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A Descriptive Study of the Organizational Attributes of
Exemplar Tennessee Hospitals

A thesis
presented to
the faculty of the College of Nursing
East Tennessee State University

In partial fulfillment
of the requirements for the degree
Master of Science in Nursing

by
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May 2002

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Keywords: Retention, Recruitment, Magnet Hospital,
Organizational Attributes, Exemplars

ABSTRACT

A Descriptive Study of the Organizational Attributes of Exemplar Tennessee Hospitals

by

Sharron Rutledge Grindstaff

Tennessee's registered nurse vacancy rate is the highest in five years and the nursing shortage has dramatically impacted all portions of the state. The purpose of this study was to describe organizational attributes of exemplar Tennessee hospitals, as perceived by Chief Nurse Executives that may influence the recruitment and retention of registered nurses.

In this study, 52 Tennessee hospitals were identified as exemplars of quality patient care, organizational policy, and administration. Their Chief Nurse Executive's were surveyed using a Hospital Characteristics Questionnaire and the Organizational Support Subscale from the Nursing Workforce Index Revised (NWI-R). The hospital characteristics and organizational attributes were then compared with those found in American Nurses Credentialing Center (ANCC) magnet hospitals, which have a reputation for retaining and recruiting nurses.

The study demonstrated that the exemplar Tennessee hospitals were not comparable with the ANCC magnet hospitals, and the findings suggest that Tennessee hospitals must develop strategies related to staffing, professional autonomy, respect for nursing, and positive work environments in order to recruit and retain nurses to preserve a nursing workforce now and in the future.

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CHAPTER 1

INTRODUCTION

The nation's hospitals are facing a nursing shortage unlike any previous shortage. The reasons for the shortage are complex, but can be attributed to an aging nursing workforce (Buerhaus, Staiger, & Auerbach, 2000a; Krejci, 1999), a decline in nursing school enrollment (Dumpe et al., 1998), increased dissatisfaction among nurses in the current nursing work environment (Buerhaus & Staiger, 1997; Geddes, Salyer, & Mark, 1999) and, an increase in the demand for healthcare services (Dumpe, Herman, & Young, 1998; Levi, 1999).

Nationally, the current nursing workforce consists of 2.1 million registered nurses (RNs), but only nine percent of these nurses are under the age of 30 (Lanser, 2001). RNs under the age of 30 declined 41% (approximately 145,000) from 1983 to 1998 (Buerhaus, Staiger, & Auerbach, 2000b). Additionally, statistics from the American Association of Colleges of Nursing (2000) show that enrollments in nursing education programs have declined five percent each year since 1995 (Buerhaus et al., 2000a). Academically skilled graduates, particularly women, have multiple career options with fewer hours, less stress, fewer demands, and more pay (Buerhaus et al., 2000b; Buerhaus & Staiger). During the past decade, the healthcare system has been dramatically impacted by increased healthcare costs, managed care, technological innovations, healthcare redesign, and competition (Buerhaus & Staiger; Baker, Beglinger, King, Salyards, & Thompson, 2000; Geddes et al., 1999; Krejci, 1999; Smith, Mahon, & Piland, 1993). In a recent study, only 30% to 40% of the 43,000 nurses surveyed stated there were enough RNs to provide quality care and services (Aiken, Clarke, & Sloane, 2000). The current trend is only the beginning of a shortage that is expected to drop 20% below the projected nursing workforce need for the year 2020 (Staiger, Auerbach & Buerhaus, 2000). By 2010, there will be approximately 635,000 RNs for 1.8 million vacancies (Lanser, 2001).

In 1999, the Tennessee Hospital Association's nurse staffing vacancies for Tennessee hospitals ranged from zero to 265 full-time equivalents (FTE's) for RNs (Tennessee Hospital Association, 1999). Overall, Tennessee's RN vacancy rate percentage is 7.65%, the highest in five years. The nursing shortage has dramatically impacted all portions of the state.

One strategy for dealing with nursing shortages in hospitals is participation in the Magnet Hospital Program. This is a voluntary program that was originally a policy study commissioned by the American Academy of Nursing in the early 1980s. The study was authorized during a severe nursing shortage with the objective to "examine the characteristics of the systems that impeded and/or facilitated professional nursing practice in hospitals" (Buchan, 1999). The intent was to identify those organizational attributes exhibited in hospitals that served as "magnets" for professional nurses. The term "magnet" was used to represent those hospitals that were able to attract and retain qualified nurses. The premise was that hospitals that were able to attract and retain qualified nurses would also provide quality care.

Several research studies provide empirical evidence that magnet hospitals not only provide quality nursing care, positive patient outcomes, and excellent working environments but also attract and retain nurses (Aiken, Havens, & Sloane, 2000; Aiken, Smith, & Lake, 1994; Buchan, 1999). Magnet hospitals have a reputation for retaining and recruiting nurses because they provide the organizational support that empowers RNs to use their professional knowledge and skills on behalf of patients (Havens & Aikens, 1999; Kramer, 1990). The magnet program is based upon quality indicators and standards that are defined in the American Nurses' Association Scope and Standards for Nurse Administrators (Lanser, 2001).

Originally, 41 hospitals were designated as magnet hospitals; however, the majority of these hospitals have not maintained "magnet" hospital status. The American Nurses Association (ANA), through the American Nurses Credentialing Center (ANCC), revised and formalized the magnet hospital program in the 1990s to recognize "excellence in nursing services" (Aiken et al., 2000). By the year 2000, three of the original magnet hospitals were recognized by the ANCC as

magnet hospitals (Havens, 2001a; Havens, 2001b), along with some 40 other hospitals across the nation.

Only one Tennessee hospital has successfully achieved magnet hospital status, but this hospital, identified in the original group of hospitals, is no longer a designated magnet hospital. However, in view of the empirical evidence that magnet hospitals are more successful in recruiting and retaining nurses, it may be beneficial to identify Tennessee hospitals that exhibit “magnet hospital” characteristics and study the organizational attributes of these “exemplar” organizations. The organizational attributes of these “exemplar” hospitals could assist nurse executives in Tennessee hospitals to define strategies to recruit and retain RNs.

Background of the Problem

If Tennessee hospitals are to meet the healthcare needs of its citizens now and in the future, it is important to identify ways to recruit and retain RNs. The predicted nursing shortage challenges administrators to identify creative retention and recruitment strategies to meet the patient care demand (Spitzer-Lehmann, 1990). The organizational attributes of magnet hospitals, present in exemplar Tennessee hospitals, may provide a template for recruitment and retention “best practices” to assure an adequate nursing workforce essential in providing quality patient care (Leveck & Jones, 1996).

Statement of the Problem

The purpose of this study is to describe organizational attributes of exemplar Tennessee hospitals, as perceived by Chief Nurse Executives (CNEs) that may influence the recruitment and retention of registered nurses.

Research Questions

The following research questions and subquestions were used to gather data to describe Tennessee exemplar hospitals in terms of demographic characteristics and organizational attributes. These data were then compared with aggregate data from the current ANCC designated magnet hospitals.

1. What are the demographic characteristics of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive?

Subquestions

- a. How many licensed beds do you have within your hospital?
- b. Is there a Department of Nursing within your hospital?
- c. Does the hospital have an affiliation with a school of nursing with a baccalaureate or higher degree program?
- d. Is there a nurse researcher within your hospital?
- e. How would you describe the level of restructuring activity present in your hospital?
- f. How difficult is it to retain RNs in your hospital?
- g. How difficult is it to recruit RNs to your hospital?
- h. What percentage of agency nurses do you use in your hospital?
- i. How many non-nursing departments report to you in your hospital?
- j. Based upon your quality care outcomes, how would you rate the quality of patient care within your hospital for the previous year?
- k. Based upon your patient satisfaction surveys, how would you rate the patient satisfaction within your hospital?
- l. How much authority do you have over nursing practice and the practice environment?
- m. How visible is nursing as a distinct professional clinical discipline?
- n. How long (in months) have you been the CNE in this hospital?

- o. What is your level of satisfaction with your role as CNE?
2. What are the organizational attributes of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive?

Subquestions

- a. Are there adequate support services to allow nurses to spend time with their patients?
 - b. Do physicians and nurses have good relationships?
 - c. Does nursing control its own practice?
 - d. Do staff RNs have enough time and opportunity to discuss patient care problems with other nurses?
 - e. Are there enough registered nurses on staff to provide quality patient care?
 - f. Are the head nurses good managers and leaders?
 - g. Do staff RNs have the freedom to make important patient care and work decisions?
 - h. Are staff RNs placed in a position of having to do things that are against their nursing judgment?
 - i. Is there a lot of teamwork between doctors and nurses?
 - j. Do patient care assignments foster continuity of care?
3. How do the hospital characteristics and organizational attributes of exemplar Tennessee hospitals compare with current American Nurses Credentialing Center (ANCC) Magnet Hospitals?

Significance of the Study

Health care settings, especially hospitals, are beginning to experience critical shortages of nurses. In fact, in 2000 the Tennessee Hospital Association defined hospital staffing as their number two priority, second only to reimbursement issues. This study is important because the knowledge gained could provide empirical data to support the development of hospital work environments that promote the recruitment and retention of registered nurses.

In order to understand the terms to be used in this study, the following definitions are offered.

Definition of Terms

1. Chief Nurse Executive – one identified registered nurse who is qualified by advanced education and management experience and having the ultimate authority and responsibility directing nursing and nursing practice within an organization or health system (Joint Commission on Accreditation of Healthcare Organizations, 2001).

2. Exemplar – an organizational model for quality patient care, policy, and administration (Havens and Aiken, 1999) demonstrated by a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) score of 90 or greater.

3. Magnet hospital – A hospital recognized by the American Nurses Credentialing Center as providing excellence in nursing care and practice. The Magnet Recognition Program for Excellence in Nursing Services is a voluntary program that uses quality indicators and standards based upon the American Nurses Association “Scope and Standards for Nurse Administrators” (<http://www.nursingworld.org/ancc/magnet>).

4. Nursing department environment – the aspect of the internal hospital environment comprised of nursing personnel working toward common nursing service goals (Jones, 1990a).

