicant. They also held general beliefs about NLRNs. The development of these preferences and beliefs was influenced

by several different sources, including the hiring manager's own previous experiences with NLRNs, their personal experiences in nursing and organizational factors.

Category A1: Previous NLRN experiences

Participants reported both positive and negative experiences with hiring NLRNs. The most common negative experiences included situations where an applicant interviewed well, but did not perform well as a nurse after hire. Participant 2 stated "I've hired several new grads that just didn't work out. They have interviewed very well, during group interviews have interviewed very, very well. Where the issue may lie is putting the practicum into practice." Participant 16 echoed that experience. "You'll have people that interview quite well and then they show up three weeks later and you're like who are you?" Newton, Chandler, Morris-Thomson, Sayer and Burke (2014) examined selection and recruitment processes for newly qualified nurses in England and suggested that some recruiting managers were more influenced by interview performance than objective assessments, leading to potential performance problems after hire. This may explain the experience of these participants as well.

A second issue raised by some participants that sometimes led to a poor hiring decision was a failure to trust their own instincts. Sadler-Smith and Burke-Smalley (2014) examined the role of intuition in how managers make decisions. They identified a specific type of "expert intuition" which represents an expertise-based response based on involuntary, non-conscious information processing. This allows experts to solve specific types of problems with low cognitive effort. Neuroscience research has found interacting brain regions that support reflexive information processing, including intuition. Their years of experience with hiring NLRNs may have allowed these participants to develop

expert intuition in the area of hiring decisions. Stated reasons for disregarding their instincts included feeling sorry for the applicant, feeling obligated to hire the applicant because they were an internal candidate, and being ordered to hire the applicant by their superior.

Participants also reported some very positive experiences with hiring NLRNs. Some actually expressed a preference to hire NLRNs over experienced nurses .Participant 12 described one such experience:

Her critical thinking, the way that she thinks about things and the way she approaches her patients, just the kindness and compassion she has... it's very humbling for me and so that's why sometimes I would rather have that new grad in that really chose nursing and just wants to go out there and do great things.

Another reason nurse managers preferred to hire an NLRN was the ability to mold them. Participant 4 expanded: “Do you want someone new or do you want someone with experience and they come with baggage? And so, you know, a lot of times you can take the new and turn them into the way you want.”

Whether their experiences with NLRNs have been positive, negative, or a combination of both, all participants reported that their processes for selecting them had changed over time. Some participants stated that their interview process itself had changed after years of interviewing NLRNs, including streamlining their interview process and recognizing “textbook answers” instead of genuine responses. This finding is supported by Anderson (1992), who identified both interviewers’ experience and their training in interviewing as variables that influenced interview processes and decisions.

The most common change over time identified by participants was a decreased focus on requiring clinical skills and placing increased importance on the person. This is consistent with the findings of Weinberg et al. (2011) who reported that 85% of the nurse

managers interviewed hired NLRNs based on preferred personality and attitude. Almost every participant made some statement emphasizing that technical skills were less critical than the person when selecting a NLRN for hire. Participant 14 represented this viewpoint:

I concentrate more on character than I do on knowledge and skills. I concentrate more on one's personality and one's caring and compassion more than what they know. I need to know that they have the ability to learn, the basis, but I'm a lot more in tune with their ability to really give a patient compassionate care.

Category A2: Personal experiences in nursing.

Participants were also able to identify a number of their own experiences in nursing that influenced their preferred NLRN attributes. Experiences of being bullied or supported and mentored as a new nurse were related. Participants described previous nursing roles that caused them to value being placed in a preferred specialty early in their career and to appreciate growing and developing others in the nursing profession. These experiences impacted the development of participants' overall attitudes toward hiring NLRNs, specific preferred NLRN attributes, gender preferences, prelicensure degree preferences and other factors.

Both general beliefs about NLRNs as a group and specific NLRN attribute preferences were developed from the past experiences of the hiring nurse managers. This is consistent with the symbolic interactionist theoretical perspective utilized by Charmaz (2012) in her approach to grounded theory. Symbolic interactionism states that humans act toward things (or people) based on the meaning those things have for them, that those meanings are developed through social interactions with others, and that meanings are interpreted by the person when they are encountered (Blumer, 1969). In this case, hiring nurse managers act toward NLRN applicants based on their meaning to the manager, that

meaning has been developed from social (work) interactions with NLRNs in the past, and that when hiring managers encounter NLRNs currently they manage the meanings (beliefs) developed from these past experiences through an interpretive process.

Category A3: Organizational factors.

Participants were able to identify organizational factors that influenced their NLRN hiring preferences. A common area of organizational influence was setting an expectation for applicant qualifications. Participant 4 reported “So there is a corporate push to try to have more BSN prepared.” Participant 9 stated “We have a goal of BSNs in 2020.” And Participant 13 echoed “At this point we are pursuing baccalaureate prepared nurses.” These responses are congruent with the findings of the American Association of Colleges of Nursing (2013) that 43.7% of surveyed schools indicated that a BSN was required and 78.6% responded that a BSN was strongly preferred in local hospitals.

Some participants also identified organizational preferences related to hiring local graduates. Participant 12 articulated this preference as “I do believe that there is an opinion that we should hire from within the state. These people are... they’re within our state, we should support within our state, which I agree with that.” The reason for the preference was generally based on a perception that retention rates would be better for local graduates. Kovner, Corcoran and Brewer (2011) found that 88% of the NLRNs surveyed worked in the state where they received their first nursing degree, and the median distance between degree program and their first workplace was only 21.3 miles. These findings support the belief that nurses desire to work close to their home.

Another organizational factor influencing NLRN hiring for several nurse

managers was a desire to improve or change the culture of a unit. Successful transition of NLRNs has been associated with increased performance for the entire nursing unit (Beecroft, Kunzman, & Krozek, 2001; Poyton, Madden, Bowers & Keefe, 2007).

Participant 3 said it well:

I think the culture that I'd like it to be is what impacts how I hire and who I hire. Certainly, there are people that are wonderful. They're there for the right reasons. They want to be the nurse. They're kind, they're caring. There are other people I wish I could move along and out the door.

Summary Category A

Acute care nurse managers began the process of deciding what kind of NLRNs they would hire well before positions were ever posted. Their beliefs about hiring NLRNs and preferred NLRN attributes developed over time. Sources contributing to belief and preference development included organizational influences, the hiring manager's past experiences in nursing and their experiences with hiring NLRNs.

Category B: Expressing Beliefs and Preferences

Category B1: General beliefs about NLRNs

In addition to specific preferred NLRN attributes, participants identified some common general beliefs or expectations of NLRNs as a group. These beliefs developed over time. The three most commonly reported beliefs involved expecting to teach clinical skills, expecting to provide structured orientation and support after hire, and expecting that many NLRNs will change specialties from the one they enter immediately after school.

Teaching the skills.

The expectation of teaching clinical skills was almost universally raised in the context of hiring the NLRN for their personal attributes and then teaching the clinical

skills after hire. Participant 3 expressed his thoughts:

I can teach them how to do that IV, how to work on that chest tube, how to do orthostatic vital sign checks. I can't teach them how to be a human being or a person and you know I look at those qualities and it's just something you either have it or you don't.

Participant 6 agreed "Clinical skills can be learned, so I'm looking for attitude and willingness to learn and be a part of the team." These beliefs were further illustrated when the hiring managers identified their desired attributes of an ideal NLRN candidate. None of the attributes were specifically related to clinical skills. Rather, participants listed personality and attitude as important factors in making a selection. This is consistent with the findings of Weinberg et al. (2011) who reported that 85% of the nurse managers interviewed hired NLRNs based on preferred personality and attitude. In contrast, Burke, Sayer, Morris-Thompson and Marks-Maran (2014) identified good basic core clinical skills and excellent assessment and evaluation skills as essential competencies for NLRNs. Since the latter study was conducted in the United Kingdom and the former was in the United States, it is possible that there may be cultural differences in the expectations for NLRN skills between the two countries.

Providing structure and support.

Nurse managers who hired NLRNs expected that they would require significant manager involvement and support as they adjusted to practicing as a nurse. Participant 9 outlined her process for supporting her new nurses: "I meet with that individual regularly, probably weekly. We discuss the barriers, opportunities. We discuss how you can help get through that." Participant 6 also focused on the ongoing support needed from the hiring manager: "So I just try to support them and give them what they need and I always check periodically. How are you doing? How are you feeling? What do you think

you need from me?” NLRN transition to practice research validates the importance of manager support. Brakovich and Bonham (2012) asked NLRNs to identify things that could make them feel more supported or integrated into the unit. A common request was more communication with their manager about their performance. Chandler (2012) also identified the importance of the manager’s support. NLRN participants who were satisfied in their new role described their nurse managers checking in regularly, monitoring their progress and recognizing their accomplishments. They particularly appreciated managers who set aside time to meet with them.

Participant 14 also emphasized the nurse manager’s burden of responsibility for the safe nursing practice of the NLRN while they are learning:

You hire them and then you’re responsible for them. And my objective is to not let anybody hurt somebody. I’ve told people you’re not going to kill anybody on my watch. And that means we need to watch what you’re doing.

Participants described mechanisms for overseeing the safe practice of their NLRNs through close communication with the assigned preceptors, charge nurses or supervisors, and the new nurses themselves. Myers et al., (2010) confirmed that both preceptors and NLRNs considered uncertainty about technical aspects of care to be their most common safety concern.

Expecting specialty changes.

Although nurse managers desired to retain their NLRNs once they were hired, there was a widespread expectation that many NLRNs would choose to change specialties to a higher acuity area after they developed solid clinical skills. Managers accepted and even valued these changes, because they were seen as contributing to the wellbeing of other departments in their organization. Some expressed a willingness to

actively assist their NLRNs in preparing to advance to another specialty. The anticipated loss of these NLRNs was not perceived as a negative factor that would put an applicant at a disadvantage in the selection process. Participant 7 illustrated this expectation, stating “I am the feeder unit. I look at the nurses I hire as my garden, and I grow them and transplant them to other areas in the hospital.” Participant 15 viewed these specialty changes as a contribution to the overall organization: “I want to make sure that if they’re going to move from IMC to another department it serves the whole organization that we’re producing good quality critical care nurses.” Participant 12 had the best of both worlds, planning for her own pipeline of ICU nurses: “I have the ability to bring someone in to IMC and then transition them to ICU and give them time to stabilize and get those critical thinking skills really going before they get to the ICU.”

Fenush and Hupcey (2008) conducted focus groups with senior nursing students and confirmed that some students identified employment on medical/surgical units as a stepping stone in their career path to their preferred specialty. Many of the facilities represented in the current study either limit the number of NLRNs hired directly into specialty units or require a certain amount of nursing experience before a nurse is allowed to request a transfer to those specialties. These practices may contribute to the general acceptance of specialty changes by the hiring managers.

Category B2: Preferred NLRN attributes

A number of specific NLRN attributes were identified by participants as being desirable. The most common preferred attributes formed six main subcategories: experience, school factors, applicant gender, personality/attitude, skills and applicant behaviors.

Experience.

