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# Relationship of a Healthy Work Environment to Retention of Direct Care Nurses in a Hospital Setting

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RELATIONSHIP OF A HEALTHY WORK ENVIRONMENT TO RETENTION OF  
DIRECT CARE NURSES IN A HOSPITAL SETTING

By

Ashlee P. Thomas

A Thesis

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## ABSTRACT

**Purpose:** The anticipated nursing shortage supports the need for researchers to identify contributing factors that impact supply of direct care nurses. This study evaluated which elements of a healthy work environment were predictors of retention of direct care nurses in a hospital setting.

**Design:** A non-experimental descriptive predictive design was used.

**Methods:** Data were collected from a convenience sample of direct care nurses in an acute hospital in the southeastern United States using the Healthy Work Environment (HWE) instrument and the Anticipated Turnover Scale (ATS) in October and November 2012. Using multiple regression elements of the HWE were regressed on ATS to identify predictors of retention.

**Results:** The sample was 102 direct care nurses with the highest percentage (n= 60) from day shift and education primarily at the associate degree (n= 57) level. Meaningful Recognition and Appropriate Staffing were identified as predictor variables of decrease intention to leave. There was an anomalous finding of Authentic Leadership as a predictor variable of increased intention to leave.

**Clinical Relevance:** Results of the study add to the literature by identifying specific elements of a healthy work environment that warrant further study on retention of direct care nurses in a hospital setting.

*Keywords: Healthy work environment, nursing retention, nursing shortage, nurse management, meaningful recognition, appropriate staffing, authentic leadership*



## CHAPTER I: INTRODUCTION

The United States government's passage of the Affordable Care Act (ACA) will help millions of Americans have some form of health care coverage (Healthcare.gov, 2012). This influx of insured Americans will continue to put a strain on the national supply and demand imbalance of nurses. With the majority of the law being rolled out over a four year period, there is a narrow window for nursing leadership to identify ways to retain nurses. According to The Robert Wood Johnson Foundation (2005) the 2010 national supply for Registered Nurses was 2,069,371, and the national demand was 2,333,865 leaving a deficit of 264,494. In 2015 the national supply for Registered Nurses is predicted to be 2.06 million while the demand for Registered Nurses is expected to increase to 2.56 million. The deficit of needed Registered Nurses was predicted to increase to 500,000 (Robert Wood Johnson Foundation, 2005), prior to the passage of the ACA. The current gap between the supply of nurses and the demand for nurses has affected the hospital work environment by increasing workloads, and has been identified as a factor in nursing retention (Hall, 2007). The components of a healthy work environment that have the greatest potential for influence on nurses' retention warrant further study. Retaining nurses in the workforce is important in order to help balance the anticipated variance in the supply and demand of nurses to provide patient care in a hospital setting.

## **Statement of Purpose**

The purpose of this study was to evaluate the association of six key elements of a healthy work environment (i.e. skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership) identified by the American Association of Critical Care Nurses (AACN) with the retention of direct care nurses in an acute care hospital in the southeastern United States.

## **Background and Significance of the Study**

According to Ritter (2010) the current nursing shortage began nearly ten years ago with a climax happening in 2002. It is likely that the demand for nurses will continue to increase while the supply continues to decrease (Ritter, 2010). The current nursing workforce is ageing (IOM, 2011; Huntington, et al., 2011; Ritter, 2011). This factor will greatly impact the supply and demand of nurses within the next decade. The shortage of nurses affects patients' quality of care, nurses' job satisfaction, and nurses' willingness to stay in the profession (The American Association of Colleges of Nursing, 2012). Nurse leaders need to identify factors in the work environment that can influence increased retention and attract new direct care nurses in order to maintain an adequate workforce.

Previous research by Hall (2007) and Ritter (2010) has shown that a healthy work environment helps increase job satisfaction and nursing retention. According to the AACN (2005a) there are six evidence-based standards required to establish and sustain a healthy work environment: skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership. If the standards needed to improve nursing work environments are not implemented, to increase job satisfaction and retention, there is the potential for continued increase in the nursing

shortage which will affect hospitals operational cost by causing an increase in expenditures, and potentially lead to expensive and fatal mistakes (Ritter, 2010). The Joint Commission reported that understaffing contributed to 24% of the 1,609 sentinel events reported in 2001 (Joint Commission Public Policy Initiative, 2001).

### **Statement of the Problem**

The growing gap between the supply of nurses and the demand for nurses is critical. Ritter (2007) noted that a large percentage of the current nursing workforce will be retirement age within the next decade, which is when the demand for nurses is expected to increase due to the aging of the baby boomers. In 2008, RNs over the age of 50 comprised 44.7% of the total RN population, and 33.3% were age 75 years or older (Health Resources and Services Administration, 2010). Nurses that are currently part of the workforce are leaving their current jobs and some are even leaving the profession. Hall (2007) explains that some of the reasons for the shortage are due to work stress, physical demands/workload, lack of advancement opportunities, and low pay. MacKusick and Minick (2010) go further to suggest that some of the reasons for the shortage include job dissatisfaction and the challenging relationships among members of the health care team.

### **Theoretical/Conceptual Framework**

The Two-Factor Theory by Frederick Herzberg, a psychologist, provided the theoretical framework for this study. According to this theory people are influenced by two factors: motivation factors (satisfaction, psychological growth, and intrinsic conditions) and hygiene factors (dissatisfaction and extrinsic conditions). Both sets of factors are components of the work environment. The hygiene factors include working

conditions, quality of supervisor, salary, status, security, company policies and administration, and interpersonal relationships. Roussel (2009) noted the importance of a balance between the amount and quality of hygiene factors in the avoidance of dissatisfaction. The progression of a hygiene factors to a dissatisfier occurs when there is an imbalance in the administration of the factors, resulting in low performance and negative attitudes (Roussel, 2009). Motivation factors include achievement, recognition, responsibility, advancement, the work itself, and the possibility of growth. Motivation factors lead to high levels of satisfaction, motivation, and performance. Both factors, hygiene and motivation, must occur at the same time (Roussel, 2009). The focus of this study was to examine the elements of a healthy work environment and their individual, as well as collective, association with retention. The elements of a healthy work environment (skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership) may be considered as proxy measures of the two factors in this theory (See Table 1). The elements needed to have a healthy work environment are equivalent to the Herzberg theory factors which influence motivation and satisfaction within the work place.