5. Organizational attributes – hospital qualities or characteristics as identified in the Aiken and Sloane Organizational Support Subscale from the Nursing Work Index -Revised.

6. Recruitment – the process of attracting new RN employees to fill vacant positions (Jones, 1990a).

7. Registered Nurse – an individual who has completed a diploma, associate degree, bachelor's degree, or advanced degree educational program in nursing and has passed a state board of nursing licensure exam.

8. Retention – the process of retaining RN employees (Jones, 1990a)

9. Turnover – a process whereby nursing staff leave or transfer within the hospital environment, either voluntarily or involuntarily (Jones, 1990a).

Summary

The problem addressed in this study is the need to identify ways to recruit and retain RNs in Tennessee hospitals. The purpose of this study is to describe the organizational attributes of exemplar Tennessee hospitals, as perceived by Chief Nurse Executives (CNEs) that may influence the recruitment and retention of registered nurses. The research questions addressed were: (1) What are the demographic characteristics of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive? (2) What are the organizational attributes of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive? (3) How do the hospital characteristics and organizational attributes of exemplar Tennessee hospitals compare with current American Nurses Credentialing Center (ANCC) Magnet Hospitals? This study is significant because the empirical data obtained could provide strategies to support the development of positive hospital work environments that promote the recruitment and improve the retention of registered nurses in Tennessee hospitals.

CHAPTER 2

LITERATURE REVIEW

This chapter presents literature relevant to current and future nursing workforce issues including population demographic characteristics, nurse turnover, recruitment, and retention. The influence of nursing leadership in healthcare organizations is also presented. Studies regarding magnet hospitals are presented including the history of the magnet hospital movement which identified magnet institutions as exemplars of positive nursing work environments and positive patient care outcomes.

Current and Future Nursing Workforce Issues

Several trends have contributed to the present state of the nursing workforce. These include an aging population, an aging nursing workforce, and expanded career options for women who comprise the majority of nurses. In addition, nurse turnover, recruitment and retention, organizational redesign, organizational uncertainty, and leader impact have influenced the work setting for nurses (Buerhaus et al., 2000a; Cangelosi, Markham, & Bounds, 1998; Dumpe et al., 1998; Jones, 1990a; Jones, 1990b; Lanser, 2001; Stratton, Dunkin, Juhl, Ludtke, & Geller, 1991).

Aging Population

As the population ages, an increased demand for healthcare resources has been documented (Buerhaus et al., 2000a; Dumpe et al., 1998). The growing elderly population has resulted in greater numbers of older, sicker adults, creating a higher acuity patient population. More healthcare resources are required to care for sicker, older clients across healthcare settings. The Health Care Financing Administration (HCFA, 2000) reported that national health care expenditures accounted for 13% of the 1999 Gross Domestic Product (GDP). HCFA is projecting that national health expenditures will total \$2.6 trillion or 15.9% of the GDP by the

year 2010 (<http://www.hcfa.gov/stats/NHE-Proj/proj2000>). This increase in resource demand comes at a time when the supply of RNs available to provide care and services is declining (Cangelosi et al., 1998).

Aging Nursing Workforce

Between 1983 and 1998 the number of RN's under the age of 30 has declined more than 40% or approximately 145,000 (Buerhaus et al., 2000a). One factor contributing to this decline is the decreased overall population of potential nursing students born between 1960 and 1980, as compared to the baby-boomer generation born between 1946 and 1960 (Buerhaus et al., 2000b). While the average age of all working RNs has increased 4.5 years (from 37.7 years to 41.9 years), the average age of the hospital nurse has increased by 5.3 years (Staiger et al., 2000). Currently, the number of RNs over the age of 40 accounts for approximately 60% of the RN workforce (Buerhaus et al., 2000b). If this trend continues at the present rate, by the year 2010, 40% of the nursing workforce will be in their 50's and 60's (Buerhaus et al., 2000a). Both higher patient acuity and work setting factors have made the nursing work environment less conducive to retaining practicing nurses, particularly older nurses, who as a group, will be retiring in the near future.

Expanded Career Options

The women's movement of the 1970s triggered an expansion of career opportunities for women (Buerhaus et al., 2000b). Currently, academically skilled women who may have previously chosen nursing are more likely to seek opportunities in careers other than nursing (Staiger et al., 2000). Opportunities traditionally dominated by men in professional positions, such as law and medicine, non-nursing hospital positions, and management and marketing, are now among the expanded career options that attract academically skilled women (Cangelosi et al., 1998; Staiger et al.). With multiple options, individuals who traditionally may have selected nursing as a profession are now selecting roles with fewer hours, less stress, fewer demands, and more pay (Buerhaus et al., 2000a). By the year 2020, Buerhaus predicts the RN supply will be

20% below the predicted need for professional nurses. Recruitment and retention may be hindered by a negative public image of nursing as a career choice. This image includes perceptions of lack of autonomy and professional decision-making, poor work environments, and low salaries (Mills & Blaesing, 2000). With fewer individuals choosing nursing, the aging of the current nursing workforce, and stressful work environments, the stage is set for high levels of nurse turnover.

Nurse Turnover

The empirical evidence of the costs and adverse consequences of nurse turnover has been documented by several researchers (Alexander, 1988; Alexander, Bloom, & Nuchols, 1994; Cangelosi et al., 1998; Jones, 1990a; Jones, 1990b; Stratton et al., 1991). Nurse turnover is defined as “a process whereby nursing staff leave or transfer within the hospital environment, either voluntarily or involuntarily, during a specified period of time” (Alexander; Jones, 1990a). Though some turnover is essentially healthy for the ongoing growth of an organization, high turnover of RNs can negatively impact organizational efficiency, production, hospital costs, human resource stability, patient outcomes (Alexander et al., 1994; Jones, 1990a; Stratton et al., 1991) and nurse-physician relationships (Cangelosi et al., 1998).

In determining the cost of nurse turnover, both direct and indirect costs are tabulated (Jones, 1990a; Stratton et al., 1991). Direct costs are defined as costs associated with nurse recruitment to fill vacant positions and include advertising, recruitment activities, and hiring temporary staff. Indirect costs encompass the entire hiring process and include interviewing, pre-employment lab testing and physical examinations, bonuses, processing and supply costs, orientation, and training costs. According to Jones (1990b), 6.7 weeks are needed for a new RN to reach a 90% productivity level. The computed direct and indirect costs of nurse turnover for one RN range from \$1,280 to \$50,000 (Jones, 1990b). Turnover costs vary depending upon the time frame required to hire a new RN, recruitment costs, orientation, and utilization of agency nurses (Alexander et al., 1994; Jones, 1990a; Jones, 1990b).

The impact of organizational turnover has been found to be directly related to lower hospital operating efficiencies and productivity (Alexander et al., 1994; Huselid, 1995; Stratton et al., 1991). RN turnover results in increased costs of recruitment, orientation of new nurses, high costs of agency nurses, increased administrative costs to supervise new nurses, and less effective working nurse-physician relationships (Alexander et al., 1994; Cangelosi et al., 1998).

Mills and Blaesing (2000) examined the relationship of work values and nurse career satisfaction. The investigators found that RN satisfaction, how they view their work and the profession, was an important issue for employers and nurses. Work values and job characteristics were reasons identified for nurse turnover or nurses leaving the profession. External threats, such as federal and managed care regulatory agencies, can impact the work environment, but in this study nurse administrators were admonished to remember the importance of core work values if they were to successfully recruit and retain RNs.

Nurse Salaries

Salaries are considered to be a critical variable that impacts the supply of nurses (Dumpe et al., 1998). However, costs of healthcare could increase by 20% over the next two decades to a total cost of \$15 billion per year or 1.5% of personal healthcare expenses (Buerhaus et al., 2000a). Though a salary increase induces some increase in the supply of RNs, the escalating costs of healthcare could, in turn, cause some employers to employ fewer highly paid RNs.

The RNs surveyed in the study by Mills et al. (2000) perceived nursing to be a satisfying career with a sense of professional status, patient care rewards, and pride in their profession. Nurses who were more likely to be satisfied, “cherished” the work values of: 1) salary, 2) job security, 3) career advancement, and 4) full-time employment (Mills & Blaesing, 2000). The salary amount was not the particular issue, but the value and need for job security and the ability to care for themselves and their families were very important to nurses. Nurses have the need to be guaranteed an income in order to have a sense of financial security (Mills & Blaesing, 2000).

Recruitment and Retention of Nurses

Recruitment and retention are terms that have separate meanings but are interrelated. Recruitment is simply defined as the strategies and activities by which hospitals are able to attract nurses to the organization (Spitzer-Lehmann, 1990). Once nurses are recruited, the next major challenge is to implement strategies in order to retain or keep the nurses within the organization (Chandler, 1990; Spitzer-Lehmann, 1990). Recruitment has been negatively impacted by the decrease in the nursing workforce and a significant decrease in nursing school enrollment (Buerhaus et al., 2000a; Cangelosi et al., 1998).

Alexander, Bloom, and Nuchols, (1994) found that strategies such as autonomous decision-making, flexible work conditions, and more ergonomic job designs must be implemented to retain nurses and improve organizational productivity in hospitals. Strategies must consider that patients' interpretations of the quality of their health care services are based upon their perceptions of how they are treated during their hospitalization (Cangelosi et al., 1998). Though patients have contact with physicians and other disciplines, patients are constantly in contact with nurses. Nurses provide the majority of the patient care within hospitals and, through this care, influence quality outcomes (Cangelosi et al., 1998). Cangelosi et al. reported that positive patient outcomes can improve the hospital's image within the community thus, potentially, increase admissions.

Organizational Redesign and Uncertainty

During the past decade, hospitals were faced with the challenge of improving or redesigning systems to provide the highest quality care while facilitating the care delivery process in a complex, turbulent environment (Geddes et al., 1999). Organizational redesign or reengineering could best be defined as redesigning processes that may include changes in work assignments, modifications in clinical staffing and skill mix, and reductions in management positions" (Aiken et al., 2000). The primary objectives of organizational redesign are to improve

labor productivity and efficiency, which in turn would enable hospitals to provide quality health care services at a lower cost but maintain patient satisfaction (Aiken et al., 2000). Because the changes were dramatic and rapid, hospital staff experienced fear, concern, turmoil, loss of workplace identity, and dismay (Geddes et al., 1999).

