Retention of Experienced Nurses: A Phenomenological Approach

to Understanding Workplace Challenges

by

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Dissertation Submitted to the Doctoral Program

of the American College of Education

in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

March 2020

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Abstract

The attrition of experienced registered nurses from bedside nursing represents a growing concern in the healthcare industry and compounds a national and global nursing shortage. Experienced nurses possess valuable assessment, communication, and critical thinking skills associated with improved patient outcomes. The problem is experienced registered nurses retiring before the age of retirement eligibility. The gap in the literature provided an opportunity for a descriptive, phenomenological qualitative study to explore the lived experiences of experienced nurses to determine which factors influence the decision to retire early. Constructs of the conceptual framework were identified using the nursing services delivery theory's open system approach. The purpose of the study was to explore the lived experiences of experienced nurses working in hospitals in Virginia to determine factors influencing the decision to retire before the retirement eligibility age. Participants included 16 registered nurses over the age of 45 years having at least 20 years of experience in bedside nursing and working at any hospital in Virginia. Data collection included recorded semi-structured interviews and an electronic journal of notes. A thematic analysis of the transcribed narratives using Colaizzi's seven-step method of inductive reduction revealed seven emergent themes supported by current literature, including a passion for nursing, self-efficacy, rewards, and recognition, generational diversity, physical decline, technology fatigue, and intention to leave. A subtheme of moral distress added to the body of nursing research and warrants future research. The findings and conclusions of the study were included in an organized written presentation.

Dedication

To Ted and Max, thank you for your unwavering support and belief in my abilities. I thank you

both for your love, understanding, encouragement, and tech support. Ted, I have appreciated

your support at every step, twist, and turn along the journey. Thank you to my friends and

family near and far for your support and words of encouragement.

Acknowledgements

I am grateful to many people who have inspired me in my journey. I would like to thank Dr. K. Johnson and Dr. J. Newton for your inspiration, guidance, and support. Thank you to my colleagues who supported and encouraged me throughout the journey. Thank you to my classmates at American College of Education for your unwavering support. You are my village, a community of hope and encouragement. Together, our dreams have become our reality. To my past, present, and future nursing students, I hope my journey will inspire you to further your education. I am appreciative of the many exceptional professors at ACE for your wisdom, guidance, support, and encouragement. Dr. Sloan, I hope to inspire my students the same way you have inspired me to reach for the stars and beyond.

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Chapter 1: Introduction

Society entrusts the profession of nursing to provide safe and competent care to those who are sick and at-risk populations of patients. Adequate staffing levels of professional nurses with an expert mix of skills and experience are essential to optimize positive patient care outcomes (Pirret, Takerei, & Kazula, 2015). Professional nurses are the primary caregivers to those in the hospital. In 2014, registered nurses held 61% of the 2.8 million jobs in private and public hospitals in the United States (Armmer, 2017). Experienced nurses are often the first healthcare professionals to realize a medical change in the health status of patients and intervene to prevent further decline (Bartel, Beaulieu, Phibbs, & Stone, 2014; Boyal & Hewison, 2016; Middaugh, 2016; Pirret et al., 2015). Registered nurses with at least 20 years of nursing experience possess sought-after skills, including critical thinking, communication, and leadership capabilities (Armmer, 2017; Boyal & Hewison, 2016).

The retention of experienced registered nurses presents a complex challenge for healthcare organizations to identify workplace factors contributing to early retirement (Alilu, Zamanzadeh, Fooladi, Valizadeh, & Habibzadeh, 2016). An aging patient population with complex medical conditions and a current and projected shortage of experienced nurses added to the urgency of undertaking a research study to identify factors which influenced the retention of experienced nurses (Buerhaus, Skinner, Auerbach, & Staiger, 2017a; Bugajski et al., 2017). Chapter 1 includes an introduction and background for the study and identifies the research problem and purpose. The significance of the study and research questions are included in the chapter along with a discussion of the conceptual framework, definition of terms, assumptions, scope, delimitations, and conclusion.

Background of the Problem

The literature review focused on the complex and dynamic interaction of factors affecting the retention of experienced nurses compounded by a national and global shortage of registered nurses. Experienced nurses elect early retirement for personal, organizational, geographic, and workplace factors (Drennan, Halter, Gale, & Harris, 2016; MacPhee, Dahinten & Havaei, 2017). A record number of experienced registered nurses born between the years of 1946 and 1964 are preparing for retirement from bedside nursing, nursing administration, and nurse faculty positions (Middaugh, 2016). A review of recent literature has shown how experienced nurses decrease patient length of hospitalization through efficient work habits. Experienced nurses manage patient workloads by employing expert assessment skills, critical thinking abilities, and leadership capabilities to improve patient outcomes (Middaugh, 2016; Murray, Sundin, & Cope, 2019; Myer & Amendolair, 2014; Pirret et al., 2015).

An increase in hospitalizations related to an aging population added urgency to the study as hospital administrators struggle to retain experienced nurses to maintain safe nurse-to-patient ratios (Armmer, 2017). A combination of education and years of experiential learning in the clinical setting develops expert nurses with an intuitive grasp of patient care (Murray et al., 2019). Benner's nursing research advanced Dreyfuss' skill acquisition theory to explain how novice nurses progress through five levels of skill proficiency. Each level added to the knowledge, confidence, and mastery of skills of an expert nurse (Murray et al., 2019). Having fewer experienced nurses caring for sicker patients contributed to job stress, and resulted in nurse burnout, compassion fatigue, and incivility to the nurse in the workplace (Munnangi, Dupiton, Boutin, & Angus, 2018). Incivility and workplace tension progress to interprofessional bullying

and aggressive behaviors between nurses known as horizontal or lateral violence (Taylor & Taylor, 2017). The presence of four distinct generations of registered nurses working together in the clinical setting created workplace conflicts in the areas of communication, work expectations, skillsets, and comfort with advancing technology (Armmer, 2017). The recruitment of part-time nurses and temporary travel nurses to fill the workforce needs fueled worker dissatisfaction as sign-on bonuses added to the cost of healthcare and created tension between permanent and temporary status workers (Mahon & McPherson, 2014).

An increase in new graduate nurse attrition rates compounds the nursing shortage when those new to the nursing profession leave the workforce within the first three years (Brook, Aitken, Webb, MacLaren, & Salmon, 2019; Eckerson, 2018; Nardi & Gyurko, 2013). New nurses with less than one-year experience accounted for half of the turnover of nurses in the United States in 2016 (Wolford, Hampton, Tharp-Barrie, & Goss, 2019). Recently graduated nurses are not remaining in a clinical setting long enough to acquire the skills and critical thinking abilities of an expert nurse (Murray et al., 2019). Recent trends in healthcare indicate 30% of new nurses are leaving the profession within three years of employment leaving only 70% of new nurses remaining in the workforce (Chachula, Myrick, & Yonge, 2015).

A national and worldwide shortage of nursing faculty prompted nursing programs to turn away qualified nurse applicants and contributed to fewer new nurse graduates (Daw, Mills, & Ibarra, 2018; Feldman, Greenberg, Jaffe-Ruiz, Kaufman, & Cignarale, 2015). Research findings from Canada, the United States, Europe, Africa, and Australia indicated the shortage of nurse educators is a growing global concern (Comiskey et al., 2015; Gazza, 2018; Oprescu, McAllister, Duncan, & Jones, 2017; Vandyke, Chartrand, Beke, Burlock, & Baker, 2017). Multiple

elements influence adequate nurse staffing levels within healthcare organizations, which affect patient care outcomes. Further research is necessary to reveal factors to increase the retention of experienced registered nurses in the healthcare workplace. A study was necessary to determine if current trends and issues in healthcare organizations play a significant role in the decision of experienced nurses to retire early.

Statement of the Problem

The problem is experienced nurses are leaving the profession of nursing before reaching the age for retirement eligibility. An increasing array of challenges influences the nurse's decision for early retirement and decreases the number of experienced nurses available in the healthcare workforce to deliver safe and competent patient care (Han, Trinkoff, & Gurses, 2015; Nantsupawat et al., 2016; Uthaman, Chua & Ang, 2015). A reduction in experienced nurses impacts the sick and vulnerable patients in hospital settings. Patients and hospital administrators rely on experienced nurses' critical thinking abilities and expert assessment skills to optimize patient outcomes (Drennan et al., 2016; MacPhee et al., 2017). Additional research was necessary to expand the knowledge base of workplace factors, which influence and promote experienced nurse retention. Identification of successful strategies and workplace solutions to improve retention of experienced nurses emerged as a gap in the literature review. A burgeoning nursing shortage added to the significance and urgency of the study.

Purpose of the Study

The purpose of the descriptive, qualitative, phenomenological study is to explore and obtain details about the lived experiences of nurses with at least 20 years of experience working in a hospital setting. As healthcare systems undergo changes related to technology, staffing

levels, finance, and organizational restructuring, the need exists to uncover new details about the workplace concerns facing experienced nurses (Boyal & Hewison, 2016). Further research in the area of experienced nurse retention is necessary to identify evolving workplace challenges to prompt the development of targeted retention strategies for experienced nurses.

Research is needed to reveal specific conditions of the lived experiences of experienced nurses, which contribute to the decision for an early retirement option for aging experts in the field. Research findings suggest new retention strategies to prevent experienced nurse attrition. Optimal workplace management of national and global nursing resources constitutes a timely and valuable contribution to the profession of nursing (Bartel et al., 2014).

A study about experienced nurse retention is relevant as the aging national population grows and the worldwide nursing shortage continues (Ryan, Bergin, & Wells, 2017). The qualitative research study targeted a population of at least 15 experienced nurses living and working full-time at any hospital in Virginia. A phenomenological approach was an appropriate research methodology in nursing to discover details about the lived experiences of experienced nurses in relation to decisions influencing early retirement. A descriptive, qualitative, phenomenological research methodology presented an opportunity to understand the unique challenges and commonalities experienced by the study participants (Creswell & Creswell, 2017). In-depth, one-on-one, semi-structured interviews with study participants provided insight and detail into the lived experiences of experienced nurses (Steber, 2017).

Significance of the Study

Additional research in the area of experienced nurse retention is necessary to identify evolving workplace challenges to prompt the development of targeted retention strategies for

qualified nurses. Research is needed to reveal specific conditions of the lived experiences of

veteran nurses to contribute to the decision for early retirement. Without further research, the

current retention strategies do not address preventable causes of experienced nurse attrition,

which compounds the shortage of registered nurses. Optimal workplace management of national

and global nursing resources constituted a valuable contribution to the nursing profession

(Auerbach, Chattopadhyay, Zangaro, Staiger, & Buerhaus, 2017).

Insights from experienced nurses about successful strategies for retention expanded the

knowledge base of healthcare administrators. Presentation of the findings and results to hospital

administrators and publications of the results in peer-reviewed journals is necessary to prompt

the development of targeted retention strategies. Effective retention strategies are needed to

improve experienced nurses' retention rates during the national and global shortage of registered

nurses (Pinto, da Silva Ramos, & Nunes, 2014).

Research Questions

The following research questions directed the phenomenological approach to the

qualitative study. Each question was essential and central to the study. Analysis results

addressed each research question.

> Research Question One: What are the lived experiences of experienced nurses in a
>
> hospital setting influencing retirement before retirement eligibility?
>
> Research Question Two: What workplace factors do experienced nurses perceive as
>
> influencing retirement and retention?
>
> Research Question Three: How have workplace factors impacted experienced nurses'
>
> decision-making about leaving the profession before retirement eligibility?

The research questions guided the study, and the phenomenological approach captured each nurse's unique story. Individuals who experience a phenomenon have a unique sense of detail to describe the experience to others (Burns, Grove, & Sutherland, 2017). Analysis of each nurse's recorded story provided opportunities to sift through the detailed descriptions of lived experiences and discover insights into the challenges of the nurse retention phenomena or discover commonalities of the lived experience. Out of the shared stories of the lived experience, a deeper and more accurate understanding of the phenomenon emerged to assist in understanding the critical factors influencing a nurse's decision to retire before the age of eligibility.

Conceptual/Theoretical Framework

The nursing services delivery theory provided a conceptual framework emerging from the application of open system theory to healthcare organizations (Myer & O'Brien-Pallas, 2010). A theory establishes a frame of reference for resources, processes, and outcomes within an organization's environment which impact experienced nurse retention and patient outcomes. Development of a conceptual framework provided a visual representation of how internal and external factors and forces affect multiple processes within an organization (Ayanian & Markel, 2016). Organizations rely on process outcomes for ongoing feedback to initiate necessary change or maintain desired outcomes (Myer & O'Brien-Pallas, 2010). Healthcare organizations use systems theory to streamline processes and optimize outcomes for the hospital and the patients (Martin, Sturmberg, Stockman, Hinkley, & Campbell, 2019).

Definitions of Terms

The following definitions define terminology used in the research process. Although some healthcare professions are familiar with the terms, the list aids readers in understanding key terminology. The seven key terms provide a frame of reference for all readers.

Registered nurse. A registered nurse is a graduate of a state board of nursing approved and accredited nursing program. The graduate is required to meet the didactic and clinical requirements required by the state board of nursing to qualify for the national licensure examination for registered nurses. Upon passing the examination, the graduate is registered with the state and receives a license to practice nursing (NCSBN, 2019).

Nursing shortage. A nursing shortage exists when the demand for educated, skilled, and nationally registered nurses exceeds the available supply. Nursing shortages result in an insufficient workforce of qualified nurses. An insufficient number of qualified nursing staff results in unmet patient care needs (Raju, 2017).

Nurse retention. Nurse retention focuses on strategies to encourage nurses to remain in the workplace. Retention is associated with a lower turnover rate. Nurse retention is a vital indicator of job satisfaction (Raju, 2017).

Nurse turnover. Nurse turnover occurs when a qualified nurse voluntarily leaves employment and creates a vacancy within the organization. A turnover of nurses affects operational costs and delivery of safe patient care. The rate of nurse turnover is an essential indicator of job satisfaction, and a high nurse turnover rate reflects job dissatisfaction. (Brook et al., 2019).

Patient outcomes. Patient outcomes are measurable and reportable results from the delivery of care by healthcare professionals. Professional nurses acquire the skills and knowledge to improve patient outcomes through education and experience. Examples of measurable outcomes include hospital-acquired infection, fall prevention, and patient readmission rate (Wu et al., 2018).

Experienced bedside nurse. An experienced bedside nurse refers to a registered nurse with an intuitive grasp of patient situations. A seasoned and high-performing bedside nurse has strong critical thinking skills. Experienced nurses are sought after for expert patient care management, which leads to improved patient outcomes (Murray et al., 2019).

Compassion Fatigue. Compassion fatigue describes an overwhelming feeling of emotional and physical exhaustion of healthcare professionals as a result of chronic workplace stressors. The impact from compassion fatigue ranges from loss of satisfaction in work to inadequate patient care. As greater demands are placed on nurses by the healthcare industry, some nurses seek early retirement (Nolte, Downing, Temane, & Hastings-Tolsma, 2017).

Limitations

The phenomenological approach elicited descriptions of the lived experiences of experienced bedside nurses in Virginia. Insights and data collected do not reflect the lived experiences of experienced nurses in other states or countries. A sampling pool of qualified nurses included nurses on a mailing list with the Virginia Nurses Association (VNA).

A multi-stage sampling technique was implemented to ensure fair representation of experienced nurses from each parameter of age, education level, and nursing experience to avoid similar clustering of participants in a phenomenological study. With stratified sampling, the pool

of respondents was divided into groups based on shared attributes including age, years of experience in nursing, and education level. Simple random sampling from within each stratified sample ensured objectivity in the choice of participants (Creswell & Creswell, 2017).   The principal investigator acknowledged working as a registered nurse in a hospital in south-central Virginia for fourteen years and disclosed the information to potential participants in the initial phone script and informed consent form. Each face-to-face interview allowed the primary investigator to gather verbal and non-verbal communication.

Scope and Delimitations

Delimitations are choices about the study within the control of the investigator (Burns et al., 2017). The scope of the study included experienced nurses with 20 years of nursing experience living in the state of Virginia and working at any hospital in Virginia. A minimum of 15 participants identified from a pool of eligible participants provided insight into the lived experiences of experienced nurses working in Virginia hospitals. Phenomenological studies with a small sample size limit the generalizability of study findings (Creswell & Creswell, 2017). Results from the study could be generalized to other experienced nurses although the study was limited to the geographic boundaries of Virginia.

Assumptions

Qualitative studies require identification and clarification of study assumptions (Creswell & Creswell, 2017). The *first* assumption was each participant would bring a unique perspective and viewpoint of lived experiences 'as an experienced nurse.' A descriptive, qualitative, phenomenological research methodology presented an opportunity to understand the unique challenges and commonalities experienced by the study participants. A *second* assumption

involved the participants providing honest statements about the lived experiences as experienced bedside nurses. A *third* assumption involved setting aside biases to seek the truth in the data.

Bracketing is an acceptable technique in qualitative research to identify personal knowledge about the experience being studied which could bias the results (Burns et al., 2017). The use of bracketing in the study would decrease personal bias and increase internal validity in the study. Benefits from the data analysis will be presented identified and shared.

Chapter Summary

The purpose of Chapter 1 was to introduce the study and provide a background for readers. Current and projected shortages of registered nurses over the next two decades underpinned the need for ongoing research to identify factors influencing experienced nurse retention. Chapter 1 provided a statement of the problem, the purpose, significance of the study, research questions, and the conceptual framework to guide the study. Additional components of Chapter 1 included definitions of terms, assumptions, delimitations, limitations, and a chapter summary. A qualitative study with a phenomenological approach explored the lived experiences of experienced nurses working and living in Virginia. Analysis of the data using Colaizzi's (1978) seven-step method provided an opportunity to identify factors influencing the retention of experienced nurses. Chapter 2 includes a review and analysis of current scholarly literature related to the challenges of nurse retention, the impact on the nursing workforce, and current nurse retention strategies.

Chapter 2: Literature Review

Retention of experienced registered nurses represents a growing national and global concern. The problem is experienced nurses leaving the workforce before the age of retirement eligibility. The purpose of the qualitative phenomenological study is to explore the lived experiences of experienced nurses with at least 20 years of experience in hospitals in Virginia, which influence the decision to retire before eligibility age. Trends in healthcare research highlight the global shortage of qualified nurses as a record number of baby-boomer nurses born between the year mid-1940s to mid-1960s prepare for retirement (Middaugh, 2016; Nardi & Gyurko, 2013). Adding to the complex nature of the nursing shortage are schools of nursing with an increase in the retirement rate of aging nursing faculty leaving qualified student applicants on wait lists (Bittner & Bechtel, 2017; Myer & Amendolair, 2014).

The projected shortage of over one million nurses by 2030 added to the urgency of conducting research to determine the factors necessary to enhance retention of experienced nurses capable of managing the complex medical needs of an aging population (Buerhaus et al., 2017a). A large percentage of older patient populations have multiple and complex medical conditions increasing the demand for nurses and increasing the intensity of nursing care (Buerhaus et al., 2017a). Hospital administrators facing increasing healthcare costs and a nursing shortage benefit from research studies identifying workplace factors to improve nurse retention, lower healthcare costs, and improve patient outcomes (Armmer, 2017; Heidari, Seifi, & Gharebagh, 2017). Nurse retention is a relevant and timely research topic (Ryan et al., 2017).

Literature Search Strategy

One purpose of the literature review was to present a synthesis of current literature to explore the factors influencing the nurses' decision to retire before the age of eligibility (Creswell & Creswell, 2017; Efron & Ravid, 2019). The goal of the literature review was to articulate the complexity of the challenge to retain experienced nurses and substantiate the gap in nursing literature regarding the lived experiences of experienced nurses in a hospital environment. Strategies for the literature search focus on peer-reviewed articles from electronic databases including the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Google Scholar, Science Direct, ProQuest, EBSCOHost, Ovid, and ProQuest. To locate relevant theoretical and empirical articles, the database searches included the following key terms and phrases: nurse retention, senior nurse, experienced nurse, expert nurses, aging nurse, nursing shortage, global nursing shortage, older nurse challenges, factors in nurse retention, intention to leave nursing, nurse retirement, nurse turnover, career planning, models in the delivery of care, qualitative research in nurse retention, nursing theory, phenomenology, and patient outcomes.

Qualitative and descriptive research methodologies emerged as a pattern in the literature review involving a myriad of factors influencing nurse retention (Garcia-Sierra, Fernandez-Castro, & Martinez-Zaragoza, 2016; Keyko, Cummings, Yonge, & Wong, 2016; Uthaman et al., 2015). Inclusion of a theory and a model from the literature review provided a foundation to understand how variables were relevant to the research questions (Ayanian & Markel, 2016; Myer & O'Brien-Pallas, 2010; Salgueiro, Fereira, Cardoso, & Vidinha, 2014). A theoretical framework included relevant theories and prior studies.

A conceptual framework provides a diagram to represent the relationship between concepts to support the theory (Creswell & Creswell, 2017). The literature review consists of four main sections including a supporting conceptual framework, trends and contributing factors, a review of relevant research studies, and a synthesis of current strategies to retain experienced nurses. The last section of the literature review summarizes the findings of the review to establish the relevancy, currency, and scope of the problem of experienced nurse retention.

Conceptual Framework

A conceptual framework steered the research, defined a context for interpreting the findings of the study and provided a pictorial representation of the relationship between the relevant input factors, the processes within the organization and the outcomes (Creswell & Creswell, 2017). Description and discussion of the framework and model explained how different factors impacted or influenced other elements at points in the process (Ayanian & Markel, 2016). The study included a discussion of a theory, a framework, and a model to understand factors impacting the quality of healthcare in terms of structure, process, and outcomes. Inclusion of the conceptual framework and model supported nurses and nursing services as integral components in the success of quality healthcare outcomes (Cucolo & Perroca, 2015).

