

Nursing Students and New Nurses Speak about Recruitment and
Retention Decisions

A Graduate Project

by

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Problem Statement

The current nationwide nursing shortage of Registered Nurses (RNs) is a growing problem. The shortage has impacted Iowa in many ways including difficulty recruiting new graduate RNs and a high rate of new graduate RN turnover. The elevated turnover rate, along with nurses leaving to work in other states may contribute to increased workload for existing nursing staff and high organizational costs. Exploring nursing research that has been conducted in the areas of recruitment and retention of new RN graduates may provide a deeper understanding of this problem.

The current nursing shortage has been around for sometime and is forecasted to continue to grow. This shortage is different than previous shortages due in part to the increasing age of nurses. According to Cooper (2003), the average age of nurses has increased and we will soon see many of these nurses reaching retirement, leaving a huge hole to fill in the profession. Nevidjon and Erickson (2001) stated that in past shortages different solutions, all associated with some sort of monetary benefit for retention or relocation have helped. However, it will not work for this shortage because it will not help to bring more nurses into nursing it simply moves existing nurses around (Nevidjon and Erickson). The existing population of nurses will soon see a drastic drop in its total number as the baby boomers reach retirement age (Cooper, 2003). Along with the problem of the aging nurse is the problem of aging nursing faculty. Soon there will not be enough faculty to teach the nursing students (Kerfoot, 2003). This has led to the start of waiting lists at a lot of colleges (Smith, 2002).

According to Kerfoot (2003), "The decline in the number of RNs entering the workforce is profound" (p. 77). Nursing as a profession does not seem to be appealing as a career choice. It used to be that girls could only do one of three jobs, nursing, teaching, or secretarial work. Now women are empowered and have so many more choices that choosing a job with a relatively low pay scale across the board, inflexible scheduling, and the risk of exposure to disease does not sound exciting to very many (Nevidjon and Erickson, 2001).

"Since 1995, enrollment in all nursing education programs has declined each year by 5%" (Kerfoot, 2003, p. 76). On the other hand, the American Association of Colleges of Nursing (AACN) reports, "enrollments in entry-level baccalaureate programs in nursing increased by 8 percent in the fall of 2002 over last year" ("One Million", 2003, p. 19). Nursing is and will

continue to work on improving its image. Improving the image of nursing will make recruitment easier and will make nursing more appealing (Reilly, 2003).

Besides the void left by retiring nurses, there are large voids to fill from nurses who are willingly leaving the profession. These nurses are leaving the profession for some of the same reasons that people will not choose nursing as their profession, such as inflexible scheduling. “Dissatisfaction can and does result in nurses leaving the already dwindling workforce” (Albaugh, 2003, p. 193). Nurses face many different factors that lead them to job dissatisfaction. A commonality in the dissatisfaction of nurses is their inability to provide the kind of patient care they feel the patient deserves. This is due to increased workload and stress on the job. Some of these stresses include new diseases and high patient-nurse ratios, feelings of inadequacy, and feeling unimportant to the organization as a whole (Albaugh).

Significance and Rationale of the Problem

A true understanding of the gap that exists between the expectations of the new graduate nurse and reality in the workplace is imperative when focusing on recruitment and retention strategies. Encouraging new nurses to remain in Iowa can only be done with a working knowledge of the factors that influence their choice of jobs and their decision to remain in their jobs.

According to a report prepared by the Iowa Department of Public Health (IDPH) (2004) new graduate nurses are currently being recruited by hospitals across the country, which are all trying to fill their own staffing gaps. Unique and attractive benefit packages are being offered including flexible scheduling, increased wages, and specialized new graduate orientation programs. Consequently, Iowa suffers the effects of the shortage even more when new nurses leave for broader horizons. A large portion of this project is focused on discovering which factors influence the first job choice of senior nursing students as well as newly graduated RNs.

Many new nurses are leaving their first job shortly after starting it (Marcum & West, 2004). Many factors play a role in these decisions. New nurses often experience reality shock from the gap between their expectations and reality (Marcum & West). In retrospect, many nurses often feel that their orientation was inadequate and in turn feel they were unprepared for the job, consequently leaving all together (Squires, 2002). The other portion of this project will be to explore the reasons new nurses either stay in their positions or leave.

