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# Nurses' Perceptions of Being Recruited and Oriented in the Emergency Department

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**Doctor of Nursing Practice Capstone Project**

## Disclaimer

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Abstract

Many nurses are drawn to the emergency department (ED) only to find it can be a stressful and demanding environment in which to practice. Nursing vacancy rates, particularly in specialty areas such as the ED, are predicted to reach 29% by 2020 (Sawatsky & Enns, 2012). Attrition of nurses from the emergency departments has a significant financial impact on organizations that bear the costs of recruitment, hiring and orientation. The orientation period of a new job lays the foundation for the relationship between the employee and the organization. The literature notes that decisions to remain in a job are based on impressions developed during orientation. This crucial first impression may influence a nurses' decision to remain in the ED after orientation. Increased turnover in staff has a negative effect on department morale, and threatens the ability of the department to meet the organizational goals.

This qualitative study explored the perceptions' of 14 nurses' experiences being recruited and oriented into the emergency department (ED) of a suburban, community hospital in the western United States. Semi-structured interviews identified four broad categories with relational themes. The categories included: *Why They Chose the ED, Recruitment, Orientation, and Why They Stay in the ED.* The findings of this study provide insight into the perceptions and challenges of nurses during orientation in the ED. Results of this study will assist managers and educators in preparing orientation for ED nurses.

Keywords: DNP Capstone project, orientation, emergency nurse, perceptions.

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Executive Summary

**Problem**

Emergency nursing is one of the most demanding and challenging nursing specialties. Attrition of nurses from the emergency department has a significant financial impact on organizations that bear the costs of recruitment and orientation. The literature provides reasons why nurses leave, but it does not reveal reasons why they stay. Antecedents to leaving relate to positive attitudes toward the organization that begins during the hiring and orientation process (Kovner, et al, 2008, 2011, 2012). Dellasega et al, (2009) found that critical decisions about continuing a job are made based on experiences and impressions during orientation. This crucial first impression guided the research question for this capstone project: *What are the perceptions of being recruited, and oriented into the ED by nurses hired within the past two years?*

**Purpose**

The purpose of this capstone project was to explore why nurses choose to stay in the emergency department and what factors in the recruitment and orientation process support nurses in making a successful transition to emergency nursing.

**Goal**

The goal for this evidence-based project is to identify relevant antecedents for successful transition to emergency nursing during recruitment and orientation. The results of this study will be valuable to leadership that interview, hire and orient future ED nurses.

**Objectives**

The problem is approached from the viewpoint of nurses that have been successful in integrating into the culture of the ED. Factors of interest include perceptions of the process of being recruited and oriented to the ED and factors influencing the decision to remain working in the ED.

**Plan**

Qualitative interviews were conducted with a purposeful sample of 14 nurses who completed orientation during a two year period and remain employed in the ED. Interviews were then coded for themes using constant comparative analysis related to nurses' perceptions of the hiring and orientation process.

**Outcome and Results**

Fourteen nurses participated in the interviews, for a 50% response rate of eligible nurses. Participants' experience levels ranged from a new graduate to over 20 years of ED experience. Research categories identified include: *Why They Chose the ED, Recruitment, Common Experiences during Orientation and Why They Stayed*. Study themes identified common attributes for choosing the ED that centered on a desire to work in a fast paced environment that provided mental stimulation and teamwork. All participants reported varying degrees of exhaustion and anxiety while orientating. Several nurses identified the first "critical patient" as a pivotal experience. Feeling comfortable was reported between 6 and 12 months, and described as *feeling confident* in handling any patient assignment and *not feeling afraid* to come to work. Reasons for remaining in the ED mirror the reasons nurses chose the ED, and may offer clues for why nurses ultimately leave the ED.

# Table of Contents

**List of Appendices**

Nurses' Perceptions of Being Recruited and Oriented into the Emergency Department

Emergency nursing is one of the most demanding and challenging nursing specialties. The diverse patient population, the breadth of knowledge required and the rapid pace of the clinical environment can be difficult for any nurse to master and can easily overwhelm less experienced nurses (Patterson, Bayley,  Burnell, & Rhoads, 2010).   Many nurses are drawn to emergency nursing only to find it can be a stressful and demanding environment in which to practice. Unruh & Nooney (2011) determined that nurses who experience high work demands are more likely to intend to quit. National figures for ED nurse attrition vary , but nursing vacancy rates, particularly in specialty areas  such as the ED , are predicted to reach 29% by 2020 (Sawatsky & Enns, 2012).