Because they have just recently graduated from their pre-licensure nursing program, hiring managers did not expect NLRNs to have any work experience as a nurse. Any type of previous work experience was considered an advantage for an applicant. This is consistent with Oermann, et al. (2010), in which participants valued NLRNs with work experience because they would understand about schedules, attendance and the requirements of a job. Phillips, Esterman, Smith and Kenny (2013) reported that transition scores were significantly higher for undergraduates who were employed during nursing school compared to non-workers; and that time management skills, confidence and skills in dealing with conflict were developed from all types of employment. Those working in a health setting reported a higher level of clinical skills, and those working in a non-health type of work reported improved customer focus.

Participants in the current study identified two types of previous work experience as especially valuable: healthcare experience (particularly as a certified nursing assistant) and customer service experience. Participant 10 referenced both types of work experience:

So I think healthcare is always an advantage, whether that be as a CNA... CNA obviously, definitely because it's most like a nurse's work. But even being a secretary in a doctor's office is going to give that medical terminology, interaction with the public. As we've implemented value based purchasing and everything like that, for me lately I've switched where I look at more service industry background. Especially here in (home state) some of our casino workers that have gone to nursing school are some of the best nurses because they can wine and dine those patients just like they did in their casino time.

Seven of the participants specifically identified CNA experience as preferred. It was considered essential in the rural critical access hospitals because they were unable to offer lengthy orientations. Participant 11 described one NLRN who was successful in her

rural hospital with only two weeks of orientation: “We did recently hire a new nurse, a new grad from (neighboring state). The difference is she started here as a CNA. So that’s what is making her successful, because she was a CNA in our acute care.” Manager preference for NLRNs with healthcare experience was also identified by Oermann et al. (2010) and Sherman and Dyess (2010).

Customer service related work experience was greatly valued by participants as well. In the words of Participant 16: “I like retail and waitressing.... Waitresses are great, they really are, because they deal with customers, they deal with coworkers, they have to multi-process, they’ve got so much going on.” Phillips, Kenny, Esterman and Smith (2014) examined the impact of pre-registration employment on graduate nurse transition in Australia, and found that participants reported benefits from employment in both the hospitality and retail sectors. Acquired skills included time management, working as a team, communication, conflict resolution and customer service.

Regardless of the type of previous work experience, participants looked for applicants with a stable work record. Participant 5 said “If you’ve looked at the resume and they are job hoppers that really sticks out for me. You know, if you’re a very short time at many places that’s a big flag.” Participant 15 also valued career progression with one employer: “And when I see that they stay, they grow in that particular establishment and you can see okay, she got promoted from this to this, it gives me the idea that okay, she’s going to do good.”

Although work experience was most valued, participants also found other types of applicant experience to be assets. Relevant volunteer experience was identified as a positive attribute of NLRNs by nearly all participants. Participant 8 articulated: “It

depends on what it is. The volunteer activities that are related to a goal... I like those because it's preparing them to get to something. Some people just like to volunteer and there's no purpose." For others, relevant volunteer work was valued as a way of gaining additional healthcare experience. Participant 11 stated: "If they were a volunteer in the hospital, it's always best.... So they know the environments. They should know some of the rules and regulations, what a Code Yellow stands for, you know it makes it easier." Oermann, et al., (2010) also reported that managers in her focus groups reviewed applications to see what applicants had done above and beyond their nursing programs to gain additional clinical experience.

Participants also considered the value of relevant life experiences in shaping the NLRN applicant. In some cases those life experiences involved caring for the ill or elderly. Participant 10 described his past experiences:

People who maybe don't necessarily have work experience, but they talk in their interview where they had a sick family member, mother or dad. I was their nurse for three years. They passed or they got better and I decided this is what I should do every day, and I went to nursing school.

D. Eley, Eley, Bertello and Rogers-Clark (2012) identified themes of "caring" and "my vocation in life" as reasons nurses entered the nursing profession. Life experiences that involved caring for others might contribute to an individual's decision to become a nurse.

School factors.

Participants also examined several aspects of the NLRNs' school experiences when making their hiring selection. Given the recommendation from the Institute of Medicine (2011) to reach 80 percent BSN preparation in the nursing workforce by the year 2020, it was anticipated that participants would express a strong preference for hiring graduates of baccalaureate nursing programs. In fact, the participants were fairly

evenly divided between those who had no degree preference at all and those who preferred a BSN degree. These findings may indicate incremental change in attitude toward hiring NLRNs with a BSN over the past several years, since Weinberg et al. (2011) reported that 19 of the 27 participating nurse managers articulated the value of a baccalaureate degree, yet only three of them mentioned educational level as a criterion they considered in hiring decisions.

Even among the current study participants who preferred NLRNs with a BSN, that preference was not absolute. Participant 9 represented a common attitude among the hiring managers when she said “We have a goal of BSNs in 2020. It’s nice if we have BSNs, and we like to hire for the right fit. I like to hire the right fit for the unit, so sometimes that means an associate degree.” Participant 15 stated that a BSN degree might be considered when deciding between two otherwise equal candidates. Matrix coding queries in NVivo were used to examine demographic relationships, and the nurse manager’s attitude toward the NLRN’s degree did not seem to be related either to the manager’s initial nursing degree or their current level of education.

The hiring manager’s familiarity with the nursing schools themselves did seem to impact hiring decisions. More than half of the participants expressed preferences for graduates of certain schools because of their knowledge of the program and experience with hiring their graduates. Hospitals that served as clinical sites for various nursing schools also had the advantage of being able to identify high performers before they graduated. Participant 6 stated: “The staff will come to me and say, we need to let them know we are interested. So your clinical rotations can absolutely get you a job.” Sherman and Dyess (2010) suggested that nursing students should view every clinical

rotation as a job audition, where they are observed for their appearance, knowledge, clinical skills, communication and engagement.

The location of the school can affect the willingness of a nurse manager to hire their graduates. About half of the participants expressed a strong preference for hiring graduates from schools within the state. This preference was more pronounced in the northern part of the state, but was identified to some extent in all geographic areas. Participants expressed a belief that out of state graduates were less likely to be retained by the organization for the long term than local graduates. The northern part of the state is geographically very close to a neighboring state which has a surplus of NLRNs. Berman, Johnson and West (2014) reported that only 50-60% of NLRNs in that neighboring state who had graduated in the previous 12 months were working in nursing positions. Participant 10 described his experiences of hiring NLRNs from nursing schools located in that state: “Because of the influence of (neighboring state), ...you can’t go directly into critical care... they come here, they work for their year or fifteen months and get their experience so they can cross right back over the hill.”

Some mitigating factors were identified that might make NLRNs from schools in another state more attractive. Participant 9 looked for ties to the local area: “I like to see some sort of dedication to the northern (home state) area, some kind of a tie to the area that makes me... It’s going to be a lot of time and money. I would like them to stay for at least a year or two.” Participant 13 disagreed with the prevailing opinion, stating: “My philosophy is I’m always recruiting talent. It doesn’t matter me where they come from and I find it all over.”

NLRN gender.

Men have been historically underrepresented in nursing, with the most recent survey by the American Association of Colleges of Nursing (AACN) reporting that men only represent 6.6% of the nursing workforce (AACN, 2013). It was encouraging to identify that about half of the participants stated that they had no preference between male and female NLRNs. Surprisingly, the other half of the participants stated that they would actually prefer to hire a male NLRN over a female. The two male hiring managers stated that they did not prefer either gender. None of the participants expressed a preference for hiring women instead of men. McMillian, Morgan and Ament (2006) reported that the most influential condition on acceptance of male nurses was the length of time working with a male nurse. Some participants did describe past working relationships with male nurses that contributed to their positive attitude. A common reason identified for hiring male NLRNs was to achieve a balance within their workforce. Statements included: "I actually get excited when I have a male candidate that is solid, because it will even out the unit, that I think it's a good to have a mix." (Participant 2), and "It's nice to have instead of lots of estrogen to get some testosterone in there, you know? You know how women get." (Participant 11).

Another perceived advantage to hiring male NLRNs was achieving a better match to patient preferences. Participant 4 suggested: "Maybe there's that male patient who feels really uncomfortable about talking to a female about something that he will for the male."

The stereotypical view of valuing male nurses for their physical strength was still present to a small extent, mostly in the Emergency Department setting. Participant 11

wanted “Some muscle, especially in the ER when you have combative patients.” McMurry (2011) confirmed that male nurses are commonly called upon to lift heavy patients, and otherwise treated differently by their female colleagues.

Personality and attitude.

Participants identified some particularly desired personality and attitude attributes that they hoped to find in their NLRN candidates. The most common attributes identified were enthusiasm, flexibility and a positive attitude, caring and compassion, a customer service focus, professionalism, and a willingness to learn and accept feedback.

Enthusiasm.

Participant 14 represented most of the participants in valuing enthusiasm: “If you’re enthusiastic and tell me why you really want to be here then I’m going to look at you in depth, because I want to be sure that you’re going to work out.” Enthusiasm was also identified as a desirable NLRN characteristic by Burke, et al. (2014) and as a preferred characteristic of new teachers by Ziebarth-Bovill et al. (2012).

Flexibility.

Participant 4 described how she screened for flexibility: “What is it about changing jobs or changing an assignment at the very last minute that bothers you, and how did you handle it?” Participant 16 suggested that newer nurses coped with the rapid changes seen in healthcare more easily than experienced nurses. Participant 13 identified flexibility as an extremely important attribute for NLRNs working in the perioperative setting, so much so that she identified it as a criterion she would use to decide between two very similar candidates. Flexibility was identified as a preferred characteristic of NLRNs by Weinberg et al. (2011), and of new pharmacists by Thompson et al. (2012).

Positive attitude.

Participant 2 represented a number of hiring managers in preferring applicants with a positive attitude: “A positive attitude and demeanor about them. That they're not negative or seeing the glass half-empty.” Weinberg et al., (2011) also reported that participants listed a positive attitude among their NLRN hiring preferences. Ziebarth-Bovill et al. (2012) identified positive attitude as a desired attribute for new teachers.

Caring and compassion.

Another critically important attribute was caring and compassion. Participants attempted to identify these qualities in the NLRN applicants during the selection process. Participant 11 represented the majority of the participants in hoping the NLRNs can “Show that they can be compassionate towards the patient, that’s a given. That you’re a nurse and that is what you need to be is compassionate and empathetic for your patients.” Participant 12 agreed: “I concentrate more on one’s personality and one’s caring and compassion more than what they know.” Caring and compassion were also identified as important NLRN attributes by Weinberg et al., (2011).

Customer service.

Related to compassion and caring was a desire for the NLRN applicants to demonstrate customer service behaviors. Participant 4 outlined the broad focus on customer service that participants looked for in NLRN applicants: “We talk about who do you see as our customers? And some people only get the whole, look the patient. Okay and... well and truly the answer is pretty much anybody who walks through their doors is a customer.” Participant 5 focused on providing excellent customer service to the patient: “After that we really dive into the importance of customer service....It is very important

to start off with that when they're brand-new and listening to the interview because they are receptive then." Participants referenced value based purchasing as a factor that influenced their increased emphasis on patient satisfaction.

Professionalism.