Nursing Services Delivery Theory

The nursing services delivery theory emerged from the application of the open system theory to large healthcare organizations and provided a foundation to understand how disparate factors in nursing research interacted dynamically to influence the hospital work environment of nurses (Myer & O'Brien-Pallas, 2010). Application of the nursing services deliver theory

(NSDT) open system approach was appropriate for healthcare organizations responsible for managing inputs of people, resources, and products into interrelated and interdependent subsystems to build an efficient process to yield nursing services as outputs. Open system theory explained how internal and external forces influenced healthcare organizations. The outputs from the internal processes provided the organization with feedback necessary to adapt the system processes to improve efficiency and optimize outcomes. In open system theory, subsystems adapt and provide valuable feedback from the influences of internal and external forces (Myer & O'Brien-Pallas, 2010). Nurses represent a human resource caring for vulnerable patient populations within a hospital practice setting. National and global nursing shortages create challenges and opportunities for healthcare organizations to effectively use nursing resources (Cucolo & Perroca, 2015; Dubois et al., 2012).

Donabedian's Lasting Framework for Health Care Quality

Donabedian's lasting framework for health care quality described critical elements of the management and governance of resources within a healthcare system. The 53-year-old framework laid the modern foundation for using the terms "structure, process, and outcome to evaluate the quality of health care" (Ayanian & Markel, 2016, p. 206). The workplace environment and the qualifications of the providers remain vital components in the delivery of safe, quality patient care in the fields of medicine and nursing. As an innovator and change agent in healthcare, Donabedian sought to improve the quality of care through monitoring, research, reflection, and a genuine desire to improve patient outcomes. Donabedian's framework is relevant and in use around the world as researchers work to identify factors contributing to the

quality of patient care through the relationships of the integral components of the structure, process, and outcome (Ameh, Gómez-Olivé, Kahn, Tollman, & Glipstein-Grobusch, 2017).

Nursing Role Effectiveness Model

The nursing role effectiveness model (NREM) broadened the research into structure, processes, and outcomes by examining the specific role of the professional nurse in contributing to efficiency within healthcare systems (Salgueiro et al., 2014). The effectiveness model explained some relationships between variables, which influenced patient outcomes. Data analysis included structural equation modeling from the cross-sectional and longitudinal study of 1,764 patients (Salgueiro et al., 2014). Nurses represented the largest number of healthcare professionals and the costs and outcomes associated with the delivery of nursing services figured prominently as healthcare organizations restructure to account for nursing shortages and increasing costs (Cucolo & Perroca, 2015).

The identification of the practice environment along with the clinical expertise of the nurse as variables had a significant and direct impact on patient outcomes. International studies provided support for the significant influence of the practice environment on nursing care outcomes (Salgueiro et al., 2014). The NREM represented one of many nursing care delivery models in hospitals as healthcare organizations search for effective operational models of care which incorporates nursing shortages, rising healthcare costs, increasing demands on healthcare personnel, and the need for effective cost containment strategies (Dubois et al., 2012). Research studies have shown support for the effectiveness of patient care by experienced nurses (Pirret et al., 2015; Tomlinson, 2015).

Figure 1 shows a conceptual framework for nurse retention and reflects the critical elements and forces necessary to retain experience nurses in the workforce. Figure 1 illustrates the complex and inter-related processes within a healthcare organization to ensure a stable and sustainable workforce of experienced registered nurses. The concepts relevant to the research problem included the availability of skilled and experienced nurses along with the material and financial resources to support the nature of a nurse's work.

External Forces – A Nursing Shortage and an Aging Population

- Registered Nurses
- Financial Resources
- Material Resources

Inputs

Internal Forces

- Organization Subsystems
- Management Support
- Work Environment
- Working Conditions

- Efficiency
- Workplace Engagement
- Nurse Retention
- Quality Patient Care

Outcomes

Positive Feedback Loop
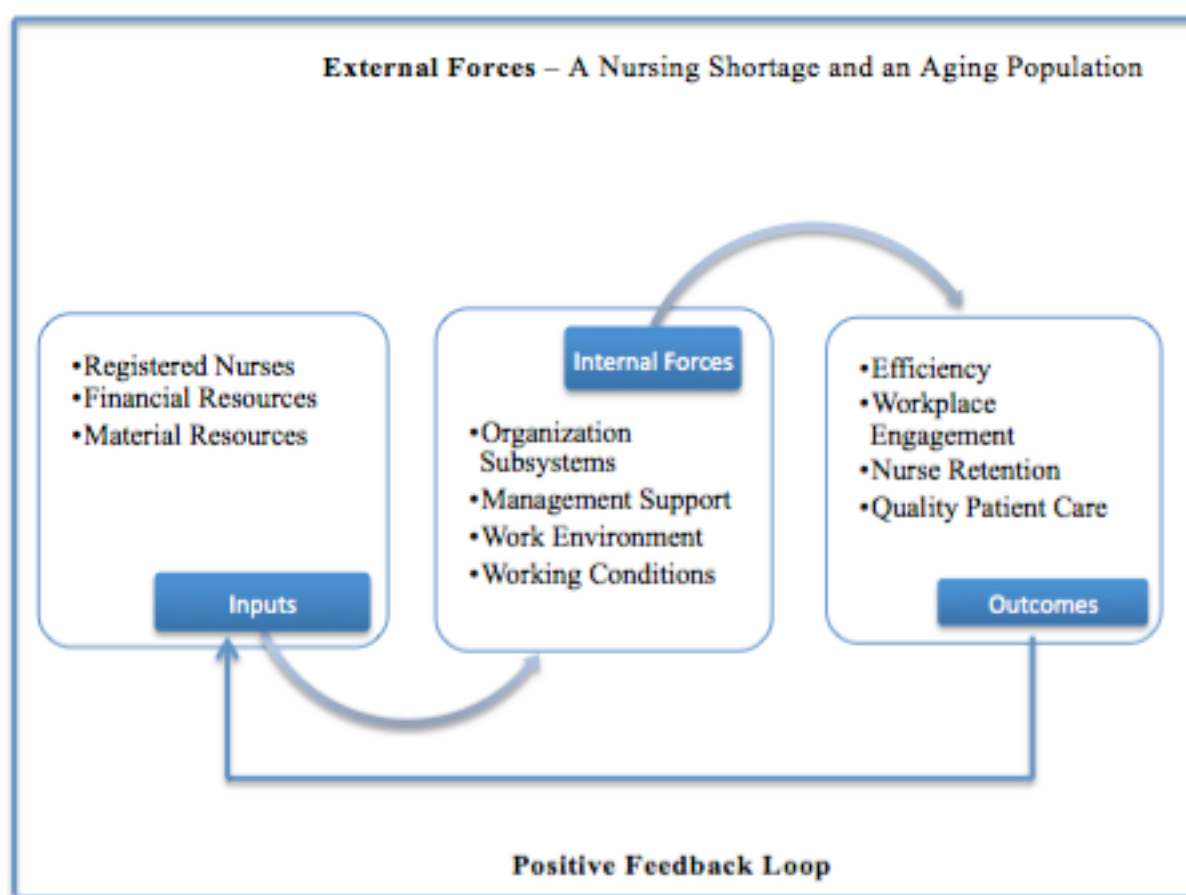
Figure 1: A Conceptual Framework for Experienced Nurse Retention
Note: Screenshot created and provided by the Investigator

Internal forces represented the factors and processes within the organization interacting with the resources including management support, organization subsystems, workplace environment, and working conditions. External forces included the nursing shortage and an

aging population, which increases demands for quality healthcare. The final stage reflected safety and quality outcomes for patient care, the efficiency of the processes within the organization resulting in sustainable human resources. Valuation of the nurse's role contributed to job embeddedness and nurse retention. A dynamic interaction between the factors within an organization influenced the quality of the outcomes, and the outputs provided a source of feedback for change within the organization (Myer & O'Brien-Pallas, 2010).

Research Literature Review

With qualitative studies, a literature review provided an inductive logic to look for broad concepts for categorization into narrow themes following analysis (Creswell & Creswell, 2017). The findings from the research literature review provided indirect information relating to the work experience of registered nurses in national and global practice settings. Research studies relative to the topic of experienced nurse retention are presented to explore the current body of literature regarding the challenges of experienced nurse retention. The literature review included studies of nurse shortage, work engagement, the practice environment, organizational support, the intention to leave, the aging nurse, and nurse retention.

Nursing Shortage

Multiple recent research studies and workforce sources referenced the prevalence of nursing shortages on a national and global scale (Buerhaus, Skinner, Auerbach, & Staiger, 2017; Johnson, Butler, Harootunian, Wilson, & Linan, 2016; Smiley et al., 2017). Survey results from the World Health Organization indicated 77% of developed countries face nursing shortages and rely on the assistance of international nurses to ease the burden (Hongyan, Wenbo, & Junxin, 2014). A rise in non-communicable diseases drives the need to expand the global nursing

workforce to meet the complex and increasing health needs of an aging population (Bugajski et al., 2017; Ferguson, 2016; Nei, Snyder, & Litwiller, 2015). Adding to the shortage of professional nurses is the trend of nurses leaving the profession related to lack of satisfaction with the workload and the workplace conditions (Dotson, Dave, Cazier, & Spaulding, 2014; Han et al., 2015). With many factors to consider in determining the current and future needs of the nursing workforce, statistical models provided estimations and projections of nursing workforce needs as a guide for economic and nursing leaders (Auerbach et al., 2017).

Cohort Supply Model

The basis of nursing workforce forecasts consisted of numerous factors, which predict workforce trends including demographic data and observations of workforce patterns from a variety of data sources. A comparison review of two workforce models revealed a reliance on supply and demand forecasting to trend the future nursing workforce needs. Both models identified the factors used by workforce analysts to anticipate the future needs in the nursing profession workforce, but the approach to forecasting was different with each model (Auerbach et al., 2017). The cohort supply model depended on age patterns from a given birth cohort to estimate the participation of nurses in the workforce at ages 25 and 50 years. Adjustments were made to the model to account for changing trends such as nurses entering nursing education at a later age than predecessors or the entry of international nurses in the national workforce (Buerhaus et al., 2017a).

In the age cohort model, statistical analysis yielded predictions on variables, which affect the cohort and resulted in predictions of the workforce needs up to the year 2030. The model for future cohorts of nurses entering the profession calculated the number of nurses based on

observations and estimations of the five most recent cohorts (Auerbach et al., 2017). Projections

of workforce needs remain variable and a cause for concern for economic and nursing leaders

(Auerbach et al., 2017).

Health Workforce Simulation Model

The health workforce simulation model (HWSM) used a micro-simulation approach,

which focused on an accounting process to predict future workforce needs (Auerbach et al.,

2017). The model tracked registered nurses (RNs) using demographic and nursing licenses data

to estimate the availability of registered nurses by adding the number of newly licensed RNs in

the state and subtracting the separation of the license from the nurse by death or retirement.

Additional information from federal sources provided employment statistics used in regression

equations to determine the number of hours worked by the registered nurses. The final

calculations involved the probability of survival rates for the current cohort of registered nurses,

the labor participation rate, and the number of hours worked by the nurses. The predictions from

both models included basic assumptions related to employment status, advanced education, and

projections of newly licensed nurses.

Data from the HWSM model indicated a decrease in the labor workforce of nurses after

the age of 50, which likely reflected the influence of retirement (Auerbach et al., 2017). The

emergence of health and economic reform within the healthcare industry drives research to

identify factors influencing the current and future-nursing workforce needs (Buerhaus et al.,

2017a). In contrast to the multiple predictions for a widespread national nursing shortage, the

recent application of the cohort supply model to nine regions in the United States predicted

specific areas of nursing shortages (Auerbach, Buerhaus, & Staiger, 2016).

The cohort supply model predicted the South Atlantic region would undergo "a 2.9 percent growth in the South Atlantic to almost 40 percent growth in RNs per capita in the East and West South Central regions" (Auerbach et al., 2016, p. 120). The early retirement of nurses before the age of eligibility along with projected slow growth in the number of registered nurses in the South Atlantic region provided an opportunity to explore the lived experiences of experienced nurses and the challenges of experienced nurse retention in the South Atlantic region including the Commonwealth of Virginia. A vital factor in meeting the needs of the nursing workforce related to the concurrent shortage of nurse educators.

Nursing Faculty Shortage

Shortages of nursing faculty and clinical practice sites for students represent two factors contributing to the national nursing shortage (Daw et al., 2018; Feldman et al., 2015). Baccalaureate nursing program surveys identified faculty shortages as a primary reason for turning away qualified nursing student applicants (Daw et al., 2018). A shortage of doctoral-prepared nurses to serve as nurse educators added to the complexity of the national nursing faculty shortage. The shortage of nursing faculty has a direct impact on the availability of nurses entering the workforce (Lee, Miller, Kippenbrock, Rosen, & Emory, 2017). A literature review revealed the scope of challenges faced by schools of nursing in recruiting and retaining faculty with the academic and clinical expertise and diverse backgrounds to maintain accreditation requirements (Jarrar et al., 2018; Mamiseishvili, Miller, & Lee, 2016).

A study of 1,350 nurse educators examined 11 items from the Collaborative on Academic Careers in Higher Education (COACHE) survey to measure faculty satisfaction and the faculty's perception of time spent on tasks related to service and administrative tasks (Lee et al., 2017).

The results of the statistical analysis using one-way analysis of variance demonstrated statistically significant differences in satisfaction among assistant, associate, and full professors. Full professors were less likely to be satisfied with the workload, research commitments, and service to community requirements. The study identified opportunities to understand the needs, perceptions, and satisfaction level of the faculty at different stages of an academic career to support faculty retention (Bernard & Oster, 2018; Mamiseishvili et al., 2016). The nursing faculty dissatisfaction with workload and compensation in institutions of higher education remains a current concern in the recruitment and retention of qualified nursing faculty (Lee et al., 2017).

In a study by Thies and Serratt (2018), a survey of 703 accredited associate degree nursing programs in the United States yielded a response from 2,479 nursing faculty. A paired-comparison technique permitted participants to rate the most important factors based on six components. Pay inequities and increasing workloads as a result of faculty shortages rated as significant sources of job dissatisfaction (Thies & Serratt, 2018). The increasing demands for qualified nursing graduates and the nursing faculty shortage contributed to the complexity of the supply and demand of registered nurses (Thies & Serratt, 2018). Workplace engagement and workplace environments are additional factors, which generated interest in nurse research to understand the challenges of nurse retention (Garcia-Sierra et al., 2016).

Work Engagement

A systematic literature review revealed the influences and outcomes of work engagement for professional nurses (Keyko et al., 2016; Lourenção, 2018). Work engagement refers to a positive sense of personal satisfaction and fulfillment from the job, which keeps the employee

dedicated, focused, and productive with no intent to leave the workplace (De Simone, Planta, & Cicotto, 2017; Garcia-Sierra et al., 2016; Keyko et al., 2016). A systematic review yielded 3,126 titles reduced to 113 manuscripts resulting in 18 international studies, which met the criteria for inclusion (Keyko et al., 2016). A review of the study revealed 15 of the 18 studies defined the concept of work engagement using the valid and reliable Utrecht Work Engagement Scale. The data extraction included the year, country, the purpose of the study, research methodology, reported validity and reliability, analytical techniques, and statistically significant or non-significant results.

In the systematic review, the evaluator's use of a quality rating tool and a quality appraisal tool for correlational studies determined the criteria for scoring the quality of the study using four areas for evaluation including research design, sampling techniques, measurements, and statistical analysis of data. In total, 17 of the 18 studies rated a moderate to high-quality score. The descriptive and narrative synthesis of content revealed 77 factors, which influenced the work engagement of nurses. Further categorization of factors yielded six significant themes including work climate, demographic variables of the nurses, resources, and organizational structure (Keyko et al., 2016). Three of the 18 studies reported a positive relationship between years of service and workforce engagement. Four of the quantitative studies identified the professional practice environment as statistically significant.

The demographics of sex, age, generational level, and area of specialty were not statistically significant in the systematic review. The research findings related work engagement to three main categories of outcomes including personal, performance, and professional outcomes. Greater work engagement resulted in improved nurse satisfaction and a decreased

intent to leave the workplace. Findings from the study were useful to increase awareness for the nurses and the nurse administrators about the number and variety of factors contributing to improved work engagement and quality of patient care (Bugajski et al., 2017; Keyko et al., 2016).

The challenge for healthcare systems nationally and globally was to balance the supply and demand for registered nurses to ensure ongoing quality care for patients. An increase in nurse turnover exacerbated the nursing shortage. Nurse turnover involved nurses leaving the healthcare organization or the nursing profession voluntarily. A two-year study in Australia involving nurses from 11 hospitals across three Australian states provided data for analysis using the nurse turnover costs calculation methodology (NTCCM) instrument. The nurse turnover rate of 10-20% in Australia was comparable to the reported nurse turnover rates in England and Canada (Roche, Duffield, Homer, Buchan, & Dimitrelis, 2015).

A literature review by Goodare (2017) on the topic of nurse turnover yielded 321 articles with a final total of 22 articles, which met the inclusion criteria of using grounded theories and exploratory design methodologies. A shortened career length and an increase in the number of newly graduated nurses leaving the profession within the first year of work have heightened the nursing shortage in Australia (Goodare, 2017). Wang, Ku, Chen, Jeang, and Chou's (2016) research findings from a cross sectional study of 482 experienced nurses found multiple factors influenced a nurse's decision to leave the profession before the age of retirement including work culture, work demands, social support, and the work environment. A systematic review of the topic of nurse retention strategies yielded 79 articles with a final inclusion number of 22 articles and representing studies from multiple countries. The publications in the review were less than

five years old and included a variety of mixed-method research designs. The findings identified

costs factors associated with nurse turnover within an organization and identified nurse retention

strategies to lower nurse turnover (Dawson, Stasa, Roche, Homer, & Duffield, 2014).

Effective retention strategies focused on empowering nurses to create changes in the

workplace to improve job satisfaction and lower nurse turnover rates (Goodare, 2017). The

ability of the nurse to influence the work environment was a common finding among the results

along with decreasing nurse workloads and providing continuing education opportunities for

nurses. Literature reviews did not differentiate the needs of experienced nurse from new

graduates. The workplace environment emerged as a critical factor in influencing nurse turnover

Goodare, 2017).

Nurse researchers conducted a cross-sectional quantitative study to identify personal and

workplace factors, which influenced the retention of 500 new masters prepared nurse graduates

in Tehran (Heidari et al., 2017).   Ninety-nine percent of the study participants ranged in age

from 21 to 25 years. Effective nurse retention factors require research to understand how the

factors mitigate or trigger the intentions of nurses to leave the profession. The results of the

analytical, descriptive study showed 56.13% of nurses viewed a negative workplace environment

as the dominant factor in deciding to leave the organization. Empowerment of nurses and

workplace engagement emerged as two effective strategies to reduce new graduate nurse

turnover. The findings indicated shiftwork preferences and availability of onsite childcare were

incentives to remain in the organization. The support from nurse managers emerged as an

effective retention strategy for new nurses as new nurse graduates are viewed as a valuable

human resource in the face of current workforce shortages. (Heidari et al., 2017).

The aim of a multi-country and multi-level research methodology by Swedish researchers Leineweber et al. (2015) was to investigate the influence of workplace environment on the intention to leave the profession of nursing. The multi-level modeling analysis of the survey data from 23,076 registered nurses represented a large sample for the cross-sectional design which included 10 European countries. The four levels of data included (1) country, (2) hospital, (3) nursing unit, and (4) individual nurses. The intent of the nurses to leave was influenced most by dissatisfaction with the work environment at the level of the nursing unit. Flexible work schedules were associated with improved nurse satisfaction with the organization. An overall positive work environment promoted nurse retention (Leineweber et al., 2015).

In a cross-sectional nursing research design, a multi-level model delineated the statistical significance of relationships between variables in the work environment and nurses' individual health-promoting behaviors (Cho & Han, 2018). The collection of data consisted of the results from a self-reporting questionnaire from 432 nurses, ages 23 to 48 years, from five hospitals in South Korea. Analysis of results from the six dimension scales of nursing performance indicated a statistical significance of the variables relating to staffing, resources, and the work environment (Cho & Han, 2018). Nurse retention remains a current concern in nursing research as researchers look to expand the studies to include organizational factors influencing nurse retention.

Organizational Factors and Influences

In a qualitative study four thematic categories of factors influencing the registered nurse's perception of the work environment were identified including the characteristics and qualifications of nursing staff, adequacy of human and material resources, the evaluation of

nursing care, and the adequacy of non-human resources (Cucolo & Perroca, 2015). Each

category represented facets of a healthcare organization with subsystems, which interacted

interdependently and were subject to change from the effects of internal and external pressures.

The delivery of nursing care represented a product of complex and adaptive processes influenced

by changes within an organization, which improved the organization's efficiency of care and

patient outcomes. Research involving middle-level nurse managers was substantial compared to

research about the perspectives of an experienced bedside nurses (Boyal & Hewison, 2016).

Boyal and Hewison's research design permitted in-depth, semi-structured interviews with 14

experienced nurses to gain insight on the input from experienced nurses to inform strategic

decisions at the board level to improve patient care and efficiency within the organization

(2016).

Boyal and Hewison added to the understanding of how experienced nurses provide

useful insights related to institutional strengths and opportunities for change (2016).

Acknowledgement of the value brought by experienced nurses to an organization supported a

change in the research strategies to target seasoned nurses for data collection. Boyal and

Hewison's literature review design examined processes responsible for driving change and the

outcomes of change over time (2016). The longitudinal interview with experienced nurses

provided insight into the processes and responses to change throughout a five-year period.