While it is known that some struggle and leave within the first two years, many nurses successfully assimilate into the emergency department culture. The literature provides reasons why nurses leave, but it does not reveal reasons why they stay. The hiring process for nurses in the emergency department includes a recruitment and orientation process that varies widely from as little as two weeks with a preceptor to a prolonged formal orientation of several months (Valdez, 2009). The sheer volume of knowledge and skills to master in emergency nursing necessitates a certain amount of time to absorb and assimilate information in addition to acquiring the requisite skills. Attrition of nurses from the emergency department within two years has a significant financial impact on organizations that bear the costs of recruitment and orientation.

The Doctor of Nursing Practice (DNP) capstone project is intended to address a practice-based problem using existing evidence to propose, analyze, and evaluate an intervention specific for the identified problem (Zaccagnini & White, 2011). This study seeks to understand why

nurses choose to stay in the emergency department, and what factors contribute to nurses'

successful transition and retention.

## Problem Recognition and Definition

### Statement of Purpose

The purpose of this capstone project was to better understand what factors in the

recruitment and orientation process support nurses in making a successful transition to

emergency nursing. Qualitative interviews with nurses who remain employed in the ED were

examined for themes related to their perceptions of the hiring and ED orientation process.

Analysis of the data provided information on how to develop recruitment and orientation

programs for future orientees.

### Problem Statement

As an emergency department clinical practice specialist, the researcher is responsible for

arranging orientation for nurses that are hired into the ED. In 2012, the emergency department

began hiring to fill many open nursing positions to accommodate an increase in patient volume.

At the end of that year, the researcher noted an increased attrition of nurses within the first year

of being hired into the ED. Organizational records reported an overall nursing attrition rate of

3.8% which is low by national standards. However the ED reported an attrition rate of 6.8%

during that same time period. This statistic is deceiving because it does not reflect real time data.

Of the 22 nurses hired in 2012, six had resigned within one year (27% attrition). Official reasons

for resignation included; staying home with children, other job offers and travel nursing.

Although no formal exit interviews were conducted, informal comments from some nurses

indicated that the ED was "not what they expected." This trend was concerning because with the

staff size in the emergency department even a low attrition level has a significant financial impact.

**PICO**

This project employed a population, intervention, comparison, outcome (PICO) format for development of the research question to be investigated as described by Houser and Oman (2011). The following PICO was developed for the capstone project:

**Population:** RNs working in the ED at a suburban emergency department

**Intervention**: Hired within the past two years

**Comparative:** None

**Outcome:** Perceived experience of recruitment and orientation in the ED

**Research Question:** What are the perceptions of being recruited, and oriented in the ED by nurses hired within the past two years?

**Project Significance, Scope and Rationale**

The rationale for this evidence-based project is to identify relevant antecedents for successful transition to emergency nursing.  The focus is on a specific clinical problem related to attrition of nurses in the ED. The problem is approached from the viewpoint of nurses that have been successful in integrating into the ED culture.   Factors of interest include perceptions of the process of being recruited and oriented to the ED and factors influencing the decision to remain working in the ED. This knowledge is expected to add to understanding of successful recruitment, orientation, and ultimately, retention of ED nurses.

**Theoretical Foundations**

Theoretical frameworks for this project were Benner's Theory of Skill Acquisition and Role theory. The seminal work of Patricia Benner sought to explore the question of how nurses

know what they know (Benner, 1984). Alternately described as both a philosophy and a theory, Benner described stages of knowledge development and skill acquisition in clinical nursing development. Many orientation programs are grounded in the principles of Benner's theory. This theory will offer the framework for understanding the developmental level of the orientee to the emergency department. Benner does not specifically address the orientation needs of experienced nurses, but analysis of the stages of skill acquisition lends a framework for understanding the orientation needs of nurses returning from one stage to a previous level in a new specialty.

Benner's framework was selected for this capstone because it specifically relates to the development of new skills or skill set. Orientation is the integration of nurses into a new practice environment. When a nurse is newly hired to a unit, whether they are experienced or not, they are a novice or a beginner. Successful orientation programs create a pathway to highlight competencies that must be achieved in order to ensure that a nurse moves successfully through the process of becoming competent in their new patient care area.

Role Theory lends itself to the development of nursing professional role transition during orientation. As described by Valdez (2009), Murray (1998) defines "role theory is the science concerned with the study of behaviors characteristic of people within given contexts" (p. 106). Developing professional behaviors and practices is a key function of orientation and assimilation into any specialty, and failure to assimilate is often responsible for inability to retain new employees (Friedman, 2011).