NLRNs were expected to demonstrate certain aspects of professionalism in their behavior. These included honesty and integrity, a strong work ethic, commitment, accountability, reliability, and valuing safe practice. Burke, et al. (2014) also identified a professional attitude and commitment to do a good job as key competencies for newly qualified nurses. These findings were also supported by Weinberg et al., (2011) for new nurses and by Thompson et al. (2012) for new pharmacists.

Willingness to learn and accept feedback.

Participants expected that the NLRNs they hired would recognize the learning curve required and would be open to feedback and coaching. Participant 1 gave a colorful description of one NLRN's concerns:

I have a new graduate working right now who after three weeks said to me "I don't know if I'm ever going to get this" and I said to her "Okay, I have four children and at no time did I tell my four-month-old baby "Why are you not potty trained, how come you're not getting this? Why am I still changing your diapers after four months?" And to try to explain this is a developmental thing and you're not going to graduate and be at the top of your knowledge.

Other participants agreed "it's more about their ability to learn and understand and know where their baseline is." (Participant 12), "Somebody who is willing to learn, who's coachable." (Participant 2), "They are eager to learn, very easily directed and receive counseling and education well." (Participant 4), and "I'm looking for attitude and willingness to learn and be a part of the team." (Participant 6). Burke et al., (2014) identified willingness and enthusiasm to learn, awareness of own limitations, and

knowing when to seek help as key competencies of new nurses. Weinberg et al. (2011) reported a preference among participants for NLRNs who were “interested in continuing their education and becoming more knowledgeable.” (p. 26). Mulholland and Derald (2004) also found that employers of new occupational therapists looked for applicants with a willingness to learn and to seek help,

NLRN skills.

Although participants did not place a high priority on NLRNs having strong clinical skills, they did seek applicants who were able to demonstrate strong skills in other areas. The most commonly preferred skill sets were communication, conflict management and critical thinking.

Communication skills.

Good communication skills were widely desired by hiring managers in the areas of nursing (Burke et al., 2014; Weinberg et al., 2011), pharmacy (Thompson et al., 2012), and occupational therapy (Mulholland and Derald, 2004). Nearly every participant in the current study identified communication skills as an important skill. Participant 18 described evaluating verbal communication skills during the interview by observing: “how well they listen to the question and then process it.” Participant 15 connected the NLRN’s previous experiences with their ability to communicate effectively with patients, identifying that NLRNs whose previous jobs did not require verbal interaction sometimes required assistance with their interpersonal relationship skills in the clinical setting. Written communication skills were commonly assessed through review of the applications, resumes, and in some cases, an essay. Nonverbal communication skills were evaluated during the in person interview by all but Participant 17, who reported that

she usually conducted telephone interviews.

Communication challenges were sometimes identified with applicants who had heavy accents because English was not their first language. Participant 14 explained: “I hired somebody who couldn’t speak very good English and he did not do very well in the position....It makes it really difficult if you can’t communicate in nursing.” This is consistent with the findings of Deprez-Sims and Morris (2010) that the presence of an unfamiliar accent may lead to lower evaluations of the applicant.

Conflict management skills.

All participants included questions in their interviews that were designed to evaluate the NLRN’s ability to manage conflict. Specific types of conflict examined were dealing with a difficult patient, working with physicians and handling conflict with other coworkers. Participant 2 assessed managing patient or customer conflict by asking: “Share with me a time that you had a difficult patient and what you did and what the outcome was? And in this case these are new grads....wherever their prior job experience was. I change that question to fit their experience.” Participant 10 related the importance of NLRNs: “being able to stand up to a physician, request an order or advocate when they think something is going on.” A number of participants stated that they looked for the applicant’s ability to manage conflict within their work team. Specifically they wanted the applicant to be able to have an appropriate conversation with the difficult peer to resolve the issue while still maintaining a good working relationship. Participant 2 asked applicants to:

Tell me about a time they've had a difficult peer and what they did, and what the outcomes were.... If they say, well I beat her up after work or I told her off, I gave her bad words, or I worked with her and now she’s my best friend, You can kind of see the different personality there.

Although none of the other studies reviewed specifically identified conflict management skills as a critical hiring competency for NLRNs, the literature is full of reports of incivility, lateral violence and bullying related to new graduates. Laschinger, Grau, Finegan and Wilk (2010) reported that one-third of new graduate nurses in the hospital setting were bullied at least twice a week by co-workers or physicians. Patients and families also provide sources of conflict in the workplace. Hiring managers in the current study recognized the benefits of hiring NLRNs who were able to manage conflict successfully. They identified previous employment experience as contributing to the development of these skills, as also reported by Phillips et al. (2013).

Critical thinking skills.

Critical thinking skills were identified as important NLRN attributes. Participants looked for the ability of the applicants to process clinical scenarios and prioritize their actions. Participant 5 reported including scenarios in her interviews: “We also do little scenarios....We just do that part to gain a little bit about how their critical thinking is ...you’d be surprised how many new grads do well.” Critical thinking was also identified as an essential skill for new pharmacists by Thompson et al. (2012).

Applicant appearance/behaviors.

Participants identified a number of applicant interview behaviors that they preferred to see, as well as some behaviors that would place the applicant at a disadvantage with them. Participants universally expected the applicants to dress professionally when they attended their interview. Participant 15 elaborated:

I’ve always believed that if you’re applying for a position you have to be presentable. If you’re going to come in on your flip-flops... this actually happened- spaghetti straps all around. I know you shouldn’t judge them by

first ...but still, you're applying for a professional career. Take the time to at least dress up for it. Because this is what your patients are going to be seeing, that first impression.

Several participants also expressed a negative opinion of applicants with visible tattoos and piercings. Participant 10 balanced the current prevalence of these items with his expectations of professional appearance in the interview setting:

I like it when they show up for the interview if at least they, if they have gauges at least put the nude colored plugs in. Or you can tell where they have a facial piercing, you can see the hole, but they have a clear something in. Or sometimes if they have a tattoo they'll cover it up.

Posthuma, Morgeson and Campion (2002) suggested that some appearance factors (such as tattoos and piercings) can be controlled by the applicant, and that interviewers may react more positively if applicants appear to have done something positive about those factors. More recently, Karl, Hall and Peluchette (2013) examined the impact of dress and appearance in the public sector workplace, and reported that respondents believed that casual dress, facial piercings, tattoos and unconventional hair styles or colors had a negative impact on customer perceptions of service quality. This negative impact became even more pronounced when serving an older clientele, such as patients in a hospital. Participants in the current study were aligned with those viewpoints in their overall negative response to unconventional appearance during the job interview.

Most participants stated appreciation for applicants who prepared for the interview in advance and who asked relevant questions during the interview. Participant 12 expressed her opinion: "It really gets me to understand their depth of interest and what they know about my unit or the hospital. What kind of research they've done. So the kind of questions they ask I think is important." Participant 8 valued questions about the unit and the job itself, involving her current staff members: "I like it when they can ask about

the things that they're most concerned with starting as a new grad....on the floating and the teamwork and stuff I just let my staff talk about it.” The value of asking good questions during the interview was also identified by Weinberg et al. (2011).

Participants were divided in their opinion of applicants who approached them seeking a job before going through the usual application process. Several hiring managers favored applicants who showed initiative in the job search by coming to them directly. Participant 5 appreciated this approach: “I’ve had several applicants come to me and say “Will you see if you can pull my application?”...I think it shows initiative and so I have hired some nurses who’ve done that....So I think that’s a positive.” Participant 6 also valued the direct approach: “So if they come and introduce themselves, they’ve been recommended by one of my staff members, and their persistence and their enthusiasm to be a part of this team, an employee of this hospital. It’s huge for me.” Other hiring managers found this to be a negative factor. Participant 3 stated: “Are they pushy, or are they motivated and really, really want this job? But for some reason it’s just a turnoff for me.” Chapman, Uggerslev, Carroll, Piasentin and Jones (2005) defined job pursuit intention as “all the outcome variables that measure a person’s desire to submit an application, attend a site visit or second interview, or otherwise indicate a willingness to enter or stay in the applicant pool without committing to a job choice” (p. 929). Applicants who have formed a job pursuit intention may become more active in trying to obtain an interview (Aiman-Smith, Bauer & Cable, 2001). These interactions may influence managers’ hiring decisions positively or negatively.

After the interview was complete, participants valued some expression of appreciation and interest from the applicant. Participant 4 described some recent

experiences: “I’ve had two recently that- she brought me back a card and a small little teeny plant....And then another one, they just brought a card by that said thank you for the opportunity for the interview.” These actions made the applicants stand out in the mind of the hiring manager. Becze (2008) recommended sending a thank you note or email after an interview to show respect for the interviewer and their time.

Summary Category B

Hiring managers expressed general beliefs about NLRNs and preferred applicant attributes. General beliefs included a willingness to hire based on preferred attributes and to teach skills after hire, an acknowledgment that NLRNs will require structured orientation and follow up, and an expectation that many NLRNs will change specialties in the future. The most commonly preferred applicant attributes were related to experience, school factors, gender, personality/attitude, skills and behaviors during the selection process

Category C: Gathering Information Throughout the Process

The process of posting positions, accepting applications, screening and interviewing NLRN applicants offered the hiring manager the opportunity to gain information about the applicants at every stage. Managers described variations in the process based on organizational preferences and familiarity with the applicant. Interviews were usually conducted in person, included a variety of participants, and resulted in a hiring recommendation.

Category C1: Posting positions.

Positions were generally posted when a hiring manager had or was anticipating staffing vacancies on the unit. Participants expressed looking at the level of experience

on their unit when deciding whether they should fill the vacancies with NLRNs.

Participant 16 explained:

I have to look at experience and the core staffing. So I need to make sure that they're going to have- that I've got not a brand-new house supervisor that will be working with them and that they have... although I encourage all my nurses. I think there's some that are better teachers than others.

This is consistent with the findings of Rush, Adamack, Gordon, Lilly and Janke (2013) who conducted an integrative review of best practices of new graduate nurse transition programs. A majority of the papers reviewed by these authors specifically identified the importance of preceptorship and a healthy work place environment in a successful new nurse transition.

In some facilities, NLRNs were only hired on a schedule based on when their residency programs were beginning. For those hiring managers, the posting of their positions coincided with the program schedule. In other facilities positions were posted individually as vacancies occurred.

Some participants described simply posting a staff nurse position and considering both experienced and NLRN applicants at the same time. Participant 12 stated "When I decide... I never close the door to whether it's a new graduate or experienced." Others posted positions intended exclusively for NLRNs.

Category C2: Receiving applications.

Most applications were submitted online. This was consistent with Furtmueller et al. (2011) who reported that applicants, recruiters and organizations are increasingly using the internet. Two of the rural, critical access hospitals accepted written or faxed applications because their technology did not support online applications. These smaller facilities sometimes directed the applications straight to the hiring manager, however in

nearly all of the other facilities the applications were submitted directly to the Human Resources Department for processing. At some facilities participants reported that applications were accepted at any time and were archived until a position was posted. In others, applications were only accepted on the schedule dictated by the NLRN residency program.

Category C3: Screening NLRN applicants.

In almost every case, Human Resources conducted the initial screening process for NLRN applicants before the hiring managers even saw the applications. Several participants described situations where all NLRNs were automatically screened out by Human Resources. Participant 12 gave an example: “They get so many random... well because of critical care... unless I ask for the applicant I don’t get a new grad applicant.” Even when the posted position was specifically intended for NLRNs, some screening by Human Resources usually occurred. Participant 5 commented: “Now with the computer and the test the screening is all done by the recruiter.”

