

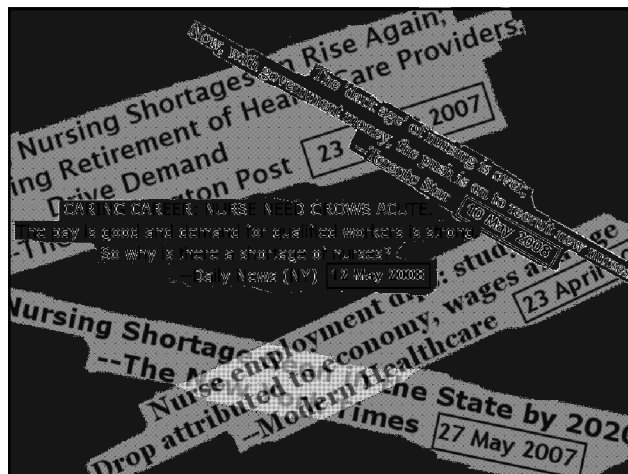
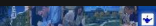
New Graduate Nurses in the Workforce: Turnover Behavior

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SUNY School of Nursing



Why Rural Health is Different from Urban health?

- Unique combination disparities in health care not found in urban areas
 - Economic factors, cultural and social differences
 - Sheer isolation of living in remote rural areas
 - Educational shortcomings
- Lack of recognition by legislators

Characteristics of Rural Nursing Workforce in USA

- Rural RNs comprised 20.8% of US RNs
- Rural RNs are roughly same age as Urban RNs
- Male RNs comprised 6.0% of RNs in Urban places and 6.2% in large rural places
- RNs in rural places have less nursing education
- The rural nurse as “generalist-specialist”

Shortage in Rural Nursing Workforce

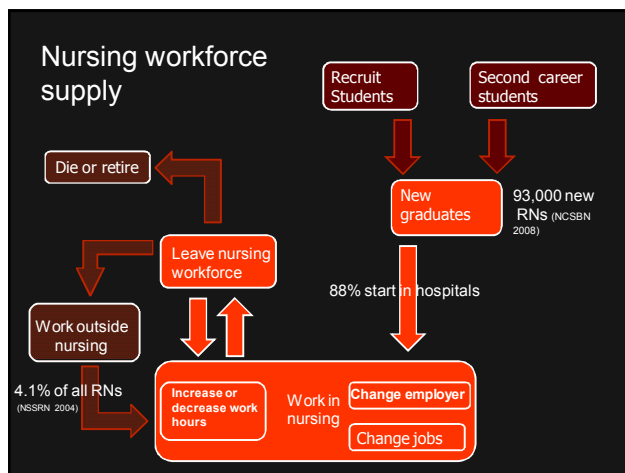
- Little attention paid
- Critical, especially in frontier counties
 - About 25% of 3,190 counties are frontier
 - 52% frontier vs 30.4% of non-frontier counties reported shortage

Shortage in Rural Nursing Workforce

- It takes rural hospitals 60% longer to fill vacant positions
- The focus on rural doctors has detracted from planning nursing

2009 changes in RN labor market

- Costs of turnover
- Reports of hospital layoffs
- New graduates can't find jobs quickly
 - in areas they want
- Recession effects-resulting in...
 - Increased supply
- Shortfall about 260,000 FTEs by 2025



Newly Licensed Registered Nurse Study



■ www.RNworkproject.org

Newly Licensed Registered Nurse Study (2007)

- 22 multi-item measures: (reliability > than .7) for Brewer-Kovner model
- \$5 incentive
- Respondents year 1 n=3091
- Response rate 58%



Theoretical Model (Brewer & Kovner, 2009)



A description of newly licensed registered nurses (AJN, 2008)



What are new nurses looking for?

•Ideal job?