Reengineering created changes in the skill mix of personnel, new equipment, major system changes, and rumored changes adding to the already rapidly escalating stressful environment. Organizational redesign and downsizing in response to managed care have significantly impacted the work lives of nurses trying to provide quality care with reduced or limited resources.

Leader Impact

The characteristics of the nurse leaders can either positively or negatively impact nurse recruitment and retention as a result of their leadership qualities and characteristics. In a study by Laschinger, Wong, McMahon, and Kaufman (1999) “strong facilitative managers” who used empowering behaviors were found to be “essential”, according to staff nurses, particularly in the uncertainty of the current healthcare environment. The investigators found that strong managers created environments for “work effectiveness” that promoted autonomous practice and participatory decision-making, thus positively impacting nurse recruitment and, ultimately, retention. The nurses in their study had feelings of “empowerment” when their leaders provided “purpose and meaning to their work,” encouraged participatory decision-making and continuous development of skills, provided necessary resources, and promoted autonomous nursing practice (Laschinger et al., 1999). The investigators recommended that organizations pay close attention to the quality of leadership within the hospitals and provide continuing education and staff development for their nurses.

Magnet Hospitals

The purpose of the Magnet Hospital Program, sponsored by the American Academy of Nursing in the early 1980s, was to examine and identify hospitals that demonstrated certain organizational attributes and components of professional practice that resulted in high quality patient care and enhanced recruitment and retention of professional nurses (Buchan, 1999; Havens, 2001a; Havens & Aiken, 1999; Kramer, 1990). The nursing shortage of the 1980s generated the interest of a number of researchers who sought to describe workplace and professional practice factors related to the shortage (Aiken et al., 1994; Kramer & Schmalenberg, 1988a; Kramer & Schmalenberg, 1988b). During this time period, a major initiative known as the “Magnet Hospital Program” was begun. The magnet hospitals demonstrated lower mortality rates (Aiken et al., 1994), higher patient satisfaction (Havens & Aiken, 1999), higher nurse satisfaction and retention (Havens & Aiken, 1999), and lower nurse turnover and lower vacancy rates (Buchan, 1999; Scott, Sochalski, & Aiken, 1999). Of relevance to the present study, the magnet hospitals established a reputation for successfully recruiting and retaining professional nurses during a time of nurse shortage in the 1980s.

Exemplars

Magnet hospitals were regarded as exemplars for practice, policy, and nursing administration and shared a set of core organizational attributes. These attributes included: 1) nurse executives who were formal members of the higher decision-making body in the hospitals, which signified the high priority that hospitals placed on nursing; 2) nursing services organized in a flat, decentralized organizational structure with only a few administrative or supervisory personnel; 3) decentralized decision-making where nurses at the unit level had discretion to organize care and staff according to patient care needs; 4) administrative structures that supported the nurses’ decisions about patient care with participative management; 5) good communication between nurses and physicians, and 6) shared governance or clinical career structures for nurses with an emphasis on professional autonomy (Buchan, 1999; Scott et al.,

1999). Havens' (2001a) found that magnet hospitals had higher JCAHO accreditation scores (mean = 94.57) than all United States hospitals (mean = 92) during the study period. Taken together, the indicators signified "cultures of excellence" where quality patient care and positive clinical nursing environments were the norm.

Practice Environments of Magnet Hospitals

Scott et al. (1999) published summaries of magnet hospital research findings from 1983 to 1991 and identified the relevance to the current healthcare environment. The practice environment was characterized by a decentralized structure that promoted high patient care standards, high staff expectations, continued education, professional autonomy and professional development for clinical nurses, open participatory management, and open lines of internal and external communication. According to the researchers, a professional practice environment supported the core values of an excellent organization. Attributes of an excellent organization included an adequate number of RNs, adequate support services, managers who are supportive of nursing, an influential chief nurse executive, and organizational characteristics reflective of positive patient outcomes (Aiken et al., 2000). Magnet hospitals were also more likely to have a Department of Nursing within the organizational structure, which signified the value of nursing within the organization (Havens, 2001a).

Scott et al. (1999) described attributes of practice and characteristics of the professional nursing staff in magnet hospitals. These attributes included; 1) the ability of the nurse to establish and maintain therapeutic nurse-patient relationships, 2) nurse autonomy and control, and 3) the presence of collaborative nurse-physician relationships that fostered a mutual respect for one another's knowledge, competency and shared concern for quality patient care.

When the original magnet hospitals were identified, "primary nursing" was the predominant mode of care delivery. However, by 1997 "primary nursing" was no longer the standard, as a variety of nursing care delivery models were being used in the ANCC Magnet Hospitals, particularly RN-led teams (Buchan, 1999). Magnet hospital strategies focus on the

“ideal” nursing practice environment and a model of practice that includes increased RN-to-patient ratios, flattened organizational structures, shared governance initiatives, flexible hours, and salaried RNs within a variety of nursing care delivery models (Buchan; Geddes et al., 1999; Havens & Aiken, 1999; Scott et al., 1999).

Despite the variety of nursing care delivery models found in the ANCC Magnet Hospitals, the 1983 data continue to be relevant. Magnet hospitals emphasize efficient quality care and service with a focus on outcomes assessment. Additional key characteristics of the ANCC Magnet Hospitals include flexible work schedules, an investment in continuing education, professional autonomy, decentralized decision-making, and flattened management structure. Though these “core” characteristics were evident in the original magnet hospitals, current nursing shortages emphasize an even greater need for organizations to be flexible, promote autonomy, and provide continuing education and new nursing career structures (Buchan, 1999).

Characteristics of Nurse Executives in Magnet Hospitals

Scott, Sochalski, and Aiken (1999) identified nurse executive leadership qualities in magnet institutions. Nurse executives in this study were active, professional members of the community, strong leaders within their organizations, and formal members of the highest decision-making body in hospitals. Nurse executives supported the professional development and education of staff and encouraged accountability and autonomous decision-making.

Summary

In summary, the literature reveals significant nursing workforce and workplace issues related to the recruitment and retention of nurses. These include an aging population, aging nursing workforce, expanded career options for women, a decline in nursing school enrollment, and a decline in the number of working nurses. Organizational redesign, organizational

uncertainty, nurse salaries, and leader impact also influence the recruitment and retention of nurses.

Magnet hospitals have clearly exhibited the organizational attributes and characteristics that promote a professional practice environment and they have been able to successfully recruit and retain nurses, even during nursing shortages. The magnet hospital literature touts these organizations as exemplars of nursing practice, policy, and administration. By studying their organizational attributes and characteristics, guidelines for strategically improving the nurse's work environment could be developed that should improve the recruitment and retention of nurses.

CHAPTER 3

RESEARCH APPROACH AND DESIGN

This chapter provides an explanation of how the study was conducted. The criteria for sample selection, setting, study design, instrumentation, protection of human subjects, data collection procedures, and data analysis are described.

Sample and Setting

The target population for this study was Chief Nurse Executives (CNEs) of exemplar hospitals in Tennessee. Ideally, the investigator would survey the CNEs of magnet hospitals in Tennessee. However, at the time of the study, no Tennessee hospitals were designated as magnet hospitals, as recognized by the American Nurses Credentialing Center (ANCC) (<http://www.nursingworld.org/ancc/magnet>). Therefore, the investigator determined the Tennessee hospitals to be studied by identifying hospitals that had similar organizational characteristics as the ANCC designated magnet hospitals. One nationally recognized quality indicator is that of successful accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In the study by Havens (2001), the mean JCAHO score for the ANCC Magnet Hospitals was 94.57; the scores ranged from 82 to 99. The investigator of the present study determined that a score range of 90 or greater could serve as a reliable indicator of quality care and services and this assumption was supported by Russell Blackwell, JCAHO Surveyor (R. Blackwell, Joint Commission on Accreditation of Healthcare Organizations, personal communication, June, 2001). Therefore, for the purpose of this study, the investigator used the JCAHO accreditation and a benchmark score of 90 or above as the major determinant of an exemplar hospital in Tennessee.

To identify the study population, the researcher first obtained a listing of all 165 Tennessee hospitals from the Tennessee Hospital Association. Then, all specialty hospitals, such

as psychiatric facilities and rehabilitation hospitals were excluded from the sample, leaving general acute care hospitals comparable to Havens' (2001) study sample. Next, the JCAHO scores were obtained from the most recently publicly available JCAHO original performance survey score data (June 2001) (<http://www.jcaho.org>). The investigator selected JCAHO scores as the major criterion for determining the exemplar hospitals in Tennessee because JCAHO standards are recognized nationally as indicators of quality patient care and service delivery, and JCAHO scores were a major criterion among the ANCC magnet hospitals. Seventy-one Tennessee hospitals met this criterion.

CNEs from the 71 exemplar Tennessee hospitals were surveyed using a Hospital Characteristics Questionnaire and the Organizational Support Subscale from the Nursing Work Index – Revised (NWI-R). The Hospital Characteristics Questionnaire was designed by the investigator to collect data with which to further compare the Tennessee exemplar hospitals with the known characteristics of the ANCC Magnet Hospitals. Data were collected on the following characteristics for each Tennessee hospital in the sample: 1) presence of a Department of Nursing; 2) affiliation with a school of nursing with a baccalaureate or higher degree program; 3) presence of a nurse researcher; 4) level of restructuring activity present within the hospital; 4) difficulty retaining RNs; 5) difficulty recruiting RNs; 6) percentage of agency nurses utilized; 7) rating of patient satisfaction, based upon hospital quality outcomes; 8) level of authority over nursing practice and the practice environment; 9) visibility of nursing as a distinct professional clinical discipline; 10) CNE tenure in the hospital; 11) level of satisfaction with CNE role; and 12) number of licensed beds.

The 10-item Organizational Support Subscale (NWI-R) was used to determine whether the CNEs strongly agreed (1), somewhat agreed (2), somewhat disagreed (3), or strongly disagreed (4) with each of the organizational attributes within their own hospitals. Havens documented that the Organizational Support Subscale demonstrated acceptable psychometric

evaluation yielding an alpha of 0.84, proving it to be a valid and reliable survey instrument (Aiken & Sloane, 1997; Havens, 2001a).