A number of participants reported that NLRN applicants must take and pass some type of preemployment screening test before their application could be reviewed by the hiring manager. Participant 12 described the screening test used by her facility: “They have to take that before I can even interview. Now that test gives them a grade and it grades them A, B, C or D. If it’s a D we can’t even interview them.” Participant 6 also described a screening exam required for her NLRN applicants: “We actually have a program that we use online... you’re looking at attendance, energy, teamwork, customer focus, compassionate, flexibility and adaptability, multitasking, how they value diversity, and openness to learning.” These screening tests were examples of

situational judgment tests (SJTs). Patterson et al. (2012) concluded that SJTs are cost efficient to implement and have good levels of reliability and predictive validity for testing a wide range of non-academic attributes such as empathy, coping with pressure and integrity.

Other preliminary screening processes identified included verifying that the applicant had passed the NCLEX and had an RN license in the state, although not all facilities required these to be completed before hire. A few facilities required a minimum grade point average (GPA) for NLRN applicants, but the majority did not. In fact, most participants did not think the GPA was a good indicator of an NLRN's future job performance. Participant 2 illustrated that opinion: "There's a lot of people out there who maybe didn't get straight A's, or didn't pass the NCLEX in the first round for multiple reasons....So no, not necessarily am I looking at the GPA." Participant 4 agreed "GPA doesn't tell me how you're going to end up functioning on the floor." These findings are consistent with Kwok et al. (2011) who reported that recruiters were focused more on finding well rounded candidates than on academic performance.

Once the Human Resources screening process was complete, the remaining applicants were passed on to the hiring managers for further review. At this point, review of the application, resume and reference letters became the primary way participants decided which NLRN applicants to move forward to the interview stage. Participant 3 related his process for reviewing applications: "So with our HR Department, I'm given a list. It could be anywhere from 10 to 30 people on that list....I read through every person's demographics and I go through everything and give everyone a chance."

Participants varied in their attitudes toward reference letters. Several participants reported that they did not even consider them. Those who valued reference letters did so for two primary reasons. First, they demonstrated initiative on the part of the applicant, because of the effort required to request and obtain the letters. Participant 1 described this viewpoint: “I think that more than the content of the letter what would mean more to me is that that person thought to ask somebody else and show the initiative...” Second, letters from individuals who were known to the hiring manager and trusted by them carried weight in the hiring decision. Participant 10 stated: “If I have two ideal candidates and Professor X recommended this student, and I know I went through that professor’s rigorous class and I trust him or her, I would absolutely hire that candidate.”

Several participants described situations when applicants would bypass some of the usual screening processes and move straight to an interview. These NLRNs were identified as high performers by either the hiring manager or the unit staff during school clinical rotations. Participant 2 said “Sometimes if they happen to do their clinical rotations on the unit the staff befriend those that seem to be of great caliber and they kind of keep track of them.” Participant 6 agreed: “they’ve been recommended by one of my staff members.” However, experience on a unit could also have a down side for applicants. Participant 15 explained: “It can be good or bad for them, because you see all the good things but you also get to see if they’re not going to click.” Steen et al. (2011) reported that NLRNs who had experienced the hiring unit as a student did state that it eased their transition to the nursing role.

Applicants might also move straight to an interview or job offer if they were an internal candidate. Participant 6 described a preferential process for internal candidates:

“If they’re in-house and going to school they are going to get priority. We want to grow our own, so I look at that.” Participant 17 also explained that her facility was paying for an LPN employee to obtain her RN degree, and that she would automatically be offered a position after graduation.

Newton et al. (2014) described processes for selection and recruitment of newly qualified nurses in the UK. He described these screening processes as moving candidates from the application stage to the shortlist stage. with screening usually being conducted by HR or senior nurses based on the criteria determined by the organization. He further described an assessment phase, where applicants underwent extensive additional tests or activities in person at an assessment centre. None of the participants in the current study reported a similar stage in their selection process. Rather, their shortlisted candidates moved to an interview as the next step.

Category C4: Interviewing NLRN applicants.

After the screening process was complete, participants began to schedule applicant interviews. Nearly all participants reported conducting interviews in person. Only one rural hospital participant stated that she would hire a NLRN based on a telephone interview (Participant 17). Participant 9 occasionally conducted a preliminary telephone interview to decide whether to bring a candidate in for the in person interview. Disadvantages to virtual interviews were: “You don’t get the face-to-face. You don’t get the mannerisms. The actual person or the actual dialogue going.” (Participant 2).

Participants almost universally included others in the process as a part of the interview team. Most commonly, interview team members included other department managers (Participants 4, 5, 7, 9, 10, 12, 17, 18) , unit charge nurses (Participants 1, 2, 3,

6, 7, 9, 10, 12, 13, 16, 18), and unit staff (Participants 2, 8, 9, 10, 11, 13, 14, 15). Two of the rural critical access hospitals reported involving Human Resources in the in person interviews (Participants 11 and 17). Participant 10 summarized his reasons for including others in the interviews, saying “So it’s managers, supervisors and we try to incorporate staff. We’re not always able to based on scheduling and whatnot, but obviously when staff participate that’s best practice. We want their input as much as ours.” Posthuma et al. (2002) suggested individuals may shape their decisions to comply with others on the panel, particularly if there are status differences. Participants in the current study described processes they used to attempt to minimize this effect. Participant 8 stated: “I’ll let them tell me what they think first, so I don’t persuade their decision. Then they’ll grade and I discuss what my thoughts are after... the staff and my perception of who we like have been super close.”

Participants who hired NLRNs in groups based on a residency program schedule reported that they sometimes had to interview many applicants in a relatively short period of time. Participant 10 described the usual interviewing structure at his facility: “Well, they’re thirty minute interviews and you’re looking at eight to five, so in a span of two to four days maybe twenty to thirty.”

To promote fairness in the interview process, nearly all of the participants described efforts to standardize the questions they asked applicants. This is consistent with Posthuma et al. (2002) who proposed that reducing interview structure may also reduce its validity. Participant 9 allowed for some customization in her interviews, “And we don’t always ask every single question to every single applicant. We kind of gauge by their resume the questions you want to ask and how they answer other questions.” Seven

participants specified that they used behavioral interviewing questions. These formats have been found to be more valid than non-behavioral methods (Maurer & Lee, 2000), particularly when a number of candidates will be interviewed in a short period of time. A number of these standard behavioral type questions were listed on the forms that some participants provided to me when they were interviewed. Common themes addressed in the behavioral questions included conflict management, setting priorities, ethical issues, and customer service. In most cases these forms also specified a standard scoring process to be used. This is one way that organizations influenced the NLRN selection process.

Other common interview question topics included determining why the applicant was interested in the position, why they selected nursing as a career, their career goals, their perceived strengths and weaknesses and their specialty and shift preferences. The manager may probe for further information about the applicant's previous work and school experiences, personality attitudes and skills. The interview was identified as the hiring manager's best opportunity to explore how well the NLRN matched their preferred attributes. Because most were conducted in person, the interview also provided a chance to evaluate their professional appearance and their interactions with the interview team. The interview also offered a time for hiring managers to familiarize the NLRN with the unit, the job requirements, staffing ratios, the residency program or structure of orientation, and sometimes to provide a tour of the unit or the facility.

During the interview NLRN applicants had an opportunity to ask questions about the position. These questions offered a chance for the applicant to demonstrate that they had prepared for the interview and that they were sincerely interested in the position. Participant 1 said "So please ask me any question. When people come up and don't have

any questions, that would be something that might tip the scales one way or the other.”

At the end of the interview the members of the interview team evaluated the applicants. Some participants used a scoring process. Participant 1 used numerical scoring: “Everybody that sits on the interview will fill one of these out and will total the amount of points, will total their score, and then what I do is I put them all together and average.” Others reported using letter grades: “I give them letter grades, that’s how I do it. ABCD for a system. And the staff will give them a grade.” (Participant 8). Participant 9 had a simpler scoring system “We have done numerical before and what we decided is just a yes or a no.” When a large number of applicants were interviewed in a short time, other techniques were used: “So typically we’ll do a kind of informal debate, rate the candidate. Then following all the interviews at the end of day two or day three the whole panel will get together and rank them as to what we thought.” (Participant 10). Consensus of the interviewing team on the scoring was generally required.

Summary Category C

The process of posting, receiving applications, screening applicants, and conducting interviews may be influenced by the organization as well as the hiring manager. Processes varied regarding when and how positions were posted. Most applications were completed online. Screening of applicants sometimes included standardized testing, and usually involved Human Resources in addition to the hiring manager. Interviews were generally conducted in person, and frequently were conducted with a group. Screening and interviews were directed at identifying how closely the applicant fit preferred attributes. The interview process ended with some type of evaluation or scoring of the applicants.

Category D: Finding the Fit.

As NLRN applicants progressed through the application, screening and interview processes the hiring manager had numerous opportunities to determine whether the applicant seemed to be a good fit for the position. Participants identified several categories where they looked for a fit. These include fitting the manager's preferred attributes, the unit, the specialty, the organization, the nursing profession and the community.

Category D1: Fitting manager preferences.

Although Category B2 summarized the most commonly identified preferred NLRN attributes, each participant also had their own unique set of preferences that were considered when evaluating applicants. These preferences were developed from the participant's own experiences in nursing and with NLRNs. A good example of this type of preference was stated by Participant 14: "So I like people that don't catastrophize things, not like people who learned the sky is falling all the time. If you're like that, a drama queen, that's not going to work for me." Participant 13 also stated one of her own preferences: "I'm kind of a gym rat and I run half marathons, so I'm not specifically looking for that. I am looking for people that pursue a healthier lifestyle." Each participant examined the NLRN applicants to see how closely they fit their own preferences. Posthuma et al. (2002) reported some studies that suggested interviewers may have individual conceptions about ideal candidates that they hold regardless of the organization for which they are hiring.

Category D2: Fitting the unit.

All participants considered the ability of the applicant to fit in with the unit to

which they applied. Chuang and Sackett (2005) identified person-job fit as most important at the first interview stage. One important aspect of this fit was the likelihood that this applicant would fit in with fellow coworkers. Participant 12 expressed the importance of fitting with the team: “Through the years I realized that you can have someone that is perfect in every way but there may be certain things that would not mix well with the complement of staff you have now.” Other participants spoke more generally about looking for evidence of teamwork skills in the applicant: “I look a lot for somebody that looks like they’re going to be a team player.” (Participant 9), and “I’m going to look at energy, teamwork, customer focus.” (Participant 6).

Moore, Leahy, Sublett and Lanig (2013) asked participants to identify the most important factors that determined how well NLRNs fit in with their new unit. They identified a positive attitude, being open to learning, and having effective mentors or preceptors as the three central themes. Participants in the current study demonstrated that they considered all three factors when making NLRN selection decisions.