Aims/Goals

The aim of this project was to determine which factors influence the recruitment and retention of newly graduated nurses and new registered nurses. This project also focused on determining some of the causes for recent difficulty in the areas of recruitment and retention of new graduates. The goal of the project was to improve recruitment and retention strategies for nursing staff throughout the state of Iowa.

Literature Review

A report prepared by IDPH (2004) contended that the current shortage of registered nurses in the United States will continue to grow and could become detrimental by the year 2020. The average supply in Iowa will only be slightly greater than that of the nation between the years 2005 and 2020 (IDPH). This report projected that by the year 2020 Iowa will need around seven thousand more full time RNs to fill it's needs due to increased acuity and changes in the health care system (IDPH). Even though demand will be increasing, supply will be decreasing and Iowa will be short about nine thousand nurses in the year 2020 (IDPH).

According to Beecroft, Kunzman, and Krozek (2001) the current and future shortage is due in part to an aging nursing workforce. Many nurses will be retiring between the years 2005 and 2020. In 2004 sixty percent of Iowa's nursing workforce was over the age of 43 (IDPH, 2004). Another reason cited for the shortage is decreased enrollment in nursing colleges across the country (Kerfoot, 2003).

The IDPH (2004) stated some reasons for the shortage in Iowa include, "low pay in the health fields related to Medicare reimbursement rates in Iowa, departure of newly licensed registered nurses in pursuit of higher wages, and aggressive recruitment of students and nurses by states experiencing acute shortages" (p. 2). According to the IDPH (2004) the U.S. Bureau of Labor Statistics puts registered nurses at the forefront of occupations expected to grow the most. "Nationally, more new positions are expected to be created for registered nurses than for any other occupation" (IDPH, 2004, p. 2). This reinforces the need to keep new graduates in nursing and in Iowa.

Although the shortage is nationwide, Smith (2002) discusses different responses to the shortage at the state level, she says:

In Iowa, the labor shortfall is significant and graduations from schools of nursing are down 27 percent over the past six years. A collaborative group including the Iowa Hospital Association, Council of Nurses, Caregivers Association, Board of Nursing, and Governor's Nursing Shortage Taskforce came to a consensus around areas of focus including: 1. Developing a state-level office to model and affect the appropriate supply of nurses and other unlicensed personnel to meet predicted demands. 2. Improving the workplace environment for nurses. 3. Increasing Medicare and Medicaid reimbursement with the understanding that increased reimbursement will result in increased compensation to the staff at the bedside. 4. Identifying the areas most severely struck by the shortage and creating scholarships and loan incentives to direct resources accordingly. 5. Assuring that regulatory requirements placed upon nursing for documentation and reporting are clearly tied to improving patient outcomes. (p. 288)

In lieu of the current nationwide nursing shortage recruitment efforts are at a high for RNs. With fewer new graduates coming out of school than the number of nurses leaving the workforce, recruitment of newly graduated RNs is imperative to fill staffing gaps (American Association of Colleges of Nursing [AACN], 2002). Traditional recruitment strategies are not going to work with the current shortage related to competition between organizations (Bozell, 2001). Organizations will have to be creative in their recruitment efforts.

Currently many organizations are offering higher wages, flexible scheduling, and tuition reimbursement for new graduates in an attempt to fill their own schedule (North Carolina Center for Nursing [NCCN], 2002). In the year 2000, the top recruitment strategies used for new RN graduates listed by nurse employers in North Carolina were “affiliation with schools of nursing, outreach to new graduates and a personal approach at open houses, job fairs and interviews” (NCCN, 2002, p. 1). Specialized orientation programs for new graduates followed closely behind (NCCN). The top fourth and fifth strategies were monetary in nature and included sign-on bonuses and tuition reimbursement or scholarship (NCCN).