The 10-item Organizational Support Subscale is a modification of the 49-item Nursing Work Index (NWI) which is a four-point (strongly agree to strongly disagree) Likert-type scale instrument that includes items reflecting: autonomy (6 items, alpha: 0.94); control over practice (7 items, alpha = 0.88); relationships with physicians (3 items, alpha = 0.73); and organizational support (10 items, alpha = 0.84) (Aiken & Patrician, 2000; Havens, 2001a). The Organizational Support Subscale was originally used to measure organizational support from the perspective of staff RNs (Havens, 2001a). Havens then tested the instrument with CNEs. The study validated the Organizational Support Subscale from the NWI-R as a reliable instrument with this population as well (Havens, 2001a). As reported by Havens (2001a), the NWI-R and its subscales have been used in multiple studies, consistently demonstrating reliability and validity. The Organizational Support Subscale from the NWI-R is within the public domain and its use did not require permission from the authors (L. Aiken, personal communication, July 19, 2001).

Procedures

The survey and questionnaire were mailed to each CNE of the 71 exemplar hospitals in Tennessee. A cover letter (Appendix A) to explain the purpose, method of returning the survey, deadline for return, and treatment of the data was included with the survey, the Hospital Characteristics Questionnaire (Appendix B) and Organizational Support Subscale (Appendix C). Directions for completion of the 10-item survey and 15-item questionnaire were included on each form. Participants were asked to mail the completed questionnaires back to the researcher in a self-addressed stamped envelope. Those failing to return completed questionnaires were contacted through follow-up phone calls two weeks after the mailing. No incentives for participation in the study were provided except the offer of an abstract of the findings once the study was completed.

Protection of Human Subjects

The rights and privacy of study participants were protected. All information obtained from the participants and each organization was treated confidentially by the investigator. Surveys were returned to the investigator in a supplied unmarked envelope inside another self-addressed stamped envelope. Subjects were instructed to avoid placing identifying information on the surveys and to place a return address in the marked area of the outside envelope. Upon return to the investigator, the data envelope was removed and left unopened until all envelopes were received. The outside envelopes were destroyed in order to maintain participant confidentiality.

The purpose of the research study and approval of the study by the East Tennessee State University (ETSU) Institutional Review Board (IRB) were outlined in a cover letter accompanying each survey and demographic questionnaire. Completion and return of the survey and questionnaire indicated the CNE's consent to participate in the study. Data were reported in aggregate form to maintain participant confidentiality. Data will be stored for 10 years in a locked file in the College of Nursing at East Tennessee State University according to ETSU IRB guidelines.

Data Analysis

Descriptive statistics were used to describe the demographic characteristics and organizational attributes of the exemplar Tennessee hospitals, as perceived by the CNEs. The data were analyzed using SPSS software. The investigator then compared these data with aggregate data from the current ANCC Magnet Hospitals as described in Havens' (2001b) study. The Chi square statistic was used to compare the findings of the exemplar Tennessee hospitals and the ANCC Magnet Hospitals.

CHAPTER 4

PRESENTATION OF THE DATA

The purpose of this study was to describe organizational attributes of exemplar Tennessee hospitals, as perceived by Chief Nurse Executives (CNEs) that may influence the recruitment and retention of registered nurses. The major research questions were threefold, including:

1. What are the demographic characteristics of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive?
2. What are the organizational attributes of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive?
3. How do the hospital characteristics and organizational attributes of exemplar Tennessee hospitals compare with current American Nurses Credentialing Center (ANCC) Magnet Hospitals?

This chapter contains three sections. In the first section, the demographic characteristics of the exemplar Tennessee hospitals as perceived by the Chief Nurse Executives are presented. The results of the organizational support subscale survey are presented in the second section. In the third section comparisons of the demographic characteristics and organizational attributes of exemplar Tennessee hospitals with the ANCC Magnet Hospitals are provided.

The Hospital Characteristics Questionnaire and Organizational Support Subscale from the NWI-R were mailed to the Chief Nurse Executives (CNEs) of the 71 exemplar Tennessee hospitals. The survey instruments were returned by 52 CNEs representing a 73.2% response rate. The respondents represented hospitals of various institutional bed size as the hospitals ranged in size from 15 to 714 licensed beds. Of the 52 hospitals, 38 % were fewer than 100 beds, 35 % were from 100 to 200 beds, and 27 % of the hospitals had greater than 200 beds.

Hospital Characteristics

The first research question was “What are the demographic characteristics of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive?” Fifteen subquestions were asked to obtain a description of the Tennessee hospitals and provide data for comparison with the current ANCC Magnet Hospitals.

Almost all (98.1%) of the respondents reported that their hospitals had a department of nursing within the hospital, but slightly less than two thirds (65.4 %) of the respondents reported that the hospitals had an affiliation with a school of nursing with a baccalaureate or higher degree program. Only six (11.5 %) CNEs of the 52 hospitals reported that they had a nurse researcher within their hospitals (See Table 1).

Table 1
Selected Demographic Characteristics of Exemplar Tennessee Hospitals
(N=52)

Characteristics	Yes		No	
	Number	Percent	Number	Percent
Department of Nursing	51	(98.1%)	1	(1.9%)
Hospital affiliation with School of Nursing with baccalaureate or higher degree program	34	(65.4%)	18	(34.6%)
Nurse researcher within hospital	6	(11.5%)	46	(88.5%)

One question was asked regarding the level of restructuring activity present in the hospital, as this factor could influence the organizational support for registered nurses (RNs) working in the hospital and impact the recruitment and retention of nurses. Respondents (N=51) were asked to rate the level of restructuring present in their hospitals ranging from 1, “No

activity or planned activity” to 9, “Fully integrated restructuring activity.” The mean score was 5.27, SD = 2.16 demonstrating that the majority had some level of restructuring activity. Only 3.9% of the CNEs responded that restructuring activity was fully integrated in their hospitals (See Table 2).

Table 2
Level of Restructuring Activity in Exemplar Tennessee Hospitals
(N=51)

	Number	Percent
1 No activity	3	5.9%
2	5	9.8%
3	4	7.8%
4	6	11.8%
5	4	7.8%
6	9	17.6%
7	16	31.4%
8	2	3.9%
9 Fully integrated	2	3.9%

Mean = 5.27

SD = 2.16

Two questions addressed the difficulty of retaining and recruiting nurses within respondent hospitals. CNEs (N=51) were asked to rate the difficulty of retaining RNs and recruiting RNs on a 1-4 scale, from 1, “Extremely difficult” to 4, “Not difficult.” In describing

the difficulty of retaining RNs, the mean was 2.81, SD = .66, with 11.5% responding that it was not difficult to retain RNs. In describing the difficulty in recruiting RNs, the mean was 2.57, SD=.70, with 5.8% responding that they had no difficulty recruiting RNs (See Table 3).

Table 3
 Difficulty in Retaining and Recruiting RNs in Exemplar Tennessee Hospitals
 (N=51)

	Difficulty in Retaining RNs		Difficulty in Recruiting RNs	
	Number	Percent	Number	Percent
1 Extremely difficult	1	1.9%	3	5.8%
2	13	25.0%	19	36.5%
3	31	59.6%	26	50.0%
4 Not difficult	6	11.5%	3	5.8%

Mean = 2.81

SD = .66

Mean = 2.57

SD = .70

In another attempt to assess the level of vacancy rates within the hospitals, and as an indicator of quality patient care and positive clinical work environments, the investigator addressed the question of the percentage of agency nurses who were used within the hospitals. A high percentage of agency nurse use indicates that the organization has high vacancy rates. Respondents (N=52) reported a range of zero to 25% use of agency nurses. The mean was 3.50 (SD = 6.43) with 57.7% (N=30) reporting zero percent use (See Table 4). Eighteen CNEs reported that their workforce encompassed 1% to 10% use, and four CNEs reported 11% - 25% agency use. Only two CNEs reported 20% and two CNEs reported 25% agency use.

Table 4
 Percentage of Agency Nurses Used in Exemplar Tennessee Hospitals
 (N=52)

Percentage of Agency Nurses Utilized	Number of Hospitals (N=52)	Percentage of Hospitals
0 %	30	57.7%
1% - 5%	9	17.3%
6% - 10%	9	17.3%
11% - 25%	4	8.2%

Mean = 3.50

SD = 6.43

The role of the CNE has changed with healthcare reform and restructuring activity. In many hospitals with the restructuring activity, the CNE has assumed responsibility for departments other than nursing. In many instances, clinical departments have been integrated into patient care services rather than distinct clinical departments. The investigator asked how many non-nursing departments reported to the CNE within the hospital. Nearly 26% (25.5 %) of respondents reported no non-nursing departments reported to them. A majority (80.4%) had four or fewer departments reporting to them. Only 10 respondents had five or more departments reporting to the CNE (See Table 5).

Table 5

Number of Non-Nursing Departments Reporting to the CNE in Exemplar Tennessee Hospitals
(N=51)

Number of Non-Nursing Departments Reporting To CNE	Number of Respondents (N=51)	Percentage of Respondents
0	13	25.5%
1-2	13	25.5%
3-4	15	29.4%
5-6	5	9.8%
7-8	3	5.9%
9-10	2	3.9%

Mean = 2.75

SD = 2.58

The CNEs were asked to rate, based upon their quality outcomes, the quality of patient care and level of patient satisfaction within their hospitals for the previous year on a five-point scale, from “poor” to “excellent.” Among the 52 CNEs responding, the mean rating for quality of patient care was 4.02 with a SD =.67. Twenty-three percent of the respondents rated the care as “excellent” while 77% rated the quality of care in their hospitals as either “good” or “very good.”

The ratings of the level of patient satisfaction were similar to the ratings of the quality of care. All CNEs rated the level of patient satisfaction with their care as “good” to “excellent”, with the majority rating it as “very good.” None of the CNEs reported a rating for the quality of patient care or level of patient satisfaction as “poor” or “fair” (See Table 6).