•87.7% worked in hospitals

• Mean satisfaction high:
• 5.2 out of 7

• 47% said the job was very much like the one they wanted



2005 Income

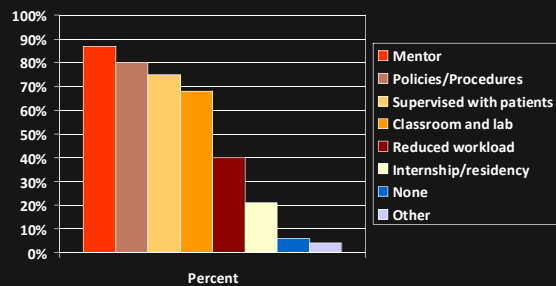


- Full-Time income \$47,770
- Spousal median income \$40,000
- Benefits :
 - 85% somewhat or very important

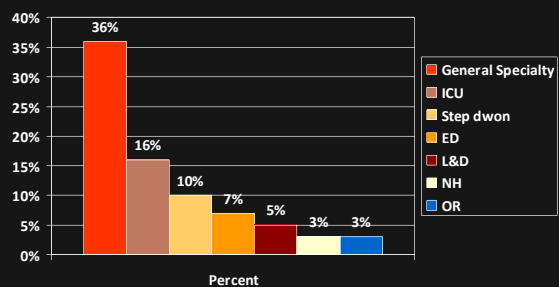
BUT 41.5%
said they
would want
another job
if free to
choose



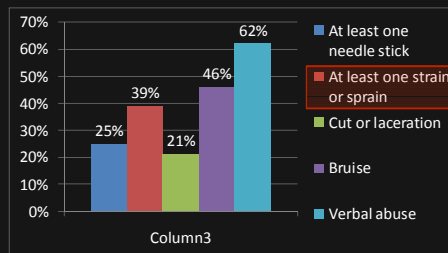
Type of OJT and Orientation



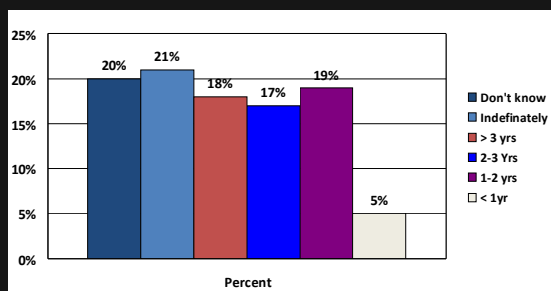
Unit Type



Injuries



Plans to stay



Reasons already left (19.7%):

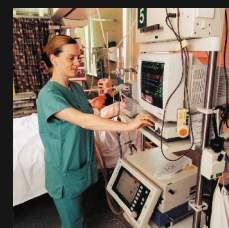
- Poor management 42%
- Difficult clinical experience 34%
- Stressful work 20%
- Moved 25%

Multivariate analysis of
Hospital Staff RNs
Intent to stay (IJNS 2008)

To impact BOTH Organizational
commitment AND Satisfaction

■ POSITIVE

- Variety
- **Autonomy**
- Procedural justice
- **Promotional opportunity**
- RN MD relationships
- **Social support**
- Importance of benefits to stay



To impact BOTH Organizational
commitment AND Satisfaction

■ NEGATIVE

- Organizational constraints
- Quantitative workload
- Mandatory overtime
- Patient load
- **Local and non local opportunity**



To impact hospital staff NLRNs'
Intent to Stay

Personal Characteristics

- Age (+)
- Spousal income (+)
- Baccalaureate (-)

Job Opportunities

- Local (-)
- Non local (-)



Where to Invest Limited Resources?

- To impact **Intent to stay**:
 - Organizational commitment
 - Satisfaction
 - Promotional opportunities
 - Autonomy
 - Supervisory Support

Where to Invest Limited Resources?



- Wages won't keep the unhappy RN
- Wages NOT significant in any of the analyses
 - LONG term effect

Turnover study

- 70% responded from year 1
- N=1653 hospital RNs
- Dependent variable:
 - left employer in year 2

Turnover results

- 15% changed employers
- 1% were not working as a RN
- 13% additional RNs changed positions only

Result in more turnover

- If work full-time
- **Have strains or sprains**
- Baccalaureate education



Not significant

- Magnet hospital status
- Residencies
- Verbal abuse
- Generational age
- Wage

Result in less turnover

- **Higher intent to stay**
 - **Need to intervene at level of satisfaction and organizational commitment**
- More hours of voluntary overtime
- More than one job for pay

Implications

- Turnover expensive: \$
 - **\$788 million to \$1.4 billion**, depending on which of our estimates used
- Determine what satisfies your RNs
- Policies to reduce strains and sprains

Solutions

- Recruitment
- Retention
- Solutions specific for rural nursing
 - education