An interview guide with open-ended questions encouraged the respondents to discuss the

day-to-day challenges within the hospitals. The analysis of the data using the Framework

Method involved coding the responses and developing key themes. The findings revealed the

emergence of three primary themes including leadership style within the organization, the

concern of internal pressures to maintain high standards of care and the challenges of working within fiscal constraints (Boyal & Hewison, 2016). In a prospective cohort a report about organizational changes and workplace environment were key factors in the decision for early voluntary retirement of experienced public employees (Breinegaard, Jensen, & Bonde, 2017).

The systematic review and meta-analysis by Li et al. explored the relationship of psychological empowerment of nurses and job satisfaction. A meta-analysis combines data from multiple studies to identify common themes (Creswell & Creswell, 2017). Inclusion of nurses in research empowered nurses to identify factors to advance the profession of nursing (Li et al., 2018). Psychological empowerment reflects an individual's perspective of the value and role in an organization (Li et al., 2018). The review of 1,572 articles revealed 72 articles, which met the inclusion criteria using the Quality Assessment and Validity Tool for Correlational Studies (Li et al., 2018).

The meta-analysis of encompassed a variety of research designs including non-experimental, cross-sectional, and a mixed-method involving retrospective pre-tests and quasi-experimental designs (Li et al., 2018). Studies included a quantitative component and represented research from a variety of countries. Twenty studies indicated a statistically significant positive correlation between psychological empowerment and job satisfaction. Eleven of the studies explored the relationship of job satisfaction and psychological empowerment specific to hospital nurses and other studies in the review included data from nurses working in the community and long-term care settings (Li et al., 2018).

 Multiple statistical analyses using the extracted and encoded data demonstrated robust and reliable results. A synthesis of data yielded an overall statistically significant positive

correlation between job satisfaction and psychological empowerment of the nurses. Findings

contributed to nursing knowledge and to the importance of factors, which support a positive

work environment within an organization to promote nurse retention (Li et al., 2018; Roche et

al., 2016).

In a grounded theory methodology using situational analysis, bullying within an

organization was a significant factor impacting safe and effective care of the patients (Wolf,

Perhats, Clark, Moon, & Zavotsky, 2018). Workplace bullying involved negative behaviors

against targeted nurses resulting in the nurse feeling defenseless against the bullying (Wolf et al.,

2018). Bullying behaviors in the workplace contributed to nurses leaving the profession.

Research findings indicated bullying was a frequent occurrence in nursing contributing to nurses

leaving the profession. (Wolf et al., 2018). Workplace bullying amplified the stressors for newly

graduated nurses and resulted in new nurses leaving the profession within the first year of hire

(Armmer, 2017; Wolf et al., 2018).

Factors and forces within an organization create working conditions to support nurse

retention or accelerate nurse attrition. An inductive discussion found multiple factors affected

the work environment including nursing shortages, workplace bullying, and generational

diversity within the healthcare organization (Armmer, 2017). The complex factors contributed to

the shortage of nurses within hospitals and influenced the nurses' intention to leave the

profession. Workplace bullying was viewed as a common occurrence in the practice setting and

affected nurses of all ages (Armmer, 2017).

Generational diversity was a common challenge within healthcare organizations as four

distinct generations of nursing staff work together to provide patient care. The oldest members

of the nursing workforce included veteran nurses born before 1940s. Baby-boomer nurses represented a generation of workers born between 1940s and mid-1960s. The Generation X cohort includes nurses spanning from early 1960s to early 1980s followed by the millennials born between 1980s and the end of 1990s (André, 2018; Armmer, 2017).

Each generation of nurses presented staffing challenges to hospital administration as management worked to retain and sustain a nursing workforce. Common lived experiences helped develop personality traits associated with each generational cohort (André, 2018). Case studies provided an understanding of perceived and actual differences between the generational cohorts and encouraged nurse managers to develop and practice effective conflict resolution strategies. The successful strategies helped to create a workplace culture to attract and retain nurses. Healthcare organizations invested in the personal and professional growth of staff nurses play a pivotal role in stabilizing the nursing workforce (Anderson & Morgan, 2017; Dickson, 2015; Strom & Strom, 2015).

A cross-sectional, multi-center survey study of 1,486 nurses and 540 physicians explored the impact of individual and organization factors on the commitment to the healthcare organization (Miedaner, Kuntz, Enke, Roth, & Nitzsche, 2018). A shortage of healthcare providers drove the research to explore factors related to turnover within the workforce (Miedaner et al., 2018; Roche et al., 2015). Commitment to the organization indicated workplace satisfaction, and employee engagement and positive workplace conditions influenced a worker's intent to remain (Rahnfeld, Wendsche, Ihle, Muller, & Kliegel, 2016). The use of a hierarchical multilevel model in the study explained the individual and organization factors and the relationship of the variables, which predicted employee commitment and retention.

As a part of the cross-sectional study, a multi-center questionnaire was sent to participants addressing varying aspects of work life including autonomy to make decisions, the freedom to self-schedule shifts, communication factors, and the perceived quality of patient care within the organization. A descriptive statistical analysis of the results used a linear model to distinguish the effects of individual factors from organizational factors. The reliability of the measures was checked using Cronbach's alpha and found to have excellent reliability. Findings from the multi-center survey supported the workplace experience of the healthcare worker and individual worker characteristics as vital factors in predicting organizational commitment. Hospital systems experiencing nurse shortages needed to target strategies addressing individual needs and organizational changes necessary to enhance the workplace environment and promote nurse retention (Miedaner et al., 2018; Rahnfeld et al., 2016).

Predictors of nurses' intent to remain within an organization were essential information for nurse managers and human resources personnel as the nursing shortage limited valuable nursing resources. A cross-sectional research design by Ke and Hung (2017) detailed the analysis of data collected from a structured questionnaire completed by 207 hospital nurses in Taiwan. The study determined factors involved in predicting the intent to leave the workplace. The questionnaire included three sections: nurse demographics, the Nurse's Intent to Stay Scale, and the Organizational Climate Scale. Findings from the pilot study resulted in changes to the questionnaire by content experts. Data analysis using the Statistical Package for the Social Sciences (SPSS) involved descriptive statistics and a one-way analysis of variance test to determine the differences for the group means (Ke & Hung, 2017). A multiple regression method determined the predictors of the nurses' intent to stay in the organization.

Ke and Hung's (2017) cross-sectional research findings indicated multiple factors including age, marital status, and clinical experience had a strong positive correlation on intent to stay. The average age of the participant was 30.1 years with an average work experience of 6.33 years. A higher score on the Organizational Climate Scale demonstrated a positive correlation with the nurse's intent to stay. The questionnaire findings were similar to previous studies and gave rise to discussion about workload, stress, specialty nursing units, and organizational structure. Understanding the predictors, which influence the nurse's intent to stay was crucial in creating an organizational culture supportive of the work environment with strategies and policies for nurse retention.

Masum et al. (2016) employed descriptive and multivariate analysis on data collected from nurses using a self-administered questionnaire. The study aimed to identify factors related to job satisfaction and the intent of the nurses to quit nursing in Turkey. A total sample population of 552 hospital nurses participated in a three-part questionnaire. Design of the study included a section for demographics, a job satisfaction survey representing nine independent variables for the study, and a Likert scale question about the intent to quit the workplace within one year. The descriptive and inferential analysis statistics employed included regression and correlation analyses, analysis of variance test and a level of $p < 0.05$ for statistical significance. The average age of the participant was 31.58 years with an average number of 12.7 years of experience. In total, 60.9% of the respondents indicated an intention to likely quit the workplace within one year with 36.5% indicating likely to quit in the next year. Job satisfaction was negatively correlated with the intention to leave nursing (Masum et al., 2016).

In contrast to the findings of Ke and Hung (2017), the results of the study by Masum et al. (2016) indicated a significant positive correlation between level of education and intent to quit. The findings of the study aligned with other recent studies from other nations to support the importance of satisfaction in the workplace although variables denoting satisfaction vary in ranking between studies (Han et al., 2015; Leineweber et al., 2015; Robson & Robson, 2014). Turkish nurses reported higher satisfaction with variables related to the work environment and coworkers (Masum et al., 2016). Job satisfaction of nurses in a cross-sectional study included a secondary data analysis associated with increased autonomy, improved work schedules and nurse support among study participants in the United States (Han et al., 2015).   The modification of some variables within the workplace environment through a change in policies led to improved job satisfaction and decreased job turnover.

A large-scale, cross-sectional study of the effects of the work environment on nurse satisfaction and intent to leave the job in Thailand analyzed responses from 1,351 hospital nurses (Nantsupawat et al., 2016). The Practice Environment Scale (PES) of the Nursing World Index and the Maslach Burnout Inventory provided valid and reliable instruments to measure satisfaction with the work environment and burnout. Burnout is a phenomenon causing nurses to feel emotional exhaustion, cynical towards patients, and with feelings of low personal accomplishment (Nantsupawat et al., 2016). The descriptive analysis of the PES demonstrated the use of the adjusted and unadjusted logistic regression models in the study, which accounted for results clustered around specific work areas within the hospitals. The average age of the nurse was 34 years with an average of 11 years of work experience with 6.45% of the respondents over the age of 50. Results of the large-scale study indicated nurses from higher

scoring work environments reported lower rates of dissatisfaction, emotional exhaustion, and intention to leave the workplace compared to nurses in low scoring work environments (Nantsupawat et al., 2016).

The importance of work environment as a key to nurse satisfaction and higher retention rates was a common theme in national and international studies (Han et al., 2015; Nantsupawat et al., 2016). A quantitative study by Robson and Robson (2014) assessed a combination of the effects of workplace variables on the intent to stay across three generations of nurses in the United Kingdom. The analysis of the demographics along with seven work-related variables yielded findings consistent with previous international studies. Nurses who felt engaged in the workplace had a lower intention to leave across all three generations. The variable related to work and family life balance demonstrated statistical significance.

An Aging Workforce

The aging nursing workforce contributed to the national and global nursing shortage. In Australia, Canada, and the United Kingdom, 30 to 40 percent of working nurses were 50 years old (Uthaman et al., 2015). Findings from the literature review revealed by 2020, over 50% of nurses in the United States are expected to be older than 50 years (Uthaman et al., 2015). Research into the needs of older nurses along with adaptations in the workplace to retain experienced nurses was timely and necessary. Nursing by virtue of the work demands critical thinking along with the physical care of complex and vulnerable patients on all shifts (Cho & Han, 2018; Uthaman et al., 2015). The literature review of 20 studies included qualitative and quantitative design methods to determine the existing knowledge base related to challenges facing older nurses which impacts the decision to retire before the age of retirement eligibility.

Qualitative studies were common but not a standard in healthcare research. Some of the studies from literature review consisted of one-to-one interviews and focus groups to gain insight into the challenges facing older nurses (Uthaman et al., 2015). For the study purposes, older nurses were 45 years or older. Four quantitative studies and a mixed methodology rounded out the research methods focusing on nurses in the hospital and community settings. The studies highlighted the physical challenges of older nurses including sensory limitations related to changes in vision and hearing resulting in personal health concerns for the aging nurse. Along with joint disease, nurses experienced pain from medical conditions exacerbated by normal nursing responsibilities (Matt, Fleming, & Maheady, 2015; Uthaman et al., 2015). Limitations in vision created challenges reading medication labels, and the introduction of computerized charting created physical discomfort by working at a computer.

An integrative literature review categorized the challenges of aging nurses in terms of physical limitations brought about by personal health issues, working with advanced technology including computerization of electronic health records (EHRs), and the physical demands of shift work (Uthaman et al., 2015). Factors associated with early retirement included financial security, personal health concerns, increasing workloads with insufficient resources, technological changes, and a retiring partner (Uthaman et al., 2015). The strategies for retaining older nurses focused on early awareness and intervention to support and accommodate the physical and emotional needs through a change in workplace design and human resources practices (Cho & Han, 2018; Matt et al., 2015; Uthaman et al., 2015). Steege and Rainbow's (2017) qualitative interview study offered insight into the pervasive effect of fatigue for all nurses, not just aged nurses. The long shifts and physical challenges of caring for multiple

complex patients contributed to a concerning level of fatigue described by the 22 nurses in the study. Fatigue contributed to negative patient outcomes and was a priority factor negatively affecting patient safety, nurse retention, and job satisfaction (Steege & Rainbow, 2017).

A randomized controlled trial in Germany evaluated a multicenter study with the aim of determining the efficacy of small-group interventions on the mental health of aging nurses (Maatouk et al., 2018). The sample of 115 nurses from four sample hospitals took part in a two-armed randomized controlled trial involving two conditions. One group received small-group interventions over seven weeks and then received training while the control group did not receive the intervention before receiving the training. Participants' completion of a self-report questionnaire provided the data to measure the outcomes. The design of the questionnaire included questions related to job control, demographics, and symptoms of depression, anxiety, and wellbeing. Participants' average age was 52 years with a work experience of 30 years. After analysis, the results demonstrated a small positive statistical significance in the intervention group. Results supported the use of a prevention intervention in targeted age groups to reduce work-related mental strain (Maatouk et al., 2018).

The randomized controlled trial highlighted the importance of employers working to accommodate age-related changes in nurses to retain a valuable workforce (Clendon & Walker, 2015; Ryan et al., 2017). A scoping literature review (Ryan et al., 2017) provided data about the additional challenges facing older nurses in the workplace. As nurses age, values specific to an older cohort provided opportunities for nurse managers to address the concerns of aging nurses and provide a safe practice environment. The literature review revealed an initial return of 5,997 articles using the search terms 'older' and 'aging nurses' to narrow the results to 20 articles,

which met the inclusion criteria. Relevant literature included qualitative studies using face-to-face, semi-structured interviews, mixed-method studies using completed online surveys, and three quantitative studies. Articles focused on older nurses who were valuable for the wealth of experience and critical thinking skills yet vulnerable to the physical factors, which contributed to a physical and cognitive decline.

A primary concern of nurses revealed through the literature review included rotating shift work, 12-hour shifts, and consecutive 12-hour shifts without sufficient recovery time between shifts (Ryan et al., 2017). The nurses reported the inability to recover quickly from shift work and revealed the impact on sleep and mental performance leading to stress and fatigue (Clendon & Walker, 2015). Data from Clendon and Walker's (2015) mixed method research study indicated some nurses delay retirement to gain financial stability while other nurses continue to work to fulfill a need for dedication to specialty areas of nursing. Additional factors from the interviews revealed how a government's decision to raise the age of access to government pensions was the deciding factor for some nurses to stay or leave the profession. Wargo-Sugleris, Robbins, Lane, and Phillips (2018) correlational descriptive, cross-sectional study supported the view of older workers having the experience and expertise to make a valuable contribution to the nursing workforce. A delay of early retirement by older nurses remained a necessary and timely topic to address through research (DeWind et al.; Wargo-Sugleris et al., 2018).

Findings from a qualitative exploratory study (Durosaiye, Hadjri, & Liyanage, 2016) revealed through in-depth focus groups the challenges facing older nurses. Older nurses found the physical strain of working 12-hour shifts combined with a fast-paced environment and a

shortage of necessary resources resulted in lowered productivity. Data from a second focus group within the study revealed similar findings with the addition of five themes. The older nurses experienced difficulty in finding a work and life balance, as many nurses were caring for older family members at home. The nurses in the National Health Service (NHS) experienced a sense of frustration with budget and time constraints within the healthcare organization, which affected the quality of patient care and patient outcomes. The organization did not support the step of developing new policies to retain older nurses. The last theme involved the recognition of the older nurses' loyalty by the organization's administration. Each theme provided data for organizations to consider in the plans to enhance the retention of older nurses (Clendon & Walker, 2015). Research into the physical job demands of older nurses could help redesign work environments to extend the working lives of older nurses (Durosaiye et al., 2016).

Retention Strategies

Current and anticipated shortage of nurses provided nurse researchers with the motivation to gather data on trends and effective strategies for retaining older nurses (Hunter, 2016). The literature review by Twigg and McCullough (2014) provided data to support the need for retention strategies within practice environments of healthcare organizations. A total of 39 studies provided the basis for examining effective strategies for nurse retention. The rise in the number of articles on nurse retention reflected the urgency and interest in the topic (Twigg & McCullough, 2014).

An overview of the literature demonstrated only a few details about the effectiveness of the strategies or indications for follow-up research. The literature reviews yielded five specific

nurse retention strategy themes to create practice environments and enhance nurse retention. Strategies referred to nurse retention but did not specify older nurse retention.

The first retention strategy proposed by Twigg and McCullough (2014) involved increasing nurse participation within the healthcare organization to empower nurses to take part in the decision-making through shared governance. The second retention theme focused on adequate staffing and resources for the nurses to minimize interruptions in the provision of quality patient care. A third theme emerged to establish collaborative nurse-physician relationships encouraging interprofessional collaboration. An increase in leadership visibility and nurse professional development to increase awareness of positive nurse practice environments was the fourth theme. The final theme emerging from the literature review encouraged nurse autonomy in decision-making and the need for nurses to continue to research the topic of nurse retention (Twigg & McCullough, 2014).

Multiple studies supported the need for intervention at the organization level. The studies outlined the designs used to implement strategies to enhance nurse retention and the workplace environment for improved job satisfaction and work engagement, which are vital components of nurse retention (De Simone et al., 2017; Garcia-Sierra et al., 2016; Heidari et al., 2017). A critical ethnography offered data from 31 semi-structured interviews and provided insight about the intersection of multiple factors. The factors related to the workplace, work environment, organizational culture, personal and professional factors which influence the decisions of nurses to leave or stay at the bedside (Mahon & McPherson, 2014).

Intention to Leave

Multiple studies used literature reviews to reveal individual factors, which influenced nurse retention or the intention to leave the profession of nursing. The research efforts to understand nurse turnover and nurse retention included a meta-analytic examination of factors related to nurse turnover in a study involving 106 primary studies (Nei et al., 2015). A literature review study by Dickson (2015) highlighted current retention strategies including flexible scheduling, ergonomic design, assistive technology, mentoring, continued training, and an appreciation of diversity in experience to support quality patient care outcomes. Follow-up research to determine the success of the retention strategies would assist nurse administrators to choose the most successful evidence-based strategies for retention. A meta-analysis by Topa, Depolo, and Alcover (2018) reviewed the antecedents for early retirement and identified the workplace environment along with the employee physical and mental health as crucial indicators for early retirement.

An analysis of survey results attributed multiple conditions of the hospital work environment as the driving force behind nurses leaving the profession (Gellasch, 2015). A combination of lack of adequate staffing in the hospital, increasing patient workloads coupled with a perceived lack of support from floor nurses and administrators, was found to set the stage for job-related stress, decreased job satisfaction and an increased intent to leave nursing. Gellasch's survey of 352 registered nurses in Nevada revealed 22% of nurses left a hospital nursing position within the first five years. New nurses and older nurses experience bullying in the workplace, which increased the intent to leave. The findings from a validated bullying scale

indicated 31% of nurses were targets of bullying and bullying led to decreased job satisfaction (Gellasch, 2015; Roche et al., 2016; Wolf et al., 2018).

Further analysis of Gellasch's survey results indicated a disparity between perceived factors influencing the intent to leave by hospital administrators and the nurses' actual reason for leaving. Chronic staffing shortages of professional nurses led to workplace stressors resulting in incivility, compassion fatigue, and horizontal violence between nurses (Armmer, 2017; Drennan et al., 2016). Incivility and workplace tension progress to interprofessional bullying and aggressive behaviors between nurses known as horizontal or lateral violence (Taylor & Taylor, 2017). A phenomenological study would provide detailed descriptions of the lived experiences of skilled nurses to explore the phenomena associated with the intent to leave the profession.

The aim of a qualitative study using semi-structured interviews along with a thematic analysis of 20 directors of patient care was to gain insight from the experienced nursing administrative staff about nurse retention factors (Drennan et al., 2016). Retention of a capable workforce was viewed as imperative for nurse administrators and human resource managers. Experienced nurses offered insights into the complex factors, which influenced nurses' decision to leave the profession. Interviews yielded four themes for consideration by administrators including the influence of leadership, remuneration, opportunities for career development, and the workplace environment.

The interconnection of factors provided challenges for administrators until all the themes focusing on nurse retention strategies were addressed. Experienced nurses offered strategies based on long-term experience and institutional knowledge of the hospital. Suggestions to streamline counterproductive processes improved services to all nurses. A questionnaire-based,

cross-sectional study of 730 nurses revealed how decreasing the nursing workload and increasing the appreciation of the nurses by the nursing administration were critical strategies in retaining a nursing workforce and enhancing the self-perceived ability of nurses to remain in the profession until retirement (Maurits, de Veer, van der Hoek, & Francke, 2015).

The literature review chronicled the current and anticipated shortage of professional registered nurses on a national and international basis. Two staffing models under review as a part of the study demonstrated the need to find effective methods in order to project nursing workforce shortfalls. Recent qualitative and quantitative studies identified factors, which influenced the nurse's decision to stay or leave the hospital workplace. A concept map pinpoints the internal and external forces contributing to the nursing workforce challenges and opportunities. The majority of the studies addressed the retention of nurses in general but few focus on retaining experienced nurses (Myer & Amendolair, 2014).

Gap in the Literature

A gap in the research was identified related to the lived experiences of experienced nurses and perceptions of workplace factors, which promote early retirement of experienced nurses. Further research was necessary to determine the success of experienced nurse retention programs. The lack of data specifically about the perceptions of experienced nurses supported a phenomenological study to isolate data collection to a target sample of nurses.

Chapter Summary

The current study's research design was influenced by the examination of recent studies relevant to the topic of experienced nurse retention. A presentation of research within the literature review revealed how experienced nurse retention remains a challenge within healthcare

organizations. With the current and anticipated shortage of registered nurses, there was an urgent need to explore the lived experiences of experienced nurses to understand the factors, which enhanced retention. Retention of experienced nurses would strengthen the nursing workforce and contribute to safe patient care. Quality patient outcomes depended on the availability of experienced nurses to provide safe, high-quality care to ill and vulnerable patient populations within the hospital setting.