Table 6
 CNEs Rating of Quality of Patient Care and Patient Satisfaction in Exemplar
 Tennessee Hospitals
 (N=52)

Quality of Patient Care			Level of Patient Satisfaction		
Response Rating (1 – 5)	Number (N = 52)	Percentage		Number (N=52)	Percentage
Poor (1)	0	0%		0	0%
Fair (2)	0	0%		0	0%
Good (3)	11	21.2%		16	30.8%
Very good (4)	29	55.8%		27	51.9%
Excellent (5)	12	23.1%		9	17.3%

Mean = 4.02
 SD = .67

Mean = 3.87
 SD = .69

The CNE’s level of authority over nursing practice and the practice environment and the visibility of nursing as a distinct professional clinical discipline are two critical indicators of the perceived significance of nursing within a hospital. The CNEs were asked to rate their authority over nursing practice in their hospitals and provide their opinion as to the visibility of nursing as a professional clinical discipline within their hospitals. They were asked to rate their level of authority on a scale of 1, “no authority” to 10, “complete authority.” They were asked to rate the level of visibility on a scale of 1, “not visible” to 10, “extremely visible.”

The CNE responses to the level of authority over nursing practice and the practice environment was a mean of 8.86 (SD = 1.23). No CNE rated their level of authority below five on the 10-point scale, indicating that the CNEs had moderate to complete authority over nursing

practice and the practice environment within their hospitals. The CNE responses to the visibility of nursing as a distinct professional clinical discipline was a mean of 8.83 (SD = 1.42). Almost two thirds of the CNEs rated nursing as extremely visible within the organizations. The findings indicate that the CNEs perceive that they have much authority over nursing practice and that nursing is visible as a distinct clinical discipline within their hospitals (See Table 7).

Table 7

CNE Authority Over Nursing Practice and Practice Environment and
 Visibility of Nursing as a Distinct Professional Clinical Discipline
 in Exemplar Tennessee Hospitals

CNE Authority			Visibility of Nursing		
Response Scale (1 – 10)	Number (N=51)	Percent	Response Scale (1 – 10)	Number (N=52)	Percent
No authority 1-2	0	0%	No visibility 1-2	0	0%
3-4	0	0%	3-4	0	0%
5-6	2	4.0%	5-6	5	9.6%
7-8	18	35.3%	7-8	13	25.0%
9-10 Complete authority	31	60.7%	9-10 Extremely visible	34	65.4%

Mean = 8.86

SD = 1.23

Mean = 8.83

SD = 1.42

The CNEs were then asked to identify their tenure (in months) as the CNE in the hospital where they were currently employed. The mean score was 69.46 months or 5.8 years (SD =

5.28). Twenty-two percent (N=11) of the CNEs had served one year or less in the role of CNE within their hospital. The majority or 38.0% (N=19) of the respondents had held the CNE position from 2 to 5 years; 20.0% (N=10) had been the CNE for 6 to 10 years, and 20.0% (N=10) had been the CNE for greater than 10 years (See Table 8).

Table 8
Tenure (in years) of CNEs in Exemplar Tennessee Hospitals
(N=52)

Tenure	Number of Respondents (N = 52)	Percentage of Respondents
0 year – 1 year	11	22%
2 years – 5 years	19	38%
6 years – 10 years	10	20%
> 10 years	10	20%

Mean = 5.79

SD = 5.28

The CNE’s level of satisfaction with their roles was rated on a scale of 1, “very dissatisfied,” to 4, “very satisfied.” The CNE’s level of satisfaction is a characteristic that may represent the work environment within the organization. Eighty-eight (88.4%) percent of respondents (N=52) reported that they were either “satisfied” or “highly satisfied” (mean = 3.33, SD = .68). However, 11.5% (N=6) reported that they were “dissatisfied” within their role as CNE in the hospital (See Table 9).

Table 9
 CNEs Level of Satisfaction with CNE Role in Exemplar Tennessee Hospitals
 (N = 52)

Response Scale (1 – 4)	Number (N=52)	Percent
Very dissatisfied (1)	0	0%
Dissatisfied (2)	6	11.5%
Satisfied (3)	23	44.2%
Very satisfied (4)	23	44.2%

Mean = 3.33

SD = .68

Organizational Attributes

To answer the research question “What are the organizational attributes of exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive,” the CNEs were asked to respond to what extent they agreed that the attribute was currently present for staff RN’s working in their hospital. Table 10 presents the number of CNEs who responded as to whether they “strongly agreed”, “somewhat agreed”, “somewhat disagreed” or “strongly disagreed” that the attribute was present in their hospital. Table 11 presents their responses by percentage for each category and in descending order. The CNEs responded that they “somewhat agreed” that the attribute was present in the practice environment for most items (See Table 10 and Table 11). Table 10 presents the frequency of responses in order of the questions on the survey. Table 11 ranks the responses in order of the highest percentage of “strongly agree” responses to the lowest percentage. The CNEs rated the attribute of “not being placed in a position to do things against nursing judgment” the most important organizational support as clearly evidenced in Table 11.

Table 10

CNEs Perception of Organizational Attributes in Exemplar Tennessee Hospitals

(N = 52)

Question	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Adequate support services allow nurses time with patients	8	27	10	7
Physicians and nurses have good relationships	25	23	4	0
Nursing controls its own practice	14	30	8	0
Enough time to discuss patient care problems with other nurses	7	33	11	1
Enough RN's on staff to provide quality patient care	15	22	13	2
Head nurses good managers and leaders	23	24	4	1
Freedom to make patient care and work decisions	20	26	6	0
Not being placed in a position to do things against nursing judgment	35	14	3	0
A lot of teamwork between physicians and nurses	16	30	6	0
Patient care assignments that foster continuity of care	10	32	10	0

Table 11

CNEs Perception of Organizational Attributes in Exemplar Tennessee Hospitals

(Ranking By Percentages)

(N = 52)

Question	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Not being placed in a position to do things against nursing judgment	67.3%	26.9%	5.8%	0.0%
Physicians and nurses have good relationships	48.1%	44.2%	7.7%	0.0%
Head nurses good managers and leaders	44.2%	46.2%	7.7%	1.9%
Freedom to make patient care and work decisions	38.5%	50.0%	11.5%	0.0%
A lot of teamwork between physicians and nurses	30.8%	57.7%	11.5%	0.0%
Enough RN's on staff to provide quality patient care	28.8%	42.3%	25.0%	3.8%
Nursing controls its own practice	26.9%	57.7%	15.4%	0.0%
Patient care assignments that foster continuity of care	19.2%	61.5%	19.2%	0.0%
Adequate support services allow nurses time with patients	15.4%	51.9%	19.2%	13.5%
Enough time to discuss patient care problems with other nurses	13.5%	63.5%	21.2%	1.9%

The third research question posed was “How do the hospital characteristics and organizational attributes of exemplar Tennessee hospitals compare with current American Nurses Credentialing Center (ANCC) Magnet Hospitals?” ANCC Magnet Hospitals are recognized as organizations that provide quality nursing care, positive patient outcomes, excellent working environments, and have the ability to attract and retain nurses (Havens, 2001a; Havens & Aiken, 1999; Kramer, 1990). In view of the empirical data that supports these factors, it is beneficial to compare the characteristics and attributes of ANCC hospitals with the characteristics and attributes of the Tennessee hospitals as perceived by their CNE (See Table 12 and Table 13).

Table 12 presents a comparison of hospital characteristics of the exemplar Tennessee hospitals identified in this study to the current ANCC Magnet Hospitals as described by Havens (2001b). There were a few similarities in the hospital characteristics of the two groups. The two groups were similar in having JCAHO scores that are higher than the national average score of 90 (year 2000 average). Of the Tennessee hospitals responding (N=52), 98.1% have a distinct department of nursing as compared to ANCC Magnet Hospital frequency of 90%. Another similarity is that the CNEs reported they have authority over the nursing practice environment and nursing is visible as a distinct clinical professional discipline within their hospitals. According to the literature, these are attributes that contribute to a positive clinical environment.

However, only 65.4% of the Tennessee hospitals have an affiliation with schools of nursing as compared to 100% of the ANCC hospitals and a much lower percentage (5%) of hospitals have membership in the Council on Teaching Hospitals (COTH). The COTH is a voluntary membership that provides advocacy benefits and benchmarking data. Only 11.5% of Tennessee exemplar hospitals have a nurse researcher on staff as compared to 74.0% of the ANCC Magnet Hospitals. Tennessee hospitals use agency nurses to supplement staffing less frequently than ANCC Magnet Hospitals (42.3% versus 68%). Tennessee hospitals have slightly fewer (2.75) non-nursing departments reporting to the CNEs than the ANCC Magnet Hospitals (5.1).

Table 12
 Characteristics of Exemplar Tennessee Hospitals as Compared to
 ANCC Magnet Hospitals

Characteristics	Tennessee Hospitals (N=52)	ANCC Magnet Hospitals (N=21)
Average Size (number of licensed beds)	168	393
JCAHO Mean Evaluation Score	92.79	94.57
Council on Teaching Hospitals (COTH)	5.0%	79.0%
School of Nursing Affiliation	65.4%	100.0%
Department of Nursing	98.1%	90.0%
Nurse Researcher	11.5%	74.0%
Number of non-nursing departments reporting to CNE	2.75	5.1
Mean CNE Tenure	5.8 years	4.9 years
CNE authority over nursing practice and the practice environment (1 “no authority” - 10 “complete authority”)	8.86	8.84
Visibility of nursing as a distinct professional clinical discipline (1 “not visible” – 10 “extremely visible”)	8.83	9.47
Extremely difficult to recruit RNs	5.8%	10.0%
Percentage utilizing Agency nurses	42.3%	68.0%

Table 13 represents a comparison of the responses of CNEs regarding the organizational attributes of Tennessee hospitals and ANCC Magnet Hospital CNEs responses for “strongly agree.” There were significant differences in the responses from the two groups in all but one attribute. The most significant finding was that fewer Tennessee hospital CNEs indicated that nursing controls its own practice. The next most significant difference was that fewer Tennessee hospital CNEs reported that there were adequate support services allowing nurses to spend time with their patients. These findings were followed by the perception that there was not a lot of teamwork between doctors and nurses nor did they perceive that there was enough time and opportunity to discuss patient care problems with other nurses. Patient care assignments that foster continuity of care was the only attribute that there was not a significant difference in CNE responses for “strongly agree.”