**Literature Selection**

Review of the literature reveals a large volume of information available on the subject of nursing orientation and retention, yielding over 1, 420 articles on first search. Initial search was performed in the Cumulative Index of Nursing and Allied (CINAHL) as the focus of this

database is access to "virtually all" of the published nursing literature (Polit & Beck, 2011). EBSCO, Academic Search Premier, PubMed, Medline and Google Scholar were searched, as well as additional studies identified from reference lists of published studies, to identify available literature for refinement and development of research question. Keywords searched included: emergency, nurse, recruitment, orientation, retention, turnover, and onboarding, alone and in various combinations.

Interestingly, alternating the search term *nurse* with *registered nurse* or *RN* yielded differing results when combined with other stable search terms. The terms *orientation* and *nurse* yielded the greatest number of results, with the term onboarding yielding the fewest (2). When the term *orientation* was searched alone, over 10, 600 articles were initially returned. After application of limiters, 1, 180 articles were identified. To further narrow the results, the term *nurse* was added, bringing the total articles down to 110, of which eleven were selected for review. Ultimately, seven articles proved useful for this topic. Adding the term *retention,* returned 5 articles, all duplications of previously discovered articles. Six articles specifically addressed emergency departments, and only one addressed the orientation needs of experienced nurses (Dellasega, Gabbay, Durdock, Martinez-King, 2009).

**Scope of Evidence**

Inclusion criteria for this capstone project included the broad areas of nursing, economics and human resources in Houser's Levels of Evidence II-VI. Exclusion criteria were applied to organize the numerous articles. Publication dates were limited to 2005 to 2014 to provide the most current literature, and articles were limited to only those that were available as a full text document. This decision was to keep the literature as current as is possible while managing the vast information available and identifying pertinent gaps in the literature. Additionally, only

articles from peer-reviewed journals were selected to maintain high level of reliability. Final limiters included English language articles published in the USA to best capture the unique cultural and economic factors relevant to nursing orientation in this organization.

Following application of exclusion criteria to multiple search term combinations, 55 articles were selected for review, including: 27 quantitative studies, nine qualitative studies, 13 descriptive studies, one mixed method study, and five literature reviews. Four general themes were identified for review; recruitment and antecedents to hire (12), orientation and preceptors (18), generational differences (7), and retention (12). Literature review was ongoing throughout the project. Following data analysis and identification of themes, additional articles of relevance were added as many valuable articles came from international sources.

*Literature Review Search Terms and Results*

| *Search Term* | *Number of Results* |
| --- | --- |
| Orientation | 10, 600 |
| Nurse Orientation + retention | 1,420 |
| *Limiters Applied* | *Date Range 2005-2013* |
| Orientation | 1,180 |
| Orientation + nurse | 110 |
| Orientation + emergency nurse | 63 |
| Emergency nurse + retention | 52 |
| Emergency nurse + turnover | 28 |
| | 55 articles used |

**Review of Evidence**

Recruitment and focus on hiring for best fit was addressed in several articles. Baggot, et al, (2005) notes that new hire satisfaction requires a clinical orientation that develops competency and eases transition. Studer (2004, 2006) posits that hiring the right person for organization fit is the most cost effective intervention that employers can make to reduce employee turnover. Brewer, et al, (2008, 2011, and 2012) performed a longitudinal study to identify the variables surrounding nurses' work decisions and concluded that intent to leave was a reliable predictor of actually leaving a position. Antecedents to leaving included job satisfaction, which directly related to positive attitudes toward the organization that began during hiring and orientation. D'Aurizio (2007) determined that organizations that engage with employees before they start to work illustrates the value placed on employees of the organization.

Orientation needs and the role and value of preceptors were addressed in multiple articles. The majority specifically addressed the needs of new graduate nurses. Duvall (2009) described an orientation built on the novice to expert model of Benner (1982). New graduate residencies recommended up to six months' orientations for new orientees (Durkin, 2010, MacDonald &Ward-Smith, 2012, Patterson, Bayley, Burnell, & Rhoads, 2010, Woodward, Kelly &Gifford, 2011). Orientation needs of experienced nurses were addressed by Dellasega et al, (2009), who identified that critical decisions about continuing a job are made based on experiences and impressions during orientation.