The results of the study added to the body of nursing knowledge by collecting data from a targeted sample of experienced nurses to explore the lived experiences and gather perceptions of workplace factors influencing the decision for early retirement. Chapter 3 outlines the use of phenomenology as an appropriate research methodology for the study. The chapter details the use of the study's targeted sample, setting, data collection procedures, data analysis, and ethical considerations of the participants.

Chapter 3: Methodology

The purpose of the phenomenological research study is to explore the lived experiences of experienced nurses with 20 years of experience in hospitals in Virginia influencing the decision to retire before the eligibility age. Retention of skilled nurses presented a complex challenge heightened by a nursing shortage nationally and globally (Alilu et al., 2016; Armmer, 2017; Nardi & Gyurko, 2013). Additional knowledge about factors influencing experienced nurse retention, allows nurse leaders to identify new and successful strategies to retain experienced nurses. The descriptive phenomenological study was a qualitative research design used to gather perceptions of lived experiences of experienced nurses, and answer the following research questions:

Research Question One: What are the lived experiences of experienced nurses in a hospital setting influencing retirement before retirement eligibility?

Research Question Two: What workplace factors do experienced nurses perceive as influencing retirement and retention?

Research Question Three: How have workplace factors impacted experienced nurses' decision-making about leaving the profession before retirement eligibility?

Chapter 3 continues with an introduction to qualitative methodology with a focus on descriptive phenomenology. The chapter details the qualitative, phenomenological research design, the role of the researcher, and the research procedures for determining the sample population, instrumentation, and data collection and analysis. Consideration is given to the study's coordinator-participant relationship and the strategies to ensure transparency throughout the research process. A discussion of rigor, dependability, and confirmability within the research

design follows to outline specific strategies for establishing trustworthiness. Ensuring trustworthiness is the foundation for building confidence in the research findings (DeVault, 2019; Korstjens & Moser, 2018). A description and explanation of the data analysis method elaborate on the choice of Colaizzi's (1978) technique of inductive reduction with research data. Chapter 3 concludes with a description and summary of ethical strategies to ensure the protection of the human study participants as researchers have an ethical obligation to recognize and protect the study subjects from violations of human rights (Burns et al., 2017).

Research Design and Rationale

Qualitative research methods are exploratory and promote basic research to discover how individuals experience a specific phenomenon (Creswell & Creswell, 2017). Additionally, qualitative research benefits the study of the human experience, which is a fundamental focus for the science of nursing (LoBiondo-Wood, Haber, & Titler, 2018). Phenomenology is accepted in healthcare studies as a method of qualitative inquiry providing substantial supplemental knowledge to enhance the understanding of lived experiences, and to focus on the unique perspectives and perceptions of the participants (Hudson, Duncan, Pattison, & Shaw, 2015).

Phenomenology represents a humanistic approach to studying phenomena, which serves to capture the unique experiences of participants through in-depth dialogue and observation (Burns et al., 2017). Phenomenological studies focus on presenting the reality of the participants' lived experiences and identify the commonalities of a shared experience (Bomer-Norton, 2018). The study coordinator describes the relationship of the participant to the setting and gains insight into the motivation and actions of the participants then reflects on the collection of data to discover the meaning and significance of the phenomena (Burns et al., 2017). The

research method included in-depth, semi-structured interviews, researcher observations and notes, and artifacts. These techniques served to capture individual participants' perceptions and perspectives of everyday lived experiences as an experienced nurse in a hospital setting.

Descriptive phenomenology as a qualitative inquiry provided an appropriate and acceptable method of gathering narrative data, which emphasized a person-centered approach to promote a deep understanding of a lived experience (Creswell & Creswell, 2017). Descriptive phenomenology is an accepted methodology in nursing research (Darawsheh, 2014; LoBiondo-Wood et al., 2018). The study focused on describing the lived experiences of experienced nurses, not interpreting the meaning of the lived experiences. Husserl's descriptive (eidetic) phenomenology was suitable as a method to recognize the value of human perception for scientific study (Lopez & Willis, 2004). The second branch of phenomenology known as interpretive (hermeneutic) phenomenology, created by Husserl's student Heidegger, was not suited to the study as the interpretive method seeks to expand the scientific inquiry to discerns and deciphers the meaning from the lived experience (Lopez & Willis, 2004).

An in-depth, semi-structured, interview with each participant in the study allowed identification of the commonalities of a lived experience to represent the generalized experience of the participants (Creswell & Creswell, 2017). Phenomenology is valued in nursing and forms the philosophical basis of three nursing theories including Parse's human becoming theory, a theory of humanistic nursing from Paterson and Zderad, and Watson's caring theory (Burns et al., 2017). The advantage of using descriptive phenomenology was the ability to provide nurse researchers with an accepted and appropriate method of inquiry to fit with the nursing

philosophy of understanding how individuals respond to the circumstances and interact with the environment (Astroth & Chung, 2018).

At American College of Education (ACE), the Institutional Review Board (IRB) required an interview question validation process be conducted prior to the IRB submission. Five subject matter experts accepted an email invitation to review interview questions (see Appendix F). The panel member credentials and member roles reflected the expertise of these nurses (see Appendix H). Each panel member reviewed the interview questions using the Survey/Interview Validation Rubric for Expert Panels (VREP). The VREP was designed to measure construct and content validity (Simon, 2019). Written permission to use the rubric by the author of the tool allowed for transparency in the validation process (see Appendix G). The panel's feedback is listed in Appendix I. Feedback from the panel resulted in revisions and the addition of two interview questions (see Appendix A). Adding the word bedside to the phrase, experienced nurse clarified the role of the experienced nurse as a nurse providing direct care to patients. Rewording the technology question to eliminate the word challenge removed the implication of technology causing problems for all experienced nurses (see Appendix A). The two new interview questions focused on career fulfillment and plans to garner additional details about the lived experiences of the nurses.

Each of the interview questions aligned with the research questions and the purpose of the study. Open-ended interview questions in data collection allowed the participants to describe and elaborate on the experiences as an experienced nurse (Creswell & Creswell, 2017). The follow-up prompts were probative with the intent of eliciting further details for clarification. A set of interview questions required self-reporting as the participant responded directly to each

question.   Self-report methods are a common strategy of inquiry in nursing research to gather data on variables such as quality of life and satisfaction, which would be difficult to measure or observe directly (LoBiondo-Wood et al., 2018). Limitations of self-reporting included the consideration of untruthful statements by the participants or the participants responding in a manner intended to please the interviewer.

The intent of the research was to uncover details about the lived experiences of qualified nurses to explain the decisions of experienced nurses to leave the profession before the age of retirement eligibility. Adherence to an interview sequence by the investigator enabled the collection of data in a similar manner from each participant. The interviewer asked the same 11 questions in the exact order to guide the session and elicit a descriptive narrative from the participants. A methodical and replicable research process built confidence in the research findings (Creswell & Creswell, 2017; LoBiondo-Wood et al., 2018). The collection of narratives and resulting analysis using Colaizzi's (1978) seven-step method of data analysis provided new perspectives and insights adding to the knowledge of the nursing profession. Anticipated benefits included study findings to suggest ideas for future research to support evidence-based advancements in the nursing profession. A discovery of factors in the practices of experienced nurses could influence decisions about job retention and provide nurse leaders opportunities to examine, reflect, and change retention strategies.

Role of the Researcher

The role of the investigator in the study was one of an observer, data collector, data manager, and analyzer of data. An interview method using a phenomenological approach allowed the gathering of data through an interactive process of interviewing each study

participant to elicit personal narratives and perceptions of the lived experience (Cypress, 2018).

A qualitative investigator's role expanded to include data collection, analysis of the compilation

of data, data management, the protection of the subjects, and security of the gathered data

(Creswell & Creswell, 2017). Transparency of the role required acknowledgement of working as

a registered nurse in one of the hospitals in Virginia where the participants could be situated.

Age and work experience qualified the investigator as an experienced nurse. The potential

existed for study participants to have met or worked with the interviewer in the course of

professional nursing care of patients in the past. Experience of working in a hospital setting by

the principal investigator provided a familiar context along with a current membership in the

Virginia Nurses Association.

Experience provided a familiarity with the organizational structure and an understanding

of clinical practice issues, which registered nurses might encounter (Newton, 2016). The

investigator's experience as a registered nurse provided a frame of reference and a context,

which enhanced the knowledge, awareness, and sensitivity to the work challenges facing

experienced nurses. The knowledge and experience as a hospital nurse lent credibility to the

investigator to create an open and honest dialogue with each study participant. The investigator

was familiar with the professional jargon and hospital references, which could assist in the

understanding of nuances from the interviews and references to the hospital environment. The

collection of data through the process of skilled interviewing allowed for the gathering of the

narratives directly from those who lived the experience (Creswell & Creswell, 2017; LoBiondo-

Wood et al., 2018; Rebar, Gersch, Macnee, & McCabe, 2011).

Husserl, a German founder of phenomenology as a qualitative research method, acknowledged potential for personal bias, assumptions, and preconceived notions to influence the objectivity of the principal investigator throughout the research process (Tufford & Newman, 2010). Husserl developed the technique of bracketing to mitigate detrimental effects of investigator bias and assumptions (LoBiondo-Wood et al., 2018). Bracketing describes the process of focusing on the participants' experience without judgment or bias (Tufford & Newman, 2010). To minimize personal bias, the principal investigator bracketed or set aside assumptions to objectively analyze data throughout the research process. The interviewer focused on the issues deemed important by the participants without steering the interview to favor the interests of the principal investigator (LoBiondo-Wood & Haber, 2010). Ensuring trustworthiness in a study was a vital role of the principal investigator.

Applying Amankwaa's (2016) protocol ensured the critical elements of trustworthiness including credibility, transferability, dependability, and confirmability were supported throughout the study. An audio recording of each interview captured the participant's words. Immediately following the interview, the investigator described the settings, the circumstances, the atmosphere, and the participants' verbal and non-verbal reactions during the interviews with sufficient detail to enable others to evaluate if the conclusions drawn from the analysis were transferrable or generalizable to other settings. Strategies to strengthen confirmability included reflexivity, journaling, and triangulation of evidence to ensure a transparent audit trail throughout the research process. An audit trail details each step in the research process to replicate the study steps for confirmability (Amankwaa, 2016).

Reflexivity refers to the process of continuous self-reflection to increase awareness of actions and perceptions, which could influence the processes of data collection and analysis (Palaganas, Sanchez, Molintas, & Caricative, 2017). The process of reflexivity encourages transparency in the role of the investigator by addressing bias through specific strategies such as bracketing to ensure trustworthiness of the research findings (Darawsheh, 2014). Continuous self-reflection or reflexivity at each step of the study ensured the study design and research process remained objective. Building reflexivity into each step of the research study increased the awareness of the investigator as to how personal bias and experiences as an experienced nurse could influence the interpretation of the data. Reflexivity is an acknowledged, practical, and accepted strategy in qualitative research, which promotes rigor (Darawsheh, 2014). An increase in the use of qualitative research in the health sciences increased the demand for the investigator to employ strategies to promote rigor, reliability, and validity within the study.

Journaling included the creation and maintenance of an electronic journal. The journal became the repository for all memos written throughout the research process including dates and times of all meetings and interviews. The memos provided insight as to how the principal investigator's personal experience as a nurse shapes the interpretation of the participants' responses. Any artifacts brought by the participants were scanned into the journal and described in detail. Detailed memos kept in the journal provided a timeline and a description of each research step taken during the study to ensure the criteria of dependability and conformability within the study (Amankwaa, 2016). A journal of thoughts, personal notes, motivations, observations, or intentions served to add details and provide transparency (Creswell & Creswell, 2017). A journal chronicled each step in the research process to create an audit trail.

To limit bias, which undermines the reliability of the data and validity of the interpretations or conclusions, the investigator disclosed prior work history at a hospital in Virginia to potential participants at the initial scripted phone interview, which determined participant eligibility (see Appendix D). The potential participant had the option of not participating in the research study, or the participant could have chosen to leave the study at any time without consequence. During interactions with the study participants, the investigator's perspective was not verbalized so as not to influence the responses of the study participants (Creswell & Creswell, 2017). In the journal, the investigator acknowledged connections, if any, with the participants. During each interview, any discussion about personal experiences of working in a hospital in Virginia was limited so as not to influence the responses from the participants or the direction of the discussion.

The role of the investigator is varied and instrumental in designing and carrying out a qualitative study deemed rigorous by academics (Creswell & Creswell, 2017). Triangulation added rigor and involved gathering evidence from multiple sources to support the justification of themes within a phenomenological study while supporting the criteria deemed essential for confirmability in research (Creswell & Creswell, 2017). In-depth interviews, all artifacts from the participants, and the journal entries, along with member checking ensured the development of a transparent audit trail to promote validity and reliability within the phenomenological study. Each investigator has a moral and ethical responsibility to adhere to the principles and practices to ensure trustworthiness of the findings (Astroth, & Chung, 2018; Cypress, 2018). Incorporating a strategy of detailed descriptions enhanced transparency. Member checking was employed to increase the credibility of the findings (Creswell & Creswell, 2017). Participants in

the study had an opportunity to review a transcription of the interview to ensure accuracy and allow for additions and revisions.

Research Procedures

The phenomenological study took place in Virginia with 16 experienced nurse participants employed in hospitals in Virginia. Data from the in-depth interviews contributed to the known literature on nurse retention by adding the perspective of experienced nurses facing challenges in the workplace. Findings from the study could be of interest to recruitment and retention personnel in healthcare organizations nationally and internationally. Trustworthy research is the basis for submitting an article to a nursing research journal to focus on nurse retention strategies as scholarly research seeks to advance knowledge through publication of research (Korstjens & Moser, 2018). The research procedures included details of data collection, data preparation, and data analysis. Data collected remains safe and secure for a total of three years.

Prior to the interview process, the investigator engaged in a reflective practice, which acknowledged assumptions and permitted bracketing of any influences, which could potentially bias the results of the study (Creswell & Creswell, 2017). Journaling throughout the research process provided an opportunity to learn from the interviews and acknowledge the data from the research could shape the interviewer's contribution to future research. The increase in self-awareness represented a process known as reflexivity in qualitative research and constituted a research finding (Palaganas et al., 2017).

Population and Sample Selection

Phenomenological studies seek to understand the perceptions of participants living the experience under investigation (Creswell & Creswell, 2017). The target population represented experienced registered nurses working in a hospital setting. Criteria for inclusion in the phenomenological study included licensed registered nurses with at least 20 years of nursing experience and working in a hospital in Virginia. Expansion of the selection criteria by age, education level, and experience allowed stratification of the responding population to ensure fair selection in each demographic category. A random sampling method permitted a random choice of respondents in each category if numerous respondents met the inclusion criteria in each category (see Appendix C).

Qualitative research seeks to explore the lived experiences of the participants through dialogue and to obtain a rich narrative of data from a narrow selection of participants capable of articulating the experiences and perspectives. A small sample size generates a quantity of meaningful data for analysis and interpretation as a result of data saturation rather than a specific sample size. Research experts do not agree on the ideal sample size for a phenomenological study, which precludes a maximum or a minimum number of participants (Burns et al., 2017; Creswell & Creswell, 2017). Although Creswell suggests three to ten participants for a phenomenological study, an increase in the number would improve reliability. For the study, at least15 participants were deemed an appropriate sample size.

After receiving approval from the Institutional Review Board (IRB) of American College of Education, the investigator began the next phase in the research process. A request for participation from chapter members (see Appendix J) was sent to 12 state chapters of the

Virginia Nurses Association (VNA) seeking experienced nurses who meet the inclusion criteria

to participate in the research study (see Appendix B). The VNA is a professional organization,

which represents 100,000 registered nurses in Virginia and works to advance the practice of

nursing through advocacy and education (VNA, 2018). Protection of the participants was

crucial, and the right to anonymity and confidentiality was upheld throughout the study

(LoBiondo-Wood et al., 2018). The investigator contacted potential participants who responded

to a research invitation. To be eligible for consideration, each potential participant completed a

demographic sheet with contact information in response to the introductory recruitment letter

(see Appendix B).

The investigator contacted the potential participants to confirm eligibility and interest in

participating in the study based on the answers to a phone script (see Appendix D). If the

eligible participants agree to be in the study, then the phone script summarized the research

process and the responsibilities.   An electronic information folder containing a participant

informed consent form was sent to each eligible participant (see Appendix E). Consistency in

the methodology is essential in establishing dependability (Amankwaa, 2016). If one of the

participants declined the invitation or decided to withdraw from the study, then another name

from the potential pool of respondents was contacted until each of the 15 participants had

returned a signed consent and completed the study (see Appendices C, D, E, and F).

Instrumentation

The questions for the semi-structured interviews and the follow-up prompts for

clarification were developed by the investigator, reviewed by five subject matter experts, and

contained categories of topics aligned with the purpose of the study. Each participant was asked

the 11 peer-reviewed (see Appendix A) questions in the exact order to provide a consistent and methodical process for the interviews. Four prompts were used to elicit more detail or clarification of the participants' responses, if necessary. Semi-structured interviews allowed for more flexibility to explore the meaning of responses (Creswell & Creswell, 2017). The interviewer used the 11 interview questions as a reference to ensure all questions were asked to all participants in the same order (see Appendix A).

Data Collection

Data collection procedures provided an opportunity to set parameters as to the number of participants and the type of interview and establish a process for recording observations and information (Creswell & Creswell, 2017). Qualitative data collection involved gathering data from in-depth, semi-structured, one-on-one interviews with each of the 16 study participants in a setting free from distraction. The participant was referred to by an alias during the interview to protect anonymity. Only the principal investigator has access to the list of participant and alias names. An unobtrusive digital voice recording captured the verbal data from each interview after receiving the participant's consent for audio recording the entire interview.

Each participant answered a series of 11 scripted interview questions related to the central research questions. The interviewer asked one question at a time and allowed the participant to respond without disruption. Using prewritten, probing, and follow up questions for clarification, the interviewer sought details about the lived experiences as experienced nurses in a hospital setting. To ensure each participant was asked the questions in the same order, the interviewer used a question guide and followed up with questions for clarification in response to topic areas not anticipated before the interview (Creswell & Creswell, 2017).

Notes were included in the research journal after the meeting to add observations of non-verbal communication from the participants. An amount of time for each interview was not specified before the interview begins. The investigator asked for detail with follow up prompts until the information received was deemed redundant. Once data saturation was complete, and the interview ended. If the interview provoked feelings of anxiety, the interviewer had on hand contact information for counseling services if requested by the participant. Interviews were scheduled at different times allowing the participants to leave the discussion area without meeting any other participants. Journaling throughout the study helped to establish confirmability within the study (Amankwaa, 2016).

Data gathered from the interviews along with scanned copies of artifacts and the documentation of non-verbal data in the journal improved data validity and reliability through triangulation of data (Creswell & Creswell, 2017). Triangulation involved collecting data from more than one source. The research procedures adhered to ethical treatment of the participants and secured storage of data maintained participant confidentiality and anonymity. After storing the data pertaining to the research study for a minimum of three years in a locked filing cabinet in the home office of the interviewer, the research materials will be destroyed. Any information shared by the participants remains confidential whether the participants choose to remain in or leave the study.

Data Preparation

A phenomenological approach provided an appropriate and systematic means to analyze data to answer the research questions which focus on the lived experiences of the participants and provided descriptive narratives to help the audience derive an understanding of the lived

experiences (Colaizzi, 1978). Colaizzi's method of data reduction is well known as an acceptable method in the discipline of health sciences (Morrow, Rodriquez, & King, 2015). The Colaizzi method provided a reliable and valid structure for a rigorous approach to analyzing the descriptive data about the lived experience of participants in terms of fundamental themes to capture the essence of a shared experience. Data preparation included organization and inclusion of all interview material, artifacts if any, and information from the interviewer's journal. An independent transcription service transcribed the audio recordings. Each participant received and reviewed transcribed interview notes electronically for verification of content and accuracy. A process of verification by participants enhances the validity of the data (Grove & Gray, 2018).

Reliability and Validity

Reliability and validity are integral components of a research design required to support the rigor of a study and establish the trustworthiness of the data. Credibility, transferability, trustworthiness, and confirmability were critical components in establishing the reliability and validity of the research data (DeVault, 2019; LoBiondo-Wood et al., 2018; Rebar et al., 2011). A review of the questions by a panel of five subject experts increased validity, objectivity, and decreased the potential research bias in the process of question construction. Member checking involved the study participants reviewing the transcripts of the interview and revising ensure an accurate account of the participant's experience as an experienced nurse. Credibility in the study was enhanced when participants provided feedback to assure the accuracy of the data and interpretation of the findings. Triangulation of data is an acceptable method to ensure the internal validity of the study by collecting data through two or more sources (Creswell & Creswell, 2017). Participant interviews, scanned artifacts, and journal entries noting

participants' non-verbal observations during the interviews were planned strategies to increase

internal validity. External validity was enhanced by using the same process to collect the

narratives from each participant and by allowing data saturation to occur with each interview

(Creswell & Creswell, 2017).

Detailed description of the study design, data collection methods, and data analysis

section allowed replication of the research. Using an electronic journal throughout the study

provided an audit trail for confirmability, which included a detailed description of the steps in the

research process along with the timeline to ensure transparency. A study of retention factors

reveal findings generalizable to other disciplines experiencing early retirement (DeWind,

Geuskens, Ybema, Bongers, & van der Beek, 2015). Each of the four aspects of credibility,

trustworthiness, confirmability, and transferability built validity and reliability in the study.