Table 13

CNEs Perception of Organizational Attributes in Exemplar Tennessee Hospitals as
Compared to ANCC Magnet Hospitals
(Percentage of Responses for “Strongly Agree”)

(N=52)

Question	Tennessee Exemplar Hospitals (N=52)	ANCC Magnet Hospitals (N=21)	Chi Square * indicates significant p value	Statistical Significance ($p = 0.05$)
Adequate support services allow nurses time to spend with their patients.	15.4%	56.0%	*13.11366	0.0003
Physicians and nurses have good relationships	48.1%	79.0%	*6.617259	0.0101
Nursing controls its own practice	26.9%	95.0%	* 28.05655	0.00
Enough time and opportunity to discuss patient care problems with other nurses	13.5%	53.0%	* 12.19672	0.0005
Enough RNs on staff to provide quality patient care	28.8%	69.0%	*8.936133	0.0028
The head nurses are good leaders	44.2%	79.0%	*8.143574	0.0043
Freedom to make important patient care and work decisions	38.5%	79.0%	*10.80518	0.0010
Not being placed in a position of having to do things that are against their nursing judgment	67.3%	90.0%	*4.170556	0.0411
A lot of teamwork between doctors and nurses	30.8%	74.0%	*12.53516	0.0004
Patient care assignments that foster continuity of care	19.2%	32.0%	1.665347	0.1969

Summary

The demographic characteristics of exemplar Tennessee hospitals indicate a majority have a department of nursing and an affiliation with a school of nursing. A majority (94.2%) of the organizations have experienced minimal to a fully integrated level of restructuring activity. The CNEs did not report difficulty recruiting and retaining RNs, but 42.3% reported some use of agency nurses. Seventy-five percent of the CNEs have non-nursing departments reporting to them. The majority of the CNEs reported “good” to “excellent” ratings of the quality of patient care and patient satisfaction.

In comparing the Tennessee hospitals with the ANCC Magnet Hospitals, there were nine attributes that demonstrated a statistical significance (p) in responses. These nine questions noted significantly fewer responses of “strongly agree” than the ANCC Magnet Hospitals. These questions were related to professional autonomy and decision-making, physician-nurse relationships, and staffing.

CHAPTER 5

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

Hospitals across the nation are experiencing a critical nursing shortage that can be attributed to several factors, including an increase in the demand for healthcare services, a decline in nursing school enrollment, an aging nursing workforce, and decreased nurse satisfaction with the work environment. With a current registered nurse (RN) vacancy rate of 7.65%, Tennessee hospitals are also experiencing the shortage and must immediately engage in strategic planning to recruit and retain RNs in order to meet the healthcare needs of its citizens. Because magnet hospitals have demonstrated the ability recruit and retain RNs due to their organizational attributes, this investigator designed a study to identify comparable hospitals in Tennessee in order to study their organizational attributes. The purpose of the study was to describe organizational attributes of exemplar Tennessee hospitals, as perceived by Chief Nurse Executives (CNEs) that may impact the recruitment and retention of registered nurses.

Summary and Discussion of the Findings

The Hospital Characteristics Questionnaire and the Organizational Support Subscale from the NWI survey were mailed to the Chief Nurse Executive (CNE) of 71 exemplar Tennessee hospitals, identified by using criteria from the American Nurses Credentialing Center (ANCC) Magnet Hospital study (Havens, 2001b). The response rate was 73.2% (N=52) representing approximately one third of all Tennessee hospitals. The hospitals ranged in size from 15 to 714 licensed beds with 38% having less than 100 beds, 35% having 100 to 200 beds, and 27% having more than 200 beds.

Hospital Demographic Characteristics:

1. What are the demographic characteristics of the exemplar Tennessee hospitals as perceived by the Chief Nurse Executive?

Nearly all (98.1%) of the CNEs reported having a Department of Nursing within their hospital but slightly less than two thirds (65.4%) of the respondents reported having an affiliation with a school of nursing with a baccalaureate or higher degree program. Only six (11.5%) of the 52 hospital CNEs reported having a nurse researcher within their hospital. More than 50% (55.7%) reported a high level of hospital restructuring activity present within their hospital, indicating the potential for turmoil and uncertainty within the hospitals. Only 3.9% of the CNEs responded that restructuring activity was fully integrated.

The investigator addressed two questions as indicators of nurse recruitment and retention. The majority (71.1%) responded that it was “not difficult” to retain RNs; only 26.9% noted that it was “difficult” or “extremely difficult” to retain RNs. With regard to recruiting nurses, 42.3% noted it was “difficult” or “extremely difficult” to recruit RNs. But interestingly, 57.7% responded that they did not use agency nurses in their hospitals, indicating that they had a fairly stable workforce. The respondents reported a maximum percent of agency nurse use of 25%.

A majority (80.4%) of the CNE respondents had four or fewer non-nursing departments reporting to them. Nearly 26% (25.5%) of CNE respondents have no non-nursing departments reporting to them while others reported having 1-10 non-nursing departments for which they are responsible. Twenty-three percent of the CNEs rated the quality of patient care in their hospitals as “excellent” over the previous year and the majority (77%) of the respondents rated the quality of patient care as either “good” or “very good”. All of the respondents rated the level of patient satisfaction from “good” (30.8%) to “excellent” (17.3%). The majority (51.9%) of the CNEs rated patient satisfaction within the hospital as “very good”.

CNE authority over nursing practice and the practice environment are critical indicators of the perceived significance of nursing as a professional clinical discipline. More than half (60.7%) of the CNEs rated their authority over nursing practice and the practice environment as “complete” or slightly less than complete authority (“9” or “10” on a 10 point scale). Another indicator is the visibility of nursing as a distinct professional clinical discipline. The majority (65.4%) of the CNEs rated the visibility of nursing as “extremely visible” or slightly less than extremely visible (“9” or “10” on a 10 point scale). None of the CNEs rated their level of authority below “5” on the 10-point scale, indicating moderate to complete authority over nursing practice and the practice environment within their hospital.

The mean tenure of the CNE respondents was 5.8 years with a range of five months to 23 years, indicating fairly stable CNE positions in the hospitals represented in the study. Over one third (38.0%) of the CNEs had held the CNE position from 2 to 5 years; 20% had been the CNE for 6 to 10 years and 20% had been the CNE for greater than 10 years. The majority (88.4%) of the CNEs were either “very satisfied” (44.2%) or “satisfied” (44.2%) with their roles in the hospitals. The CNE’s level of satisfaction is a characteristic that may represent the work environment within the hospital. Further discussion of these findings is found on pages 51 – 52.

Organizational Attributes

2. What are the organizational attributes of the exemplar hospitals in Tennessee, as perceived by the Chief Nurse Executive?

The organizational attributes of exemplar hospitals in Tennessee can be grouped into three major categories as supported by the literature. For the purposes of describing the organizational attributes, the categories can be conceptualized into professional autonomy and decision-making, physician–nurse relationships, and staffing. The majority (67.3%) CNEs in the exemplar Tennessee hospitals stated their nurses were “not being placed in a position to do things against their nursing judgment.” This suggests that the CNEs believe that their organizations provide the organizational support to allow nurses to use their knowledge and

skills to make autonomous decisions. This also supports the belief that the majority of nurses did not compromise their professional standards and work values. These are two essential factors in nurse career satisfaction (Prothero, Marshall, Fosbinder, & Hendrix, 2000).

However, less than 50% of the CNEs (44.2%) “strongly agreed” that their head nurses were good leaders and managers. Investigators have found that “strong facilitative managers” are essential in order to create effective work environments that positively influence nurse recruitment and retention (Laschinger et al., 1999). Nurses demonstrate feelings of “empowerment” when their leaders encourage them to participate in the “decision-making” process, skill development and in the promotion of an autonomous nursing practice (Laschinger et al., 1999). With less than 50% of the CNEs strongly agreeing that this attribute is present in Tennessee hospitals, this finding suggests an important weakness in the organizational support for nurses in Tennessee hospitals and also contradicts, or brings into question, the notion of quality care, which they rated as high.

Approximately one third (38.5%) of the CNEs “strongly agreed” that nurses had the freedom to make patient care and work decisions and about one fourth (26.9%) “strongly agreed” that nursing controlled its own practice. These attributes reflect the lack of support for a positive work environment and lack of organizational support. These attributes are important factors in influencing nurses work values and career satisfaction (Mills & Blaesing, 2000) which, in turn, can influence recruitment and retention of RNs.

There were two questions directly related to physician and nurse relationships. Less than half (48%) of the Tennessee CNEs “strongly agreed” that “physicians and nurses have good relationships” and even fewer (30.8%) “strongly agreed” that there was “a lot of teamwork between physicians and nurses”. The retention of nurses and quality patient care are directly related to the ability of nurses to communicate and collaborate with physicians related to the patients’ plan of care and treatment. Positive physician – nurse relationships and collaboration also demonstrate a respect for nursing as a professional clinical discipline (Scott et al., 1999).

Scott et al. (1999) reported that fostering this mutual respect for one another's knowledge reflects the mutual concern for the provision of quality patient care.

There were four questions that directly and indirectly represented the CNEs' views related to staffing. In order for organizations to provide quality care, maintain turnover costs within an acceptable range, and to assure productivity, they must provide adequate nurse – patient ratios along with sufficient organizational support. Only 28.8% of the Tennessee CNEs “strongly agreed” that there were “enough RN’s on staff to provide quality patient care.” Staffing is a basic factor that directly influences and impacts the recruitment and retention of nurses. The provision of high quality patient care and organizational efficiency depend on sufficient numbers of nurses to care for patients. The Tennessee CNEs clearly rated staffing as inadequate in the provision of patient care. This belief is iterated in their responses to other attributes in the survey. Less than one fifth (19.2%) of the CNEs “strongly agreed” that staff RNs have patient care assignments that foster continuity of care.