Positive social support ranked fairly low on the list of recruitment strategies used in North Carolina in the year 2000 (NCCN, 2002). This study was conducted using management and not new graduates themselves. Within the same study, managers concluded that retention of

new graduates reflected that the top two strategies for recruitment worked and “play an important role in enhancing social support and skill acquisition to the new RN graduate as they transition into the workplace” (NCCN, 2002, p. 2). Managers concluded that using specialized orientation programs was the main factor in transitioning new RN graduates into the workplace and retaining them (NCCN).

However, lack of social support appears to be a common factor in the dissatisfaction of new graduate RNs. Experienced nurses lack patience needed by new graduates during orientation causing non supportive surroundings for the new nurse (“Nurses are we”, 1999).

Stratton, Dunkin, Szigeti, and Muus (1998) conducted a study related to RN recruitment barriers in rural community hospitals. They were interested in finding which factors were important to nurses and which were not. This study did not particularly focus on the new graduate nurse; however, it was relevant to this project because of the rural nature of Iowa. Interestingly, managers of rural area facilities felt that barriers to recruitment would be most closely associated with local or area surroundings, mainly rural versus urban (Stratton et al.). As this study continued, Stratton et al. found this not to be the case. According to the nurses in the study, barriers related to nursing such as number of hours worked, workload, salary, etc. and barriers related to professional interactions such as relationships with colleagues actually greatly outweighed community barriers (Stratton et al.).

Recruitment and retention of new graduate nurses are issues that are highly entwined in one another. An organization, which is focused on the recruitment of new graduate RNs, must also be focused on retaining them. When managers were questioned about recruitment and retention together, the most effective strategies were specialized orientation programs including preceptor, internship, and mentoring programs (NCCN, 2002). Mentioned less, but still frequently, were wages, scheduling, and positive social support (NCCN).

Retention of new graduate nurses continues to be a struggle for hospitals nationwide. Many new nurses leave their place of work within the first year of employment due to poor orientation and lack of social support (Marcum & West, 2004). Orientation of new graduates has proved to be an area in need of improvement when looking at retention of newly graduated RNs.

Many different resources are available regarding orientation, mentoring, training, and preceptor programs for new graduate RNs. Most authors found that when a specialized orientation program is set up for new graduates the retention rate is higher than for those without the program (Almada, Carafoli, Flattery, French & McNamara, 2004; Marcum & West, 2004;

Squires, 2002). Some organizations have a decrease in turnover among the general RN population once a mentor program takes flight (Pinkerton, 2003). Many different programs exist as each organization has developed a program according to its own needs.

Around half of new RN graduates feel their orientation is too short (“Nurses are we”, 1999). This is due in part to advances in technology, complicated care, decreased staffing, and care of sicker patients (“Nurses are we”). On average it takes a new nurse around 12 months to function independently and confidently (Maguire, as cited in Pearson Floyd, 2003). This information indicates that a six-week orientation program with all ties severed upon completion is not adequate for new graduates. A preceptor or mentor can function as a safe resource for the new nurse after the initial orientation period ends (Pearson Floyd, 2003).

Boychuk Duchscher (2001) conducted a study of five nurses in their first six months of practice in acute care. Through this study Boychuk Duchscher determined how new graduate nurses felt and what stages they went through in their transition to becoming confident, professional nurses. Boychuk Duchscher hopes that her study will positively assist in the recruitment and retention of new graduates.

Boychuk Duchscher (2001) interviewed five new nurses over the course of their first six months in practice. The participants cited many different feelings related to starting practice, notably they cited dependency on others and fear of physicians as major areas of anxiety and downfall in their orientation (Boychuk Duchscher).

According to Boychuk Duchscher (2001) the nurses stated that they wanted to learn but couldn't do so without depending on others. Additionally, they did not want to appear dumb to their colleagues and finally, they were interested in contributing but felt too nervous about the response from others (Boychuk Duchscher). The need for independence led the way in feelings of inadequacy for the new nurses. Boychuk Duchscher (2001) stated, “ ‘not knowing’ was perceived as weakness, rather than as an expected state of their professional orientation” (p. 427).

Another issue cited by the new registered nurses in Boychuk Duchscher's (2001) study is fear of physicians. The nurses stated that they felt anxiety about working with physicians. They also stated that nothing was being done to address the problem of physician abuse towards nurses and that they learned not to address it but to find new ways around it (Boychuk Duchscher).