Data Analysis

Once the participants confirmed the accuracy of the interview data, the information was

manually coded for analysis using Colaizzi's seven-step process of inductive reduction of data

method. Data preparation of the narratives using Colaizzi's process yielded significant

statements and grouped formulated meanings (Colaizzi, 1978). Each step in the process

increased the investigator's familiarity with the data. The *first* step required reading over each

participant's interview transcript multiple times to become familiar with the data. In the *second*

step, statements of significance in each transcript, which related to the phenomenon under review

were identified and highlighted. After deliberate consideration and inclusion of observations and

insights from the journal entries, the *third* step of the process involved formulating meanings

from the significant statements while intentionally bracketing any personal researcher bias.

The *fourth* step in the Colaizzi process required clustering similar or common themes. The investigator did not ignore ill-fitting themes or clusters but worked to examine all relevant data in the process (Burns et al., 2017). In the *fifth* step, the phenomenon was identified and described in detail. At the end of the *sixth* step, the phenomenon was condensed into short, fundamental statements, which captured the essential aspects of the phenomenon. The *last* step of analysis involved sharing the fundamental statements with all 16 participants to determine if the method of information reduction captured the essence and truth of the lived experiences (Morrow et al., 2015). The process of member checking increased internal validity by permitting feedback from the participants to verify the truth of the findings (Creswell & Creswell, 2017).

Following each step in the analysis ensured completeness (Morrow et al., 2015). A systematic analysis allowed categorization of the data into understandable themes for the participants and the audience (Creswell & Creswell, 2017). The first-person accounts with rich narratives formed the basis of understanding the significance of the lived experience. Study findings form the basis for the submission of an objective article to a nursing research journal with the focus of describing the lived experiences of experienced nurses.

Ethical Procedures

Protection of human participants is an ethical imperative for scholarly researchers (Creswell & Creswell, 2017; LoBiondo-Wood et al., 2018; Rebar et al., 2011). From the choice of the research design to the publication of the findings, ethical guidelines were followed to protect the human participants. The study required a review and approval by the IRB committee at the American College of Education (ACE, 2017). After IRB approval of the study, the principal investigator contacted potential participants who responded to the email and met the

inclusion criteria for the study by telephone. The respondents received an electronic transfer of a folder of information pertaining to the study. Each folder included an informed consent form, which outlined the study process and provided details on the secure and confidential storage of participant data. The interviewer spoke with each participant to review the consent form and the contents of the folder. Participants signed, dated, and returned the informed consent before the interview.

Each participant was assigned a pseudonym for use throughout the study to ensure anonymity. Anonymity in the research process protects the privacy of the participants and encourages the participant to speak honestly and freely (Creswell & Creswell, 2017). Only the interviewer knows how to link the identities of the participants with the pseudonyms. The identity of the hospitals was not revealed in the study findings. Publications resulting from the research will not reveal the identity of the hospitals or participants. Any information about the participants is to remain in a locked filing cabinet in the investigator's home office for a minimum of three years before the information is destroyed. Honest and transparent research practices were followed throughout the study.

The participants were able to leave the study at any time and took part in the study without pressure or coercion. Participants gave permission to scan any artifacts. All documentation was free from personal information, as the interviewer only referred to the participants by the pseudonym nurse in the interview and journal. To minimize bias, the investigator engaged in bracketing throughout the study. During the initial phone interview with participants, the investigator acknowledged working at a healthcare facility as a registered nurse and noted a current membership in the VNA. Each strategy was necessary to protect the

participant during the sharing, reporting, and storage of research data and to ensure transparency in the study (Grove & Gray, 2018).

Chapter Summary

Chapter 3 outlined and supported the choice of descriptive phenomenology as the qualitative method for the research study. Phenomenology is an accepted and respected method of inquiry in the profession of nursing (LoBiondo-Wood et al., 2018). The chapter detailed the design and rationale of the design, the role of the researcher, along with the research procedures, population and sample selection criteria, instrumentation, and the data collection process. Details of data preparation and analysis preceded a discussion about reliability and validity and concluded with a description of the ethical procedures for protection of study participants. Chapter 3 prepared the reader for a review of findings in Chapter 4.

Chapter 4: Research Findings and Data Analysis Results

Chapter 4 presents the findings of the qualitative study to determine the impact of workplace challenges on nurses' decisions to retire before the age of retirement eligibility. The purpose of the descriptive, qualitative, phenomenological study was to gain details about the lived experiences of registered nurses with at least 20 years of experience working in a hospital environment in the state of Virginia. Face-to-face, semi-structured interviews with experienced nurses provided a detailed description of lived experiences for analysis. The following research questions guided the study:

Research Question One: What are the lived experiences of experienced nurses in a hospital setting influencing retirement before retirement eligibility?

Research Question Two: What workplace factors do experienced nurses perceive as influencing retirement and retention?

Research Question Three: How have workplace factors impacted experienced nurses' decision-making about leaving the profession before retirement eligibility?

Chapter 4 begins with a description of the data collection method, the number of study participants, and notes deviations from the proposed data collection plan. A discussion of the coding process, data analysis, and summative themes and subthemes follows. Data confidentiality is reviewed and followed by a discussion about the reliability and validity of the qualitative research. Chapter 4 concludes with a summary of data findings to address each research question in preparation for a discussion of findings, conclusions, limitations, and recommendations in Chapter 5.

Data Collection

Following the American College of Education Institutional Review Board research proposal approval**,** a letter of recruitment was emailed to Virginia Nurses Association chapter leaders (see Appendix B) along with a letter of introduction and instruction (see Appendix J) to initiate the data collection process. Each respondent completed a four-question demographic form (see Appendix C) and included email and phone contact information. The respondents received an electronic folder containing the informed consent form (see Appendix E). The consent indicated the interview would be completed using the computer software Skype. The first five eligible respondents were not familiar with Skype technology. The unusual circumstance encountered with the first five respondents prompted an addendum to the IRB application seeking permission to change the interview format to face-to-face.

 After receiving IRB approval, the wording on the informed consent was changed to reflect the face-to-face method for each interview. Each of the 16 qualified participants signed and returned the revised informed consent and demographic form before the interview. An electronic journal kept on the investigator's personal password-protected computer chronicled the contacts with each participant and provided a milieu for bracketing preconceived notions, interview notes, and documenting nonverbal observations after each interview. The journal served as a repository for pictures of artifacts supplied by the participants during the interview process.

The face-to-face, in-depth, semi-structured, individual interviews took place in safe, mutually agreed upon settings, including libraries, small conference rooms, and cafes over four weeks. One phone interview was conducted during the data collection phase at a respondent's

request and audio-recorded with the respondent's permission, which was a deviation from the data collection plan. Although the respondent met the eligibility criteria, the participant's distant location within the state of Virginia precluded a face-to-face interview during the period of data collection. All 16 interviews followed the same pattern of asking each participant a series of 11 scripted and peer-reviewed questions (see Appendix A) in the same order and using the same four scripted follow-up prompts to elicit more detail until data saturation occurred. Each audio-recorded interview was completed using the app Rev on two personal iPads. To protect the identity of the participants, the interviewer only referred to the participants using the generic term nurse during the audio recording. The investigator added notes and observations after each interview, which included surroundings, impressions, and nonverbal communication from the participants. The participants were not present when the post-interview comments were added to the investigator's electronic journal. Participants submitted no artifacts for review.

A third-party transcription service using a personal paid account on the Rev site was employed immediately after each interview to obtain a transcript of each recorded interview. Directions to the transcription service included identifying the investigator as Speaker One and the participant as Nurse to maintain confidentiality. Each interview had a unique submission date and time stamp. Only the principal investigator had a list of participant names and corresponding submission dates and times for identification to maintain confidentiality throughout the data transcription process. A transcript of each interview was returned to the investigator's personal Rev account within 24 hours of submission. Upon electronic notification from the transcription service, each transcript was reviewed for accuracy of content by the investigator.

Account access to the submitted audio recordings on the Rev site provided an opportunity to replay the interviews in the privacy of the interviewer's home office. A review of each recorded interview provided additional nuances from the participants' voices and expressions to add to the rich detail of the transcribed narratives. The iPad recordings of each interview were deleted once the transcripts were received to prevent a breach of confidentiality. Participants received an emailed transcript of the interview from the primary investigator within one day of the interview. Each transcript in its entirety was emailed as a Microsoft Word document to the corresponding participant using the email address provided on the participant's demographics form. Instructions to the participant included reviewing the attached transcript for accuracy of the content and returning the Word document within 24 hours with additions or deletions. Table 6 indicates the results of transcripts returned with additions or deletions.

Preparation of the Data

Data preparation included the organization and inclusion of all the data from the demographic form, interviews, and electronic journal. The demographic forms were compiled, and descriptive statistics were employed to create a demographic profile of the participants. Each of the 16 participants met the inclusion criteria including current employment in the state of Virginia in a hospital environment with at least 20 years of experience as a registered nurse. The 16 nurse participants represented four different hospitals in the state of Virginia and six different areas of nursing practice including, labor and delivery, emergency nursing, surgical nursing, intensive care nursing, a medical unit, and an admissions observation unit. Descriptive statistics provided a perspective of the study participants and supported the eligibility of each nurse to participate in the research.

Each printed transcript was reviewed using Colaizzi's (1978) seven-step method for inductive reduction of data. Reading each transcript several times to become familiar with the detail of the data was essential to gain an overall perspective and identify significant statements about the phenomenon of the study. Handwritten notes were added in the margins of the transcripts to indicate significant statements and phrases. The significant statements extracted from each of the transcripts combined with observations, nonverbal cues, and artifacts from the electronic journal contributed to the formulation of significant themes and subthemes without personal researcher biases. Each of the significant statements was assigned a formulated meaning. During data analysis, 120 formulated meanings were generated and then grouped into cluster themes.

The cluster themes merged into seven main themes and one subtheme for reporting and comparison with the elements of the conceptual framework. Emergent themes included a passion for nursing, self-efficacy, rewards and recognition, generational diversity, technology fatigue, and intent to leave. The sub-theme of moral distress included comments related to concerns for patient safety and loss of nursing autonomy in the workplace. The phenomenon was identified and described with supporting statements then condensed into short statements, which reflected the essence of the lived experiences shared by the participants. Member checking allowed opportunities for the participants to affirm the truth of the lived experiences by providing feedback to the investigator. The data analysis resulted in a rich description of the lived experiences for the nurse participants to review and authenticate. The chapter analysis provides excerpts of participant's transcripts to support the themes. The cluster themes identify shared experiences across geographic areas and areas of practice.

Data Analysis and Results

Data collected during the interviews in response to the 11 scripted questions and four follow-up prompts enabled the participants to share comprehensive details about lived experiences as experienced nurses in the hospital environment. The completed demographic forms, audio recordings, transcribed interviews, and electronic journal entries provide data for objective analysis. Data were prepared according to the approved IRB plan. Confidentiality of the collected data were maintained throughout the process of analysis. The text of the transcriptions was analyzed using Colaizzi's (1978) seven-steps of inductive reduction to determine emergent themes and subthemes.

Demographic Profiles

Throughout the study, the nurse participants (NP) provided detail and insight into the lived experiences of seasoned nurses. Further analysis of the demographic form provided additional details for the demographic profiles of the participants, including, gender, years of experience, age range, and the highest level of nursing education attained. All 16 participants reported working in a hospital environment in the state of Virginia for at least 20 years.

Table 1

Gender of Participants

Gender	f	%
Female	16	100.00
Male	0	0.00
Total	16	100.00

Men represent 9% of the professional nursing workforce (Clow, Ricciardelli, & Bartfay, 2015). The letter of recruitment was sent to a statewide nursing organization in Virginia with male and female membership. Of the 16 study participants, 100% were female registered nurses (Table 1).

Table 2

Participants' Years of Experience as a Registered Nurse

Years of Experience Ranges	f	%
20-24	2	12.50
25-29	5	31.25
30+	9	56.25
Total	16	100.00

Data from Table 2 indicated years of nursing experience and revealed participants with 30+ years (56.25%), 25-29 years (31.25%), and 20-24 years (12.50%). Most participants (56.25%) represented registered nurses with more than 30 years of experience (Table 2). Two of the participants (12.5%) had less than 25 years of experience. All participants met the minimum requirement of 20 years of experience in nursing.

Table 3

Participants' Age

Participant Age Ranges in Years	*f*	%
45-49	2	12.50
50-54	5	31.25
55-59	4	25.00
60-64	5	31.25
Total	16	100.00

Table 3 indicated age ranges for the registered nurse participants and displays 60-64 years (31.25%), 55-59 years (25%), 50-54 years (31.25%), and 45-49 (12.50%). Most nurse participants (82.50%) were between 50 and 64 years of age (Table 3). The age groups 50-54 and 60-64 years of experience represented the two largest groups of respondents.

Table 4

Highest Level of Nursing Education Obtained

Level of Nursing Education	*f*	%
Diploma	2	12.50
Associate Degree in Nursing	1	6.25
Bachelor of Science in Nursing	4	25.00
Master of Science in Nursing	6	37.50
Doctorate in Nursing Practice	2	12.50
Total	16	100.00

All participants held a current license to practice as a registered nurse in the state of Virginia. Table 4 indicated the highest level of nursing education obtained in addition to holding a license to practice nursing. The data indicated 10 participants (75%) had a baccalaureate level

of nursing education, 37.50% of the participants held a graduate degree nursing degree, and

12.50% had a doctorate in nursing practice. Over half or 58% of the respondents had graduate

degrees in nursing.

Table 5

Transcript Revisions by Participants

Participants	f	%
Returned without revisions	9	56.25
Returned with revisions	5	31.25
Did not return	2	12.50
Total	16	100.00

Table 5 indicated the number of transcript revisions returned to the principal investigator

by participants. Fourteen or 89.5% of the transcripts emailed to participants were returned by

email to the investigator within 24 hours, and two transcripts (12.5%) were not returned (Table

5). Each participant was given the opportunity to review the printed transcript of the interview

and submit revisions. The investigator extracted data from the transcripts after the additions and

deletions.

Table 6

Age Range of Respondents Represented in the Subtheme Moral Distress

Participants Age Range (yrs.)	*f*	%
40-45	0	0.00
45-49	1	6.25
50-54	0	0.00
55-60	1	6.25
60-64	2	12.50
Total	4	25.00

Table 6 indicated four participants or 25% of the participant sample provided comments characterizing moral distress. One participant was in the 45-49 year age range, one participant was in the 50-54 year age range, and two participants were in the 60-64 year age range. Moral distress increases with years of experience and is a characteristic associated with leaving the profession (Dodek et al., 2016). Moral distress occurs in situations where nurses recognize a moral dilemma and have an ethical responsibility to act but are constrained by factors and cannot act in a manner to preserve professional integrity (Rodney, 2017).

Identification of Significant Statement and Phrases

The investigator read each transcript three different times during the analysis to become familiar with the content. The first-person accounts provided rich detail to help understand the lived experiences of experienced registered nurses. Significant statements and phrases, which relate to the phenomenon under study were identified and underlined in each transcript. After

thoughtful deliberation of data collected, the next step involved formulating meanings from the underlined statements and phrases. The investigator employed intentional bracketing to mitigate personal bias during the analysis. A total of 120 formulated meanings were constructed from the significant statements and phrases following a review of the data collected.

Similar themes related to the phenomenon emerged from the data and were clustered together in 17 general themes. Similar themes were clustered without excluding themes, which did not fit. The clustering of themes reflected some commonalities in the lived experiences of the participants. Categorizing the findings into understandable themes was vital. The major themes and subthemes were shared with the participants to ensure the investigator captured the essence of the lived experiences. Member checking increased the credibility of the study findings by allowing the participants to verify the truth of the shared findings (Creswell & Creswell, 2017).

Clustered Themes

Similar formulated meanings gave rise to the clustering of 17 themes to provide oversight of the lived experiences of the 16 participants. Clustered themes reflected significant statements and phrases relevant to the phenomenon and general as compared to the emergent themes. The clustered themes include the following, (1) longevity in the workplace, (2) rewards and recognition, (3) feelings of isolation, (4) working with younger nurses, (5) changes in healthcare, (6) implementation of new technologies, (7) hospital management concerns, (8) lack of human resources, (9) lack of financial resources, (10) rate of changes within healthcare, (11) flexibility within the nursing profession, (12) bullying and incivility in the workplace, (13) mastery of skills, (14) importance of critical thinking, (15) increased workload expectations of nurses, (16)

decreased autonomy of nurses, and (17) a passion for patient-centered care. Each of the clusters

represented noted or concerning aspects of the lived experience of experienced nurses in the

hospital environment as referenced by the study participants. Seven emergent themes and one

subtheme emerged from the clustered data following comprehensive analysis.

Emergent Themes

The 17 clustered themes were merged into seven emergent themes and one subtheme to

form the basis for reporting the study findings. The seven emergent themes were, (1) a passion

for nursing, (2) self-efficacy, (3) rewards and recognition, (4) generational diversity, (5) physical

decline, (6) technology fatigue, and (7) intention to leave. Each major theme was described

within the context of the role of the nurse in the hospital setting and the relationship of the

themes to the corresponding research question. The subtheme moral distress encompassed

several factors including decreased autonomy in nursing care, and concerns for patient safety

resulting in a moral dilemma.

<div align="center">

Research Question Number One Data

</div>

Research Question One asked, what are the lived experiences of experienced nurses in a

hospital setting influencing retirement before retirement eligibility? The first four of the 11

scripted interview questions were asked in the following order.   The questions elicited detailed

information to answer the first research question.

1. How many years has the participant worked as a bedside nurse in the hospital setting?

2. Describe your experiences as an experienced bedside nurse in the hospital.

3. How has the participant found career fulfillment as a bedside nurse in the hospital?

4. Describe ways in which the participant has received support and recognition in your role

as an experienced bedside nurse.

Table 2 provided descriptive statistics to determine information about the years worked as a bedside nurse in the hospital setting.

Emergent Themes for Research Question Number One

The first four interview questions aligned with research question number one.   Themes for research question number one emerged from formulated meanings. The formulated meanings were derived from the significant statements and phrases extracted from the participant responses to questions one through four (see Appendices A and J). The themes included a passion for nursing, rewards and recognition, and self-efficacy.

A Passion for Nursing

Passion in nursing describe a calling or lifelong vocation. Passion is a strong voluntary motivation or tendency towards an activity, which causes a person to derive fulfillment, importance, value, and personal significance (Gómez-Salgado, Navarro-Abal, López-López, Romero-Martín, & Climent-Rodríguez, 2019). The passion for nursing was evident throughout 14, or 87.5%, of the interviews. Nurse participants (NP) were identified by numbers. NP 6832 described her passion for the nursing profession.

> *A nurse is my core. It's what I am, I guess. It's who I am. It's hard to separate me from my career because I just feel I'm a nurse. It's one in the same, so I can't see me ever stopping in a way, but I know I can't go on forever.*

NP 9118 echoed the sentiment of a lifelong dedication to the profession and to the patients.

> *That's the only place I want to work. Even when I got my BSN, they said, what are you going to do? I said I'm still going to be working at the bedside because this is where I*

belong. I don't belong anywhere else. I mean that is what I know. That's what I went into

nursing for is to be there for the patient, so that's what I did.

NP 8381 commented with enthusiasm and a smile.

I love what I do. It's difficult sometimes. I don't know that I would change what I'm

doing. I would like to tweak it a little bit, and make things a little bit better.

NP 2736 verbalized a long-term commitment to the profession of nursing.

I love my job so much that I don't think that I would retire. And if I did, I would probably

still work. Does that make sense? I would probably still work part-time somewhere…to

be able to do some type of nursing.

NP 1684 found personal fulfillment in nursing.

I enjoy taking care of patients. I feel like that just the being part of the birthing

experience and/or even the end of life experience, being there and being supportive. It

makes me feel like I've accomplished something, and I've made an impact in their life.

NP 1493 reflected her sense of duty to the profession.

With nursing, I can't imagine doing anything else. Can't imagine. We've moved a lot,

away because that's what we do. We're nurses. In a lot of ways, I feel like that's who I

am, and that's what I do. If I'm not doing it, it just feels like I'm missing something.

NP 1121 described the lifelong calling to nursing and the many aspects of being a nurse.

Oh, I was born to be a nurse. Absolutely born to be a nurse. I love to teach love to get

those baby nurses and just teach them. Teach them with a lot of grace and some

patience…but then also call them out basically when they need it.

NP 4813 echoed the sentiment of a lifelong passion for nursing.

I realized I did not become a nurse. I was already a nurse. That is who I am, that is my heart.

NP 1118 described the inherent feeling of making a difference.

As long as I am enjoying what I do, I feel like I'm making a difference. I think about that a lot.

NP 7938 thought of nursing as rewarding, challenging.

I love nursing as a career…in my experience it's been rewarding and challenging. Rewarding in that I've met so many people, people I never would have met before. Being a hospital nurse, you're meeting these people at a very vulnerable time in their life. Then, I feel like rewarding in that I'm able to help them get better. It's sad when you see people that don't get better. So you deal with a lot emotion.

NP 7211 viewed nursing as a privilege.

I love bedside nursing. I've always been passionate about nursing. I love nursing. I still have that passion that I had when I started years ago, and I love taking care of patients. I believe nursing is a privilege. I am extremely blessed to have been healthy long enough to work this long in a profession I love.

NP 1271 commented on the focus of bedside nursing.

I love bedside nursing because of the one-on-one interaction with the patient and education. I find it very fulfilling.

NP 9973 focused on the bedside care of the patients.