Generational differences surfaced in several articles related to employee perceptions of orientation needs (Lampe, Stratton, Welsh, 20110, work attitudes (Santos & Cox, 2000; Kovner, Brewer, Cheng, & Djukic, 2007), job satisfaction (Klaus, Ekerdt, & Gajewski, 2012) and

retention (Mion, Hazel, Cap, Fusillero, Podman, & Szweda, 2006, Val Palumbo, McIntosh, Rambur, &Naud, 2009). In a quantitative study of over 2,300 nurses from three generational cohorts, Keepnews, Brewer, Kovner, & Shin, (2009) identified distinct differences in work values and job satisfaction. They also assert that orientation is crucial to new nurses' adaptation to their organization and socialization to the profession.

Preceptors and mentors were identified as important factors in supporting a new orientees' assimilation into the role (Hardy & Smith, 2001, Berezuik, 2010, Fox, 2010). Retention in the emergency department was found to have key predictors related to the intensity of the work environment (Sawatzky & Enns, 2012, Robinson, Jagim,& Ray, 2005). Shermont & Krepcio, (2006) identified good mentors and colleagues in the top five reasons nurses reported as to why they stayed at their jobs. The concept of job embeddedness was cited as a retention factor by Ramesh & Gelfand, (2010), and Holtom & O'Neill, (2004).

**Background of the problem**

Orientation programs can vary greatly in complexity and time frame, from simple one day instruction to elaborate multi-day models (D'Aurizio, 2007). Due to the high cost of providing orientation for a nurse and because orientation is an integral aspect of nursing retention, it is essential that nursing leadership assess the effectiveness of their current orientation programs

The present recruitment process in the emergency department includes hiring nurses from a variety of backgrounds to fill ED positions. Previous emergency nursing experience is preferred, but nurses that have previous experience in another specialty and new graduate nurses without any nursing experience are also recruited. The ED hires nurses from all three-experience levels to create a diverse balanced workforce.

      The recruitment process includes advertising in industry publications, on the organizations' website and direct mailings to eligible candidates. Applications are submitted to an online human resources department from an internal or external website. Applicants are screened for appropriate educational, licensure and required certifications. Consistent with organizational preferences, the ED strives to hire nurses with a Bachelor of Science degree (BSN) in nursing and who are currently certified in basic life support (BLS) and advanced life support (ACLS). Additional required certifications of Trauma Nurse Core Curriculum (TNCC), Emergency Nurse Pediatric Core Curriculum (ENPC) and Pediatric Advanced Life Support (PALS) are preferred upon hire, but may be completed during the first year of hire for successful applicants.

      Applicants are interviewed by a panel of ED nursing leadership that includes the ED director, clinical manager, clinical specialist and trauma coordinator. If department staffing allows, representatives for frontline staff and charge nurses participate in interviews. Candidates are interviewed utilizing a behavioral interview guide, meant to identify candidates' motivational fit. Benefits of motivational interviewing include focusing on the required job and organizational facets that give insights into the candidates' strengths and weaknesses to ensure that candidates hired will like their work and remain with the organization over time (Byham, 2009).

      Following a successful interview, promising candidates are offered a two-hour observational shadow experience during a busy time in the ED. This experience informs their decision by contributing to their understanding of the unit philosophy, culture and demands of the ED. This antecedent to the hiring process offers a mutual advantage: candidates have an opportunity to observe first-hand the tempo of the ED, as well as speak directly to staff about elements of the role. Additionally, frontline staff has the opportunity to meet and informally

assess the candidates fit for the department. Shermont & Murphy (2006) endorse the value a shadow experience adds to the recruitment and hiring process as hospitals compete for the same pool of talented nurses.

To best utilize valuable resources, the emergency department strives to provide an efficient, cost effective orientation to support successful transition to the ED. With the exception of nurses who transfer to the ED from other inpatient units, all new employees attend three day, didactic general orientation to the organization. Two days of corporate welcome, addresses employee rights and benefits, followed by a full day covering general clinical requirements of the role. The final orientation focus of the first week concludes with a department specific orientation, including the computer charting system and department specific policies.

As emergency nurses' professional organization, the Emergency Nurses Association (ENA), recommends that nurses' orientation include a "global knowledge base established through a specific body of evidenced-based knowledge" (ENA, 2011), but does not address length of orientation. The ED clinical orientation is customized to each orienteer's' prior experience level and ranges from three days for experienced nurses to four months for new graduate nurses. Orientees' are assigned a primary and secondary preceptor and follow the preceptor's schedule for consistency, although scheduling conflicts occasionally result in additional preceptors for each orientee. The clinical specialist or manager select suitable preceptors based on personality and orientation needs information elicited during the candidates' interview. Weekly evaluations with the preceptor and orientee ensure an effective learning relationship exists.