The study conducted by Boychuk Duchscher (2001) concluded after six months of interviews with the new nurses. The findings of this study are aptly illustrated in Patricia Benner's model from novice to expert (Benner, Tanner, and Chesla, 1996).

Theoretical Support

This project focused on the novice nurse. The goal of the project was to discover ways to support Iowa's novice nurses in becoming experts. The theoretical support for this project came from Patricia Benner's model, from novice to expert (Benner, Tanner, and Chesla, 1996). Benner et al. (1996) described five different stages spanning from the new novice nurse to the seasoned expert nurse. The five stages include novice, advanced beginner, competence, proficient, and expert (Benner et al.).

Novice

The novice level is described as the beginner who is given a set of rules to draw conclusions from (Benner et al., 1996). This resembles the way that emergency medical technicians (EMTs) are trained. EMTs follow algorithms and policies that lead them directly to what action should be taken next, they do not take into account other extenuating circumstances. The novice nurse is somewhat comparable to this in the fact that they are very task oriented. According to Benner et al. the novice nurse is still very focused on skill acquisition.

Advanced Beginner

The second stage that Benner et al. (1996) identified is that of the advanced beginner. In this stage the authors stated that the advanced beginner nurse has been involved in more real life situations and consequently begins to perform better. The advanced beginner is starting to understand how each skill plays its part in the grand schema (Benner et al.).

Competence

Benner et al. (1996) identified competence as the third stage. Competence is achieved when the advanced beginner is able to prioritize elements of a situation and apply them to real life (Benner et al.). According to Benner et al. (1996), during this stage the competent nurse is able to take responsibility for his/her actions. Thus, the outcomes of actions lead to meaningful learning situations, which are remembered by the competent nurse whether bad or good (Benner et al.). Within the competent stage the nurse is learning from his or her mistakes.

Proficient

According to Benner et al. (1996) the proficient stage is the fourth stage in the model. At the proficient stage the nurse is able to carry through with decisions without really putting much effort into thinking about the problem, the decisions are reached instantaneously from previous experience (Benner et al.). This is the stage where daily routines become automatic and the only things that are not automatic are situations that are out of the ordinary (Benner et al.). When something out of the ordinary does occur the proficient nurse regresses to rely on rules to get the desired outcome simply because of a lack of experience in this particular situation (Benner et al.).

Expert

The fifth and final stage is that of the expert (Benner et al., 1996). According to Benner et al. the expert nurse relies solely on experience and rarely, if ever, falls back on rules to guide him/her through a situation. The expert nurse is able to achieve any outcome due to the vast amount of experience he/she possesses (Benner et al.). Benner et al. (1996) stated, “experts don’t solve problems and don’t make decisions; they simply do what experience has shown normally works, and it normally works” (p. 42).

This theoretical framework offered support to guide this project as the role of the novice nurse and how he/she is able to progress through the stages set forth by Benner et al. (1996) was examined. The student nurse, as defined for this project, is a nursing student who will be licensed to practice within one year. The student nurse is a perfect example of a novice. The new nurse, as defined for this project, is a nurse who has been licensed and started practicing within the last two years. The new nurse could be an advanced beginner. These stages were explored, along with exploration of the influence that the expert nurse exerts on the novice and advanced beginner.

Involvement

Along with the aforementioned model, a research utilization model had been established for use with this project. The Stetler model of research utilization is based on six phases and is meant to assist nurses in utilizing research (Burns & Grove, 2001). Burns and Grove discuss the six phases of the model beginning with preparation and ending with evaluation. The six phases are as follows, preparation, validation, comparative evaluation, decision making, translation/application, and evaluation (Burns & Grove).

Preparation

Stetler identifies the first phase of the model as preparation. According to Burns and Grove (2001) during this phase the focus of the research to be conducted is identified. The nurse may be doing the research to solve a problem or to keep current on changes (Burns & Grove). I have done extensive research on the current nursing shortage throughout my education. The research conducted in this area is focused on solving the problem. The Iowa Department of Public Health identified the same problem and has asked for my assistance in gathering data related to this shortage.