>*I would get really involved in the patients and their situations, and try to fix things,*
>
>*because I think that's what nurses do. I loved being a staff nurse and I love talking with*
>
>*my patients, and back in the day you had time to talk to them, especially working 3:00 to*
>
>*11:00. I did a lot of patient education. My most memorable patients of course where*
>
>*when I was at the bedside and the staff and I learned as much from them as I learned*
>
>*from my books. And I just loved that you know.*

Self-efficacy

Self-efficacy was related to the ability of the participant nurse to master nursing skills in the provision of excellent patient-centered care. Experienced nurses achieve a level of proficiency with nursing skills, which comes with experiential knowledge, an increase in self-confidence, continuing education, and advanced training. Characteristics of self-efficacy among nurses include skill mastery, confidence, and resilience in the face of setbacks in the workplace setting (Osei, Osei-Kwame, & Osei Amaniampong, 2017). Eight or 50% of the participants addressed mastery of skills, both technical and non-technical, with experience. Throughout the interviews, the nurse participants echoed the need and desire to achieve a master of nursing skills through years of experience, continuing education, advanced nursing, and nationally recognized nursing certifications.

NP 6832 described her mastery of nursing skills.

>*I feel like I am at the top of my game, or at the top of my ladder…what I enjoy the most*
>
>*about being a bedside nurse is passing it on and teaching. It's my passion. I think that*
>
>*helped me kind of stay in nursing for the greater good, to hand over my tools, my*

knowledge, instill in others, somebody wanting to learn from me. That kept me going.

NP 1493 described added responsibilities resulting from a mastery of skills.

As far as the experienced bedside nurse, I've had to train a lot of people in different departments and be a guidance person. I tried to make newer nurses less scared with the experience of training.

NP 1118 described her path to mastering nursing skills.

I think just having the clinical ladder to advance was supportive. I have been certified for many, many years. Certification for nurses is voluntary. It kind of signifies, I guess, a stronger commitment to patient care and patient outcomes. It gave me more credibility.

NP 7938 described the process of gaining confidence and resilience in nursing.

I think that you have to have something inside you to want to be able to help other people and have that caring attitude. It's not always easy because some patients and families, too, when you bring them in, are not the easiest people to deal with. That is the hard part, but you can learn, I mean, it takes you years of experience to learn how to deal with different people in different situations. I think that comes with experience and you learn ways to handle things and let things roll off your back if somebody's cussing you out or trying to hit you because they don't know what they are doing.

NP 6113 elaborated on the ongoing need for nurses to learn.

Working helps your mind stay crisp…I like those continual challenges that nursing allows us to do and all of the continuing education hours that we get. I just love learning and staying on top of the technologies and all the new advances.

NP 9973 discussed the nurse's continual need and responsibility to keep learning.

Because nurses' education, while it's really good, but it's what you build on, and I think the newer nurses don't get that as much, that you have to continue growing and getting educated. It's not like a lot of jobs where you get your four-year degree and you use that, and yet you learn things along the way. But it's different, nursing is different. You have to build on what you have learned.

NP 1493 explained how experience helps to master non-technical nursing skills as well.

We have a lot of things that you have to do and you have to know how to do them. We just guide the new nurses as far as our protocols and what needs to be done first. What need to be done next and time management. If multiple things are going on, which person to do next.

NP 7211 took pride in mastering non-technical skills that denoted her experience.

Sometimes my patient's and/or that family members will tell me "I can tell you have been a nurse a long time. You have such a calming, easy way about you."

Rewards and Recognition

Employee satisfaction with rewards and recognition is a cornerstone of human resource management. Rewards and recognition stimulate positive employee behaviors such as improved performance and retention and discourages undesirable behaviors associated with turnover and absenteeism (De Gieter, & Hofmans, 2015). Participants acknowledged the value of recognition from peers, patients, and management.

NP 6832 indicated significance of recognition and hospital awards

Well, I have always had good annual evaluations. I probably had under 10 years' experience. I was nominated by my peers both times in one hospital. I actually I won that

twice. And then the last award was 2012…that kept me going, I think, a lot. It was

supportive in a way. Bonuses are gone, and that used to encourage people to work extra.

NP 9118 related the significance of patient recognition.

Recognition? Not so much from the hospital, but through the patients. You'll have one

bad patient that really doesn't appreciate anything you do for them, and then you'll have

a little old lady that'll look up at you and say, "You are my angel." And that takes all the

other bad stuff away. Or this man said, "I don't know how I would survive if you hadn't

been here for me."

NP 8381 suggested how annual evaluations provide recognition.

We do get some sort of recognition during our annual evaluations, be it positive or

negative, but we do get something. There are opportunities where coworkers can give an

electronic thank you…just saying things like "You were helpful."

NP 2736 indicated financial reward and recognition from her hospital.

Well, I have to tell you my hospital's really good about that. They paid for my bachelor's

and master's degrees, so I didn't pay a dime. I owe nothing. And then for certification,

they pay for our certification…and of course we get a $300.00 bonus each year. Yeah,

it's really nice. So I would say they're very supportive in those things.

NP 1684 referenced the importance of recognizing experienced nurses.

I don't usually get a whole lot of recognition from the powers be, but now we have a

program to earn points and they recognize you for things that you've done on the unit.

Helping the unit or doing things above and beyond what needed to be done. You can use

those points to get good stuff like material possessions and they never had that before. So

I wish that they would consider how much time and effort senior nurses put in and realize

their benefit. And I just don't feel they recognize us. I feel like if they did then maybe

they're not going to end up losing the experience that they have and the knowledge. So, I

think if they recognized us that would make me want to stay longer.

NP 1493 indicated how different nursing units handle recognition and reward.

Well our bosses do ask us, if there any place you do want to work on a regular basis and

places you don't within the department. And they will honor that.

NP 1121 spoke to management support.

I can't say that management has recognized or supported but it would be nice if

management would appreciate the underdogs a little bit more. There are some people

because of their personality are not being recognized. They are doing a fantastic job but

because of their personality it's just expected.

NP 4813 expressed a different view of reward and recognition.

I feel that there have been leaders in my career that have celebrated my growth. There

have been leaders who encouraged my growth. There have been leaders who walked

beside me every step of the way. I wanted to grow as a nurse to please them, initially, and

I realized my role then, with more maturity, is to give that same kind of encouragement to

the newer people behind me.

NP 1118 focused on the clinical process in place for recognition.

Well, I think just having the clinical ladder to advance that was support and recognition.

I've been certified for many years. The hospital reimbursed me for the cost of the

certification. I think our names were published somewhere. We were also recognized on certified nurse's day.

NP 7938 talked about long-term loyalty recognition.

For recognition, they have things that they will at five-year, ten-year send little booklets that they'll let you pick out some kind of gift that you order online. Then, every so many years, 10, 15, 25 some of the bigger marker years, they have this big dinner out at a restaurant that's close by here. In the current healthcare place, you see more of everything that you're not doing right you're reminded of versus things that you are doing good.

NP 6113 indicated a change in the level of recognition over time.

Well, I was chosen for an award and won it twice. That was quite a surprise and recognition…the managers try and do as best they can to support. Our manager kind of listens but there is not a lot she can do in her environment…

NP 7211 indicated nursing unit-based rewards for length of service and recognition by coworkers.

I have the option of no weekends, no holidays, and I have a set schedule. Recently, the staff voted on their coworkers for various awards and I won two categories. I am humbled by these awards. To think my coworkers chose me for these awards touched my heart in a very special way.

NP 9972 emphasized the need for nurses to lead the way with recognition.

We need to be recognized because if we don't then people don't know what we do and then we're disposable. And so we have to let people know what we're doing. Well our

CNO has always said "If thou dost not tooteth thy own horn, the horn does not get

tooted" and I believe that. I kind of celebrate any nurse for doing quality work. That's a

win for all of us within nursing.

<div align="center">**Research Question Number Two Data**</div>

Research Question Two asked, what workplace factors do experienced nurses perceive as influencing retirement and retention? The next three questions garnered information to answer the second research question. The interview questions were asked in the same order.

5. What are your three leading emotional stressors as an experienced bedside nurse in the

    hospital setting?

6. Describe the physical challenges for as an experienced bedside nurse in the hospital.

7. How does the participant cope during shifts with technology used at the hospital?

Emergent Themes for Research Question Number Two

Themes for research question number two emerged from the formulated meanings of the responses to three specific interview questions. The formulated meanings were derived from the significant statements and phrases extracted from the participant responses to questions five through seven (see Appendices A and J). Emergent themes include generational diversity, physical decline, and technology fatigue.

Generational Diversity

Generational diversity refers to multiple groups of employees working together in the workplace and identified by shared variables, including birth years and work experience. The diversity of ages cultivates a unique set of values attributed to each generational cohort (Zabel, Biermeier-Hanson, Baltes, Early, & Shepard, 2017). The nursing profession embraces four

distinct generations working together in the hospital setting (André, 2018). Participants

referenced intergenerational differences resulting in workplace challenges in multiple interviews.

NP 6832 commented on the difference in work ethic between generational cohorts.

> *There are so many changes going on at the hospital now. The younger folk, they don't*
>
> *want to work as much as they have to.*

NP 1684 commented on working with Millennials.

> *I feel like my voice isn't heard as much because there's more Millennials in this day and*
>
> *age. Sometimes I'm one of the ones that will get up and do something without being*
>
> *asked and sometimes the younger nurses aren't.*

NP 1121 commented on characteristics of work ethic and entitlement.

> *And so, the work ethic has changed because they don't know nothing good comes without*
>
> *hard work anymore. It is a lot of pressure and there is some entitlement with the newer*
>
> *nurses.*

NP 4813 commented about the treatment of nurses as a group rather than individuals.

> *I don't feel that current leadership, whether it be all the way up or leadership within my*
>
> *small group, celebrates me as a nurse. I think that we are all corralled together as in*
>
> *"you guys" instead of making it a more personal thing. Not only for accolades, but when*
>
> *things are wrong, it's we have dropped the ball, and it just seems as a group we are*
>
> *recognized, whether negative or positive.*

NP 7938 felt animosity about the treatment of new nurses.

> *Like I said, they're paying new nurses all these sign-on bonuses. Monetarily-wise, they*
>
> *are doing all these things for these new graduates, but for somebody that's been there 30*

years, other than getting these little gifts every 5, 10, 15 years there is nothing. You have

got new nurses coming in now and the turnover is so high, people are leaving after two to

three years. My opinion, it takes a good three to five years to even become fairly

seasoned, to know what you're doing. When you've got a one to two-year nurse

orienting and brand new graduate a lot of times that one to two year nurse there're still

things that she doesn't know. They don't know what they don't know and they are the

ones teaching the new people.

NP 6113 viewed the incoming generation of nurses with skepticism.

Big changes. It's a safer environment now that we have closer management of the

patients. We didn't have any monitors back then. It's been quite a challenge with the

young nurses coming up, because that generation comes many of them come thinking

they really know everything, which is kind of scary…You know they just challenge.

They are just, they're kind of there for the moment and the moving up as opposed to

working really hard to make changes which is sad. I am sure that is their way of

retaining the younger ones, giving them a little bit more money. But it's not, it was a kick

in the pants for the people who were more mature and experienced.

NP 8117 became emotional and began to cry when describing working with the younger
generation of nurses.

Sometimes you know, I don't feel that I get a lot of recognition, but these younger people

I see, they don't seem to be doing as much as I'm doing, but they're getting more

recognition. All these young people, I don't know if they just don't want to get their

hands dirty at the bedside. I think bedside nursing is a really important thing, that if we

don't have it that the patients are going to suffer. I think I have come from a different

mindset that I kind of go and get in there and I get my work done. But now there's a new

thing out there. You just pass it off. We're open 24/7. But I always came from the

mindset, you get your work done before you leave your shift. But that's kind of changing

now. I am sorry for getting so emotional.

NP 9973 saw the incivility and bullying between generations as a constant in nursing.

And it breaks my heart, all these nurses that leave nursing and they you know why are

they leaving? Is it because we're being mean to them? And we're still being mean to

them. Of course, they're not going to stay, of course they're not going to be happy. And

we continue to do it and why are we doing it? Why?

Physical Decline

Aging nurses face a myriad of physical challenges, including caring for heavier patients

to working 12-hour shifts including nights, weekends, and holidays. Physical and psychological

stressors contribute to the physical decline of the aging nurse (Abdul-Mumin, Abdul-Rahman, &

Naing, 2017). A majority of study participants acknowledged the physical and emotional

stressors of working 12-hour shifts in the hospital.

NP 6832 attested to the physical changes accompanying years of work as a nurse.

Now I think before I kneel down or squat down to look at the urine output on a urometer

or drainage from a chest tube…just everything aches more. I have to have the lights on

more than I use to, so yeah some parts are wearing out. I just have to make sure if I kneel

down with one knee, I have something to help me get up like the bed or the bedrail. I have

to be careful around a lot of cords on the floor. I definitely need more light as well.

NP 9118 echoed the same struggles with lifting and turning heavy patients.

> *And the floor I worked on, you turned a lot of patients every two hours. I mean a lot of them. And you would catch them from falling. Just walking up and down the concrete floor takes a toll on your body. From dealing with patient and turning and taking care of them and because we didn't have the staff to help us. I can't leave a patient laying soiled or wet just because I don't have another nurse. So, you find ways to help yourself but you still do things that hurts your body. That stresses it.*

NP 1684 noticed a decrease in stamina over the years.

> *I don't feel like I have the physical stamina that I did when I was younger. I mean it's harder on me. I can still, if they want somebody pulled up in bed or repositioned, the majority of people will still ask me to help. 12 hours is a long day. I'm exhausted by the end of the day. I like 8-hour shifts, but now the hospital especially my unit has gone to where they want everybody to do 12s. It's just a struggle for me physically, but I don't know if I'm going to have so much of a say over it.*

NP 4813 noticed the size of the patients has changed over the years.

> *I think the size of the patients have really taken its toll. The hospital in general has made allowances or tried hard to compensate for that but we are dealing with heavier and heavier patients and that is very physically demanding. Getting them up, even moving them in the bed sometimes, takes four to six people. That is not all that unusual. I worked 34 years on night shift. Going without good sleep for 34 years and having those hangover days is extremely hard on a person in every sense of the word. You think, well, physically you're not resting, you don't eat properly and you can't communicate*

properly.

NP 7938 acknowledged the physical strain of carrying for heavy patients.

> *Physical challenges, my own body is breaking down, so it is hard physically doing this job. I mean, because despite having lifts we don't have orderlies to help anymore. It's just a handful of nurses basically and when you've got other people really busy, and patients unfortunately have to wait until you can get enough help. Sometimes if it's only two people, it's hard to say, "Well, let's get a third in here because my back's about to kill me and I know just me and you can't roll this 300-400-pound person by ourselves. It's just dead weight. That's very stressing and physically challenging too.*

NP 6113 had missed work due to physical injuries from the job.

> *Well, the first thing is that I realize being an older experienced nurse, that my body is not forever. There are aches and pains in joints and all those kinds of things. And it's hard to get people to understand some of the things that the hospital has implemented to assist and prevent those kinds of injuries. Like the lifts. I'm a big lift advocate because you know, I've pulled shoulders and backs and have been out of work.*

NP7211 acknowledged physical limitations and tries to adjust to accommodate physical limitations.

> *It is physically challenging for me because we see a lot of patients in the hallway. I don't see as well as younger nurses do. I don't bend as well as younger nurses, too, and it is really hard for me physically. The IV pumps are a real issue for me because I have trifocal lenses. I have to sit down to read the pumps.*

Technology Fatigue

Experienced nurses deal with learning and implementing new technologies in addition to providing nurse care to hospitalized patients. Healthcare workers on the frontline delivering patient care experience fatigue and burnout related to the stress of having to keep up-to-date with technologies meant to improve patient care and outcomes (Fore, Islim, & Shever, 2019). Technology fatigue was apparent in multiple interviews, as experienced nurses try to cope with increased patient demands and work with new technologies.

NP 6832 described technology as a double-edged sword.

> *I like the monitor. Everything can download so I don't have to remember every blood pressure that went by. I like the convenience of the memory of the tools, but I still have to confirm what I put there. It's frustrating because I still have to check it. And it takes me a long time and I have to be at the computer, but I like to be by my patients.*

NP 8381 described one effective strategy to stay current with technology.

> *I've also volunteered to be a super user with new things that they're implementing just so that I can learn them because I really have had a hard time. I've had to ask a lot of questions with the new EMR because it's not intuitive.*

NP 2736 was comfortable using technology.

> *I've been with it from the beginning, so I don't feel like I need a reprieve. I know the programs and I helped build them so that part does not frustrate me. I think the part that frustrates me the most is all the double documentation that we have to do.*

NP 1684 expressed concern over taking time away from patient care to chart.

> *I feel sometimes I'm more taking care of my computer than I am with my patients. I*

always say that I should have gone to computer school and not nursing school, because

that's what it tends to be focused on to me. It's based on the technology and charting,

and not so much the patient care. I feel like we've gotten away from patient care.

NP 1121 experienced frustration each shift with working with the technology.

It's click, click, click, click, click, click. It hasn't helped anything. And even the newer

nurses versus the seasoned nurses, we all feel the same way. But it is more about the

computer than it ever has been the patient now. And that is frustrating. I think it's taking

away from the patients. I hate that I see more nurses on the computer than in their

patients' rooms.

NP 4813 expressed frustration with the role of technology in healthcare.

Frustration is a part of it, and that kind of coincides with the anger too. It's very

frustrating right now that technology is taking such an active role in medicine in general.

I see it with my physician coworkers and with my nurses who have been working in the

unit for a long time. I have to spend less time caring for the patient and more time

dotting Is and crossing Ts in a computer system that is giving somebody data.

NP1118 embraced technology and all it has to offer.

Well, I like the technology. Once you get past the learning curve, I felt like the

technology was a big help but I know a lot of people who do not have the same opinion. I

am just able to get the charting done faster. You had all the information there. It's

just at your fingertips. It's just more convenient if you embraced it and used it.

NP 7938 found the technology difficult to navigate and time-consuming.

It is a lot more difficult to navigate, it's very time-consuming, and I feel like I'm wasting

a lot of valuable time with a computer when I should be in the room with a patient.

NP 6113 used prayer to ease her frustration with learning technology.

> *I pray a lot. Ask lots of questions. And I just have come to understand that I'm just going to be a slower person with technology. Because I mean, I am not a fast typer. I didn't grow up with it, well we didn't grow up with typing…but you know the computers were not there for us. The patients are going to get sicker and the technology is going to get more complex. And if we have to nurse the computer, it's not going to be good.*

NP 4813 used an analogy to describe the feeling of not keeping up with rapid change.

> *If you have ever driven in the snow you know it can be beautiful. As it starts to snow you're like in a little snow globe that's shaken. There is a novelty to it. All those changes that are coming to your windshield represent those snowflakes. Right now, all nurses are driving in a blizzard. The changes that are coming at us are so fast, we cannot keep up, but everybody chose to be in that car. Everybody chose travel, the adventure for whatever reason. But our choices now are to stop and pull over until the snowflakes stop. But they are not going to stop. Right now my windshield wipers are on full speed…but the changes, the snowflakes are still coming.*

Research Question Number Three Data

Research Question Three asked, how have workplace factors impacted experienced nurses' decision-making about leaving the profession before retirement eligibility? The last four questions in the following order were asked to gather data to answer research question three.

8. What circumstances at the hospital would prompt the participant to seek early retirement?

9. What circumstances at the hospital would prompt the participant to delay retirement until age of eligibility?

10. Where does the participant see herself working five years from now?

11. Would the participant like to discuss any other issues related to your role as an experienced nurse in the hospital setting?

Emergent Theme for Research Question Number Three

The last four interview questions numbers eight through eleven aligned with research question number three (see Appendices A and J). Themes for research question number three emerged from formulated meanings. The formulated meanings were derived from the significant statements and phrases extracted from the participant responses and included the theme of intention to leave with one subtheme, moral distress. Perceived financial security in retirement is the main reason for nurses to retire early, along with health concerns and family situations (Uthaman et al., 2015). Additional workplace factors in the consideration of early retirement included isolation, patient workloads, and organizational changes affecting patient safety.

Intention to Leave

Intention to leave refers to a well-defined concept in workplace management (Alilu et al., 2016). The concept refers to the level of contemplation or thought given to the idea of leaving the workplace or organization. Organizational commitment reflects employee engagement and satisfaction within the workplace. An increased intent to leave affects productivity and outcomes of the organization (Alilu et al., 2016; De Simone et al., 2017).

NP 6832 identified work environment and peer isolation.

I know there's a lot of unhealthy work environment, or bullying. I think sometimes I feel

exclusion. I don't have anybody my age. And to have that buddy, or the camaraderie.

That kept me going…Some, they always answer with three yeses, like they don't need to

hear me anymore or they don't need to know that. Like maybe I'm being phased out. In

my mind, maybe the old dog, the old nurse doesn't need to be. They can make it without

me. So, this is another change I've got to go through to stay in and learn and develop or

just go away, just get out.

NP8117 echoed the feeling of isolation.

I feel isolated from others because of my age. There are not many experienced nurses

left. I feel like a dinosaur that is becoming extinct.

NP9118 identified staffing pattern changes that would prompt early retirement.

You know there are rumors that they may do away with closed staffing, where we might

be pulled to other unit, that would throw me into trying to get an early retirement. My

body is so wore out now from taking care of so many people for so many years, I can't do

that anymore. That's why I moved to where I'm at now.

NP 8381 factored in health and the nursing workload.

The continued workload. I can't imagine as I get older caring for three critically ill

patients in a shift is going to be possible…I don't know if physically that is going to be

possible. I may stay within the institution but perhaps do something that's not bedside,

just because of my physical limitations.

NP1684 identified financial concerns related to early retirement.

In five years, I see myself in the same spot just because of financial responsibilities

and family responsibilities. I want to do a job on just the weekends. That door has not

opened for me. I've applied for it for years, but God hasn't opened that door. I just feel like with my experience I could be that, but they'd rather hire a younger person because they don't have to pay the amount of money that they would pay to someone who's been there as long as me.

NP4813 identified security of pension money as a factor for consideration.