Another aspect of fitting the unit was the ability of the applicant to meet the required work schedule. Participant 2 asked up front: “I ask them if there is any difficulty with their schedules and anything that would prevent them from working like, their schedule or completing their schedule.” Participant 12 strongly considered schedule preferences when making her selection: “It may be one says, you know, I’ll do nights if I have to but I really prefer days, and the other one says I’ll do whatever shift you need....they may get it over the other one.”

Some participants stated that they selected certain applicants in order to improve some characteristic of the unit such as team dynamics or gender balance. Participant 5

described how she improved her unit through selectively hiring NLRNs: “I have a lot of new grads on (unit) because when the previous manager left there was a lot of turmoil and a lot of the staff left. Over the last two years I built a new team.” Participant 2 illustrated a desire for gender balance, stating “I actually get excited when I have a male candidate that is solid, because it will even out the unit, that I think it’s good to have a mix.” Posthuma et al. (2002) differentiated applicant fit as either being similar or complimentary. Applicants could be favored either because they are like the other staff members, or because they provide something that the work group is lacking. Participants in the current study related examples of considering both types of fit.

Category D3: Fitting the specialty.

Closely related to the concept of fitting the unit was that of fitting the specialty. Participants were able to identify certain attributes that were likely to help a NLRN be successful in a given specialty, and described actively seeking a match for those attributes among applicants. Participant 8 described a good fit for her telemetry specialty unit: “You have to have some sort of good way of coping through difficult situations in the past ... because of the high turnover of patients throughout the day and the stress that goes along with that.” Participant 13 recruited NLRNs for her operating room, and explained the unique aspects of the specialty to her applicants in an informational session to help assure a good fit: “We spent probably an hour with them, and this was their informational session at that time. We wanted to be very transparent: the good, the bad and the ugly.” Participant 14 identified learning quickly as a need for NLRNs entering the perioperative specialties: “I usually ask them to judge how fast they learn something and give me an example of what you’ve learned in school. What did you think this might

be a challenge but then you really got that fast?” Participant 1 tried to assure that NLRNs seeking a job in Labor and Delivery had a realistic view of what the job is like:

We always ask “Why do you want to be a labor and delivery nurse?” and sometimes they’ll be a woman that has children and “My labor and delivery experience was so awesome and I just think that helping new moms and you know with this birth process and everything is so wonderful and it’s just so...” and then we say “You really haven’t any idea what you’re walking into here because that’s not what it is. That’s, it’s so frequently not what it is”.

Category D4: Fitting the organization

To a lesser extent, participants articulated a need for applicant NLRNs to be a good fit for their organization. One way to identify this was to ask why the participant applied at that facility. Participant 2 stated “So I’d ask them, like tell me why they chose the facility that we’re at, and I find that important because if they’re just looking for an RN position then I’m not sure they’re in line with our values.” Participant 4 described identifying a focus on the patient experience, asking applicants to describe a normal day in the clinical setting and being alert for behaviors such as bedside report and hourly rounding.

Others considered whether the applicant’s long term career goals were a good fit with what the organization had to offer them. “They have to do a letter stating why they went into nursing, what do they hope to accomplish in their career.” (Participant 7). “Where you see yourself in five years?” (Participant 5). “I will sit down; find out a little bit about them both professional goals, what their career path might look like and at this stage in your career.” (Participant 13). Chuang and Sackett (2005) supported the finding that person-organization fit was less important than person-job fit in the initial interview.

Category D5: Fitting the nursing profession

Most participants attempted to determine whether they thought the NLRN was

choosing the nursing profession for the “right” reasons and whether they would be a good fit for the profession. Participant 4 summed it up:

What I am really looking for when I’m looking for a candidate is someone that has that desire to be in nursing for what I call the right reasons. We’re all here for the patient. We’re all here to make a difference in their life because they’ve entrusted themselves with us in a moment in time, and you want them to walk away knowing that you cared for them as a person and helped them in their journey to betterment.

Participant 1 expressed this opinion: “The perfect candidate would understand really what was involved in the culture of nursing. But I think the biggest thing that’s lacking is an understanding of the culture of what it means to be a nurse.” Participant 14 agreed: “Because when you look at those two employees side-by-side with their applications you want to hear that they take this not just as a job just but as a profession.” Participant 4 shared an excellent answer from a NLRN applicant: “She just said ‘I started off as a cocktail waitress’, and she said ‘I love the interaction with people but I knew I could do something different and something more touching in someone’s life’.” Participant 6 shared an example of a response that would not be favorable: “You know, I don’t think it should just be about income. Those people don’t work out.”

D. Eley, et al. (2012) interviewed nurses and nursing students and identified that their primary motivation for entering nursing was the opportunity to care for others. Secondly, respondents expressed a desire to work with people. Some stated that nursing was a calling for them. The nurse managers participating in the current study were aligned with these findings, identifying them as the “right” reasons for choosing nursing as a career.

Category D6: Fitting the community.

Responses that fit this category were only found among participants from the

three rural, critical access hospitals. It appeared that the impact of the community where the hospital is located may not strongly influence NLRN selection in the urban and suburban settings. Rural participants considered the hospital and the community to be so closely related that a fit for the community was also essential for success. Bratt, Baernholdt and Pruszynski (2014) examined differences between urban and rural NLRNs and identified that the high degree of visibility of rural nurses and the connection between their professional and personal lives leads to a “blurring” of their community and professional roles (p. 781).

Participant 17 described the importance of a community fit to employee satisfaction: “But I always wish that they would come and see what they’re getting themselves in for before I hire anybody. Because we are real different, and the area itself doesn’t have a lot to offer.” Participant 16 also discussed the unique dynamics in her facility:

I try to ask them questions based on how they feel about rural health, how they feel about community. Because that is a huge driver for us. That is one of our paramount ideals here....You know that sense of “I live in this community with my fellow coworkers” is a very important thing as well. So you want to get that as well.

Participant 11 reported hiring NLRNs from the local community to find a fit. Participant 17 also described paying for one of her current LPNs to become an RN: “If we didn’t think we wanted them and they were worth it we wouldn’t pay their way in the first place. And if they’re people from here they want to live here. They’re not planning on moving away.”

Summary Category D

Participants described their attempts to identify the NLRN applicants who were a

good fit. The concept of a fit was examined at a number of different levels. Most frequently, participants mentioned the importance of a NLRN fitting their own preferences and being a good fit for the unit and the specialty. Secondly, participants discussed the importance of fitting the organization, the nursing profession, and, in the case of rural facilities, the community.

Category E: Making a Decision

After the interviews were completed and the applicants were rated by the interview team, the hiring managers had to make a decision whether or not to hire each applicant. Participants described a number of different criteria that they would use for making the hiring decision. All participants were asked how they would decide which NLRN to hire if they appeared to be equally qualified. This is the area where the most individual differences between the participants appeared. Answers included: “I would go by their attitude. Are they positive, are they flexible, are they a team player? Do they really care? Are they actually in nursing for the right reasons?” (Participant 9), “There’s usually something that stands out about them. It may be you come down to the shift.” (Participant 12), “I think the tiebreaker is usually, in the OR, is going to be gauging that adaptability.” (Participant 13), “If they definitely look equal on paper then I have to go with who’s come out to be more engaging.” (Participant 16), “Maybe based on if somebody couldn’t be here for a month and the other could be here in a week I’d probably take the one that could be here sooner. (Participant 17), “Something would make one stand out, whether it be their flexibility, their willingness to speak out about unsafe practice or... those are usually the two big differentiators.” (Participant 18), “I will then say who my staff work best with and that’s what would ultimately make my

decision for me, who will my staff work with best.” (Participant 3), “If they were pretty much equal in everything, you know like skills and everything, customer service.”

(Participant 5), “I’m going to go with whoever had the best personality. Whoever came across with the best, you know, the best enthusiasm. And during the interview, who had the best answers to the customer service question.” (Participant 6).

In a few cases, the participants stated that they would hire an extra NLRN rather than choose between two that seemed equally qualified. Participant 6 stated “As the matter of fact I just actually put in a requisition for another nurse, another person, because I felt very strongly after meeting her in the interview.” Other participants described attempting to place well qualified candidates in another department within the organization. Participant 8 explained “I talk to my fellow leaders, cause if I really feel they need to be in the building we’ll find them a spot with one of the other departments.” Another option was offering to hire them at a later time when another position was opened. Participant 12 gave an example: “If they were a great applicant and another position opens up I give them a call and say are you still looking? I’ve got this, are you still interested?”

Kwok et al. (2011) suggested that recruiters make hiring decisions based on rational choice theory, which states that individuals make choices over a variety of options that maximize their expected outcomes. This theory assumes that an agent pursues a preferred alternative, and that trade-offs between choices must be made. Agents are assumed to act consistently, and are able to rank order their options according to their preferences (although this rank ordering may change over time). Therefore, decisions are made within constraints using the agent’s “decision rules”. This theory

seems relevant to many of the decision strategies reported by participants, but the impact of intuition (Sadler-Smith & Burke-Smalley, 2014) in the decision making process must also be considered. Weatherly and Beach (as cited in Posthuma et al., 2002) studied image theory as a model for decision-making. They suggested that interviewer decisions may be related to that individual's perceptions of the organizational culture and strategy.

Summary Category E

Participants used all of the information gathered in the application, screening and interview processes to make a hiring decision. A wide variety of factors were considered when choosing between candidates who appeared to be an equal fit for the position. Participants described strategies for dealing with high quality candidates who were not the first choice for the open NLRN positions. Both rational choice theory and intuition may play a part in the decision making process.

Summary

This chapter detailed a grounded theory analysis to determine how acute care nurse managers select the NLRNs that they hire. A substantive theory was presented, with five theoretical concepts identified: Developing Beliefs and Preferences, Expressing Beliefs and Preferences, Gathering Information Throughout the Process, Finding the Fit and Making a Decision. A Newly Licensed Registered Nurse Hiring Decision Model was developed that related the theoretical concepts to each other.

CHAPTER 6

DISCUSSION, IMPLICATIONS, AND RECOMMENDATIONS

Introduction

The five specific aims of the current study were to explore nurse managers' processes for NLRN selection; to identify attributes and characteristics of NLRNs who are selected for hire; to explore how attributes and characteristics of nurse managers impact their NLRN selection; to identify external factors that influence nurse manager's NLRN selection, such as technology and organizational policies; and to generate a substantive grounded theory related to nurse manager selection of NLRNs for hire in the acute care setting. The current study used constructivist grounded theory methodology to explore these areas. Constructivist grounded theory methodology includes the use of theoretical sampling and the constant comparison method, which allowed me to better understand the NLRN selection process. In the current study, 18 acute care nurse managers with a variety of backgrounds, specialties, hospital types and geographic locations were interviewed. In addition, aspects of the NLRN selection process were examined within documents used by these managers as they screened, interviewed and made NLRN hiring decisions. This final chapter discusses the interpretations of the current study, their fit with the existing literature, their implications to both nursing education and acute care nursing practice, and the limitations of the current study.

Interpretation of Results

Processes for NLRN Selection

Posting positions.

Participants generally followed a sequential process of posting available positions, receiving applications from NLRNs, screening those application materials to identify qualified candidates, conducting interviews, determining the applicant's fit for the job, and making a hiring decision. Participants expressed making a thoughtful decision about whether or not to open a position to NLRNs based on the unit skill mix, unit culture, and available preceptor support on that shift, as well as their own ability to provide support and oversight to the orientation process after hire. They seemed to recognize the difficulty experienced by NLRNs as they transition from the nursing student to the RN role over their first year of practice (Duchscher, 2008), and actively considered whether the required long term support would be available on the unit before even posting a position.