Validation

The second phase of Stetler's model is validation. This phase is characterized by critique of the gathered research (Burns & Grove, 2001). Once the information has been reviewed, the nurse then decides if the information is strong (Burns & Grove). If the information is strong then the decision is made to proceed to phase three (Burns & Grove). I conducted a literature search to secure information on recruitment and retention of new graduate RNs. This information served as the basis for the project itself.

Comparative Evaluation

The third phase in Stetler's model is comparative evaluation. This phase includes four parts (Burns & Grove, 2001). The first part is substantiating evidence. In this part the nurse determines whether the research is credible by determining if it has been done in different settings with similar outcomes (Burns & Grove). The second part is fit of setting. In this part the nurse compares the research settings to his/her own setting and determines if the findings can be implemented or not (Burns & Grove). The third part is feasibility. To determine feasibility of using the findings the nurse must examine "potential risks, resources needed, and readiness of those involved" (Burns & Grove, 2001, p. 696). The fourth part is current practice. In this part the nurse must determine if the findings can assist in making changes in his/her current practice (Burns & Grove). This phase assists the nurse in determining if the benefits of using the findings in practice outweigh the risks, if so, a decision can be made on whether or not to make the change (Burns & Grove). I identified that there were no risks involved in using this research. However, this project was not focused towards making a change, it was focused on helping to solve a problem.

Decision Making

The fourth phase of Stetler's model is comprised of decisions related to the use of the research findings. The nurse can decide to "use the findings, consider using the findings, delay using the findings, or reject or not use the findings" (Burns & Grove, 2001, p. 696). If the choice is made to use the findings three types of application can be considered. Cognitive application of the findings may change the way that the nurse thinks about the subject (Burns & Grove). Instrumental application will result in the change of interventions and protocols on the part of the nurse (Burns & Grove). Finally, symbolic application results in the change of a policy (Burns & Grove). I have chosen to use this information. This information was used through cognitive application. The way that I think about and approach recruitment and retention was changed at the completion of this project.

Translation/Application

The fifth phase of Stetler's model of research utilization is translation/application. This phase includes three steps. In the first step the nurse must determine what the situation is that needs to be changed (Burns & Grove, 2001). In the second step the nurse will create a plan for implementing the change and in the third step the change will actually be implemented into practice (Burns & Grove). The findings from this project will be disseminated to the Iowa Department of Public Health and hopefully will be used to make changes in recruitment and retention efforts for new graduate RNs.

Evaluation

The sixth phase in the model is evaluation. In this phase the change that occurred as a result of research utilization is evaluated for effectiveness. Evaluation can be conducted by any member of the health care team and can be formal or informal in nature (Burns & Grove, 2001).

Stetler's model of research utilization served as a basis for this project. It helped guide the synthesis of existing nursing research on RN recruitment and retention. As information is gathered this model guided the identification of areas in need of strengthening and evaluation. This model also served as a guide to evaluate which literature could be applied to this project. Stetler's model of research utilization assisted in the understanding of current practices in the areas of recruitment and retention of new graduate RNs.

Project Team

The preceptor for this project was Eileen Gloor, MSN, RN. Eileen is the Executive Officer at the Iowa Department of Public Health's Center for Workforce Planning. The faculty advisor for this project was Kendra Williams-Perez, Ed.D(C), RN. Kendra has an extensive background in nursing leadership. The principle investigator for this project was Mikaela Kienitz, BSN, RN. Mikaela is a graduate student at Allen College and is pursuing the leadership track.

Activities

An application was submitted for the use of human participants in this project. Upon its approval, participants were notified at random and were asked to participate in this project. Participant information was obtained from the registrar and from senior nursing courses at Allen College. Participants were sent a project invitation via email that described the project as well as participant rights and consent information. Participation was on a volunteer basis and participants could choose to drop out of the interviews at any time. Consent was assumed when the participant willingly responded to the questions. Participants came from Allen College senior nursing courses as well as Allen College alumni. The use of Allen College alumni provided a range of RNs working in a wide variety of jobs, as well as locations. This gave added support to the findings of the project and may have eliminated any bias based on geographical or institutional location. The participant's names were provided for use in the final report; however, any information rendering identifiable responses was removed (see appendix 3). Their email addresses were kept completely confidential and destroyed at the completion of the project. For purposes of this summary, the completion of this project was planned to occur after the presentation and dissemination of information to the Iowa Department of Public Health.