**Table 1**

*Herzberg Two-Factor Theory Relationship to HWE Subscales*

Hygiene Factors	HWE Subscales	Motivation Factors
Working Conditions	Skilled Communication*	Achievement
Quality of Supervisor	True Collaboration*	Recognition
Salary	Effective Decision Making*	Responsibility
Status	Appropriate Staffing*	Advancement
Security	Meaningful Recognition**	Work Itself
Company Policies and Administration	Authentic Leadership*	Possibility of Growth
Interpersonal Relationships		

*Note.* \*HWE Subscale corresponding to Hygiene Factor \*\*HWE Subscale corresponding to Motivation Factor

## Research Question

The research question guiding this study was:

1. Which components of a HWE as measured by six subscales (i.e. skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership) of the HWE instrument (AACN, 2009b) have the strongest influence on retention in one 276-bed acute care hospital in a rural area in the southeastern United States?

## Definitions

1. **Healthy Work Environment (HWE):** The tone of the workplace which is influenced by a variety of different factors including the role of management, peer relations, patient activity, availability of equipment and the physical environment (Christmas, 2008). In this study it is determined by the measurement of six standards developed by the AACN using the HWE instrument (AACN, 2009b).
2. **Skilled Communication:** Perception that nurses and care-giving partners are good communicators. In this study it was measured by the HWE instrument (AACN, 2009b) using the summed and averaged score of items 1, 6, and 14.
3. **True Collaboration:** Perception that nurses and other team members practice true collaboration. In this study it was measured by the HWE instrument (AACN, 2009) using the summed and averaged score of items 2, 10, and 15.
4. **Effective Decision Making:** Valuing all team members input in policy making, organizational operations, and the patient care process. In this study it was measured by the HWE instrument (AACN, 2009b) using the summed and averaged score of items 7, 11, and 16.

5. **Appropriate Staffing:** Assuring an effective match between patient needs and nurse skill mix. In this study it was measured by the HWE instrument (AACN, 2009b) using the summed and average score of items 3, 8, and 12.
6. **Meaningful Recognition:** Recognition of staff and staff recognizing the importance of all team members. In this study it was measured by the HWE instrument (AACN, 2009b) using the summed and average score of items 4, 9, and 17.
7. **Authentic Leadership:** Actions by nursing leadership that support direct care nurses ability to practice. In this study it was measured by the HWE instrument (AACN, 2009b) using the summed and averaged score of items 5, 13, and 18.
8. **Retention:** Posited to be an outcome of a healthy work environment and occurs in the presence of positive practice environments and job satisfaction (Ritter, 2007). In this study it is the likelihood that a person is planning to remain in the same position based on a measurement of intention to leave/remain in their current position measured by the ATS (Atwood & Hinshaw, 1982a, 1982b, & 1983).

### **Assumptions**

There were two assumptions regarding this study. It was assumed that the staff would be truthful in answering the survey questions. From the review of the literature it assumed that retention is an outcome related to a healthy work environment.

### **Limitations**

Limitations to this study included the use of only one hospital, which limits external validity because of the use of a convenience sample. The convenience sample may not have been a true reflection of the total population of the hospital. Because this

study focused on the direct care nurses perception of a healthy work environment it may not accurately reflect the actual work environment. This study did not include the leadership's perception of the presence of a healthy work environment. The tools that were used measured and evaluated predetermined variables of a healthy work environment and retention. While the tools used were valid and reliable tools, there may be other factors that contribute to or detract from a healthy work environment and retention of direct care nurses that are not identified in the tools used.

## CHAPTER II: REVIEW OF THE LITERATURE

Previous studies of nursing retention, job satisfaction, and quality of care have shown a positive correlation between all three variables. Kramer and Schmalenberg (2008) stated healthy work environments have been shown to effect patients' satisfaction and retention, reduced turnover, increased attraction, job satisfaction, and provide a lower degree of job stress and burnout amongst nurses. The work environment has been found to be an important component of retention. Work environments that lack respect for nurses, collaboration, encouragement of professional growth, and recognition were not considered favorable practice environments for retention (Mays, Hrabe, & Stevens, 2011; Ritter, 2011). The retention of current nurses is an important factor in the stability of the healthcare system. Nurses are the largest group of healthcare professionals in the health workforce, and the provision of 24-hour care is a basic element of acute care nursing. The advancement of medical technology, the increase in the acuity of patients, and the emergent nursing shortage makes the retention of nurses, especially experienced nurses, of greatest importance (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). There are different dynamics that affect the retention of younger nurses from that of older nurses. According to MacKusick and Minick (2002) approximately 30-50% of all new RNs change positions or leave nursing completely within the first 3 years of practice. Also, the increasing need for nurses with decreasing incentives (i.e. salary, etc.) does not make the nursing profession appealing as a career option, nor does it help to retain the current workforce (Huntington et al., 2011). The development and retention of new nurses and



ageing nurses are very important. A healthy work environment is the starting point for retention.

Sharp (2008) conducted a research study that used Herzberg's two-factor theory as its theoretical framework to examine psychiatric nurse's job satisfaction. The Herzberg two-factor theory hypothesizes that there are some factors within the workplace that produce satisfaction and there are others that cause dissatisfaction if present (Sharp, 2008). The theory suggests that job satisfaction and job dissatisfaction are not on opposite ends of the spectrum. Instead, job satisfaction simply occurs because there is an absence of job dissatisfaction (Sharp, 2008). According to Sharp (2008) there is a significant amount of evidence-based literature that correlates nurse job satisfaction with critical workplace features including retention. Mee and Robinson (2003) presented a study that listed some causes for an unsatisfactory work environment as inadequate collaboration and lack of respect for the nursing role from employers, physicians and other healthcare provider. Those causes are incorporated into Herzberg's hygiene factor of the two-factor theory (i.e. competent supervision, policy and administration, and working condition).

Mays, Hrabe, and Stevens (2010) reported on an instrument created by Arizona State University College of Nursing and Health Innovation in conjunction with Abrazo Healthcare and the Health Resources and Services Administration during the Nurse 2 Nurse project that assessed nurses' work environment. The instrument incorporated the AACNs six standards for a healthy work environment. Nurses were asked to grade themselves and their co-workers on the use of the six standards within their personal practice. The analyses found that nurses rated the contribution of their coworkers to a HWE a C or worse (based on a grading scale of A through F), and they consistently rated

their individual contributions much higher than the rating given to their coworker. Mays, Hrabe, and Stevens (2010) noted that a healthy work environment is strongly correlated with increased retention and high-quality patient care, thus the first finding from the analyses suggested that creative processes for improving work environments are critically needed.