Accepting applications.

NLRN job applications were predominantly submitted online to the organization's Human Resources (HR) department. This was an area in which differences in the process were found based on the size and type of the organization. A few of the small rural hospitals were not able to process online applications, and required a paper process. Candidates typically submitted resumes, and sometimes letters of recommendation, to support their application. In a small number of organizations an essay was also required and was reviewed during the screening phase of the selection process.

Screening NLRN applicants.

The screening phase of the process was the time that the Human Resources (HR) department seemed to be most involved. Participants described situations where they would never even see an application because the NLRN applicants had all been screened out by the HR staff. A small number of participants reported that HR also screened for a minimum grade point average, whether the NCLEX had been passed, and whether the applicant had an active RN license in the state. In some facilities HR staff also had the responsibility for administering preemployment screening tests, including math tests, personality/behavioral assessments and situational judgment assessments. Some participants described a scoring process for these screening tests that would disqualify certain applicants from further consideration before they were interviewed. The use of these tests was mandated by the organizations in an attempt to eliminate unqualified applicants. Participants from these facilities reported that the test results helped them decide which candidates to move to the interview stage and which questions to ask during the interview.

After HR screening was complete, participants described reviewing the applications, resumes, letters of recommendation, and sometimes essays and screening test results to decide which applicants would progress to the interview stage. Participants looked for evidence of their preferred NLRN attributes in the submitted paperwork. Most participants reported that they did not interview every NLRN who was determined to meet job qualifications after the screening processes. Rather, they selected a smaller number of applicants who appeared to be a good fit for the position to move to the interview stage.

Interviewing NLRN applicants.

Participants almost universally interviewed NLRN applicants in person, confirming that they valued nonverbal cues in their evaluation of the applicant (DeGroot & Gooty, 2009). In most cases participants included others in the interview process. Frequently other managers or charge nurses/supervisors were involved in the interviews. It was encouraging to find that a number of hiring managers also included unit staff members in the selection process. In fact, several participants stated that increasing the involvement of unit staff was a change to the selection process that they had made based on their years of NLRN hiring experience. This was expected to improve the new hire's fit with the unit, since the staff would have participated in choosing their future co-worker. Deppoliti (2008) identified "finding a niche" (p. 258) as a critical stage in the construction of a new nurse's professional identity, including fitting with the people with whom they work, also stated as a sense of family. Participants considered this need for fit, both from the standpoint of the existing staff and that of the NLRN, and hoped that a good fit would facilitate long term job retention.

Participants specifically structured their interviews to identify how closely an applicant met their preferred attributes. Many used a standardized list of interview questions with every applicant to assure that each interview was comprehensive and fair. The behavioral format for interview questions (Tell me about a time when you...) was commonly used. Scoring systems varied widely from yes/no to complicated numerical scoring systems. Participants considered the interview to be the most important part of the NLRN selection process.

In person interviews allowed the hiring managers to see the applicant. When questioned about relevant aspects of an applicant's physical appearance, the only responses received were related to preferring applicants who dressed neatly and professionally and who minimized the visibility of any tattoos and piercings. Although the Human Resources literature has identified common biases in favor of attractive candidates (Watkins & Johnston, 2000) and against overweight candidates (Puhl & Brownell, 2001), neither factor was identified as relevant in this study. Verbal communication was an important skill that could only be assessed in the in person interview. Participants expressed a need to clearly understand applicants with an unfamiliar accent, citing the importance of patients being able to communicate with the nurse.

Finding the fit.

During the entire process of screening and interviewing applicants, the hiring managers judged how well they felt the applicant fit the position. Fit was measured relative to the manager's own preferred NLRN attributes, the unit (including the staff), the specialty, the organization, the nursing profession, and the community (rural hospitals only). All participants expressed the importance of the NLRN possessing their preferred attributes. This is consistent with the findings of Weinberg et al. (2011) who found that 85% of the nurse managers interviewed hired NLRNs based on preferred personality and attitude. Posthuma et al. (2002) also stated that there is some evidence that interviewers attempt to assess applicant personality and values before considering the fit with the job or organization.

Fitting the unit was also identified as important, both getting along with coworkers and being able to meet the performance and scheduling demands of the job. The Human Resources literature helps to explain this priority. The attraction-selection-attrition model suggests that interviewers are likely to recommend people who are perceived as similar to people already in the organization in terms of values, goals or personality (Schneider, 1987). Welbourne, Johnson and Erez (1998) further proposed that meeting the interviewer's job performance expectations increases their person-job fit perception of the applicant. Person-job fit has been found to be more important than person-organization fit in the initial interview (Chuang & Sackett, 2005), and this was demonstrated by more participant comments about unit fit than organizational fit.

Participants who managed specialty units also frequently mentioned the importance of NLRNs being a good fit for the specialty. A few participants described having coaching conversations with applicants who preferred a specialty that clearly was not a good match for their current skill set or personality. Others described processes by which they redirected applicants to other managers for consideration when they realized the NLRN truly preferred another specialty. Participants also described making long term plans to prepare NLRNs to transition to a preferred specialty in the future as they gained experience and confidence. In general, participants recognized that matching the NLRN to their specialty preference was important for job satisfaction and long-term retention, as supported by the literature (Beecroft et al., 2007; Bratt & Felzer, 2012; Palese et al., 2007; Suzuki et al., 2006; Toren et al., 2012).

Organizational fit did not seem to receive the same priority from participants as unit fit. Organizational culture was mentioned in relation to setting customer service

performance expectations. The organization was also considered as a source for potential career advancement for the NLRN into more complex specialties or advanced practice roles. Applicants desiring career advancement were not necessarily considered a good fit for the smaller organizations that could not offer those opportunities.

A number of participants considered the reason NLRN applicants entered the nursing profession when making their hiring decision. Overwhelmingly, they identified a lack of support for applicants who chose a nursing career for money, travel or job security rather than the “right” reasons (to help people, to be a caregiver).

The three participating rural hospitals described seeking a fit for their community. These towns are quite isolated geographically from the major population centers in the state, and they expressed a desire to hire NLRNs who would become not only a good employee but a good member of their community. The social dynamics of small communities can be very different from suburban and urban areas, and a good fit for these hospitals would be someone who connected with the community (Bratt et al., 2014).

Making a decision

Finally, in the last step of the NLRN selection process, the hiring managers made their decision regarding which NLRN(s) would receive a job offer. In situations where no strongly preferred candidate was identified during the usual selection process, participants most commonly reverted to hiring based on their individual preferences. Some conducted a second round of interviews with additional participants in order to break the tie. In a few cases participants hired more NLRNs than originally planned or agreed to hire a candidate at a later date when another position opened. Several

participants mentioned trusting their instincts when making a hiring decision, and could identify experiences in the past when they disregarded a “gut feeling” and made a poor hiring decision.

Preferred NLRN Attributes

Experience.

In the current literature, the impact of previous work experience on NLRN retention has not been clearly established (Brewer et al., 2012a; Brewer et al., 2009; Duncan, 1997; Oermann et al., 2010; Steen et al., 2011). Nevertheless, hiring managers did express preferences in this area. Oermann et al. (2010) identified a preference to hire NLRNs with previous healthcare experience, especially among critical care nurse managers. Participants in that study also valued the previous non-healthcare work experience of graduates from accelerated programs. Participants in the current study expressed a preference to hire NLRNs with some healthcare related work experience as well; however employment in any customer service industry was also valued highly by these hiring nurse managers. This preference for customer service experience has not been identified in previous studies, but may be associated with the growing emphasis in acute care on value based purchasing and public reporting of patient satisfaction scores. Participants valued any type of work experience, but emphasized the need for a stable job history and demonstrating commitment to an organization.

In addition to work experience, participants valued the experience gained by participating in relevant volunteer activities, particularly those that also offered healthcare experience. This is consistent with the findings of Kwok et al. (2012), who examined entry-level supervisor hiring preferences in the hospitality industry. Finally,

participants valued general life experiences such as caring for ill or elderly relatives for their contribution to the NLRNs skills.

School factors.

Most participants in the current study did not express a strong preference for hiring NLRN graduates from BSN programs. About half of the participants stated some BSN preference, but considered fit for the position to be more important than degree. Weinberg et al. (2011) found that only three of 27 participating nurse managers mentioned educational level as a criterion considered in hiring decisions. It appears that the current nurse managers do have an awareness of the recommendations made by the IOM (2011) to increase the percentage of BSN prepared nurses in the workforce, but most have not changed their beliefs regarding the value of an entry level BSN. A BSN preference seems to exist more at the organizational than the individual level.

Familiarity with a particular school of nursing did seem to impact hiring preferences for their graduates, particularly for those schools conducting clinical rotations at the hiring facility. NLRN applicants could be favored based on a good program reputation or their own good performance in clinical rotations, but poor performance could also disqualify them from consideration. Local schools seemed to be preferred over out of state schools, particularly in the northern part of the state. Experiences with out of state graduates who worked for a year for experience and went back to their home state have caused many nurse managers to favor local graduates, or at least graduates with ties to the local community. To my knowledge, hiring preferences such as these have not appeared before in the current nursing literature.

Interestingly, participants expressed no real interest in the applicant's academic performance as measured by their grade point average (GPA). Most stated that they did not even look at it, and several stated that a good GPA was not a reliable predictor of how a NLRN would perform in the work setting. This is not consistent with the findings of Kuncel, Hezlett and Ones (2004) who conducted a meta-analysis of academic performance and found that GPA is widely used as a valid criterion in predicting both career potential and job performance. However, the findings of the current study were similar to those reported by Kwok et al. (2011) with recruiters in the hospitality industry who preferred well rounded applicants to those with only high academic performance.

Gender.

Since the nursing literature continues to report gender bias against men in nursing (Kouta & Kaite, 2011), it was both surprising and encouraging that nearly half of the participants actually expressed a preference for hiring male NLRNs, with the others stating no gender preference, and no participant preferring to hire women over men. In fact, both participants who supervised maternity services, traditionally a specialty that has excluded men, expressed a strong desire to hire men. The most common stated benefit of hiring men was achieving a balance of genders on the unit. This was perceived to improve behavior among staff and to accommodate patient preferences for nurses of either gender. Only the participants supervising Emergency Departments mentioned preferring male nurses for their strength and ability to intimidate disruptive patients. Participants' positive attitudes toward men in nursing appear to have developed from their good experiences working with them in the past.

Personality/Attitude.