The investigator initiated electronic-based interviews once a week for three weeks. The participants consisted of student nurses and new nurses. Each group contained six participants for a total of twelve. The student nurses were all from Allen College and the new nurses were all Allen College alumni who work at various institutions throughout the United States.

Topics were identified through the literature review and questions were then formulated (see appendix 1). The topics that were identified consisted of wages/benefits, location,

orientation, tuition reimbursement, specialty area of practice, and scheduling. Once the topics had been delineated the interview questions were formulated. There were between two and four questions for each topic. The interview questions were then piloted on graduate students.

The interviews were then based on these topics. Two topics were covered each session. Participants spent approximately 30 minutes per week answering questions and emailing their responses. The information was then compiled weekly and an assessment of accurate understanding was made through participant validation. Upon completion of the interviews the findings were compiled into a report (see appendix 2).

The final report of findings was disseminated to the Iowa Department of Public Health and has the potential to be published in a nursing journal. The final report will hold the names of institutions used with integrity. The purpose of this project was not to find fault in nursing shortages, but rather to find potential answers for alleviation.

Conclusion

This project focused on recruitment and retention of new graduate RNs. It may serve as a base for further development of strategies to recruit and retain new graduate RNs within Iowa. The project provided an understanding of current practices in Iowa when faced with a nursing shortage.

In conclusion, the nursing shortage is not something to be taken lightly. Nevidjon and Erickson (2001) stated, "This shortage is not solely nursing's issue and requires a collaborative effort among nursing leaders in practice and education, health care executives, government, and the media" (np). Collaboration will be the key to solving this crisis. Smith (2002) stated, "While this feels like the verge of crisis, it may well be the verge of professional prominence for nursing" (p. 287). Nurses will move forward and continue to support their patients, their profession and their careers. Hopefully more will join them and healthcare will not be in danger.

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Appendix 1: Topics/Questions

Nursing Students

1. Wages Benefits
 - a. What impact will wages/benefits have on your first job choice?
 - b. What wages/benefits do you expect to find when looking for your first nursing job?
 - c. Would you consider moving to another state for higher wages/benefits? Why?

2. Location
 - a. What impact will the location of your first job have on your decision to work there?
 - b. How will your first job choice be affected by the location of your significant others job?
 - c. Do you intend to stay in Iowa or go to another state to practice?

3. Orientation
 - a. What type of orientation do you expect to receive at your first job?
 - b. How long do you think your orientation should last?
 - c. If you participated in an internship, will this affect your job choice and do you feel it will help you feel more prepared for your first job?
 - d. What impact will it make if an institution has an orientation program especially for new graduates on your first job choice?

4. Tuition Reimbursement
 - a. Are you interested in tuition reimbursement?
 - b. How might tuition reimbursement will play a role in your first job choice?
 - c. What type of tuition reimbursement packages are you expecting to find when looking for jobs?

5. Specialty Area of Practice/Career Advancement
 - a. When looking for your first job, will you be looking to work in a specialty area? If so which area?
 - b. How will the chance to work in a specialty area influence your first job choice?
 - c. How important is the chance for career advancement to you?

6. Scheduling
 - a. What type of schedule do you expect to work at your first job?
 - b. What impact will the schedule have on your first job choice?
 - c. How will flexible scheduling or self-scheduling influence your first job choice?

New Nurses

1. Wages Benefits
 - a. What impact did wages/benefits have on your first job choice?
 - b. How did the wages/benefits you found when looking for a job meet your expectations?
 - c. How did your wages/benefits affect your choice to stay at or leave your first job?

2. Location
 - a. What impact did the location of your first job have on your decision to work there?
 - b. How was your first job choice affected by the location of your significant others job?
 - c. What kept you in Iowa or attracted you to leave Iowa?