Nurses in the emergency department work a wide variety of eight, ten and twelve hour shifts to provide the coverage necessary to match patient volumes. Orientation schedules

provide experiences throughout all shifts, concluding with the shift the employee will ultimately work. Additional support from the clinical specialist assists orientees' in completion of required orientation skills and checklist, as well as arranging certification courses required for the ED nursing role.

Evaluation is routinely performed at the conclusion of orientation, and feedback from previous orientees indicated that less experienced nurses sometimes felt overwhelmed by the ED's intensity.  Many new nurses indicated that prior nursing experiences did not prepare them for the higher acuity level of emergency patients. Other newly hired nurses identified a need for additional skill development to serve the needs of a diverse patient population.  Previous orientation evaluations did not fully explore the nurses' experience in the recruitment and orientation process.

**Systematic Review of the Literature**

Review of the literature provides information as to why staff leave the ED including difficult work environment (MacKusiak & Minick, 2010), physical demands of the role (Duvall & Andrews, 2010), insufficient orientation, low engagement and failure to fit in the unit (Sawatsky &Enns, 2012).  Additionally, Kovnar, Brewer, Greene and Fairchild (2009), Sawatsky & Enns, (2012) identified generational differences in nurses' decisions to leave or remain in a job.  There is however, a lack of information on why staff remains in the ED. This study capitalizes on the numbers of nurses remaining in the ED and uses a qualitative approach to find out what influenced them to decide to stay.

Nurse leaders want to support retention practices and provide a stable workforce through successful recruitment and orientation of new hires in the emergency department. This study will provide insights into how nurses successfully integrated into the emergency department. The

data will be used to develop future processes to optimize recruitment, and orientation of new orientees in the department. The results of the study will be valuable to leadership that interview, hire and orient future ED nurses.

## Project Plan and Evaluation

**Market Risk Assessment**

Planning for a capstone project includes analysis of existing resources, relevant stakeholders and investigation of the projects costs, benefits and risks (Zaccagnini and White, 2011). There was no market risk associated with this project. No conflicts of interest were identified by the organization, researcher or participants.

Emergency nursing is physically and emotionally demanding specialty, tending to attract younger nurses, both as a career destination and as a career step. The demographics of the unit resemble a flat pyramid shape with the largest proportion (66%) being nurses with less than three years' experience (average 18 months) in other acute care settings, but new to emergency nursing. The smallest percentage (9%) includes nurses with 15 plus years of ED nursing experience. The remaining group (25% total) is comprised of experienced nurses (mean 5 years) with between three to fourteen years' experience in ED.

The ED nursing group is predominantly female (81.3%). But owing to a preference for critical care environments, male nurses (18.6%) are represented in disproportionately higher numbers compared to other inpatient hospital settings. The majority (58.6%) of nurses are BSN educated and almost a third (29.8%) are certified in emergency nursing. As a group, emergency nurses in this department tend to be younger (median age 27 years), single and outdoor sports oriented.

Of the married nurses in this group, many have families with young children. Many nurses are attracted to this state for its easy access to outdoor sports such as skiing and biking. The ED is a dynamic environment and turnover tends to be high as nurses move on to different career options after an average of approximately two years. Major reasons for change in status include, career progression (flight nurse), beginning marriage and family, or returning to school for advanced degrees.

**Project Strengths, Weaknesses, Opportunities and Threats**

The researcher conducted an analysis of the strengths, weaknesses; threats and opportunities (SWOT) for the capstone project and organization (Appendix A). Strengths included leadership support from the emergency department and organization. Institutional review Board (IRB) permission was granted from the clinical facility and academic institution to interview staff. A private location at facility was provided to conduct interviews. Additional strength included strong initial positive response from eligible participants. Of 28 eligible nurses, 17 responded to initial e-mail request within three days. Threats to capstone completion included prolonged timeline for the project risking attrition from eligible study candidates, intervention urgency from organization and possibility of failure to identify meaningful themes from interviews.

**Driving and Restraining Forces**

Driving forces of this project included strong interest and support from the nursing leadership of the emergency department and the organization. Leaders and staff recognized the departments' need for a stable, experienced workforce to support the organizations goals. Restraining forces included difficulty in arranging time for interviews at participants' convenience. An additional restraining influence was an impatience to implement changes in the

ED orientation prior to project completion. Strategies to mitigate these forces including the researcher offering multiple dates and times to meet with participants for interviews and timely implementation of the capstone project.