If I thought my retirement was going to be threatened. I have a pension, new staff does not. If I thought my healthcare provider was being sold or looked at, I would be very concerned about the money that I have banked for the last 34 years. I think if my retirement was threatened in that way, I would leave. Other than that, I don't plan on going anywhere. I can grab my pension in a handful of years, but I work in a job that is very fulfilling to my heart, to my soul, and it give me value as a person, so I don't even think about leaving that right now. I need it to feed me so I am not going anywhere.

NP7938 focused on one factor or compromise contributing to her early retirement decisions.

If they would offer me insurance at my continued premium, I would leave right now. Offer me eight-hour shifts. It's getting harder to do 12-hour shifts but that is what everybody does.

Subtheme: Moral Distress

Moral distress results when the professional integrity of a nurse is challenged by workplace constraints leaving nurses feeling unable provide sufficient and safe patient care (Rodney, 2017). Common workplace constraints include a shortage of nurses and material resources. Nurses feel frustrated and powerless to provide optimum care for patients resulting in nurse attrition or increased intent to leave the organization (Rodney, 2017).

NP 9973 Observed loss of autonomy is concerning to new and experienced nurses.

I don't want to see nurses leave, and it's the bedside nurse now who doesn't want to be a bedside nurse, they want to be a nurse practitioner. I've not met a bedside nurse in the last three years that's been new that says, yes I want to stay at the beside. It's because of the autonomy, I think. And then they can make their own decisions. So, I would like to try to figure out how to keep our good nurses at the bedside and them not just to see bedside nursing as a steppingstone.

NP 1121 expressed frustration with protocols replacing autonomy in the workplace

Now there has to be a protocol for everything. It's taken our autonomy away. And I feel like nurses aren't having to really get anything ingrained in their head because there's a protocol for it. Instead of thinking it through and seeing what's best for the patient it's protocol, protocol, protocol and I think that is leading up to burnout.

NP 1493 only saw one reason to retire early.

Hospital circumstances. If they completely disregard patient care and decreased our staffing enough to where it's just not okay.

NP 7211 echoed the sentiment about patient safety.

Probably the only thing that would do that to me if I literally felt like I couldn't take care of my patients safely. If there were more flexibility in the scheduling I might consider going part-time instead of retiring and I would probably do fine if I did a couple of days a week.

NP 9973 expressed frustration about not meeting patients' needs.

If I am frustrated more than not. If I can see my patient population not doing well. And I

could not do anything about it, and if that had kept up, then I would probably be gone by

now. When I feel like I'm not doing any good for the patient.

Discrepant data were not overlooked in developing the themes. Alternate or conflicting

comments were included to present a full and complete perspective of answers.

Reliability and Validity

Reliability and validity in qualitative data include the following integral components of

credibility, transferability, dependability, and confirmability. Credibility refers to the internal

validity of a study and a conscious effort by the investigator to ensure accurate representation

and interpretation of the data through the use of multiple sources of data and triangulation of data

(DeVault, 2019; LoBiondo-Wood et al., 2018). Member checking involved sending a copy of

the transcribed interview for review and revisions to ensure the accuracy and completeness of the

content by each participant. Revisions were returned by email to the investigator for inclusion in

the study. The inclusion of nurses from multiple hospitals within the state of Virginia and

multiple areas of nursing enhanced the credibility of the study.

Transferability in a qualitative study refers to the external validity of the data and if the

findings could be replicated in another study using the same method. The interview process was

identical for each participant. Each of the 11 peer-reviewed questions was asked in the same

order, and data saturation could occur in each interview. A transparent research process open to

scrutiny enhances dependability (LoBiondo-Wood et al., 2018). A panel of five subject experts

reviewed and evaluated the 11 interview questions to ensure objectivity and decrease the

potential for researcher bias in the process of constructing the questions. Confirmability

provides evidence of the investigator's influence (Burns et al., 2017). Personal biases of the

investigator were bracketed and recorded in an electronic journal using a process of reflexivity to capture any preconceived perceptions to mitigate researcher bias throughout the study.

Chapter Summary

Chapter 4 provided the findings from the qualitative research study exploring the lived experiences of skilled registered nurses working in a hospital environment in the state of Virginia for at least 20 years. A total of 16 participants representing four different hospitals consented to participate in semi-structured, in-depth interviews using 11 peer-reviewed questions and four follow-up prompts to elicit information to answer the three research questions. Descriptive statistics were used to highlight participant demographics in Tables 1, 2, 3, 4, and 6. Colaizzi's method of inductive reduction was used to organize and analyze the information extracted from the interview transcripts.   Analysis of the data supported the identification of seven significant themes and one subtheme related to workplace factors influencing an experienced nurses' decision to leave bedside nursing before the age of retirement eligibility. Research Question One asked, what are the lived experiences of experienced nurses in a hospital setting influencing retirement before retirement eligibility?

Three themes emerged to answer Research Question One, including a passion for nursing, rewards and recognition, and self-efficacy. Interview participants provided rich, descriptive narratives for data extraction and analysis to support the three emergent themes. Research Question Two asked, what workplace factors do experienced nurses perceive as influencing retirement and retention? Three themes emerged to answer Research Question Number Two, including generational diversity, physical decline, and technology fatigue. The three themes captured the essence of the lived experiences of experienced bedside nurses to

provide insight into factors identified as influencing nurse retention and impacting nurse retirement.

　　Research Question Three asked, how have workplace factors impacted experienced nurses' decision-making about leaving the profession before retirement eligibility? Two themes emerged from the data to answer Research Question Number Three, including intent to leave as the major theme and moral distress as the sub-theme. The themes addressed multiple workplace factors contributing to the nurses' decision to stay in nursing or retire early. Chapter 5 presents the associations of the research with the literature review findings and gap, reviews the interpretation and significance of the qualitative research, and discusses the limitations and recommendations of the study and implications for developing and sustaining retention strategies for experienced registered nurses in the hospital environment.

Chapter 5: Discussion and Conclusion

The purpose of the descriptive, qualitative, phenomenological study was to gain details about the lived experiences of registered nurses with at least 20 years of experience working in a hospital setting in the state of Virginia. The problem is experienced nurses are leaving the profession of nursing before reaching the age for retirement eligibility. A research study was needed to determine which workplace factors influence the experienced nurses' decision for early retirement.

In Chapter 5, key summary findings from Chapter 4 are detailed, linked to three specific research questions, and compared to the results of the literature review in Chapter 2. The seven emergent themes and one subtheme are described, compared, and contrasted to relevant studies in the literature review and connected to the study's underpinning systems theory and conceptual framework. Study limitations are acknowledged, recommendations, and implications for nurse retention practice and policy are addressed, and relevant research is highlighted. Implications for leadership are discussed followed by a conclusion to summarize the study findings.

A review of the literature supported the development of effective strategies for nurse retention. Few studies focused on the retention of experienced nurses with at least 20 years of hospital nursing experience. A lack of data specifically about the perceptions of workplace factors contributing to the early retirement of experienced nurses was identified as a gap in the literature. The findings of the qualitative study identified multiple workplace factors influencing the retention and retirement decisions of experienced nurses. The following research questions guided the study:

Research Question One: What are the lived experiences of experienced nurses in a

hospital setting influencing retirement before retirement eligibility?

Research Question Two: What workplace factors do experienced nurses perceive as influencing retirement and retention?

Research Question Three: How have workplace factors impacted experienced nurses' decision-making about leaving the profession before retirement eligibility?

The significance of the qualitative phenomenological study included advancing the knowledge of workplace factors contributing to nurses' decision-making about retirement. New information allows nursing management and human resource officials to develop effective retention strategies for experienced nurses. The Chapter 2 literature review established previous studies related to workplace challenges to compare with the study findings.

Findings, Interpretations, Conclusions

Many workplace factors contribute to nursing turnover and nurse retention. In the phenomenological study the nursing services delivery theory, (Myer & O'Brien-Pallas, 2010) guided the research and interview questions aimed to identify the workplace elements, which influence experienced nurses' decisions about retirement before retirement eligibility. Research studies revealed workplace challenges related to communication, organizational leadership, job satisfaction, work environment, and rewards as indicators of voluntary turnover of registered nurses (De Simone et al., 2017; Garcia-Sierra et al., 2016; Heidari et al., 2017; Miedaner et al., 2018; Nei et al., 2015).

During data collection, nurse participants reported on lived experiences detailed accurately in transcripts of recorded interviews. The systematic method of thematic analysis using Colaizzi's (1978) seven-step method of inductive reduction demonstrated dependable

themes from the 16 in-depth interviews. Seven main themes and one subtheme were revealed

using the data triangulation from participants' verbal and non-verbal communication and detailed

descriptive entries into an electronic journal after each interview. Triangulation of collected data

minimized the effect of investigator bias (LoBiondo-Wood et al., 2018). The research goal was

to explore the lived experiences of experienced nurses and determine if the research produced

new knowledge to add to the research base. The findings were reported according to each of the

three research questions.

The seven major emergent themes of the phenomenological qualitative study listed in

Chapter 5 support the findings and conclusions in the literature review completed in Chapter 2.

One study finding extended knowledge in the discipline of nursing by identifying a subtheme of

moral distress in the population of experienced nurses aged 45-64 years. Specifically, moral

distress was related to a loss of nursing autonomy in professional practice. Moral distress

associated with intent to leave the nursing profession and occurs in situations where nurses

recognize a moral dilemma and have an ethical responsibility to act but are constrained by

factors and cannot act in a manner to preserve professional integrity (Rodney, 2017). The

significance of the finding was discussed in answers to research question three.

Connection of Findings to Systems Theory and the Conceptual Framework

The findings from the qualitative phenomenological study illustrated complex

relationships between the system inputs including registered nurses, financial resources, and

material resources with the effect of the internal forces including organizational subsystems,

management support, work environment, and working conditions on the process outcomes (see

Figure 1) in Chapter 2. The availability of skilled and experienced nurses, along with the

financial and material resources to support a nurse's work, was impacted by workplace factors referred to as internal forces.   Internal forces contribute to positive outcomes for the healthcare organization, including efficiency, workplace engagement, nurse retention, and quality patient care. A negative impact from internal forces resulting from an unhealthy work environment, unfavorable working conditions, and a lack of leadership support results in a loss of efficiency, diminished workplace engagement, nurse attrition, and less than optimal quality of patient care. The external forces are constant, including a nursing shortage and an aging population requiring nursing care.

Research Question One

Table 1 findings revealed all 16 participants were female nurses (see Table 1). Data for research question one correlated to the first four of the peer-reviewed interview questions (see Appendix K). Data from Table 2 revealed 100% of participants had at least 20 years of experience as a bedside nurse, and 56.25% indicated more than 30 years of bedside experience. The first three major themes emerged from the data collected related to research question one. A passion for nursing was the first theme, as the study participants described nursing as a calling or lifelong vocation. The participants' passion for nursing was evident in 87.5% of the interviews and correlated to the longevity of the study participants in the nursing profession. Longevity in the workplace had a positive correlation with workplace factors including nurse retention, workplace engagement, work environment, working conditions, quality patient care, financial resources, and management support (Alilu et al., 2016; Armmer, 2017; Bartel et al., 2014; Breinegaard et al., 2017). The study findings compared to established research linking

experienced nurses remaining at the bedside with improved patient outcomes and a decrease in nurse turnover (De Simone et al., 2017; Nei et al., 2015).

The second theme of self-efficacy of experienced nurses was evident as eight participants spoke proudly and at length about achieving proficiency with clinical skills. A mastery of nursing skills increased the self-confidence in the ability to care for hospitalized patients. Advanced education played an important role in the self-efficacy of the participants as 75% held a four-year baccalaureate degree in nursing, 37.50% held a master's degree in nursing, and 12.50% held a doctorate in nursing practice. Nurse researchers have found experiential learning, advanced training, and continuing education are key factors in achieving self-efficacy in the clinical setting (De Simone et al., 2017). Providing continuing education opportunities and supporting advanced training of nurses through financial assistance or flexible scheduling offered nurse prospects for achieving self-efficacy. Self-efficacy relates to improved nurse retention and work engagement for new and experienced nurses (Maatouk et al., 2018).

The third theme related to research question one included rewards and recognition for service in nursing. Sources of recognition valued by the participants included patient appreciation, peer praise, positive annual evaluations from the nursing unit manager, financial incentives, and flexible work schedules. Previous studies supported rewards and recognition to stimulate positive employee behaviors related to decreased absenteeism and lower rates of nurse turnover. Employee satisfaction remains a cornerstone of human resource management in healthcare organizations (Bartel et al., 2014).

Participants expressed pride in recognition received from the patients and noted hospital campaigns to encourage recognition of nurses by peers and patients. Recognition and reward

remained effective strategies for nurse retention in healthcare organizations. A total of 39 studies provided an established research base to support the recognition and reward of nurses as an effective strategy for retaining older nurses (Hunter, 2016).

Research Question Two

Interview questions five through seven related to research question two and linked with the conceptual framework factors including workplace environment, working conditions, material resources, and management support (see Appendix K). Themes four, five, and six emerged from the data analysis for research question two and were supported by current literature. Theme four related to generational diversity in the workplace, where four generational cohorts of nurses were practicing bedside nursing care. The cohorts were identified by birth years and work experience. Diversity of age, variations in work experience, and intergenerational differences cultivated a unique set of values and tensions within and between generational cohorts (André, 2018; Armmer, 2017). Several participants expressed frustration with perceived differences in work ethic between generational cohorts.

Unresolved conflict between generational cohorts was identified as an emotional stressor by participants which contributed to unhealthy work environments. Study findings supported generational diversity as a workplace challenge contributing to horizontal violence and nurse attrition (André, 2018; Armmer, 2017). Conflicts related to generational diversity added to a sense of urgency to find collaborative and amenable solutions to increase nurse retention during the current and projected nursing shortage. The inclusion of the generational cohorts in a resolution process empowered nurses by increasing job satisfaction and nurse retention (Li, et al., 2018; Roche, et al., 2016).

The fifth emergent theme of physical decline related to research question two. Nurse participants described a variety of physical challenges, including heavier patients, long shifts, and physically aggressive and verbally abusive patients. Most study participants, 87.5%, perceived physical and psychological stressors as workplace factors influencing retirement decisions. The combination of workplace factors with the aging nurse resulted in physical limitations described in terms of muscular-skeletal aches, joint wear and tear, decreased stamina, and fatigue related to 12-hour-long shifts. One nurse participant reflected on the physical stressors encountered during a shift and commented,

> *It is physically challenging for me because we see a lot of patients in the hallway. I don't see as well as younger nurses do. I don't bend as well as younger nurses, too, and it is really hard for me physically. The IV pumps are a real issue for me because I have trifocal lenses. I have to sit down to read the pumps.*

The study findings confirmed the peer-reviewed literature and reflected a multitude of physical challenges facing aging nurses. Direct nursing care is physically demanding work, and the literature supported the use of assistive devices for lifting and turning patients. The participants discussed the willingness of nursing leadership to allow flexible scheduling and shorter shifts to accommodate the experienced nurse's physical needs as vital to remaining active as a bedside nurse.

Technology fatigue was the sixth theme to emerge from the data analysis and related to research question number two. Nurse participants described working on the frontline of caring for patients with the added responsibility of learning to use multiple technologies, including bedside equipment and computer software, to enter data on the patients' electronic medical

record. Technology fatigue was described in 81.2% of the in-depth interviews. The nurses'
narratives described frustration with the amount of time electronic charting took from patient
care. One nurse saw the frustration in new graduates and experienced nurses and commented,

It's click, click, click, click, click, click. It hasn't helped anything. And even the newer

nurses versus the seasoned nurses, we all feel the same way. But it is more about the

computer than it ever has been the patient now. And that is frustrating. I think it's taking

away from the patients. I hate that I see more nurses on the computer than in their

patients' rooms.

The level of comfort with technology varied with each participant despite individual
training on the equipment. Nurse participants used a variety of techniques to keep up with
changes in technology including, asking coworkers for help, becoming a superuser or champion
of technology, and spending more time at the computer to ensure documentation was complete.
The technology posed a challenging workplace factor, but the rate of technological changes
posed a more significant challenge as the nurse participants expressed difficulty in keeping up
with the changes in technology. One participant used the following analogy to describe her
perception of keeping up with technological changes in nursing:

If you have ever driven in the snow, you know it can be beautiful. As it starts to snow,

you're like in a little snow globe that's shaken. There is a novelty to it. All those changes

that are coming to your windshield represent those snowflakes. Right now, all nurses are

driving in a blizzard. The changes that are coming at us are so fast, we cannot keep up,

but everybody chose to be in that car. Everybody chose travel, the adventure for whatever

reason. But our choices now are to stop and pull over until the snowflakes stop. But they

are not going to stop. Right now, my windshield wipers are on full speed…but the

changes, the snowflakes are still coming.

The in-depth interviews revealed the nurses are comfortable with caring for the patients but uncomfortable with caring for the technology. Frustrations with technology turned to anger and tears during some interviews as the nurses described the struggle to provide the quality of care to patients while maintaining the level of documentation required. Nurse participants in all age categories described similar challenges with balancing patient care and electronic charting.

Research Question Three

The last four interview questions aligned with research question three, which asked, how have workplace factors impacted experienced nurses' decision-making about leaving the profession before retirement eligibility? Each interview question elicited details about workplace factors related to efficiency, nurse retention, quality care, workplace environment, and resources. Emergent theme seven and one subtheme emerged from the analysis of the data. Theme analysis reviewed workplace challenges relating to the intent to leave nursing.

Participants described several conditions influencing the retirement decisions. The factors varied and included an unhealthy work environment with unresolved bullying, increasing workloads with staffing shortages, a threat to current pension plans, and restrictive scheduling options in conjunction with physical limitations related to the aging process. Participants described personal barriers to remaining in the workplace. Without the flexibility of scheduling shifts, nurses who had increasing commitments to care for elderly family members felt emotionally torn between providing for the family and staying in the healthcare workforce. Nursing literature on the topic of intent to leave compared with the results from established

literature. Workplace environment, job satisfaction, and successful aging represented three

critical factors in retaining experienced nurses in the workforce (Wargo-Sugleris et al., 2018).

The final theme extracted from the transcriptions represented a workplace factor referred

to as moral distress. Some study participants expressed frustration with workplace actions

resulting in a loss of autonomy for nurses and critical thinking honed by experience. One

transcript excerpt summarized the lived experiences of other study participants:

Now there has to be a protocol for everything. It's taken our autonomy away. And I feel

like nurses are not having to really get anything ingrained in their head because there is

a protocol for it. Instead of thinking it through and seeing what's best for the patient. Its

protocol, protocol, protocol and I think that is leading up to burnout.

Another participant expressed concern over a loss of autonomy causing nurses to leave

the bedside to seek higher education and more autonomy in patient care:

I don't want to see nurses leave, and it's the bedside nurse now who doesn't want to be a

bedside nurse; they want to be a nurse practitioner. I've not met a bedside nurse in the

last three years that's been new that says, Yes I want to stay at the beside. It's because of

the autonomy, I think. And then they can make their own decisions. So, I would like to

try to figure out how to keep our good nurses at the bedside, and them not just to see

bedside nursing as a stepping stone.

Thoughts of losing autonomy in the workplace evoked strong emotions of anger and

frustration from the experienced nurses. Some experienced nurses would leave the profession of

nursing if no longer able to provide safe, quality nursing care. Another nurse identified

inadequate staffing as a valid reason for considering early retirement.

Each comment reflected a loss of autonomy, decision-making, and concern for patient safety. The finding was significant as a loss of autonomy was associated with a feeling of moral distress. A literature review offered typical reasons for leaving the workplace early and included reaching financial security, deterioration of personal health, and keeping pace with technological demands (Uthaman et al., 2015). One notable difference was the frustration expressed by the experienced nurses age 45-54 years who would instead leave the setting and retire rather than compromise the quality of care delivered to the patients. Although moral distress is not new to nursing, the Chapter 2 literature review did not identify moral distress as a result of a loss of autonomy in professional nurses in the 45-54 years age range.

Limitations

Limitations of the qualitative study were minor and included a small sample size of 16 registered nurses representing four hospitals in the state of Virginia. The initial choice of interviewing the eligible respondents using Skype technology was a limitation for the targeted population of nurses. The first five eligible participants were not familiar with Skype technology resulting in a change in the method of data collection to face-to-face interviews following Institutional Review Board (IRB) approval.

Recommendations

The findings of the qualitative study revealed workplace factors influence the retention and turnover of experienced registered nurses in the state of Virginia. Seven major themes emerged from the findings of the study supporting workplace factors influencing nurse retention and turnover including a passion for nursing, rewards and recognition, self-efficacy, generational

diversity, physical decline, technology fatigue, and intent to leave. A subtheme identified as moral distress in the nurse age range 45-54 years added to the knowledge of the nursing discipline and warrants further investigation. One recommendation for future research to include further investigation into workplace factors creating or increasing moral distress in relation to loss of autonomy for experienced nurses and leading to patient safety concerns.

A study with a wider base of eligible participants from multiple states would contribute additional data for analysis to determine the presence and extent of moral distress within multiple ranges of age and nursing experience. Another recommendation included increasing the data collection period for interviews from four weeks to six months to allow more nurses to participate in the study. Sharing the results of the study with nursing management and human resource officials increases awareness of the factors affecting the nurses' decision for retirement before the age of eligibility to develop retention strategies for targeted groups such as experienced nurses with 20 years of nursing experience.

Implications for Leadership

The descriptive, qualitative, phenomenological study added to the results of the larger body of scholarly literature focusing on workplace factors affecting nurse retention and turnover. The findings of the study supported the current literature and provided opportunities for further research in the area of moral distress from a perceived loss of autonomy in nursing. A current and projected nursing shortage on a national and global level increases the urgency for educational leaders in nursing to address the workplace factors contributing to the early retirement of nurses and nurses leaving the profession. The study findings provided corroboration of previous research detailing the influence of workplace factors on decision-

making about early retirement. Study findings provided new information to add to the nursing research base. New information leads to new ideas to promote change through policy revisions to improve retention strategies for experienced nurses.