A study by Ma, Lee, Yang, and Chang (2009) conducted in Taiwan used a self-reported questionnaire that was developed by the researchers to measure nurses' intention to leave, job satisfaction, and perception of quality of care in acute hospitals (medical centers or district hospitals). According to this study, factors that attributed to the intention to leave included unhappiness with pay, shift worked, higher number of reported incidents, and many changes that occurred in the practice environment overtime. The authors stated that organizations should assess nurses' satisfaction on a regular basis and take action to increase their job satisfaction before nurses begin to leave. Ma et al. (2009) suggested that when creating retention strategies all positive factors for retention should be evaluated (e.g. career opportunities, the practice environment, and salary).

Ritter (2010) looked at the relationship between a healthy and unhealthy work environment to nurse retention by defining both. According to Ritter (2010) a HWE includes collaborative practice, positive communication, accountability, adequate staffing, credible leadership, recognition, shared decision making, and allowance for professional growth. Ritter (2010) defined an unhealthy work environment as having poor communication, abusive behavior, disrespect, resistance to change, lack of vision or leadership, no trust, and conflict with values. Once a workplace environment has been assessed and is deemed as unhealthy it is very important to involve the nurses when

changing the practice environment. Nurses are the ones who are working in the environment and can provide valuable insight to the environments deficiencies (Ritter, 2010). The involvement of nurses to help create a HWE can help to improve retention whereas; the negativity associated with unhealthy work environments decrease the retention of nurses' (Kupperschmidt, Kientz, Ward, & Reinholz, 2010).

Kupperschmidt et al. (2010) examined how nurses as individuals can contribute to healthy work environments. The authors presented a different perspective of healthy work environments that require self-reflection of nurses. Kupperschmidt et al. (2010) said nurses need to do individual self-reflecting to focus on how they can help achieve a healthy work environment and not focus on what others need to do to achieve a desired healthy work environment. This study explained the importance of becoming a skilled communicator in an effort to promote a healthy work environment and produce positive outcomes. The five factors needed to become a skilled communicator include becoming aware of self-deception, becoming reflective, becoming authentic, becoming mindful, and becoming candid. These factors are important in order to become a skilled communicator which contributes to a healthy work environment (Kupperschmidt et al., 2010).

Huntington et al. (2011) performed a qualitative study which examined the nurses' perceptions of clinical workforce characteristics. The study found that participants constantly felt tension between the quantity of nursing care required and the quality of expected care by the community. Nurses used the adjectives overwhelming, unrealistic, unpleasant, and destructive to describe their work situations (Huntington et al., 2011). The workplace was identified as a place full of stressors that included the

criticism of management, the lack of support by colleagues, inequalities (unequal power relationships with the medical staff), bullying, feeling devalued, and experiencing emotional and physical exhaustion due to working rotating shifts. Huntington et al. (2011) suggested ways to resolve the factors raised in this research should include stable shift patterns, ensuring policies related to bullying are adhered to, and developing ways of strengthening individual staff resilience, which could drastically improve the retention of nurses. The lack of skilled communication, true collaboration, effective decision making, and authentic leadership (which are all essentials to a HWE) must also be implemented in order to resolve the factors raised in this research.

MacKusick and Minick (2010) conducted a qualitative study that explored some of the reasons registered nurses had chosen to leave the profession. There were three common themes amongst the nurses who were interviewed for the study: unfriendly workplace, emotional distress related to patient care, and fatigue and exhaustion. The informants felt as if they had no support system during their first years of practice; some reported episodes of belittling confrontations, sexual harassment, or gender abuse with coworkers. In addition, there was a lack of collaboration between physicians and staff; family member's wishes weren't being respected; and the unfriendly work environment and emotional distress led to the reported fatigue and exhaustion. The authors posited that retention of nurses should focus on the work environment by recognizing and eliminating the damaging aspects contributing to a collapsing work environment.

Hall (2007) performed a study that evaluated the effects that organizational and managerial support have on registered nurses (RN) satisfaction and burnout. Hall (2007) summarized previous research that demonstrated how work support and non-work

support made the greatest contribution to nurses' health and job satisfaction. Identifying and diminishing work stressors, as well as social stressors, were shown to be important in retaining nurses within the workforce. The social support from managers and coworkers helps to buffer stress, which is also associated with work retention (Hall, 2007). The study found that RNs working in a unit with higher levels of perceived supervisor support experienced more job satisfaction and lower turnover. Having a supportive environment was a significant predictor of nurses' job satisfaction, which was displayed in the study's results, and voluntary turnover among RNs (Hall, 2007).

Kramer and Schmalenberg (2008) explained how the perceptions of the clinical nurses as to what constitutes a healthy work environment are vital in helping leadership determine what interventions will be effective. Kramer and Schmalenberg (2008) presented the contrast between what leaders and staff nurses thought to be attributes of a healthy work environment. Leaders were more focused on the dynamics and quality of leadership, a productive work environment that provides support and access to educational programs, and a presence of collaborative working relationships. On the other hand, staff nurses were interested in support from their nurse manager, a productive work environment that provides competent staff to take care of the patients so educational opportunities can be taken advantage of, and a shared power, trust, and respect in collaborative working relationships (Kramer & Schmalenberg, 2008). The authors considered the difference in perspective to be caused by job position, focus, and responsibilities.

## Summary

Research studies performed by Hall (2007) and Ritter (2010) support the fact that healthy work environments contribute to job satisfaction and retention. Huntington et al. (2011), MacKusick and Minick (2010), and Ma et al. (2009) all noted the importance of understanding and knowing the factors that crippled nurses satisfaction within the workplace in order to develop effective nursing retention strategies. Kramer and Schmalenberg (2008) and Ritter (2010) presented the importance of nurses in determining the health of a work environment and the effectiveness of strategies implemented for workplace environmental change. Kupperschmidt, Kientz, Ward, and Reinholz (2010) posited that nurses need to evaluate themselves to see how they can personally contribute to a healthy work environment. Mays, Hrabe, and Stevens (2011) conveyed how crucial the development of innovative processes are in the work environment for bridging the gap between peers and their perceived views of each other's contributions. There is previous research that supports the stance that a healthy work environment has a positive correlation to job satisfaction and retention. Understanding of the importance of the various elements of a HWE to retention is not as well researched.

This study provided further support for the importance of a healthy work environment. Specifically, it adds to existing literature by analyzing which subscale(s) of the HWE instrument, created by the AACN, has the strongest relationship to the retention of direct care nurses in a hospital setting. This information helps guide future research on how to retain direct care nurses in a hospital setting and ultimately impact the supply and demand that may affect the nursing shortage.