**Needs, Resources and Sustainability**

Resources needed for this capstone included the personnel, equipment and support to complete the project. Necessary personnel included the researcher, the capstone advisor, study participants and a transcriptionist. Equipment needs included a digital recorder to accurately record interviews. A computer, paper and printers produced the study materials such as consents and demographic forms. An intangible resource needed for the project was time. IRB approvals required several months to complete. The researcher and capstone advisor needed time to conduct interviews and analyze data for themes. Additionally, the transcription of interviews required several weeks to complete. Expenses for the capstone were supported by the researcher.

Sustainability for the capstone project is based on discovered themes. The researcher will share the results of the study with nursing leadership and relevant stakeholders. Identified improvements will be integrated into standard orientation. Additionally, a post orientation evaluation process will be initiated at scheduled intervals, such as six, nine and 12 months post orientation.

**Stakeholders and Project Team**

Zaccagnini and White (2011) define stakeholders as any individuals who have a vested interest in the outcome of the project. Stakeholders for the capstone project included the orientees, preceptors, and nurses from the ED as well as the entire nursing leadership of the emergency department. Additional stakeholders included the chief nursing executive of the

organization and the researchers' capstone project team. The DNP student researcher, the facility DNP Clinical Mentor and the DNP Capstone Chair comprised the capstone project team.

**Cost-Benefit Analysis**

It is important for the costs and the benefits of a project to be quantifiable (Zaccagnini &White, 2011). Cost associated with this project included time for the researcher to develop, interview and interpret the results of the interviews. Additional costs included purchase of a digital recorder for interviews, transcriptionist services, and miscellaneous office supplies such as copying. The researchers' time was paid by the organization. The actual budget and resources are found in (Appendix E). All additional expenses were paid by researcher as school related expenses.

There was a cost of time to participants for the interview. All meetings were set up in person or by phone, during non-working hours at the convenience of participants. Interviews were conducted in a private location within the hospital and were digitally recorded for accuracy. Benefits to participation in this study included ability of nurses to share their experiences as nurses transitioning to the emergency department, contribute their perspectives to the success of the organization, and potentially influence the future transitions of other nurses who enter emergency nursing practice.

This project offered an opportunity for the organization to identify and build on the reasons why nurses choose to remain in an organization. Turnover rates in the literature vary from 4% to as high as 54% (Brewer, et al, 2011). The association of Nurse Executives and Nursing Executive Center cite cost of $64, 000 to recruit and orient a specialty care nurse, while other authors cite figures as high as $145,000 (Winslow, Almarode, Cottinham, Lowry, & Walker, 2009; Kennedy, Nichols, Halamek, & Arafeh, 2012). Reduced attrition represents

significant cost savings in recruitment, orientation and replacements costs. Retention of even one nurse represents a significant savings for the organization. Additionally, retention contributes to a committee workforce able to support organizations' goals.

**Mission and Vision Statement**

Zaccagnini and White (2011) recommend developing a mission and vision statement as well as goals and outcome objectives for a capstone project. The mission of this project was to develop greater insight into the reasons nurses choose to remain in the ED and to promote retention in the department.  The vision was to conduct qualitative interviews with nurses that that have successfully completed orientation and remain employed in the ED.

**Goals**

The goal of this project was to conduct qualitative interviews with nurses who remained in the ED for perceptions of their recruitment and orientation experiences. Of particular interest was to discover the ways RNs begin to fit into the culture of the emergency department, and explore the key factors that support nurses' successful transition and retention in the ED. The desired outcome was to contribute to understanding the unique needs of transitioning nurses to both improve that process, and gain insight into the factors that influence their decisions to leave or remain in the ED.

**Process/Outcomes Objectives**

The objectives for this project were:

1.  Obtain written permission to conduct project from ED director.

2.  Identify a purposeful sample of nurses hired during a two year time period.

3.  Develop interview questions regarding receptions of being recruited and oriented into the ED.

4.  Submit and receive IRB approval from the clinical facility by November 2013.

5.  Submit and receive IRB approval from Regis University by January 2014.

6.  Invite nurses to participate in face to face interviews.

7.  Conduct interviews at private location, away from the ED, during non-working hours.

8.  Transcribe and review interviews

9.  Analyze data utilizing constant comparative analysis for identification of themes.

    These objectives were met on schedule.