Educational leadership opportunities include sharing the findings with nursing associations, hospital management, and human resources specialists to increase awareness of workplace factors influencing early retirement decisions. Identifying the workplace challenges of experienced nurses and working towards amenable solutions becomes a primary leadership goal. Resolution of workplace challenges promotes retention of experienced nurses until the age of retirement eligibility, ease the nursing shortage, and contribute to quality patient care. Evidenced-based results support the need for policy change.

Conclusion

The purpose of the descriptive, qualitative, phenomenological study of experienced registered nurses in the state of Virginia was to identify workplace factors influencing the decision for early retirement. Knowledge of workplace factors was advanced by the findings of the study, which identified seven emergent themes and one subtheme. The themes were 1) a passion for nursing, 2) self-efficacy, 3) rewards and recognition, 4) generational diversity, 5) physical decline, 6) technology fatigue, 7) intent to leave, and 8) moral distress.

A literature review in Chapter 2 provided a basis for comparison and contrast of established research about workplace factors affecting nurse retention and attrition. Findings from the qualitative study supported the results of the literature review and advanced the knowledge of nursing in the area of moral distress as a result of a perceived loss of autonomy in a population of experienced registered nurses. A phenomenological qualitative study of 16

registered nurses in the state of Virginia represented a successful leadership effort to use research to determine which workplace factors affect the decision for early retirement in experienced nurses. The study aimed to provide new knowledge for nurse leaders, hospital management, and human resources officials to create effective strategies to improve nurse retention in targeted age groups. The provision of safe, competent care by experienced registered nurses was associated with improved patient outcomes.

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Appendix A: Scripted Interview Questions and Follow-up Prompts

1. How many years has the participant worked as a bedside nurse in the hospital setting?

2. Describe your experiences as an experienced bedside nurse in the hospital.

3. How has the participant found career fulfillment as a bedside nurse in the hospital?

4. Describe ways in which the participant has received support and recognition in your role as an experienced bedside nurse.

5. What are your three leading emotional stressors as an experienced bedside nurse in the hospital setting?

6. Describe the physical challenges for the participant as an experienced bedside nurse in the hospital.

7. How does the participant cope during shifts with technology used at the hospital?

8. What circumstances at the hospital would prompt the participant to seek early retirement?

9. What circumstances would prompt the participant to delay retirement until age of eligibility?

10. Where does the participant see herself working five years from now?

11. Would the participant like to discuss any other issues related to your role as an experienced nurse in the hospital setting?

Follow-up Prompts:

1. What more can the participant tell the interviewer about that?

2. How has that influenced the participant?

3. Please describe that in more depth.

4. What significance does that hold for the participant?

Appendix B: E-mail Letter of Recruitment

Invitation to Participate in the Research Study

Study Title: Retention of Experienced Nurses: A Phenomenological Approach to Understanding Workplace Challenges

Dear Fellow Nurse,
You are invited to participate in a research study by Janice A. Sinoski, an experienced registered nurse and a doctoral student in the Leadership Program at American College of Education. The study is about exploring and describing the lived experiences of experienced nurses in the hospital setting to determine workplace factors that influence nurse retention or the decision to retire before eligibility. An experienced nurse has at least 20 years nursing experience.

Your participation in the study will involve completing a 4 question demographic form and answering 11 questions and discussing your experiences as a experienced nurse employed in a hospital environment. If you make the decision to participate in the study, your single interview will be audio recorded and then transcribed. You will have opportunities to review the transcription of your interview. You will be assigned a fictitious name for use throughout the study to protect your anonymity and to maintain confidentiality. The recording and the transcripts will remain secure in a locked filing cabinet in my office. All the collected research recordings and transcripts will be destroyed at the end of three years. All of the information you share will be held in strict confidence.

You will be asked to complete a four-question inclusion questionnaire. If you meet the inclusion criteria and you are interested in participating in the study please email me your contact information. You will receive an electronic folder of information including an Informed Consent Agreement. Additional information regarding the purpose of the study, the risks and benefits for the study participants and the confidentiality agreement are included for your review. I will call you to review the consent agreement and then the agreement will need to be signed and returned prior to the interview. A face-to-face interview will be conducted. If at any time you choose to not participate in the research study about experienced nurses, your decision will be respected.

You may contact me at sinoski.j@lynchburg.edu
Thank you for taking the time to consider participating in the research study.

Sincerely,

Janice A. Sinoski

Appendix C: Demographic Form

Name_____

Email _____Phone Number_____

1. Indicate your age range with an "X".

45-49 years old _____

50-54 years old _____

55-59 years old _____

60-64 years old   _____

2. Indicate your years of nursing experience with an "X".

20-24 years   _____

25-29 years   _____

30+ years   _____

3. Indicate your highest level of nursing education with an "X".

Diploma Nurse   _____

Associate Degree in Nursing   _____

Bachelor of Science in Nursing   _____

Master of Science in Nursing   _____

Doctorate in Nursing   _____

Other   _____

4. I am working as a bedside nurse at a hospital in Virginia. Y____N____

Appendix D: Phone Script

Hello, my name is Janice A. Sinoski from the College of Health Sciences, School of Nursing at The University of Lynchburg. I am a student in the American College of Education Doctorate Program. I am working on a research study about nurse retention and what workplace factors influence the retention of experienced nurses. Experienced nurses, myself included, refer to nurses with at least 20 years' experience. I am interested in learning more about the lived experiences of experienced nurses that influence decisions about retirement before the age of eligibility. The information collected during the phone call will remain private and confidential. The information will be used only for my research study. May I ask you a few questions to determine if you qualify to be a participant in my research study? If you do not qualify for the study, any information collected will be stored in a locked filing cabinet in my home office. You may request that your name or any contact information be removed from my research study participant list. If the response is "No": The researcher will respond with, "Thank you for your time."
If the response is "Yes": The researcher will ask the following questions.
Are you employed as a registered nurse at a hospital in Virginia?
If the response is "yes" the researcher will continue to question 2. If the response is "No" then the researcher's response is "Thank you for your time."
How many years' experience do you have as a registered nurse?
If the response is "less than 20 years" then the researcher responds "Thank you for your time." If the response is "20 years or more" then the researcher continues to question 3.
May I send you an electronic folder of information that explains my research study?
If the response is "No" then the researcher responds "Thank you for your time."
 f the response is "Yes" then the researcher responds "Thank you. The folder outlines the study and contains a letter of recruitment and a consent form to participate in the research study. May I have an email address to send you the folder? You will receive the folder within 24 hours.

Before I summarize the process for the research study, I want to disclose that I have worked at a hospital in Virginia and I am a member of the Virginia Nurses Association. May I proceed with the summary? If the response is yes then proceed. If the response is no then respond, "Thank you for your time."
As the principal investigator in the study, I will collect data only after I receive your signed consent form. I will conduct an audio recording of an in-depth interview with you in a distraction-free environment. The interview may last approximately one hour, but you may request an extended interview time if necessary or an additional interview. The interview will consist of 11 questions asked in a specific order. The questions will explore your experience as an experienced nurse working in a hospital setting and the factors that influence your work environment and your retirement decisions.
The information collected will explore the lived experience of experienced nurses and may serve as the basis for future study about nurse retention strategies. Risks of the study are low and may result in jogging memories of stressful workplace factors or incidences. There is no cost associated with participation in the study. Your participation is voluntary. Your information will remain anonymous and confidential throughout the study. Do you have any questions about the study? Would you like to participate in the research study that explores the experiences of experienced nurses working in a hospital environment? If you have further questions or concerns about the study, please contact Janice A. Sinoski at sinoski.j@lynchburg

Appendix E: Participant Informed Consent Form

Please read the consent form carefully and in its entirety. Ask questions if you need more information or clarification of unfamiliar terms before you decide whether you want to participate in the research study. Questions are welcomed at any time in the study before, during, or after your participation.

Introduction and Purpose of the Study

My name is Janice A. Sinoski. I am a doctoral student in the Educational Leadership Program at the American College of Education. I am a full-time nursing faculty member from the College of Health Sciences, School of Nursing, at the University of Lynchburg. I am conducting research about nurse retention and what workplace factors influence the retention of experienced nurses. Experienced nurses refer to nurses with at least 20 years experience. I am conducting the research under the guidance of my Dissertation Chair Dr. Lana Sloan. I am interested in learning more about the lived experiences of experienced nurses that influence the decision to retire from the profession of nursing before the age of eligibility. I will provide you with detailed information about the study, and you can ask questions for more detail or clarification at any point in the process.

Brief Overview of the Methodology

The research will involve your participation in an in-depth, one-on-one interview. The interview will take approximately one hour to complete but you may have more time if necessary. You may bring artifacts such as nursing schedules, annual nursing profiles, or annual competency requirements with you to the interview or submit them online. The interview will involve answering 11 questions in a specific order. You may choose to answer or not answer any of the questions during the interview. Follow-up prompts from the researcher may be used to help you elaborate on your answers. The interview will be audio recorded, saved, and transcribed using the software App Rev. You may review and revise the third-party transcription to ensure the accuracy of your answers.

Participant Selection

You are being invited to take part in the research study as your experience as a registered nurse for over 20 years in the hospital setting can contribute much to the understanding of the challenges facing experienced nurses in the workplace.

Voluntary Participation

Your participation in the research study is completely voluntary, and it is your choice whether you take part as a participant. If you decide not to participate, your decision will be respected. If you choose to participate and then change your mind, you may stop participating at any point.

Procedures

We are asking you to help us learn more about the workplace factors that influence the retention of experienced nurses and what experiences influence a decision to retire early from the nursing profession before the age of eligibility. If you accept, you will be asked general questions about your work environment and the challenges you may encounter. The questions reflect an open-ended format that allows you to describe the experiences in detail rather than with yes or no responses.

Duration

The interview takes place over one hour. You will have more time if necessary. During that time, I will ask 11 questions in a specific order. I may ask follow-up questions for clarification or elaboration. I will email you the transcripts for your review and revision if necessary. You may choose to revise the transcript with additional information or not.

Risks

If any of the questions focus on sensitive or personal issues that make you uncomfortable, you do not have to answer that question, and your decision will be respected. You do not have to offer a reason for not answering a question.

Benefits

While there is no financial benefit to participating in the study, your answers to the questions may help us determine factors that encourage experienced nurse retention and provide insight into nurse retention strategies.

Reimbursements

None, a card of thanks for participating in a research study will be sent to each participant.

Disclosures

In the spirit of transparency, the researcher discloses employment dates at the healthcare organization in Virginia from November 2003 to September 2017. The researcher is a licensed registered nurse with 40 years' experience in the profession of nursing.

Confidentiality

I will not share your information about your experiences as a experienced nurse with anyone. The information collected during the interview will be kept in a locked filing cabinet that is accessible only by the researcher. All collected research information will be destroyed after three years. Paper transcripts will be shredded, and digital materials will be deleted. You will be given a fictitious name for the interview, and only I will know how to link the pseudonym to the participant list. I will keep the information secure at all times.

Sharing the Results

Each participant will receive an electronic copy of the transcript for review and revision sent to an email address provided by the participant. Each participant will receive a summary of the research findings. My goal is to use the results to publish an article in a research journal so other

interested parties may learn or benefit from my research findings.

The Right to Refuse or Withdraw
Your participation in the study is voluntary and you have the right to refuse to answer questions or withdraw from the study without consequence. You do not have to give a reason for withdrawing from the study. Your decision will be respected.

IRB Approval
The research plan has been reviewed and approved by the Institutional Review Board (IRB) of American College of Education. The role of the IRB committee is to ensure protection of human participants' rights throughout the research process. If you have questions for the IRB committee members please feel free to contact the group at email IRB@ace.edu.

Principal Researcher Contact Information:
If you have questions about the study, you can ask them now or later. You may contact me at the email address or phone number below.

Janice A. Sinoski (Principal Researcher)
Sinoski.j@lynchburg.edu
434-363-2265 (cell)

Appendix E: Participant Informed Consent Form

Certificate of Consent

I have read the Research Participant Informed Consent Form in its entirety, and all my questions have been answered to my satisfaction. I voluntarily consent to participate in the research study.

Participant Name Printed

_____

Participant Name Signature and Date

_____Date_____

Statement by the Principal Researcher
I confirm that the participant was given opportunities to ask questions and seek clarification about the study. All the participant's questions have been answered, and the participant has willingly consented to be a part of the study without pressure or coercion.

Principal Researcher Name Printed

_____

Principal Researcher Signature and Date

_____Date_____

Appendix F: Email Invitation to Expert Panel Members

Dr. _____,

Thank you for agreeing to be an expert panel member for the review of nine interview questions for my proposed phenomenological study entitled *Retention of Experienced Nurses: A Phenomenological Approach to Understanding Workplace Challenges*. Panel members are subject matter experts with a terminal degree in nursing or education with at least 20 years of experience as a Registered Nurse. Panel members are not eligible for participation in the study. The term experienced nurse will refer to a Registered Nurse with 20 or more years of experience in nursing.

I have received written permission to use a rubric from Dr. Marilyn Simon, author of the Designing Surveys and Interview Questions for Qualitative Studies: Validation Rubric for Expert Panel (VREP). Attached please find the VREP rubric with instructions, a list of the nine interview questions in the preferred order, a copy of the permission letter from Dr. Simon, my three research questions and a brief summary of how the interview questions relate to my study.

The goal is to optimize the questions to elicit details about the lived experiences of experienced nurses and the workplace factors that influence the decision to retire before the age of eligibility. Please contact me if you require more information about the study. I look forward to your feedback. The completed rubric and feedback can be emailed to sinoski.j@lynchburg.edu

I thank you for your time and consideration.
Best regards,

Janice Sinoski

Appendix G: VREP Letter of Permission

PERMISSION TO USE AN EXISTING VALIDATION RUBRIC FOR EXPERT PANEL (VREP)

April 18, 2019

To: Janice Sinoski

Thank you for your request for permission to use VREP in your research study. I am willing to allow you to reproduce the instrument as outlined in your letter at no charge with the following understanding:
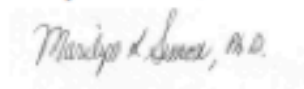
- You will use this survey only for your research study and will not sell or use it with any compensated management/curriculum development activities.

- You will include the copyright statement on all copies of the instrument.

- You will send your research study and one copy of reports, articles, and the like that make use of this survey data promptly to our attention.

If these are acceptable terms and conditions, please indicate so by signing one copy of this letter and returning it to me.

Best wishes with your study.

Sincerely,

Marilyn K. Simon, Ph.D

Marilyn d Simon, Ph.D.

Signature

More information can be found in Simon and Goes's Dissertation and Scholarly Reseach: Recipes for Success, 2018 edition.
http://www.dissertationrecipes.com/

I understand these conditions and agree to abide by these terms and conditions.

Signed   *JSinoski*   Date April 18, 2019

Appendix H: Expert Panel Member Roles

Expert Panel Member (E1)

WHO Consultant and Advisor on Nursing Workforce Issues for more than 20 years, expertise in leadership development. Based at the WHO PAHO office and I will launch the new Strategic Direction for Nursing in the Americas 8 May, 2019. I served as the WHO consultant and technical advisor in the WHO Eastern Mediterranean Region and helped develop the Strategic Directions for Nursing and Midwifery 2015-2030 and the WHO Headquarters 2016-2020 Strategic Directions for Nursing and Midwifery. Faculty at the University of Lynchburg in the College of Health Sciences and School of Nursing. Also, faculty in the Stanford in Washington Program for Stanford University based in Washington, DC campus. Former Chair of the PhD in Nursing Administration and Health Policy Department at George Mason University.   Education RN, PhD, FAAN

Expert Panel Member (E2)

Pediatric Nurse Practitioner since 1996. Former nursing faculty at University of Virginia and Kent State University. Current full-time faculty at University of Lynchburg and former Director of the Master's in Nursing Program at Lynchburg College. Education includes Doctorate of Nursing Practice (DNP), MSN, BSN, Certified Clinical Nurse Leader

Expert Panel Member (E3)

I am an expert in oncology and neurology nursing with 20 years' experience as a nurse educator and certification as a Family Nurse Practitioner. I am a site evaluator of nursing programs for the Commission on Collegiate Nursing Education. I served as Dean of the School of Health Services and Human Promotion for six years at Lynchburg College. I am a full professor of medical-surgical nursing at the University of Lynchburg. Education includes PhD, MSN, BSN, Certified Family Nurse Practitioner

Expert Panel Member (E4)

I was the founding Dean of the Centra College of Nursing program in Lynchburg, Virginia. I am the Associate Dean of the College of Health Sciences with expertise in institutional accreditation and nursing program accreditation and 17 years' experience as a professor of medical-surgical nursing. Education includes RN Diploma, BSN, MSN, Ed.D.

Expert Panel Member (E5)

I have 38 years of experience at Lynchburg General Hospital as Charge Nurse in the Emergency Department. I am a retired Assistant Professor of Medical-Surgical Nursing from Lynchburg College and I work part-time at Centra's Urgent Care Facility. Education includes Diploma RN, BSN, MSN, CEN, Ed.D.

Appendix I: Expert Panel Feedback

Expert Panel Member	Feedback
E1	Using the words coping and challenges can imply there is a problem or issue. Consider rewording the technology question. For example: How do you cope during your shift with the technology used at the hospital?"
E2	Do participants know term "experienced nurse"? Do you define it for them somewhere? Some questions are direct to that specific nurse's experience whereas some questions are more general.
E3	Are you asking the participant his/her experience or are you asking the participant to reflect on the experiences of experienced nurses in general? You need to modify the questions to get the participant's unique experience.
E4	No comments added
E5	Consider as Question #1 "How many years have you worked as a bedside nurse in the hospital setting?" Possibly move Question #5 to be Question #2 and add the word clinical. Questions are broad however this gives the respondent opportunities to tell their story. Recommend adding a question related to management support which is part of the study's conceptual framework. Consider adding a question about job satisfaction such as what does bedside nursing mean to you? Consider adding a next-to-last question like: where do you see yourself working 5 years from now?

Appendix J: Letter to 12 Virginia Nurses Association (VNA) Chapter Presidents

Dear Chapter President (insert name),

I would like to request the attached invitation to participate in a research study be distributed to all members of your chapter. Interested chapter members may contact me for further details. My contact information is listed below. Thank you for your consideration of my request. Sincerely,

(Insert Signature)

Janice A. Sinoski
RN, MSN/Ed, CCRN, CEN

Study Title: Retention of Experienced Nurses: A Phenomenological Approach to Understanding Workplace Challenges

Dear Fellow Nurse,
You are invited to participate in a research study by Janice A. Sinoski, an experienced registered nurse and a doctoral candidate in the Leadership Program at American College of Education. The study is about exploring and describing the lived experiences of experienced nurses in the hospital setting to determine workplace factors that influence nurse retention or the decision to retire before eligibility. An experienced nurse has a minimum of 20 years nursing experience.

Your participation in the study will involve completing a 4 question demographic form and answering 11 questions and discussing your experiences as an experienced nurse employed in a hospital environment. If you make the decision to participate in the study, your single interview will be audio recorded and then transcribed. You will have opportunities to review the transcription of your interview. You will be assigned a fictitious name for use throughout the study to protect your anonymity and to maintain confidentiality. The recording and the transcripts will remain secure in a locked filing cabinet in my office. All the collected research recordings and transcripts will be destroyed at the end of three years. All of the information you share will be held in strict confidence.

You will be asked to complete a four-question inclusion questionnaire. If you meet the inclusion criteria and you are interested in participating in the study please email me your contact information. You will receive an electronic folder of information including an Informed Consent Agreement. Additional information regarding the purpose of the study, the risks and benefits for the study participants and the confidentiality agreement are included for your review. I will call you to review the consent agreement and then the agreement will need to be signed and returned prior to the interview. A face-to-face interview will be conducted. If at any time you choose to not participate in the research study about experienced nurses, your decision will be respected.

You may contact me at sinoski.j@lynchburg.edu
Thank you for taking the time to consider participating in the research study.

Sincerely,

(Insert Signature)

Janice A. Sinoski
RN, MSN/Ed, CCRN, CEN

Appendix K: Correlation of Research, Interview Questions, and Framework Factors

Research Question Number	Correlation to Interview Questions	Correlation to Conceptual Framework Factors
1. What are the lived experiences of experienced nurses in a hospital setting influencing retirement before retirement eligibility?	1. How many years has the participant worked as a bedside nurse in the hospital setting?	Nurse Retention Workplace Engagement
	2. Describe your experiences as an experienced bedside nurse in the hospital.	Working Conditions Workplace Environment Workplace Engagement
	3. How has the participant found career fulfillment as a bedside nurse in the hospital?	Workplace Engagement Quality Patient Care
	4. Describe ways in which the participant has received support and recognition in your role as an experienced bedside nurse.	Management Support Work Environment Financial Resources
2. What workplace factors do experienced nurses perceive as influencing retirement and retention?	5. What are your three leading emotional stressors as an experienced bedside nurse in the hospital setting?	Workplace Environment Working Conditions Material Resources
	6. Describe the physical challenges for the participant as an experienced bedside nurse in the hospital.	Work Environment Working Conditions
	7. How does the participant cope during a shift with technology used at the hospital?	Management Support Workplace Environment
3. How have workplace factors impacted experienced nurses' decision-making about leaving the profession before retirement eligibility?	8. What circumstances at the hospital would prompt the participant to seek early retirement?	Workplace Environment Working Conditions Management Support
	9. What circumstances at the hospital would prompt the participant to delay retirement until age of eligibility?	Efficiency Workplace Engagement Nurse Retention Quality Patient Care
	11. Would the participant like to discuss any other issues related to your role as an experienced nurse in the hospital setting?	Registered Nurses Financial Resources Material Resources Workplace Conditions