## CHAPTER III: METHODS

### Research Design

This study was conducted using a non-experimental descriptive predictive design. Quantitative research uses a systematic approach of deductive reasoning to create predictions that are tested in the real world (McEwen & Wills, 2011). A non-experimental design is used when researchers do not manipulate or control the independent variable (McEwen & Wills, 2011). A descriptive predictive design is an appropriate choice to evaluate the strength of the association of the six HWE elements and six demographic variables with another variable of interest, retention.

### Setting

The setting for this study was a 276-bed, acute-care hospital located in the southeastern United States, offering 24-hour emergency, critical care, medical and surgical, obstetrics, long-term care, and diagnostic services. This setting was selected as it was typical of a community hospital setting, supported data from a cross section of nursing specialty areas, and was accessible to the researcher.

### Population and Sample

A convenience sample including all direct care nurses (RNs and LPNs, n=332) were invited to participate in the study, including nurses from specialty areas. The areas included in this study were Ambulatory Infusion, Emergency Department, Recovery Room, Labor and Delivery, Endoscopy, Medical Intensive Care Unit, Intensive Care Unit Step Down, Progressive Care Unit, Nursery, Orthopedics, Pediatrics, Surgical Unit,

Medical-Surgical Unit, and Telemetry Unit. Recruitment for participation occurred in October and November 2012. Inclusion criteria included: 1) at least 20 years of age, 2) worked in an area of the hospital that provided direct care to patients. A power analysis using G\*Power 3 (Faul, Erdfelder, Lang, & Buchner, 2007) was conducted to estimate sample size with six independent variables for a moderate effect,  $f^2 = .15$ ,  $p < .05$ , indicated a sample size of 98 would be needed to identify an association between the variables of interest.

### **Data Collection/Procedures**

Participants were asked to complete the survey via hard copy with the return of the completed survey to a designated locked bin. The surveys did not collect any individual personal identifiers. Access to the bin was limited to the researcher, and the bin was emptied a minimum of once a week. Surveys were distributed within a group setting to include shift change and various times throughout the day. Surveys were distributed three ways: by the nurse manager for dayshift nurses, Monday-Friday; by the dayshift charge nurse for nightshift nurses, during shift change, Monday-Friday; and by the researcher on Saturday and Sunday for both shifts. Extra survey packets were left in break rooms of all departments with an email distribution to all employees on day one informing them of the opportunity to participate in the study, and day seven and ten as a reminder about the research study by the units' nurse manager. The nurse managers were careful to provide information about the participation opportunity without pressure to participate. Paper surveys collected were kept in a locked file and will be shredded after a period of 3 years.



## Methods and Instruments

Data were collected using a demographic questionnaire (Appendix A), the Healthy Work Environment instrument (Appendix B), and the Anticipated Turnover Scale (Appendix C). The Healthy Work Environment instrument was chosen because it uses six evidence-based standards to determine the health of a work environment. The Anticipated Turnover Scale was chosen because it uses twelve questions that are comprehensible and provides a score that reflects retention. Both instruments have been found to be reliable and valid instruments. Permission was obtained from the authors to utilize their instruments (Appendix D).

The demographic questionnaire was created by the researcher and measured the participant's age, degree type, certification, shift worked, work status, and years of experience. Each demographic category provided multiple choice answers for the participant to choose the one that best described their status. Age and experience were collected by range categories to reduce the potential concern for anonymity that might reduce willingness to participate. These variables are valuable to the research because the researcher suspects that they influence a person's perception of what constitutes a HWE and the success of retention within the nursing workforce.

The HWE instrument was developed by the AACN and measures six standards using subscales, with three items under each subscale that are specific to the element of a healthy work environment (See Table 2). Each standard was assessed using the responses to three questions attributed to the subscale using a Likert scale. The answers were scored using a scoring scale of 1-5 (strongly agree = 5, agree = 4, neither agree nor disagree = 3, disagree = 2, and strongly disagree = 1). According to the AACN (2009b), the HWE

instrument has been evaluated for face validity and found to be reliable using two samples (N=250) with a Cronbach's alpha scores of 0.80 or better. Identical factor structures were identified from both samples supporting internal validity. The average subscale score was used as a measure of the predictor variables in the regression model.

**Table 2**

<i>Subscale Questions</i>	
HWE Subscale	Question Number
Skilled Communication	1, 6, 14
True Collaboration	2, 10, 15
Effective Decision Making	7, 11, 16
Appropriate Staffing	3, 8, 12
Meaningful Recognition	4, 9, 17
Authentic Leadership	5, 13, 18

The Anticipated Turnover Scale (ATS) by Hinshaw and Atwood (1982a, 1982b, & 1983) is a self-report instrument that contains 12 items in a Likert format, with seven response options (agree strongly = 1, moderately agree = 2, slightly agree = 3, uncertain = 4, slightly disagree = 5, moderately disagree = 6, and disagree strongly = 7, with a reverse scoring scale for positive questions). The purpose of the instrument is to index employees' perceptions or opinion of voluntarily terminating their present job. Scores are summed and divided by total number of items to obtain a mean overall score. Higher mean scores indicate higher anticipation of leaving the job. Internal consistency and reliability was established by Hinshaw and Atwood with a Cronbach's coefficient alpha of 0.84.

### **Threats to Validity**

The inability to support causal inferences was a threat to validity in this study (Polit & Beck, 2012). Since the sample was not a random sample, self-selection was utilized leading to a risk that the sample does not represent the population of interest. An

unavoidable threat is truthfulness of participants in responses or failure to understand the survey question as written. In order to limit the effects of the threat, efforts were made to solicit participation from all shifts, and demographic data were collected using ranges instead of specific values for each participant. Instruments with established reliability and validity were used for data collection to reduce the impact on internal validity.

### **Data Analysis**

Descriptive statistics (frequencies, percentages, means, and standard deviation) were used to describe the sample, and inferential statistics (multiple regression analysis) were conducted on the individual instrument responses aggregated into subscale scores. Data were analyzed using Minitab-16 software. Descriptive statistics were used to report the findings of the demographic variables (percentages) and each individual instrument item and subscale (mean and standard deviation). Inferential statistics (regression analysis) was used to evaluate the relationship between the components of a HWE to retention measured by ATS.

HWE is a complex construct that is measured by an instrument with six subscales that has been found to be a valid and reliable tool to assess work environment. In order to evaluate the impact of the different components on retention, multiple regression was used for data analysis as the objective of the study was to identify the strength and significance of subscales of the HWE on nurse retention. A backwards elimination regression was used to identify the variables that fit a model that explained the most variation with statistical significance to predict changes in retention.