**Logic Model**

A logic model serves a visual road map that a project developer creates to develop, plan and facilitate progress of a capstone project (W.K. Kellogg Foundation, 2004, Zaccagnini &White, 2011). The model identifies the inputs, activities, outputs and goals that lead to the desired impact or outcome of the project. Development of a logic model was essential for planning and monitoring capstone project progress (Appendix B).

Development of the logic model included identifying the resources necessary to complete the project, including garnering support from nursing leadership to support the project. Additional resources included obtaining necessary supplies, identifying the relevant study sample and arranging dedicated time and private space for conducting the interviews.

**Appropriate for Objectives and Research Design**

This study used a qualitative phenomenological approach.  The design is described as knowledge development that comes through dialogue and reflection that gathers information and perceptions through qualitative methods such as interviews, discussions, participant observation, action research, and analysis of personal texts (Polit & Beck, 2006).  Phenomenology is

concerned with the study of experience from the perception of the individual (Polit & Beck, 2006).

## Population Sampling Parameters

All participants were drawn from a purposeful sample of eligible nurses identified through hiring records. Inclusion criteria were all nurses recruited and oriented into the ED that were hired within a two-year study period. All participants over the age of 18 years, of either gender or any experience level were eligible. Additional criteria included willingness to be interviewed.

Sample size for qualitative research varies and is driven by the sample required to answer the research question (Marshall, 1996). Interviews were projected to begin in February 2014. Criteria for inclusion included nurses hired into the ED between July 2011 and July 2013. These dates were selected to provide a robust sample of nurses that had completed orientation and remained employed in the ED. The dates were deemed recent enough for accurate recollection, yet distant enough that particpants would have had several months to reflect on their perceptions of orientation experiences.

## Setting appropriate for EBP project

The setting for the capstone project was a Level III suburban, community acute care emergency department with over 75, 000 visits annually. As the second busiest ED in the state, the large volume of high acuity, complex medical and senior patients contribute to the practice environment for nurses. This setting was appropriate for the setting and study design.

## Protection of Human Rights

There were no identified risks for participation in this study, as evaluation is a routine part of orientation. However, as employees, participants may be considered vulnerable and this

study sought to understand experiences beyond orientation. Participants were assured that their agreement to participate had no bearing on their employment, participation was entirely voluntary and consent could be withdrawn at any time. All information gathered was kept in the strictest confidence and all data secured at an offsite location. Data will de destroyed three years after conclusion of the study by deleting and overwriting files.

Informed consent was obtained from all subjects outlining study and subject protections. The researcher completed education for protection of human subjects (Appendix G). Institutional Review Board (IRB) approval was obtained from both the clinical facility and academic institution prior to any data collection (Appendix, F). Letter of Intention was completed and approved by ED department director (Appendix H).

**Data Collection**

A purposeful sample of participants' names was drawn from eligible nurses working in the emergency department during the study period.  E-mail invitation was sent to all eligible nurses. Seventeen of 28 eligible nurses responded affirmatively within three days.  Face to face interviews were conducted with all consenting participants. Interviews were conducted at a private location and arranged at mutually convenient times.  Each interview lasted between 30-45 minutes, and was digitally recorded with participants' permission. Participants were asked four open-ended questions; with follow up questions to clarify answers (Appendix C). The questions were:

1. What influenced your decision to work in the ED?

2. Describe your experience being recruited and oriented to the ED within the last two years.

3. What factors made it easier and/or more difficult to be oriented to the department?

4. Describe what factors influence your decision to remain working in the ED?

Transcribed interviews were reviewed by capstone chair and researcher to organize the data. Participants' names and identifying information was not used. Interviews were coded and themes derived using constant comparative analysis.

**Trustworthiness**

Research findings should be as trustworthy as possible and each study should be evaluated for the procedures used to generate the findings (Graneheim & Lundman, 2003). Several strategies were employed to establish trustworthiness.  Rigor in qualitative research is established through credibility, transferability, dependability and confirmability (Cullen, 2012). Initially, the researcher reflected on personal experiences to acknowledge and minimize any bias. During interviews, field notes were taken contemporaneously to record any additional relevant information. Transcripts were reread several times and compared with recordings to verify accuracy (triangulation).   Finally, trustworthiness was established with an audit trail and peer review by the capstone chair.