3. Orientation
 - a. What type of orientation did you receive at your first job?

- b. How long did your orientation last?
 - c. Did you participate in a preceptorship/mentoring program? If so, do you feel it helped you in your first job?
4. Tuition Reimbursement
- a. Did your first job offer tuition reimbursement? If so, what type of package was it?
 - b. Did you take advantage of it?
 - c. How do you feel tuition reimbursement played a role in your first job choice?
5. Specialty Area of Practice/Career Advancement
- a. When looking for your first job were you looking to work in a specialty area? If so which area?
 - b. How did the chance to work in a specialty area influence your first job choice?
 - c. How important was the chance for career advancement to you when you were looking for your first job?
6. Scheduling
- a. What type of schedule did you expect to work at your first job?
 - b. What schedule did you actually work when you started your first job?
 - c. How is/was the schedule done at your first job and did this influence your job choice?

Appendix 2: Final Findings

Nursing Students

Wages/Benefits (6 responses)

Wages and benefits are not the main concern of student nurses although they do play some part in the acceptance of a job. Issues such as scheduling, community safety, staffing, feelings of fitting in, loan repayment and the chance to work in a specialty area are more important to student nurses.

Student nurses expect to find wages between \$17-20 dollars per hour. They feel this is average for Iowa but lower than other states and definitely lower than traveling nurses. Frustration arises in student nurses when traveling nurses make four times what a staff nurse makes when doing the same job. Student nurses hope to find benefit packages that include medical, optical, and dental with reasonable deductibles and co-payments. Furthermore, student nurses expect to find life insurance, 401K and pension plans. They are very interested in student loan repayment programs and feel that a sign-on bonus would be beneficial.

Some student nurses stated that they simply could not leave Iowa for higher wages and benefits due to family constrictions. Others stated that it would depend on where they were offered a job and their fit with the area. Midwestern values are important to some student nurses. Others are quite interested in leaving Iowa and already have plans to do so. Students are feeling that it is a good thing they love their profession because the monetary benefit of staying in Iowa is not the purpose for doing it.

Location (6 responses)

Student nurses want to live close to their place of employment and do not want to drive very far somewhat due to high gasoline prices. For some new graduates this is a chance to move, get a new job, and a new place to live. Student nurses do feel constrained due to the jobs of their significant others. Many do not plan to relocate because of this.

Orientation (4 responses)

Most student nurses expect to find a three to six month orientation at their first job. They are very interested in hands on learning. Those student nurses who participated in an internship program believe that it will help them feel more prepared for their first position.

Student nurses believe that an orientation program that is specific to new graduate nurses would be excellent, however, many feel they will not get that opportunity. They feel that only large medical centers will offer these programs. Some student nurses went so far as to say that the opportunity for this type of orientation would make them choose one institution over another.

Tuition Reimbursement (4 responses)

Student nurses are very interested in tuition reimbursement. Most student nurses indicated that they have accumulated a moderate amount of debt and tuition reimbursement is a very appealing benefit. Some student nurses compared the benefit of tuition reimbursement to that of medical benefits. Some student nurses stated that the opportunity to get tuition reimbursement would make them choose one institution over another.

Student nurses did indicate that they were disappointed with the tuition reimbursement benefits offered in Iowa and went on to say that they have seen much better offers throughout the United States in nursing journals and online. These student nurses believe that this may contribute to nurses and young professionals leaving the state of Iowa.

Specialty Area of Practice (5 responses)

Some student nurses are interested in working in a specialty area and others are not. Some student nurses are feeling discouraged from seeking out employment in a specialty area related to being told to gain experience on a medical or surgical floor.

Those that were interested in working in a specialty area indicated interest in the emergency department as well as obstetrics. Most student nurses stated that the chance to work in their chosen specialty area would influence their first job choice.

Scheduling (5 responses)

The majority of nursing students expect to find the night shift available to them for their first job. Some wanted to work nights and others did not. Those who were interested in working nights already had families that they were concerned with. Many students feel that twelve hour shifts will be what they will work, however, some do not feel this is the best option for them.