### **Protection of Human Subjects**

Protection of human rights was assured by approval of both Kennesaw State University Institutional Review Board (IRB) (Appendix E), and the IRB (Appendix F) and Vice President/Chief Nursing Officer of the hospital (Appendix G). A cover letter (Appendix H) was given to all of the participants explaining the purpose of this study, information about the survey, time anticipated for completion, and the potential use of the collected data. Implied consent was evident by return of the paper survey. Participants were made aware, via the cover letter, that the data they provided would be used for research purposes only, there were no incentives for participation, no known risk factors were associated with this study, participation was completely voluntary, and non-participation would not affect their job in any way.

## CHAPTER IV: RESULTS

This chapter provides an overview of the sample for this study, with a detailed table available, and provides the results from the analysis to answer the research question: which components of a healthy work environment have the strongest influence on retention based on the subscales of skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership?

### Sample

There were 332 surveys that were distributed and 104 surveys were returned. There was one survey that left the entire demographic questionnaire blank, and one survey that was filled out by a support staff member so they were eliminated which yielded a return of 31% (n = 102) . The sample distribution of age ranges was well balanced with no dominating group present. More than half of the sample had an Associate's degree (n = 57, 57%) with the next largest group holding a Bachelor's degree. Only 24% (n = 24) of the participants held a national certification. Over half of the sample worked 7a-7p (n = 60, 59%), and majority of the participants were employed full-time (n = 96, 94%). Surprisingly there was not a major difference in the years of experience within the sample population. The largest group had more than 20 years of experience at 30% (n = 31) followed by less than five years of experience at 25% (n = 26) (See Table 3).

**Table 3***Demographic Characteristics of the Sample (N=102)*

Characteristics	N	%
<b>Age</b>		
20-30	29	28%
31-40	23	23%
41-50	24	24%
>50	26	25%
<b>Degree Type</b>		
Diploma	2	2%
Licensed Practical Nurse	5	5%
Associate's of Nursing	57	57%
Bachelor's of Nursing	33	33%
Master's of Nursing	3	3%
Doctorate of Nursing	2	2%
<b>Certification</b>		
Yes	24	24%
No	78	76%
<b>Shift Worked</b>		
7a-7p	60	59%
7p-7a	26	25%
Weekend Option 7a-7p	0	0%
Weekend Option 7p-7a	0	0%
Split Shifts (work both day and night shift)	7	7%
Other	9	9%
<b>Work Status</b>		
Full-time	96	94%
Part-time	6	6%
<b>Years of Experience</b>		
<5	26	25%
5-9	23	23%
10-19	22	22%
>20	31	30%

## Analysis

The research question for this study was: Which components of a healthy work environment have the strongest influence on retention based on the subscales of skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership? The HWE instrument and the ATS were utilized to help answer the question. Internal consistency and reliability were assessed on each instrument used in this study with a Cronbach's coefficient alpha of 0.97 for the HWE instrument and 0.83 for the ATS indicating excellent reliability. The HWE items were scored as previously described. The sum of the score for each subscale (i.e. skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership) was divided by the number of items in the subscale to arrive at a single score for that subscale. The ATS items were also scored as previously described. The sums of the scores were divided by the number of the items in the total scale to arrive at a single score.

The HWE was measured by the six subscales (i.e. skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership) of the HWE instrument. Each subscale had three questions that were used to measure that subscale (See Table 2). All of the subscales had a range of 1.0 to 5.0, with means on the subscale that ranged from 3.10 to 3.67, and standard deviation that ranged from 0.96 to 1.13 (See Table 4). The ATS had a range of 1.0 to 7.0 with a mean of 3.07 and standard deviation of 1.22 (See Table 4). There were three subscales that were found to have the biggest impact on retention, but only two of those subscales

met a significance level  $p = .05$  (See Table 5). A third variable was maintained in the model based on theoretical considerations at a significance level of  $p = .06$ .

**Table 4**

*HWE Subscales and ATS Range, Mean, and Standard Deviation*

	Range	Mean	Standard Deviation
Skilled Communication	1.0-5.0	3.36	1.09
True Collaboration	1.0-5.0	3.10	1.13
Effective Decision Making	1.0-5.0	3.53	1.02
Appropriate Staffing	1.0-5.0	3.35	1.13
Meaningful Recognition	1.0-5.0	3.31	1.06
Authentic Leadership	1.0-5.0	3.67	0.96
ATS	1.0-7.0	3.07	1.22

**Table 5**

*Predictors of Retention*

Variable			Retention (ATS)	
	Model 1 $\beta$	P	Model 2 $\beta$	P
Constant	3.67	<.0001	3.81	<.0001
Skilled Communication	0.16	.51	...	...
True Collaboration	-0.31	.24	...	...
Effective Decision Making	0.40	.21	...	...
Appropriate Staffing	-0.37	.11	-0.37	.06
Meaningful Recognition	-0.54	<.01	-0.52	<.01
Authentic Leadership	0.39	.21	0.60	.05
R <sup>2</sup>	17.39		15.41	
Adjusted R <sup>2</sup>	12.17		12.82	

**Note. n = 102 Analysis done using Minitab-16 software.**

**Regression Analysis**

At completion of data collection there were missing values for some items in both instruments. Missing values were one to two per item, with the exception of one item, HWE 17, missing three values. The majority of items were missing one value and were



scattered among cases. In order to maintain the recommended sample for adequate power, missing values were imputed using the median value for the item. The median value was chosen as it provides the most protection against lack of symmetry from reported values (Wang, 2003).

An initial general regression model found that the demographic variables were not significant to retention measure and were deleted from the regression analysis. Based on the regression of the subscale scores from the HWE on the ATS score, the final model included three of the six subscales as important predictors of retention. Two of the predictor variables (Meaningful Recognition and Authentic Leadership) demonstrated a significance level of  $p < .05$ , with one predictor variable (Appropriate Staffing) at a significance level of  $p = .06$  and explained 15.4 % of the variance in the retention scale ( $R^2 = 15.41$ ,  $F(3,98) = 5.95$ ,  $p < .05$ ) in the final model. From this model we would be able to state the following: for a one point increase in Meaningful Recognition there would be a 0.52 reduction in the ATS (retention measure) at a significance level of  $p < .01$ ; for a one point increase in Appropriate Staffing, there would be a reduction in ATS of .37 at a significance level of  $p = .06$ . The decision to keep this variable in the model was based on findings in the literature of the importance of Appropriate Staffing and the contribution of the variable in explaining the variance of retention in the strongest model. Both of these variables would influence a reduction in intention to leave. A finding that seems anomalous is that a one point change in Authentic Leadership would result in an increase of 0.6 in ATS, an increased intention to leave. This is in contrast to what has been found in the literature and may be a product of the small sample and narrow variation (Mean 3.7, SD 0.96) in the score for this variable. There was some

consideration with keeping Effective Decision Making in the model, but the final decision was based on selection of the model with the highest adjusted  $R^2$  (See Table 5). None of the demographic variables were found to be significant in predicting retention. The final model demonstrated a variable inflation factor that is less than five which supports the independence of the variables in the final model.