Only 15.4% of the CNEs “strongly agreed” that there were “adequate support services to allow nurses time with patients.” Adequate support services, whether it is the provision of other registered nurses, licensed practical nurses, nursing assistants, or other health care providers, directly impact the quality and efficiency of care delivery. Finally, as reflected in the other responses, if organizations are unable to provide nurse staffing and support services, nurses will not have the time to provide quality care. Only 13.5% of the CNEs stated that there was “enough time to discuss patient care problems with other nurses.” If the nurses do not have time to care for the patients, then it is evident that the quality of patient care will ultimately suffer and nurse turnover will be heightened. Organizations with a reputation for a high degree of turnover will, in turn, have difficulty recruiting nurses.

Comparison of Hospital Characteristics and Organizational Attributes

3. How do the hospital characteristics and organizational attributes of exemplar Tennessee hospitals compare with current American Nurses Credentialing Center (ANCC) Magnet Hospitals?

Similarities

In comparing the hospital characteristics and organizational attributes of the Tennessee hospitals and ANCC Magnet Hospitals, few demographic characteristics and organizational attributes were similar. The two groups had similar JCAHO scores. Both were higher than the national average score of 90 for the more than 1,500 hospitals surveyed in the year 2000 (R. Blackwell, Joint Commission on Accreditation of Healthcare Organizations, personal communication, September 24, 2001). The mean JCAHO score for Tennessee hospitals was 92.79 while the mean score for the ANCC Magnet Hospitals was 94.57. Another similarity was the presence of a department of nursing, although more Tennessee hospitals (98.1%) have designated nursing departments in comparison to ANCC Magnet Hospitals (90.0%). Another similarity was the high level of CNE control over nursing practice and the practice environment and the visibility of nursing as a distinct clinical discipline. Both groups presented nearly identical mean scores for these variables. The mean tenure for CNEs in Tennessee hospitals was slightly higher at 5.8 years versus 4.9 years for CNEs in ANCC Magnet Hospitals. The exemplar Tennessee hospital CNEs had an average of 2.75 non-nursing departments reporting to them as compared to 5.1 of the ANCC Magnet Hospital CNEs.

Differences

There were several hospital characteristics in which the two groups greatly differed. The average size of the Tennessee hospitals, according to the number of licensed beds, was much smaller with 168 beds as compared to 393 beds in the ANCC Magnet Hospitals. An unexpected finding was that only 5% of Tennessee hospitals were members of the Council of Teaching Hospitals (COTH) as compared to 79% of the ANCC Magnet Hospitals. Although an affiliation

with a school of nursing serves as an excellent strategic measure in the recruitment of nurses, only 65.4% of the exemplar Tennessee hospitals affiliated with a school of nursing as compared to 100% of the ANCC Magnet Hospitals. An affiliation with a school of nursing provides the opportunity for nurses to mentor students, for students to experience the hospital environment, and forges partnerships between nursing service and education.

The presence of a nurse researcher provides organizations with an individual to conduct research facilitate science-based practice; and monitor patient outcomes, but only 11.5% of the exemplar Tennessee hospitals employ a nurse researcher as compared to 74% of the ANCC Magnet Hospitals. Two interesting findings were related to their use of agency nurses and the reported difficulty in recruiting RNs. Though the ANCC Magnet Hospitals are reputed to have lower turnover and lower vacancy rates, only 68 % of the ANCC Magnet Hospital CNEs reported that they used agency nurses as compared with 42.3% of Tennessee CNEs. Only 10% of the ANCC Magnet Hospital CNEs responded that they find it “extremely difficult” to recruit nurses as compared to only 5.8% of the Tennessee CNEs.

The Chi square test was used to determine the statistical significance ($p = 0.05$) for the variables reported by the exemplar Tennessee hospital CNEs and ANCC Magnet Hospital CNEs. In regard to organizational support for nurses, there was only one attribute that did not demonstrate a statistical significance in the percentage of “strongly agree” responses. This attribute was “patient care assignments that foster continuity of care” ($p = 0.1960$).

In regard to the other attributes, the ANCC Magnet Hospital CNEs were more likely to “strongly agree” that these organizational attributes were present in their hospitals than were the Tennessee CNEs. The most significant difference between the two groups of hospitals was related to the attribute, “nursing control over its own practice” ($p = 28.05$). Only one fourth (26.9%) of the Tennessee CNEs “strongly agreed” that nursing controls its own practice. Almost all (95%) of the ANCC Magnet Hospital CNEs “strongly agreed” that nursing was in control. Other large differences were on variables related to the provision of “adequate support services

that allow nurses time to spend with their patients,” “enough time and opportunity to discuss patient care problems with other nurses,” “a lot of teamwork between doctors and nurses,” and the “freedom to make important patient care and work decisions.” For each of these attributes one fourth or less of the Tennessee hospital CNEs “strongly agreed” that these attributes were present in their agencies, while 50% to 95% of the ANCC Magnet Hospital CNEs “strongly agreed” the attributes were present in their agencies.

Other significant differences in attributes were those related to having “enough RNs to provide quality care” ($p = 8.9936133$) and “head nurses being good leaders” ($p = 8.143574$). Twenty-nine percent (28.8%) of the Tennessee CNEs “strongly agreed” that there were “enough RNs to provide quality care” as compared to 69.9% of the ANCC Magnet Hospital CNEs. Only 44.2% of the Tennessee CNEs “strongly agreed” that the “head nurses are good leaders” as compared to 79.0% of the ANCC Magnet Hospital CNEs. Sixty-seven percent (67.3%) of the Tennessee CNEs “strongly agreed” that nurses were “not being placed in a position of having to do things that are against their nursing judgment” as compared to 90% of the ANCC Magnet Hospital CNEs.

Strengths and Limitations of the Study

A major strength of this study was the Tennessee CNE response rate of 73.2% which is unusually high for survey research. A response rate greater than 60% decreases the risk of serious response bias (Polit & Hungler, 1999). The response rate also reflects the importance of the topic to busy CNEs who took the time to participate in the study. The response rate enhanced the credibility of the findings. An additional strength was the use of survey instruments that had been tested and demonstrated as reliable and valid.

The investigator attempted to identify the hospitals with the lowest RN vacancy rates. The available data, however, were not useful for the purposes of this research. Therefore, the investigator studied Tennessee hospitals with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) scores of 90 or greater and other similar characteristics as the ANCC

Magnet Hospitals. The population in this study represents a subset of the defining characteristics from the magnet hospital study and, therefore, may not yield comparable findings relative to the recruitment and retention of nurses. Another limitation with any survey is the potential that participants did not answer questions truthfully contributing to either a negative or positive bias. Also, the findings of the study cannot be generalized to all hospitals in Tennessee because the investigator did not use a random sample.

Conclusions of the Study

Tennessee exemplars differed greatly from ANCC Magnet Hospitals on the following four important hospital characteristics: size; participation in the Council on Teaching Hospitals; affiliation with a nursing school; and the presence of a nurse researcher within the hospital. The exemplar Tennessee hospitals demonstrated less organizational support for nurses than the ANCC Magnet Hospitals. Less than 50% of the Tennessee CNE respondents “strongly agreed” that 9 of the 10 organizational attributes were present in their hospitals. Therefore, in comparison to ANCC standards these Tennessee hospitals might not be “exemplars.” Adequate support services and adequate staffing are key factors in the provision of quality patient care. Only one third (33%) of the Tennessee CNEs reported that there was “adequate support services to allow nurses to spend time with their patients” and 29% reported that there were “not enough RNs on staff to provide quality patient care”. Additionally, 23% responded that there was “not enough time to discuss patient care problems,” which will eventually lead to stress, frustration, and turnover and have an effect on quality of care.

CNEs in Tennessee hospitals were comparable to the ANCC Magnet Hospital CNEs in their belief as to their authority over nursing practice and the practice environment. This factor can be used as a base for strengthening other attributes that are known to positively influence nurse recruitment and retention. This descriptive study provides the empirical data to support the need to improve the hospital work environment in Tennessee hospitals in order to influence the

recruitment and retention of RNs and ultimately produce positive patient outcomes. The ANCC Magnet Hospital attributes could be used as a template for strategies to recruit and retain RNs.

The reality of the healthcare environment is that issues of increased workload, workplace identity, and reengineering will continue. Geddes et al. (1999) note that strategies should be aimed at either decreasing the impact of the uncertainty or increasing the organizational capacity to deal with this uncertainty. Strategies should be aimed at increasing the individual's feeling of trust within the organization and cultivating a culture that encourages innovation (Gilmartin, 1998). Nurses need adequate tools and support services (technical, clerical, and professional support and education) in order to develop and implement change activities to produce positive outcomes. Communication of information and decision-making at all levels within the organization are vital to prevent negative responses such as cynicism, anger, and low morale.

Time issues and staffing issues were identified, suggesting that there is not enough organizational support to provide quality patient care. Thirty-three percent of the Tennessee CNEs reported that there were not adequate support services to allow nurses time with their patients. Twenty-nine percent reported that there were not enough RNs on staff to provide quality patient care, and 23% reported that there was not enough time to discuss patient care problems with other nurses. The magnet hospital research clearly supports the fact that attributes of an excellent organization include an adequate number of RNs and adequate support services (Aiken et al., 2000; Havens, 2001b).

The majority of the CNEs rated the quality of patient care and patient satisfaction as "very good" or "excellent." These responses seem to be in conflict with the responses related to staffing and adequate support services. However, the RNs' personal values and work ethic may cause them to work very hard to provide quality care, despite the lack of organizational support and patients may believe they are receiving quality care (Prothero et al., 2000).

While the CNEs of exemplar Tennessee hospitals did not report extreme difficulty in retaining and recruiting nurses, Tennessee hospitals are faced with a critical situation. This

descriptive study provides empirical data to support the need to improve hospital work environments in Tennessee hospitals in order to impact the recruitment and retention of registered nurses and, ultimately, produce positive patient outcomes. When compared to the ANCC Magnet Hospitals, Tennessee hospitals clearly demonstrated less organizational support for nurses and this issue must be addressed if a severe shortage is to be prevented. The provision of adequate human resources, support services, and organizational support are known factors that positively impact the nurse work environment, in addition to strong leadership, nurse autonomy, collaborative decision-making, and teamwork. Perhaps other CNEs and Chief Executive Officers could use these data in efforts to identify strategies for the recruitment and retention of nurses. If Tennessee hospitals are to replicate “best practices” to improve the recruitment and retention of nurses, immediate strategic measures must be implemented to build and preserve organizational climates which support the nursing workforce today and in the future.