Two published studies were located that listed desired NLRN traits. Weinberg et al. (2011) reported that nurse managers identified excitement and interest in the position, a positive attitude, caring, compassion, good interaction skills, cooperativeness, flexibility and a professional demeanor as their desired NLRN traits. Burke et al., (2014) interviewed senior nurses, nurse managers and nurses in the UK. They identified the following key competencies for newly qualified nurses: excellent communication skills; good basic core clinical skills; good clinical judgment; professional attitude, punctuality and reliability; ability to work in a team; awareness of limitations and to know when to seek help; willingness and enthusiasm to learn; excellent assessment and evaluation skills; and commitment to do a good job. In the current study the most frequently identified preferred attributes were enthusiasm, flexibility, a positive attitude, caring and compassion, demonstrating customer service behaviors, recognizing the learning curve required, and being open to feedback and coaching. The attributes identified in the current study were also consistent with preferences among managers hiring new occupational therapists (Mulholland & Derald, 2004), new pharmacists (Thompson et al., 2012), and new teachers (Ziebarth-Bovill et al., 2012), except for caring and compassion which appeared to be a unique preference for nurses.

Skills.

Participants did not expect NLRNs to be proficient at technical nursing skills immediately after graduation, and planned for those skills to be improved after hire. They did identify certain non-technical skills as important to their NLRN selection decision, including communication, conflict management and critical thinking. These

preferred skills were consistent with those identified for new occupational therapists (Mulholland & Derald, 2004) and new pharmacists (Thompson et al., 2012).

Communication, conflict management and critical thinking may be also core skills for many other healthcare professions, but evidence is lacking in the professional literature.

Impact of Nurse Manager Characteristics

Kwok et al. (2012) suggested that recruiters' demographic backgrounds and expectations may influence the selection process. Anderson and Shackleton (1990) reported that interviewers may tend to recruit in their own self-image, may favor those they like, or may have a strict stereotype of expectations for the position. Two participants did specifically mention wanting to hire NLRN candidates "like me", but most participants appeared to have more general preferences and beliefs about NLRN attributes that they tailored to the specific needs of their unit. Matrix coding queries were conducted in the qualitative data analysis package QSR NVivo 10, allowing me to examine the relationship between codes and demographic attributes of the participants. No patterns were identified between the demographic backgrounds of the participants and their beliefs and attitudes, except some specialty specific NLRN attribute preferences and a relationship between geographic location of the facility and preference to hire in-state graduates.

External Factors

Technology was widely used in the NLRN selection process, primarily during the posting and application stages. Nearly every facility reported posting positions and receiving applications online. Several participants also reported the use of required online preemployment screening tests during the application process. The use of virtual

interviews, either by telephone or online, was not favored for the NLRN population. Most participants expressed that they felt it was important to interview these applicants in person.

There was evidence that the organization itself exerted an influence over the NLRN selection process. Some organizations established the structure of their NLRN residency programs, which then impacted hiring schedules, numbers, screening criteria and interview processes. A few of these programs hired NLRNs into a rotating cluster of departments rather than one unit, which required those managers to collaborate on their hiring decisions. Several participants reported that their organization had set a priority for increasing their percentage of BSN prepared nurses; however most of them still had the discretion to hire an associate degree graduate if they felt they were a better fit for the position. This discrepancy between organizational preference and individual hiring manager beliefs may be a reason that the results of the current study do not reflect the higher employment rate of BSN graduates reported by Mancino (2013).

Implications for Acute Care Nursing Leaders

Participants in this study clearly articulated the important role of preceptors and ongoing support from the manager and coworkers in successfully helping NLRNs transition from student to nurse. Organizations that plan to hire NLRNs should assure that these critical resources are available throughout the first year of nursing practice. Dollars spent on a high quality orientation experience should be viewed as a good investment in long term nurse retention and improved quality of patient care.

Acute care facilities might consider examining their current NLRN hiring criteria. Participants identified a focus on the desired personality attributes and non-clinical skills

as preferable to hiring for academic performance (GPA) or technical skills. The value of past employment, especially in healthcare or any customer service job, should be considered. Efforts should also be made to match the applicant with their desired clinical specialty whenever possible.

A third priority raised by participants was involving existing staff members in the selection of their future coworker. Although some training in appropriate interviewing techniques might be required, staff members have the ability to judge whether the applicant is likely to be a good fit for the unit. Participants anticipated that staff members who had participated in the selection process would be more likely to support the NLRN during their orientation challenges.

Implications for Nursing Education

Many nursing schools admit their students based almost exclusively on their academic performance. This study suggests that schools might also consider personality attributes and attitude as well as communication, critical thinking and conflict management skills. Since these are characteristics that are valued by hiring managers, they should be evaluated during admission to the program, and the curriculum should be designed to help students develop the preferred skills that can be learned.

Study participants identified exceptional performance in clinical rotations as a possible “fast track” to a job offer after graduation for high performers, and stated an equally important negative impact for students who made a poor impression during clinicals. Clinical instructors should emphasize to nursing students that every clinical rotation is an opportunity to impress a future employer. If nursing schools are able to

match some clinical rotations to a student's preferred clinical specialty, that student's chances of getting a job in that specialty after graduation could improve.

Participants based a large part of their hiring decision on information gathered during the application, screening and interview processes. Nursing schools could assist their graduating students in their job seeking activities by offering training in resume writing and interviewing skills. Letters of reference from nursing school faculty also have the ability to influence hiring decisions, particularly if the hiring manager knows the faculty member. Faculty should avoid writing "generic" reference letters that will be discarded by managers as irrelevant. Job recommendations should be honest and specific to the student's abilities.

Limitations of This Study

The grounded theory developed in the current study only offers a preliminary explanation of how acute care nurse managers select NLRNs for hire. Although participants represented great diversity within a single state, these findings may not accurately reflect NLRN selection processes in other states and countries. Follow-up studies with more diverse samples should be conducted to examine the theory and assess its relevance to other geographic areas and even other healthcare professions. Additional constant comparison analysis could support the fit of the theory and indicate whether the current study can be generalized.

The current study is also limited in that it only represented the perspective of the hiring manager. The contribution of the NLRN applicant to the selection process was not considered. The dynamics that lead a NLRN to prefer certain specialties, and to apply for and accept certain jobs should also be examined for their impact on the selection process.

A third limitation was my inexperience with conducting grounded theory research. This limitation was addressed by including a faculty member with extensive grounded theory experience in the dissertation committee. She served as a resource on the design and implementation of this study.

Recommendations for Future Research

The current study was designed to be the first phase of a multi-phase mixed methods study. The next planned phase is a quantitative one, designed to include a much larger sample of nurse managers in validating and ranking the importance of the preferred NLRN attributes identified by participants in the current study.

This study was not intended to examine the NLRN perspective in seeking their first nursing position, however it would be valuable to explore how NLRNs decide to which positions they will apply and how they decide which job offers to accept. The concept of job pursuit intention was identified by Kwok et al. (2012) as a factor in hiring decisions in the hospitality industry. It may also prove to be a relevant factor in the NLRN selection process.

Future studies establishing which of the selection processes and preferred NLRN attributes described by participants are actually associated with improved NLRN satisfaction and job retention would also be valuable. This could assist acute care facilities in designing a NLRN recruiting and selection process that would promote both financial and quality outcomes. Best practices for NLRN selection have not yet been established.

Finally, similarities were identified between hiring preferences for NLRNs and new graduates of other healthcare professions. Further research is needed to establish

whether the same processes used to select NLRNs would be useful in selecting new therapists, pharmacists and other healthcare disciplines. Differences in preferred attributes between the professions might also be identified.

Summary

The goal of this constructivist, grounded theory research was to explain how acute care nurse managers select the newly licensed RNs (NLRNs) they hire. Data collection focused on hiring nurse manager interviews and examination of forms or tools used in the NLRN selection process. A substantive theory was developed from the data.

The Adamek Newly Licensed Registered Nurse Hiring Decision Model was constructed to explain how acute care nurse managers selected the NLRNs they hired, including both preferred NLRN attributes and selection processes. Five theoretical concepts were identified: Developing Beliefs and Preferences, Expressing Beliefs and Preferences, Gathering Information Throughout the Process, Finding the Fit and Making a Decision.

The current study was able to contribute to a better understanding of how acute care nurse managers select NLRNs for hire. This understanding could ultimately lead to the development of best practices, and an improvement in NLRN satisfaction and retention in their first position as an RN.

Appendix A

IRB Approval Notice



**Biomedical IRB – Exempt Review
Deemed Exempt**

DATE: June 19, 2014
TO: Dr. Lori Candela, School of Nursing
FROM: Office of Research Integrity – Human Subjects
RE: Notification of IRB Action
Protocol Title: Nurse Managers’ Hiring Selection of Newly Licensed RNs: A Grounded Theory Approach
Protocol # 1406-4846M

This memorandum is notification that the project referenced above has been reviewed as indicated in Federal regulatory statutes 45CFR46 and deemed exempt under 45 CFR 46.101(b)2.

PLEASE NOTE:

Upon Approval, the research team is responsible for conducting the research as stated in the exempt application reviewed by the ORI – HS and/or the IRB which shall include using the most recently submitted Informed Consent/Assent Forms (Information Sheet) and recruitment materials. The official versions of these forms are indicated by footer which contains the date exempted.

Any changes to the application may cause this project to require a different level of IRB review. Should any changes need to be made, please submit a **Modification Form**. When the above-referenced project has been completed, please submit a **Continuing Review/Progress Completion report** to notify ORI – HS of its closure.

If you have questions or require any assistance, please contact the Office of Research Integrity - Human Subjects at IRB@unlv.edu or call 895-2794.

Office of Research Integrity – Human Subjects
4505 Maryland Parkway • Box 451047 • Las Vegas, Nevada 89154-1047
(702) 895-2794 • FAX: (702) 895-0805

Appendix B

Initial Recruitment E Mail

Dear Chief Nursing Officer,

I am a PhD nursing student at the University of Nevada, Las Vegas conducting a research study to explore how acute care nurse managers select the newly licensed RNs (NLRNs) they hire. This is important because a good selection process can reduce expensive employee turnover and improve teamwork on units. There is extensive research regarding interventions that improve the retention of NLRNs after they are hired, such as residency programs, preceptors, mentors and support groups, but little information exists about the processes nurse managers use to select the right candidates to be hired.

I would like to include participants from every acute care hospital in the state in this study. I am asking for your assistance in identifying nurse managers within your organization who have hired NLRNs within the past year. Would you please forward this email to any of your nurse managers who may qualify to participate? If your organization does not hire NLRNs, would you please reply to this email with that information also?

Participation in this study would initially involve completion of a brief demographic questionnaire. After review of the completed questionnaires, a sample of nurse managers will be invited to participate in an in person interview lasting approximately one hour. At least one nurse manager will be selected for interview from each hospital. The interview would be conducted at a time and place of the nurse manager's choice. The nurse manager would also be asked to share any forms or tools used in the NLRN selection process. The identity of both the hospital and the nurse manager will be kept confidential in the study results. I am attaching a copy of the Informed Consent for the review of any potential nurse manager participants. For further information about the study or to volunteer to participate, interested nurse managers may contact me by email at susanadamek@aol.com or by phone at 770-843-8897.

I would be happy to answer any questions regarding the study. I hope to be able to include your hospital's NLRN selection processes in this statewide study.

Sincerely,

Susan Adamek MS, RN, NEA-BC, FACHE

Email: susanadamek@aol.com

Phone: 770 843-8897

Appendix C

Recruitment Reminder E Mail

Dear Chief Nursing Officer,

I emailed you two weeks ago, but have not yet received your response so I thought I would follow up. I am a PhD nursing student at the University of Nevada, Las Vegas conducting a research study to explore how acute care nurse managers select the newly licensed RNs (NLRNs) they hire. This is important because a good selection process can reduce expensive employee turnover and improve teamwork on units. There is extensive research regarding interventions that improve the retention of NLRNs after they are hired, such as residency programs, preceptors, mentors and support groups, but little information exists about the processes nurse managers use to select the right candidates.

