A Study Examining Senior Nursing Students’ Expectations of Work and the Workforce

Debbie Saber, PhD, RN, CCRN
The Nursing Workforce

• Nursing is fast-paced and labor intensive with cyclical shortages (Buerhaus et al., 2009; HRSA, 2013)

• Shortages are expected to continue due to the aging workforce and higher numbers of insured access to our healthcare delivery system resulting from healthcare reform (Buerhaus et al., 2009; Wharton School, 2009)

• A total of 1.05 million nurses will be needed by 2022 due to growing needs and replacements (AACN, 2014)

• Findings estimate as much as 43% of newly licensed RNs (NLRN) change or leave their jobs within the first 3 years of employment (Kovner et al., 2014)
## Predictors of Job Satisfaction

(Saber, 2014)

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Summary Effect</th>
<th>N</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task Requirements</td>
<td>.61</td>
<td>5</td>
<td>(0.40, 0.76)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Empowerment</td>
<td>.55</td>
<td>8</td>
<td>(0.49, 0.59)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Control</td>
<td>.52</td>
<td>6</td>
<td>(0.05, 0.80)</td>
<td>0.03</td>
</tr>
<tr>
<td>Organizational Commitment</td>
<td>.49</td>
<td>8</td>
<td>(0.39, 0.58)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Positive Affectivity</td>
<td>.47</td>
<td>6</td>
<td>(0.30, 0.62)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>RN/MD Relationships</td>
<td>.44</td>
<td>7</td>
<td>(0.30, 0.57)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Autonomy</td>
<td>.44</td>
<td>26</td>
<td>(0.30, 0.57)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Leadership Support</td>
<td>.44</td>
<td>21</td>
<td>(0.36, 0.52)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Stress</td>
<td>-.43</td>
<td>14</td>
<td>(-0.51, -0.35)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>
Consequences of an Unstable Workforce

- **Cost of RN replacement can be as high as $88,000** (Jones, 2008; Robert Wood Johnson Foundation, 2006)
- Cost benefit analysis of residency programs including 15 hospitals
  - Turnover costs: $17,977,500 over all hospitals pre-residency (Trepanier, Early, Ulrich, & Cherry, 2012)
- Threatens the well being of patient care quality (Hays et al., 2012)
- Adds stress to existing staff
Transition Shock  (Duschscher, 2009)

- Period of stressful transition from school to practice
- Transition is sited as a major reason for newly licensed registered nurses (NLRNs) leaving their initial nursing positions and *more concerning* the nursing profession altogether

  (Scott et al., 2008)
Phase I - Senior nursing student expectations of the work and workforce

Phase II - NLRNs perceptions after 3 months of employment (analyzing)

Phase III - NLRN perceptions after 12 months of employment (analyzing)
Method - Phase I

• Spring semester prior to graduation

• Semi-structured focus groups/50 minutes each

• Senior BSN nursing students
  • 9 Accelerated focus groups
  • 5 Traditional focus groups

• 6 item interview guide:
  • What do you expect your typical day to look like as an RN?
  • Do you expect to be asked to do things that are not part of your job?

• Digital recorder/transcribed
Analysis

• Content Analysis
• NVIVO software
• Theme consensus between 2 coders
<table>
<thead>
<tr>
<th>Variable</th>
<th>Traditional (n=39)</th>
<th>Accelerated (n=59)</th>
<th>Significant Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>23.1(3.51)</td>
<td>27.8(6.41)</td>
<td>p&lt;.001</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9(23.1%)</td>
<td>5(8.5%)</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>30(76.9%)</td>
<td>54(91.5%)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1(2.6%)</td>
<td>10(16.9%)</td>
<td>p&lt;.01</td>
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<tr>
<td>Previous Baccalaureate degree</td>
<td>1(2.6%)</td>
<td>59(100%)</td>
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<tr>
<td>No previous degree</td>
<td>0(97.4%)</td>
<td>0(0%)</td>
<td></td>
</tr>
<tr>
<td>Degree focus of those with degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>1(2.6%)</td>
<td>19(32.2%)</td>
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</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>2(3.4%)</td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td>0</td>
<td>2(3.4%)</td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td>0</td>
<td>6(10.2%)</td>
<td></td>
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<tr>
<td>Psychology</td>
<td>0</td>
<td>11(18.6%)</td>
<td></td>
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<tr>
<td>Hospitality</td>
<td>0</td>
<td>1(1.7%)</td>
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</tr>
<tr>
<td>Social work</td>
<td>0</td>
<td>1(1.7%)</td>
<td></td>
</tr>
<tr>
<td>Other &amp; Unknown</td>
<td>0</td>
<td>17(28.8%)</td>
<td></td>
</tr>
</tbody>
</table>

(Saber, Anglade, & Schirle, 2015)
Findings

Two Themes Identified:

1. Anticipated Stressors
2. Planned Coping Mechanisms
First Theme: Stressors

Role Transition
- Lack of confidence
- Heavy responsibility/excess paperwork
- “Real life” clinical procedures
- Negative interpersonal dynamics with “good” and “bad” units
- Possibility of inadequate time for patient care

Fear of Contagion
- Contamination from pathogens
- Disregard for isolation techniques from healthcare professionals

Impact on Personal Life
- Long days and holiday hours

Fear of Violence
- Verbal abuse from physician (primary source; 3:1 margin), coworkers, patients, and patients’ family members
- Students expressed forgiveness for patients and family members

(Saber, Anglade, & Schirle, 2015)
Second Theme: Coping Strategies

Fitting In as a “Real Nurse”
- Establish and maintain good relationships
- Seek mentors
- Work the night shift
- Work in intensive care areas or EDs where higher levels of collegiality and teamwork are anticipated

Taking Precautions
- Take the highest precautions to protect themselves and prevent contamination in their homes

Taking Care of Myself
- Develop a network of friends to help with schedule issues
- Rely on family members or colleagues for support

Physical and Psychological Safety
- Advocate for themselves to curb abuse
- For collegial or MD abuse, they will keep quiet, respond kindly, walk away, or talk to a manager

(Saber, Anglade, & Schirle, 2015)
Conclusions

• Our new graduates are savvy

• The new nurses expect stressors and have developed transition strategies

• Our Newest Generation: Millennials (1980-2000) Place Value on:
  • Praise
  • Recognition
  • Clinical competence
  • Positive work environment
  • Work/life balance  

(Halfer & Graf, 2006; Jackson, 2005)
Recommendations

• Managers should build and maintain open communication

• Actively involve RNs in decision making
  • committees
  • projects

• Build formal collaborative efforts between schools and healthcare institutions
  • NLRNs share stories and stress relief strategies
Optimal health of workplace environment is critical to maintain the safety of our RNs, which is essential for patient care safety (Lucian Leape Institute, 2013)
References