Some student nurses believe that it will take years for them to get a day shift position and believe that this makes some people avoid nursing as a career choice. Student nurses were interested in self-scheduling as well as flexible scheduling. Student nurses felt that their schedule was an important piece when considering a first job but not as important as wages, benefits, and tuition reimbursement.

New Nurses

Wages/Benefits (6 responses)

Wages/Benefits had very little impact on where the majority of new nurses chose to work, however for some it was very important. In Iowa, wage and benefit expectations were usually met due to new nurses being previously familiar with the pay scale in the state of Iowa. Actual wages and benefits were slightly lower than those of their classmates who chose to leave Iowa; this is frustrating to new graduates who are constrained by location and other reasons. For new nurses who chose to leave Iowa, wages played a very small role in job choice and nurses found the wages to be comparable to that of those in Iowa.

Also, frustration arises when there is no pay differential for level of entry into practice. It is beneficial when hospitals have other ways to make lower wages even out such as the chance to attend conferences with the cost falling onto the hospital, the chance for specialty programs for further education, and sign-on bonuses. Nurses also appreciated the chance to work in a clinical ladder program and the chance to gain experience needed for advancement. These programs gave them a chance to earn more.

Some nurses stated that they did not need benefits based on the fact that they received benefits through their spouse and others stated that benefits did not play much of a role in their decision. Furthermore, wages and benefits played virtually no role in most nurses' decision to stay at or leave their first job in nursing.

Location (6 responses)

Location of their first job did have a large impact on new nurses decision to work there. Due to the jobs held by significant others some have little choice in where they work. Many nurses were interested in staying close to family and friends. Others were very interested in what the general area had to offer them as well as what type of population lived there. Younger nurses were interested in living and working where other young people lived. Location played a big role in the job choices of new graduate nurses.

New nurses who had relocated did not want to drive very far to work. This was mostly because of unfamiliarity with surroundings and for safety reasons. Many new nurses were interested in working in big hospitals and felt this gave them more chances for opportunities and advancement.

Orientation (5 responses)

The majority of nurses indicated that their orientation lasted anywhere from three to six months, however, some stated it was much shorter. No nurses indicated that they took an orientation program created specifically for new graduates. Most nurses stated that they felt their orientation was adequate. Nurses who had previously worked on the same floor as a student nurse tech stated they got less orientation than those who did not. Nurses indicated that their orientation consisted of a classroom portion and orientation to the floor. Some indicated that they got to spend time during orientation in the units that their floor would be working with such as respiratory therapy and the bronchoscopy lab.

The majority of nurses indicated that they participated in some type of mentoring or preceptor program. Most also indicated that it did help them to feel more prepared for their job. Many nurses stated that they trained with two different preceptors, one on nights and one on days. Some nurses stated that their preceptor or mentor was helpful and some stated they were not. These nurses felt that precepting should be voluntary. Also, many nurses indicated that they took basic and advanced cardiac life support classes during their orientation.

Tuition Reimbursement (5 responses)

Some nurses stated that the institution they work for offers tuition reimbursement in the form of forgivable loan. Some institutions also offer tuition reimbursement for further or continuing education. A lot of programs for reimbursement are contingent upon a contract for a certain period of time.

Many nurses felt tuition reimbursement was a bonus but it did not play a significant role in their first job choice. Many institutions also offered sign-on bonuses, however, these also were contingent upon a contract. Even though these forms of reimbursement were contingent upon a contract the majority of nurses still took advantage of them.

Specialty Area of Practice (5 responses)

Many nurses were interested in working in a specialty area, however, some were not. Nurses that stated they were interested in working in obstetrics were unable to find jobs in that area of specialty practice. Most nurses who were interested in working in a specialty area ended up working in an intensive care unit. The intensive care unit was the first choice for some nurses because of interests in further education.

Scheduling (5 responses)

Nurses expected to work night shift when they were looking for a job. Most indicated that they expected to work twelve hour shifts and they expected to work on weekends. New nurses stated that they hoped to work day shift hours but very few actually work day shift hours.

Most nurses work every third weekend, however, some nurses work every other weekend. Many nurses stated that their institution has self-scheduling. These nurses enjoy this type of scheduling and feel that this way they have some say in when they work.

Appendix 3: Participants

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