## CHAPTER V: DISCUSSION

This study used six demographic variables (age, degree type, certification, shift worked, work status, and years of experience), and six evidence based subscales (skilled communication, true collaboration, effective decision making, appropriate staffing, meaningful recognition, and authentic leadership) of a HWE, provided by the American Association of Critical Care Nurses, to determine the impact of the six factors on retention of direct care nurses in a hospital setting. The study found that none of the demographic variables were statistically significant to retention of direct care nurses in a hospital setting. This may have been the result from use of a small convenience sample. Three of the subscales were found to be important predictors of retention (i.e. meaningful recognition, authentic leadership, and appropriate staffing). Of the three subscales determined to be important predictors of retention Meaningful Recognition and Authentic Leadership were the subscales found to be statistically significant at the .05 level to the retention of direct care nurses in a hospital setting. While the subscale Appropriate Staffing had a significance of .06, it was deemed important in the predictive model and literature supported keeping this variable in the model. Despite the findings of the other three subscales of the HWE instrument not being statistically significant in this study, previous research has posited that these variables would impact retention of nurses. Kopperschmidt et al. (2010) examined the five factors needed to become a skilled communicator and its relationship to a HWE; Huntington et al. (2011) examined nurses perception of the clinical workforce characteristics and found there was a lack of equality

(unequal power relationship with the medical staff) and how it affected a HWE; and Ritter (2010) showed the importance of involving the frontline staff in the creation of strategies to improve the work environment. All of the previous research provided measured at least one of the subscales determined to provide a HWE, and showed how the lack of that factor could affect the retention of nurses. This study would indicate that focus on Meaningful Recognition and Appropriate Staffing would be key measures to focus on for the biggest impact on retention. While important to a HWE, Authentic Leadership may not be important to retention. This may have been due to selection bias of the self-selected sample and the characteristics of nurses who were willing to participate. The impact of Authentic Leadership on retention warrants further study. While important to a HWE, Authentic Leadership may not be important to retention.

The Two-Factor Theory by Fredrick Herzberg provided the framework for this study and is supported by the findings from this research study. Findings from this study found that meaningful recognition (a motivation factor), authentic leadership (a hygiene factor), and appropriate staffing (a hygiene factor) influenced the retention of direct care nurses in a hospital setting. Hygiene factors and motivation factors are both components of the work environment. Motivation factors are those things that produce satisfaction, and hygiene factors produce dissatisfaction and are related to the work environment. The connection between job satisfaction and retention has been researched (Huntington et al., 2011; MacKusick & Minick, 2010; and Ma et al., 2009), job satisfaction to a HWE (Kupperschmidt et al., 2010 & Mays, Harbe, and Stevens, 2010), and job satisfaction, a HWE, and retention (Hall, 2007; Ritter, 2010). Meaningful recognition, authentic leadership, and appropriate staffing are significant drivers of retention. The impact may

be as a moderator of other variables that impact job satisfaction which was not tested in this study.

Despite the fact that meaningful recognition and appropriate staffing were supported as influential drivers of the retention of direct care nurses in a hospital setting in this study, it only accounts for 15.4 percent of the variation in the retention measure. There are many factors that may contribute to retention, both work related and personal, that are beyond the scope of this study. Further studies with larger randomly selected samples to identify other major contributors to retention are warranted. Additional studies on the role of authentic leadership in retention are recommended. While the finding contributes to the picture of retention, it is a small piece of a much larger puzzle.

### **Limitations**

There were several limitations of the study. A convenience sample was recruited which may not provide a true reflection of the total population of the hospital. Including only direct care nurses in the sample limits the true reflection of the work environment. In a larger sample other factors from the HWE instrument may be found to influence retention. The limited time for data collection might have influenced the opportunity for all direct care nurses to participate. Use of one hospital in the Southeast limits the ability to generalize to other acute care hospitals.

### **Conclusion and Future Implications**

With the growing nursing shortage and the significant difference in the amount of nurses that are available compared to the amount of nurses needed, the findings from this study are valuable. Nursing leadership needs to be made aware and understand that recognizing their staff's hard work is just as important as fulfilling organizational goals.

The combination of meaningful recognition and appropriate staffing were supported as important actions in the retention of direct care nurses. However, more research needs to be conducted to define meaningful recognition, establish what constitutes meaningful recognition, and what should be considered appropriate. Repeating this study with a larger randomly selected sample would be highly recommended to see if there is a variation in the findings compared with this study. The use of a survey tool with open-ended questions related to retention would also be another recommendation to determine other factors that affect retention of direct care nurses. The anomalous finding of authentic leadership as a negative influence on retention, while interesting, requires further study as it is contrary to existing literature.

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120007637.

## APPENDICES

**Appendix A**  
**Demographic Questionnaire**

Please answer **ALL** of the following questions completely

**Age:**

- 20-30
- 31-40
- 41-50
- >50

**Degree Type:**

- Diploma
- Licensed Practical Nursing
- Associates of Nursing
- Bachelor's of Nursing
- Master's of Nursing
- Doctorate of Nursing

**Certification:**

Do you have a specialty certification from a professional nursing organization (e.g. CMSRN, CCRN, CPN, etc)?