Recommendations

Nursing Administration

As noted in the literature review, nurses value a positive clinical environment that promotes autonomy, nurse-patient ratios that allow time for quality patient care and positive nurse-physician relationships, and teamwork (Laschinger et al., 1999). The nurse executive is responsible for promoting a positive work environment and empowering nurses to provide quality patient care (ANA, 1996). Studies also support the fact that nursing is an essential factor in producing positive patient outcomes. Researchers have demonstrated that ANCC Magnet Hospitals clearly exhibit the organizational attributes that nurses value, hence their ability to recruit and retain nurses. Therefore, nurse administrators should utilize these quality indicators and standards as a template for strategic planning efforts related to the recruitment and retention of registered nurses.

In view of the empirical evidence that nurse-patient ratios can positively impact patient outcomes, nurse administrators should see that RNs and nursing departments are viewed as an investment and an asset. Administrators need to invest in the human resources necessary to care for patients and allow for autonomous decision-making by their nurses. Empowering RNs to use their professional knowledge and skills is an important strategy nurse administrators can use in strategic planning to foster a competitive advantage in the recruitment and retention of nurses.

Nursing should be a distinct department within the organization with the CNE as a key individual within the organizational administrative leadership structure. The CNE should not only be viewed as a clinical expert but as an essential member of the administrative team who is able to integrate clinical factors and administrative factors. In the budgeting process, rather than eliminating RN positions, administrators should be investing in preserving these positions. RNs should be recognized as experts in clinical practice and as key individuals in organizing and providing quality patient care. If nursing is perceived as an investment, then quality patient outcomes will follow.

Nurse administrators must provide adequate support services for nurses whether they are technical, clerical, professional, or educational. Hospitals that have access to schools of nursing should affiliate with these institutions to create partnerships. Affiliation with a school of nursing provides opportunities to assist in the education and training of future nurses and opportunities for nurses to collaborate with faculty. Nurse administrators should also consider developing a position for a nurse researcher. Nurse researchers can provide a systematic way of studying the quality of patient care. Implementing research-based clinical practice guidelines can positively impact patient outcomes and quality of the work environment. Developing a joint appointment with a faculty member in a school of nursing may be a cost-effective way of obtaining the services of a nurse researcher to link research with nursing practice in the hospital environment.

Nursing Education

Nurse educators can use these findings in the preparation of curricula and for student development. Nurse leadership, autonomy, critical thinking skills, and decision-making processes must be essential elements of curricula, as is partnering with hospitals in order to prepare a student for the hospital environment. Attention should focus on preparing students for a rapidly changing healthcare environment. Newly graduated nurses can feel overwhelmed by the realities of nursing, thus creating frustration, additional stress, and a lack of self-confidence (Cangelosi et al., 1998).

Educators must provide nursing students with the essential skills for nursing care and also prepare them to be life-long learners. Educators should promote an interdisciplinary educational approach in order for students to develop skills for collaboration with other healthcare providers. Nursing educators should also assure that students are familiar with the basic standards of care and practice and educate students on the application of these standards so that they can be used in creating and promoting a positive clinical environment for patients and their peers.

Future Research

In conclusion, these findings suggest several other research studies related to the recruitment and retention of nurses. A study of Tennessee hospitals to ascertain their actual turnover and vacancy rates may provide a more reliable indicator of true “exemplars” for identifying “best practices” in the recruitment and retention of nurses. The identification of true exemplars may provide a more representative sample with which to compare their organizational attributes to the ANCC Magnet Hospitals. It may also be useful to distinguish between the small, rural hospitals and larger, urban hospitals as to their perceptions of the difficulty in recruiting and retaining RNs.

The CNEs reported high ratings for “quality of patient care” and “patient satisfaction” and low ratings for nurse autonomy, lack of time and support services, and nurse-physician relationships. It may be useful to study the conflicting responses in this study. Perhaps further

study of the impact of these organizational attributes on patient outcomes would provide further validation of the importance of these organizational attributes. As noted earlier, a joint appointment with a doctorally prepared nurse researcher from a school of nursing could provide a cost effective way of conducting this research.

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APPENDICES

APPENDIX A
SURVEY COVER LETTER

September 29, 2001

Dear Chief Nurse Executive:

As a graduate student in the master's program at East Tennessee State University, Johnson City, Tennessee, I am conducting a survey of exemplar Tennessee hospitals to determine their organizational attributes and characteristics. It is hoped that these organizational attributes and characteristics will provide data to guide the development of strategies for the recruitment and retention of registered nurses.

As the Chief Nurse Executive in one of the exemplar hospitals in Tennessee, I would like to invite you to participate in this study. Your participation is completely voluntary and the return of the completed survey and questionnaire will serve as your consent to participate. The survey and questionnaire will take approximately 10 minutes to complete. The only known risks to the participants in this study are the possible risk that some of the survey items may provoke feelings of discomfort. All data will be treated confidentially and will be presented in aggregate form only. The survey and the questionnaire have been approved by the East Tennessee State University (ETSU) Institutional Review Board (IRB). The ETSU IRB may be contacted at 423-439-6134.

Your participation is vital to the success of my research and will be greatly appreciated. Please place the completed survey and questionnaire in the unmarked envelope; place it in the self-addressed stamped envelope with your return address in the marked area of the outside envelope and mail back to me ASAP. Please do not place any identifying information on the surveys. For responding to the survey, I will be pleased to send you an abstract of the study. If you have any questions please feel free to contact me at (423)743-1220, (423)743-7572 or you may e-mail me at RGSharron@aol.com. Thank you again for your assistance and participation in this study.

Sincerely,

A handwritten signature in red ink that reads "Sharron Grindstaff". The signature is written in a cursive style and is positioned to the left of a vertical line.

Sharron Grindstaff, B.S.N., R.N.

MSN Candidate

APPENDIX B

HOSPITAL CHARACTERISTICS QUESTIONNAIRE

Instructions: From your perspective as the CNE, please carefully consider the following questions and circle or write in the response which most closely describes your hospital.

QUESTION	RESPONSE
1. Is there a Department of Nursing within your Hospital?	Yes No
2. Does the hospital have an affiliation with a school of nursing with a baccalaureate or higher degree program?	Yes No
3. Is there a nurse researcher within your hospital?	Yes No
4. How would you describe the level of restructuring activity present in your hospital? (from no current or planned activity to fully integrated activity)	1 2 3 4 5 6 7 8 9 No Fully Activity Integrated
5. How difficult is it to retain RNs to your hospital?	1 2 3 4 Extremely Not Difficult Difficult
6. How difficult is it to recruit RNs to your hospital?	1 2 3 4 Extremely Not Difficult Difficult
7. What percentage of agency nurses do you use in your hospital?	_____ %
8. How many non-nursing departments report to you in your hospital?	_____ Non-nursing departments
9. Based upon your quality outcomes, how would you rate the quality of patient care within your hospital for the previous year?	Poor Fair Good Very Good Excellent
10. Based upon your patient satisfaction surveys, how would you rate the patient satisfaction within your hospital?	Poor Fair Good Very Good Excellent
11. How much authority do you have over nursing practice and the practice environment?	1 2 3 4 5 6 7 8 9 10 No Complete Authority Authority
12. How visible is nursing as a distinct professional clinical discipline?	1 2 3 4 5 6 7 8 9 10 Not Extremely Visible Visible
13. How long (in months) have you been the CNE in this hospital?	_____ Months
14. What is your level of satisfaction with your role as CNE?	1 2 3 4 Very Very Dissatisfied Satisfied
15. How many licensed beds do you have within your hospital?	_____ Beds

APPENDIX C

ORGANIZATIONAL SUPPORT SUBSCALE FROM THE NWI
(Aiken and Sloane, 1997)

Instructions: For each item below, please circle the extent to which you agree that the item is currently present for staff RN's working in your hospital.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1. Adequate support services allow nurses to spend time with their patients.	1	2	3	4
2. Physicians and nurses have good relationships.	1	2	3	4
3. Nursing controls its own practice.	1	2	3	4
4. Enough time and opportunity to discuss patient care problems with other nurses.	1	2	3	4
5. Enough registered nurses on staff to provide quality patient care.	1	2	3	4
6. The head nurses are good managers and leaders.	1	2	3	4
7. Freedom to make important patient care and work decisions.	1	2	3	4
8. Not being placed in a position of having to do things that are against my nursing judgment.	1	2	3	4
9. A lot of teamwork between doctors and nurses.	1	2	3	4
10. Patient care assignments that foster continuity of care.	1	2	3	4

VITA

SHARRON RUTLEDGE GRINDSTAFF

Personal Data: Date of Birth: December 16, 1960
Place of Birth: Charleston, West Virginia
Marital Status: Widow
Children: Drew and Brody

Education: Public Schools, Johnson City, Tennessee
East Tennessee State University, Johnson City, Tennessee;
Nursing, B.S., 1983
East Tennessee State University, Johnson City, Tennessee;
Nursing, M.S., 2002

Professional

Experience: Nursing Services, Johnson City Medical Center;
Johnson City, Tennessee, 1983 - 1995
Interim Director of Support Services, Johnson City Medical Center;
Johnson City, Tennessee, 1995
Chief Nursing Officer, Unicoi County Memorial Hospital, Inc.;
Erwin, Tennessee, 1995 – Present
Administrator, Unicoi County Home Health
Erwin, Tennessee, 1996 - Present

Honors:

Honor Society of Nursing, Sigma Theta Tau International
Epsilon Sigma Chapter, 1992 - Present
American College of Healthcare Executives, 1999 - Present
State Secretary 2000 – 2001 - Tennessee Organization of Nurse Executives
2002 Tennessee Department of Health Public Health Hero – Unicoi County
2002 James H. Quillen 18th Annual Student Research Forum
Graduate II Division – 2nd Place
President-Elect 2003 - Tennessee Organization of Nurse Executives