I would like to include participants from your hospital in this study. I am asking for your assistance in identifying nurse managers within your organization who have hired NLRNs within the past year. Would you please forward this email to any of your nurse managers who may qualify to participate, and reply to this email within one week letting me know that you have done so? Or, if your organization does not hire NLRNs, would you please reply within one week so I will not include you in future mailings?

Participation in this study would involve completion of a brief demographic questionnaire, followed by an in person, audiotaped interview lasting approximately one hour. The interview would be conducted at a time and place of the nurse manager's choice. The nurse manager would also be asked to share any forms or tools used in the NLRN selection process. Finally, the nurse manager would be asked to review the transcription of the interview for accuracy. The first two nurse managers to volunteer from each hospital will definitely be selected for interview. Additional volunteers may be interviewed based on the needs of the study. The identity of both the hospital and the nurse manager will be kept confidential in the study results. I am attaching a copy of the informed consent for the review of any potential nurse manager participants.

For further information about the study or to volunteer to participate, interested nurse managers should contact me by email at susanadamek@aol.com within the next two weeks. I hope to have all interviews completed within three months.

I would be happy to answer any questions regarding the study.

Sincerely,

Susan Adamek MS, RN, NEA-BC, FACHE

Email: susanadamek@aol.com

Phone: 770 843-8897

Appendix D

Informed Consent



INFORMED CONSENT

School of Nursing

TITLE OF STUDY: Nurse Managers' Hiring Selection of Newly Licensed RNs: A Grounded Theory Approach
INVESTIGATOR(S): Lori Candela, RN, EdD and Susan C. Adamek, RN, MS
CONTACT PHONE NUMBER: Lori Candela: 702-895-2443, Susan Adamek 770-843-8897

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to explore how acute care nurse managers select the newly licensed RNs (NLRNs) they hire.

Participants

You are being asked to participate in the study because you are a nurse manager in an acute care hospital who has hired at least one NLRN in the past year, and you have been in your current position for at least one year.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: complete a demographic questionnaire, participate in an in-person, audiotaped interview approximately one hour long, share blank copies of any tools or documents you use in selecting NLRNs, and review the transcription of the interview for accuracy.

Benefits of Participation

There may not be direct benefits to you as a participant in this study. However, we hope to gain a better understanding of both the characteristics of NLRNs that are selected for hire in the acute care setting and the processes used by acute care nurse managers in making that selection.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. You may risk feeling uncomfortable when answering some questions. This study is completely voluntary. If, at any time during the study you feel you would like to stop the process, you may do so. There are no consequences for not answering any question or for quitting the study for any reason.

Cost /Compensation

There will not be any financial cost to you to participate in this study. Completion of the demographic questionnaire will take less than 10 minutes, the interview will take approximately one hour of your time, and review of the transcription of the interview may take up to thirty minutes. You will not be compensated for your time.

Participant Initials _____

1 of 2

*Deemed exempt by the ORI-HS and/or the UNLV IRB. Protocol 1406-4846M
Exempt Date: 06-19-14*

Appendix E

Demographic Questionnaire

1. How would you describe your hospital type? Please select all that apply

- a. For profit
- b. Not for profit
- c. Urban
- d. Suburban
- e. Rural

2. Job title:

3. Which clinical specialties report to you? Please select all that apply.

- a. Medical (general medical, oncology, renal, neurology)
- b. Surgical (general surgical, orthopedics, neurosurgery)
- c. Adult critical care (general, medical, surgical, cardiac, trauma, burn)
- d. Adult stepdown/intermediate care/telemetry
- e. Maternity services (LDR, LDRP, postpartum, nursery, neonatal ICU)
- f. Pediatrics/Pediatric ICU
- g. Emergency department
- h. Perioperative services (Operating Room, PACU, and Same Day Surgery)
- i. Other (please specify) _____

4. How many years employed in this position?
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. More than 10 years
5. How many years employed at this hospital?
 - a. Less than one year
 - b. 1-5 years
 - c. 6-10 years
 - d. More than 10 years
6. How many newly licensed registered nurses have you hired in the past 12 months?
 - a. None
 - b. 1-5
 - c. 6-10
 - d. More than 10
7. Your entry level nursing educational preparation?
 - a. Diploma
 - b. Associate's degree
 - c. Baccalaureate degree
8. Your current educational level?
 - a. Diploma
 - b. Associate's degree
 - c. Baccalaureate degree in nursing

- d. Baccalaureate degree in a different discipline (please specify) _____
- e. Master's degree in nursing
- f. Master's degree in a different discipline (please specify) _____
- g. Doctorate degree in nursing (please specify) _____
- h. Doctorate degree in a different discipline (please specify) _____

9. Your current age?

- a. Under 40
- b. 41-50
- c. 51-60
- d. Over 60

10. Your gender? _____

11. Your ethnicity?

- a. Not Hispanic/Latino
- b. Hispanic/Latino
- c. Prefer not to answer

12. Your race? Please select all that apply.

- a. Caucasian
- b. Black/African American
- c. American Indian/Alaskan native
- d. Asian
- e. Pacific Islander
- f. Other (please specify) _____
- g. Prefer not to answer

Appendix F

Approval Letter Sunrise IRB



SUNRISE | MOUNTAINVIEW | SOUTHERN HILLS | SUNRISE CHILDREN'S
OFFICE of RESEARCH COMPLIANCE

8/19/2014

Lori Candela
University of Nevada Las Vegas
4505 S. Maryland Parkway
Las Vegas NV 89154

RE: Our Study #14-018

Dear Dr. Candela:

Meeting Date: 9/3/2014 At: Sunrise Hospital and Medical Center

Protocol Title:
Nurse Managers' Hiring Selection of Newly Licensed RNs: A Grounded Theory Approach.

This is to advise you that the above referenced Study has been presented to the Sunrise Health Institutional Review Board and the following action taken subject to the conditions and explanation provided below.

Internal #: 6205
Expiration Date: 8/18/2015
On Agenda For: Expedited
Reason 1: Initial Review Reason 2: New Study

New Study Renewal Amendment Other

Description: Sunrise Health IRB Approval Includes:
Application to conduct Human Research
Protocol Summary dated 8/12/14
Draft Interview Guide
Informed Consent Document
CNO Recruitment email
Participant Deferral Letter
eMail Reminder
Participant eMail

The Sunrise Health Institutional Review Board has reviewed and approved the above-referenced protocol. The approval for this protocol was conducted on August 19, 2014 in accordance with the federally defined categories of expedited review outlined in 45 CFR 46.110 Category (b)(1) and 21 CFR 36.110 Category (b)(1).

IRB ACTION: Approved Risk Assessment: Minimal Risk

FWA # 00001411
Sunrise Health Institutional Review Board - 3186 South Maryland Parkway - Las Vegas, NV 89109
Phone (702) 731-8559 • Fax (702) 784-7835 • Email sunrise_irc@hcahealthcare.com
www.sunrisehealthcorp.com

This is to certify that the information contained herein is true and correct as reflected in the records of the Sunrise Health Institutional Review Board (SHIRB). We certify that SHIRB is in full compliance with Good Clinical Practices as defined under the U.S. Food and Drug Administration (FDA) Regulations and the International Conference on Harmonisation (ICH) Guidelines. SHIRB is organized under authority of, and operates in accordance with, regulations of the United States Department of Health and Human Services, Title 21 CFR Part 36 (Institutional Review Boards), and Title 45 CFR Part 46 (Protection of Human Subjects).

Appendix G

Interview Guide

1. Review and obtain signed informed consent paperwork.
2. Review demographic questionnaire and clarify any unclear answers.
3. Please describe your ideal NLRN candidate.
4. How does the culture of your unit or your organization influence your NLRN selection?
5. Please describe for me how you select which NLRNs to hire for your unit.
6. Who else participates in the NLRN selection process besides you? In what way?
7. How is technology used in the selection process?
8. If you had two applicants who were roughly equal in terms of qualifications, how would you decide which one to hire?
9. Please share with me any tools or forms you use in selecting NLRNs and describe how you use them.
10. How has your NLRN selection process changed over time?
11. Has there ever been a time that you hired a NLRN and then later regretted it?
12. Is there anything else you would like to share with me about how you select NLRNs?

Probes:

Any preferences between hiring men and women?

Do you have a preference between Associate or Bachelor's prepared NLRNs?

To what extent do you consider the applicant's grade point average?

Any schools that you think turn out a better quality NLRN than others?

Does it matter to you if the NLRN is local or out of state?

What types of previous work experience would make a candidate attractive to you? What about volunteer or extracurricular activities?

Is there anything about an applicant's physical appearance that would be to their advantage or disadvantage?

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Zielinski, D. (2012, July). The virtual interview. *HR Magazine*, 55-57.

VITA

Graduate College
University of Nevada, Las Vegas

Susan Chambers Adamek

Degrees:

Bachelor of Arts in Biology, 1978
Mercer University, Macon, Georgia

Bachelor of Science in Nursing, 1984
Armstrong State College, Savannah, Georgia

Master of Science in Parent Child Nursing
Georgia State University, Atlanta, Georgia

Special Honors and Awards:

Phi Kappa Phi Honor Society, 2014
Golden Key Honor Society, 2012
Jonas Scholar, 2012-2013
Sigma Theta Tau International, 1984

Publications:

Shen, J.J., Neishi, S., VanBeuge, S., Covelli, M., Adamek, S., Gallegos, J., & Gardner, M.R. (2014). Comparing medication error incidents among foreign-educated nurses and U.S.-educated nurses. *Journal of Nursing Regulation*, 5(3), 1-7.

Adamek, S. (2012). Nursing students gain practical experience through volunteer program. *Nevada State Board of Nursing News*, 35, 14.

Presentations:

Adamek, S.C. & Candela, L. (2014). A grounded theory approach to nurse managers' hiring selection of newly licensed registered nurses. Poster presented at Western Institute of Nursing (WIN) Research Conference, Seattle, WA.

Adamek, S.C. & Byers, M. (2013). Patient care coordinator: A care delivery model for the future. Poster presented at American Organization of Nurse Executives (AONE) Annual Meeting and Exposition, Denver, CO.

Adamek, S.C. (2009). Enhancing patient safety by managing throughput using a centralized operations center. Presented at American Organization of Nurse Executives (AONE) Annual Meeting and Exposition, San Antonio, TX.

Adamek, S.C. (2008). Panel discussion: Transparency. Panel member at Nevada Organization of Nurse Leaders (NONL) Annual Conference, Las Vegas, NV.

Dissertation Title:

Nurse Managers' Hiring Selection of Newly Licensed RNs: A Grounded Theory Approach

Dissertation Examination Committee:

Chairperson, Lori Candela, Ed.D.

Committee Member, Jessica Doolen, Ph.D.

Committee Member, Jennifer Kawi, Ph.D.

Graduate Faculty Representative, Carolee Dodge-Francis, Ed.D.