- Yes
- No

**Shift Worked:**

- 7a-7p
- 7p-7a
- Weekend Option 7a-7p
- Weekend Option 7p-7a
- Split shifts (work both day and night shift)
- Other

**Work Status:**

- Full-time
- Part-time

**Years of Experience:**

- <5
- 5-9
- 10-19
- >20

## Appendix B

### Healthy Work Environment (HWE) Instrument

Question	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
<b>1. Administrators, nurse managers, physicians, nurses and other staff maintain frequent communication to prevent each other from being surprised or caught off guard by decisions.</b>					
<b>2. Administrators, nurse managers, and physicians involve nurses and other staff to an appropriate degree when making important decisions.</b>					
<b>3. Administrators and nurse managers work with nurses and other staff to make sure there are enough staff to maintain patient safety.</b>					
<b>4. The formal reward and recognition systems work to make nurses and other staff feel valued.</b>					
<b>5. Most nurses and other staff here have positive relationships with their nurse leaders (managers, directors, advanced practice nurses, etc.).</b>					
<b>6. Administrators, nurse managers, physicians, nurses, and other staff make sure their actions match their words—they “walk their talk.”</b>					

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>7. Administrators, nurse managers, physicians, nurses, and other staff are consistent in their use of data-driven, logical decision-making processes to make sure their decisions are the highest quality.</b>					
<b>8. Administrators and nurse managers make sure there is the right mix of nurses and other staff to ensure optimal outcomes.</b>					
<b>9 Administrators, nurse managers, physicians, nurses, and other staff members speak up and let people know they've done a good job.</b>					
<b>10. Nurses and other staff feel able to influence the policies, procedures, and bureaucracy around them.</b>					
<b>11. The right departments, professions, and groups are involved in important decisions.</b>					
<b>12. Support services are provided at a level that allows nurses and other staff to spend their time on the priorities and requirements of patient and family care.</b>					
<b>13. Nurse leaders (managers, directors, advanced practice nurses, etc.) demonstrates an understanding of the requirements and dynamics at the point of care, and use this knowledge to work for a healthy work environment.</b>					



	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>14. Administrators, nurse managers, physicians, nurses, and other staff have zero-tolerance for disrespect and abuse. If they see or hear someone being disrespectful, they hold them accountable regardless of the person's role or position.</b>					
<b>15. When administrators, nurse managers, and physicians speak with nurses and other staff, it's not one-way communication or order giving. Instead, they seek input and use it to shape decisions.</b>					
<b>16. Administrators, nurse managers, physicians, nurses, and other staff are careful to consider the patient's and family's perspectives whenever they are making important decisions.</b>					
<b>17. There are motivating opportunities for personal growth, development, and advancement.</b>					
<b>18 Nurse leaders (managers, directors, advanced practice nurses, etc.) are given the access and authority required to play a role in making key decisions.</b>					

## Appendix C

### Anticipated Turnover Scale (ATS)

Response Options

AS	=	Agree Strongly
MA	=	Moderately Agree
SA	=	Slightly Agree
U	=	Uncertain
SD	=	Slightly Disagree
MD	=	Moderately Disagree
DS	=	Disagree Strongly

Directions: For each item below, circle the appropriate response. Be sure to use the full range of responses (Agree Strongly to Disagree Strongly).

**Scoring**

<b>Key</b>	<b>Options</b>	<b>Item</b>
(-)	AS MA SA U SD MD DS	1. I plan to stay in my position awhile.
(+)	AS MA SA U SD MD DS	2. I am quite sure I will leave my position in the foreseeable future.
(-)	AS MA SA U SD MD DS	3. Deciding to stay or leave my position is not a critical issue for me at this point in time.
(+)	AS MA SA U SD MD DS	4. I know whether or not I'll be leaving this agency within a short time.
(+)	AS MA SA U SD MD DS	5. If I got another job offer tomorrow, I would give it serious consideration.
(-)	AS MA SA U SD MD DS	6. I have no intentions of leaving my present position.
(+)	AS MA SA U SD MD DS	7. I've been in my position about as long as I want to.
(-)	AS MA SA U SD MD DS	8. I am certain I will be staying here awhile.
(-)	AS MA SA U SD MD DS	9. I don't have any specific idea how much longer I will stay.
(-)	AS MA SA U SD MD DS	10. I plan to hang on to this job awhile.
(+)	AS MA SA U SD MD DS	11. There are big doubts in my mind as to whether or not I will really stay in this agency.
(+)	AS MA SA U SD MD DS	12. I plan to leave this position shortly.

ATS: Rev 8/84

## Appendix D

### Authors Permission to Use Instruments

**Ashlee Thomas**

Sun, Jul 8, 2012 at 8:41 PM

&lt;ashleepthomas@gmail.com&gt;

To: research@aacn.org, info@accn.org

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

To whom it may concern:

My name is Ashlee Thomas and I am working on my Master's of Nursing in Health system Leadership and Management from Kennesaw State University. I am currently working on my thesis entitled "A Health Work Environment's Relationship to Retention for Hospital Setting Nurses." I am sending this email to get permission to use your HWE assessment tool as the survey for my research. I would like to create a survey from your website, but have complete ownership in passing out the survey and receiving the survey back directly. All credit for the survey tool will be given to the AACN, and I would be more than happy to share my results with the organization. Please reply to my request at your earliest convenience.

Respectfully,  
Ashlee Thomas

**Patty Uy**

Tue, Jul 10, 2012 at 1:38 PM

&lt;Patty.Uy@aacn.org&gt;

To: ashleepthomas@gmail.com

Cc: Dana Woods &lt;dana.woods@aacn.org&gt;, Ramon Lavandero

&lt;ramon.lavandero@aacn.org&gt;

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

Hi Ashlee,

Thanks for your email. You have AACN's permission to adapt the AACN Healthy Work Environment Assessment for use in your research. However, if you do adapt the survey into a paper and pencil version that you own and administer directly, please say that your survey was "adapted from the AACN HWE Assessment Tool with permission" in your reference. We would certainly be happy to see the results of your research. Please feel free to contact me directly if you have any additional questions.

Best of luck,

Patty Uy

Project Manager

American Association of Critical-Care Nurses

101 Columbia, Aliso Viejo, CA 92656

PH: 800-394-5995 x376

FX: 949-448-5502

**Ashlee Thomas**

<ashleepthomas@gmail.com>

To: ada.hinshaw@usuhs.edu

[Reply](#) | [Reply to all](#) | [Forward](#) | [Print](#) | [Delete](#) | [Show original](#)

Dr. Hinshaw,

Wed, Aug 22, 2012 at 6:44 AM

My name is Ashlee Thomas and I am working on my Master's at Kennesaw State University in Atlanta, Ga. I am trying to obtain your permission to use your Anticipated Turnover Scale tool for my thesis project. The title of my thesis is: Relationship of a Healthy Work Environment to Retention of Direct Care Nurses in a Hospital Setting. Will you please grant me permission to use your retention tool to complete my thesis project? Thank you in advance for your time and consideration.

Regards,

Ashlee Thomas

**ahinshaw**

<ada.hinshaw@usuhs.edu>

To: Ashlee Thomas <ashleepthomas@gmail.com>

Cc: Ada.hinshaw@usuhs.edu, Patricia Handel <patricia.handel@usuhs.edu>

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Dr Atwood and I would be glad for you to use the Anticipated Turnover Scale. My secretary, Ms. Handel will send the instrument and the early psychometric testing results. Best of success with your research!

