

Being in the Nursing Workforce:

Words of Second-Career Nurses 5 Years After Graduation

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Nurses make up the largest proportion of health care workers in most health care organizations. However since the late 1990s, hospitals have been reporting a significant shortage of registered nurse (RN) staff.¹ The national data forecast from the Bureau of Health Professions projects a national shortage of RNs that will surpass 1 million full-time equivalent positions by 2020.² The RN shortage problem is 2-fold: the number of new nurses being graduated and the number of nurses leaving positions in the nursing workforce. The introduction of the accelerated second-degree program in nursing was a potential solution for the first problem by providing a quick route to a career in nursing for individuals with a degree in another field and prior work experience. Although data from the American Association of Critical-Care Nurses provide evidence that accelerated second-degree programs are graduating an increasing number of nurses, there are no data about these nurses' perceptions about being a nurse

after being in the nursing workforce or their perception of their job as a nurse.³ Consequently, it is not known whether these graduates are enjoying their new professional avocation or are experiencing frustration as they become part of the nursing workforce.

Accelerated second-degree program graduates have been described as motivated and valued as new graduate hires by many employers.³ However, what happens to these nurses in the years after that first hire is mostly unknown. A small study by Raines⁴ found that a majority of the graduates of an accelerated program of study were

actively practicing 5 years post-graduation. Understanding the benefits and frustrations of being a nurse from the perspective of these graduates is important to nurse retention and addressing the second component of the RN shortage problem of retaining nurse graduates in the nursing workforce.

In the past, there have been studies of what factors lead to nursing turnover in an attempt to develop programs to retain nurses within the organization. Much of the research into the work satisfaction of nurses was conducted in the 1970s when the practice world of nursing was less technological and bureaucratic, and when the educational system could provide a supply of nurses that, at times, exceeded the demand for their services.⁵⁻⁷ Because the supply and demand context for nursing has changed substantially over the past 30 to 40 years, it is important that these dimensions be reassessed with currently practicing nurses. The primary foci of the existing studies were the negative aspects of working as a nurse. Factors such as burnout, low pay or lack of benefits, and work shifts were consistently cited as the reasons a nurse leaves the workforce.⁸⁻¹²

A number of the existing studies focus exclusively on the nurses' first year in the workforce following graduation.¹³⁻¹⁶ Consequently, there is little evidence about the perceptions of nurses with time invested in the workforce, and there is no evidence in the literature about the second-degree nurses' perception of being a nurse and in the nursing workforce. Overall, there is a lack of literature describing the nurse's perception of the positive aspects of their current job and their choice to continue practicing as a nurse. Hayes et al.¹⁷ identified that keeping nurses in the workforce is complex and multifactorial; however, the specific factors that retained nurses are not identified, except as being the opposite of dissatisfaction. In other words, most of the literature is focused on the negative aspects of being a nurse and the reasons nurses leave nursing. History demonstrates that even with the introduction of a variety of retention programs and incentives, nurses are still identifying the same frustrations and continue to leave the work force. The project reported on in this article explored the perceptions of a cohort of accelerated second-degree graduates, 5 years after graduation, to learn their perceptions about being a nurse and being employed in nursing.

THEORETICAL FRAMEWORK

Hertzberg's 2-factor theory is a classic theoretical explanation of the factors that lead to job enjoyment or dissatisfaction. According to Herzberg's theory, pleasurable or satisfying work and frustrating or dissatisfying work are independent dimensions.¹⁸ Hertzberg's proposition that just because something does not cause dissatisfaction does not imply it will lead to retention of the employee.¹⁸ The interrelationship of pleasurable and frustrating aspects of the work is illustrated in a study by Morgan and Lynn¹⁹ who found that pay and benefits were not principle satisfiers, but are often tolerated in the interest of getting the job done, when the aspects of the job valued by the individual nurse were present. Similarly, studies in nursing have demonstrated that a focus on financial packages or benefits is not the strongest driving force for retaining nurses in a position.²⁰⁻²² Although many second-degree nurses acknowledge that job availability, compensation, and flexibility are considerations in the decision to study nursing, the majority also espouse a desire to care for others and to make a difference.²³

In Hertzberg's original research, participants were asked the best and worst aspects of the job.¹⁸ A similar questioning technique was used in this study. Participants were asked four questions:

- What do you like best about being a nurse?
- What is the best aspect of your current position?
- What is the most frustrating aspect of your current position?
- Do you intend to leave your current position in the next 12 months?

Findings: What They Told Us

A total of 54 (90%) of 66 graduates responded. Five of these individuals were not currently employed in nursing. Of the 5 individuals not currently employed in nursing, only 1 had left the profession and was enrolled in a pharmacy program. The remaining 4 graduates not currently employed had left the nursing workforce to care for young children or aging parents. Three of these individuals indicated plans to re-enter the workforce at some point in the future; 1 person was uncertain. The remaining 49 responses, representing 81.66% of the graduates, are the source of these findings. The participants were ethnically diverse and mirrored the composition of the entire cohort of students. Additional demographic characteristics of the respondents are displayed in [Table 1](#).

From the responses to the first question, what do you like most about being a nurse, 3 themes emerged ([Table 2](#)). The most frequent theme focused on nurturing, helping, and healing others. This theme emerged from categories of responses focused on the nurse-patient relationship, the nurse as a patient advocate, and the helping role of the nurse. The second theme was compensation and job availability. The categories of responses leading to this theme included the availability of jobs, options within nursing, flexible working hours, and having health benefits. The third theme was the challenge to think, which emerged from responses about diagnosing the patient's needs, the variety and uniqueness of each patient encounter, and a growing knowledge base for practice.

[Table 3](#) illustrates the 4 themes that emerged from the question, "What is the best aspect of your current position?" The relationship with patients and families, which encompassed the nurse-patient relationship, the feeling associated with a good outcome, and making a difference, was the most frequently cited theme. Second in frequency were responses captured by the theme of new learning opportunities. The third theme was the schedule flexibility. Finally, a small number of respondents identified independence, trust, judgment, and responsibility to do the right thing, culminating in the theme of autonomy.

The question inquiring about the most frustrating aspect of your current position generated 4 themes ([Table 4](#)). Only 1 theme, workload, had a direct connection to patient care. The major frustration expressed in this theme was the impact on safety for patients due to the high workload expectations. The remaining 3 themes were unrelated to direct nursing care activities. The theme of unit culture emerged from responses about gossip, pre-conceived ideas about nursing and nurses, nurse-to-nurse working relationships, and unit politics. The

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