Wed, Aug 22, 2012 at 5:54 PM

Sent from my iPad

[- Show quoted text -](#)

**Appendix E**

**Kennesaw State University Institutional Review Board (IRB) Approval**

**zieglerirb@kennesaw.edu**

Sun, Sep 16, 2012 at 7:33 AM

<zieglerirb@kennesaw.edu>

To: ashleephomas@gmail.com

Cc: zieglerirb@kennesaw.edu, nballard@kennesaw.edu

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9/16/2012

Ashlee Thomas, Student  
KSU WellStar School of Nursing

RE: Your application dated 9/12/2012, Study #13-050: Relationship of a Healthy Work Environment to Retention of Direct Care Nurses in a Hospital Setting

Dear Ms. Thomas:

I have reviewed your application for the new study listed above. This study qualifies as exempt from continuing review under DHHS (OHRP) Title 45 CFR Part 46.101(b)(2) - educational tests, surveys, interviews, public observations. You are free to conduct your study without further reporting to the IRB.

Please note that all proposed revisions to an exempt study require IRB review prior to implementation to ensure that the study continues to fall within an exempted category of research. A copy of revised documents with a description of planned changes should be submitted to [irb@kennesaw.edu](mailto:irb@kennesaw.edu) for review and approval by the IRB.

Thank you for keeping the board informed of your activities. Contact the IRB at [irb@kennesaw.edu](mailto:irb@kennesaw.edu) or at [\(678\) 797-2268](tel:(678)797-2268) if you have any questions or require further information.

Sincerely,

Christine Ziegler, Ph.D.  
Institutional Review Board Chair

cc: [nballard@kennesaw.edu](mailto:nballard@kennesaw.edu)



**Appendix F**

**West Georgia Health System Institutional Review Board (IRB) Approval**



*A passion for putting*  
**Patients First**

November 12, 2012

Ashlee Thomas  
Masters of Nursing degree in  
Healthsystem Administration and Leadership  
Kennesaw State University

Re: "Relationship of a Healthy Work Environment to Retention of Direct Care Nurses in a Hospital Setting."

On 11-01-12, as Chairman of the West Georgia Health Institutional Review Board (WGH IRB), I was notified of your desire to conduct your research for your thesis project at West Georgia Health.

I have reviewed your survey tool and letter to the Nurse Managers / Nurses participating in the project. Based on the current policies and procedures of the WGH IRB, your project is granted expedited approval.

Should you have any questions, please do not hesitate to contact Charlene McClanahan, RPh, and IRB Coordinator at 706-845-3591

Kind regards,

A handwritten signature in blue ink, appearing to read "Don Y. Davis".

Don Y. Davis, BSPHarm, RPh  
Director of Pharmacy Services  
Chairman, IRB  
West Georgia Health System  
1514 Vernon Road  
LaGrange, Georgia 30240

1514 Vernon Road  
LaGrange, Georgia 30240  
706-882-1411 Tel  
706-845-8918 Fax  
www.wghealth.org

**Appendix G**

**West Georgia Health System Vice President/CNO Approval**

**Ashlee Thomas**

Mon, Oct 15, 2012 at 8:58 AM

&lt;ashleepthomas@gmail.com&gt;

To: Deborah Burton &lt;burtond@wghealth.org&gt;

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Mrs. Burton,

Good morning, can you please send me an email stating that you have given me permission to conduct research at West Georgia Health so I can put it in the appendix of my thesis, and my professor needs it also. I appreciate your support and time.

Respectfully,  
Ashlee Thomas

**Deborah Burton**

Mon, Oct 15, 2012 at 9:55 AM

&lt;BurtonD@wghealth.org&gt;

To: Ashlee Thomas &lt;ashleepthomas@gmail.com&gt;

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Permission given.

Deborah Burton, RN, BSN, MBA  
Vice President/Chief Nursing Officer  
West Georgia Health  
Tel: [706.845.3160](tel:706.845.3160)  
Fax: [706.812.2489](tel:706.812.2489)  
[burtond@wghealth.org](mailto:burtond@wghealth.org)

**Appendix H**  
**Consent Cover Letter**

**Title of Research Study:** Relationship of a Healthy Work Environment to Retention of Direct Care Nurses in a Hospital Setting

**Researcher's Contact Information:**

Ashlee Thomas, (404) 518-1610, [ashleephthomas@gamil.com](mailto:ashleephthomas@gamil.com) or Nancy Ballard (Faculty Advisor), (770) 423-6993, [nballard@kennesaw.edu](mailto:nballard@kennesaw.edu)

**Introduction**

You are being invited to take part in a research study conducted by Wellstar College of Health and Human Services of Kennesaw State University. Before you decide to participate in this study, you should read this cover letter and ask questions about anything that you do not understand by contacting me via email or phone. You may refuse to participate and it will not impact your job in any way.

**Description of Project**

The purpose of the study is to evaluate the associations of elements of the work setting on retention of nurses in the hospital setting using a survey. Retaining nurses in the workforce is important in order to help balance the future supply and demand of nurses to provide patient care.

**Explanation of Procedures**

Participation in the study will entail completion of a survey and placing it in a designated return bin on your unit.

**Time Required**

It is expected to take between 20-30 minutes to take the survey.

**Risks or Discomforts**

There are no known risks associated with this research project.

**Benefits**

Although there will be no direct benefits due to taking part in this study, the researcher may learn more about elements associated with a healthy work environment and which element(s) can help to increase retention amongst direct care hospital setting nurses.

**Confidentiality**

The answers to this survey will be kept confidential. Surveys will be returned to a designated locked bin. Access to the bin will be limited to the researcher, and the bin will be emptied a minimum of once a week. Surveys collected will be kept in a locked file and will be shredded after a period of 3 years.

**Inclusion Criteria for Participation**

In order to participate in this study you must be a direct care nurse and at least 20 years of age or older.

**Statement of Understanding**

The purpose of this research has been explained and my participation is voluntary. I have the right to stop participation at any time without penalty. I understand that the research has no known risks, and I will not be identified. By completing this survey, I am agreeing to participate in this research project.

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THIS PAGE MAY BE REMOVED AND KEPT BY EACH PARTICIPANT

Research at Kennesaw State University that involves human participants is carried out under the oversight of an Institutional Review Board. Questions or problems regarding these activities should be addressed to the Institutional Review Board, Kennesaw State University, 1000 Chastain Road, #0112, Kennesaw, GA 30144-5591, (678) 797-2268.