**Data Analysis**

Data analysis for this capstone project included transcribing the interviews and grouping the responses by questions. The transcribed interviews were reviewed multiple times by the researcher and capstone chair. Notes and impressions were recorded in the transcripts. Common ideas and concepts were identified through line by line coding. Themes and subthemes emerged from four broad categories. Major categories with themes were identified through a process of constant comparative analysis to identify similarities and differences (Boeije, 2002).  This study generates rich data that reached saturation of identified themes.

**Findings**

Participants in this capstone project were 14 nurses that had been hired and oriented into the emergency department (ED) over a two year period, between July 2011 and July 2013. Among the 14 were 12 females and two males who ranged in experience from new graduate to over twenty years emergency department experience. At the time of interview, all participants had completed orientation, and remained employed in the ED between 10 to 32 months with an average length of time in ED of 19 months. Data analysis identified four broad categories with themes under each category. The categories included Why They Chose the ED, Recruitment, Orientation Experiences, and Why They Stayed. Categories and themes are presented as they evolved in the interviews.

**Why They Chose the ED**

*Early Exposure*

A theme that emerged was that the majority of nurses hired within the study period had early exposure to emergency nursing that proved significant to their decision to choose to work in the ED. The types of exposure included a variety of experiences that gave them perspective on what it would be like to work in the ED. Three participants reported that a senior practicum in the emergency department during nursing school ignited their interest. One participant stated, "*I've always been interested in the emergency department. I did my practicum at ... in the ED, and so I loved it.*" Three participants reported working in the ED in non-nursing allied health roles such as emergency medical technicians, EKG technician, or secretary. A participant stated, "*I came over to the emergency department as an EMT.*" A participant with prior ED unit secretary experience stated, "*So I had an idea of what it was going to be like coming down, just because of my years of sitting at the desk watching everything around me.*" Two participants first

exposure to ED nursing occurred during a new graduate residency rotation, "*I got placed in an ER, so from there, that was it. I loved it.*"

Six nurses without prior personal ED exposure reported being encouraged by significant others to seek employment in the ED. For one nurse, it was a nursing instructor who gave encouragement: "*It was recommended pretty quickly in school that I would be a good emergency nurse and I took that idea and I kind of ran with it.*" Other participants described receiving encouragement from a nursing supervisor, or friends who already worked in the ED, "*I actually had a friend who called me and said, "We have openings. Do you want to come down?*" For two participants, it was a family member that provided the model for ED nursing. A participant noted, "*My older sister did the same thing. She was an emergency nurse for a couple of years and really helped me get into it.*"

### Common attributes

Nurses who were hired into the ED during the two year study period shared a number of common attributes including a diversity of prior nursing experiences. With the exception of one new graduate nurse, the remaining participants reported some previous nursing experience before hiring into the ED. Related nursing experiences included "medical," "oncology," "surgical," "orthopedics," "labor and delivery," "intermediate care," "telemetry," "intensive care," and "burn unit." Six participants had experience in more than one nursing specialty. A participant noted "*I worked all areas of med-surg and you know just plain medical floors, surgical floors, orthopedic floors, worked a couple of years as a traveling nurse, got trained in multiple different areas.*" Four participants had ED experience from other facilities, including one who had previous experience as a flight nurse.

Another common attribute that emerged among nurses who remained in the ED was that they shared a desire to work in a mentally stimulating environment. Mentally stimulating was described as both the "*thinking*" required and the "*variety*" of experiences. Participants describe "*pushing me to think*" to "*figure it out*" and "*learn new things,* while *"thinking on your feet."* In describing the "*diversity*" of patients and experiences, many participants cited the "*new experiences*" of "*young, old, surgical patients and pediatrics*" and *"no day is ever the same."* Nurses who remain in the ED were also seeking a fast paced environment. A participant reported "*I love the fast pace of it and not knowing what's walking through the door."* Many nurses used the word "*quick*" to describe the environment: "*quick flow,*" "*quick environment,*" "*quick turnover,*" *"quick thinking,"* and *"quick response."*

Another common attribute of nurses was that they wanted to work as part of a team. One participant noted that "*you learn very quickly in the ER that it's a very team oriented and you're never by yourself,"* One nurse stated, "*For me the ER was definitely where I needed to be. I am a very teamwork-oriented nurse so the ER for me was very good. I also liked the relationship between the nurses and the doctors in the ER,"*

Several nurses specifically stated that they wanted to work directly with physicians "*I like the relationship between the nurses and doctors in the ED,"* A nurse from an inpatient unit noted, *"I loved having the doctors right there in the emergency department that it was a face to face interaction. You got to talk to them. You got to be kind of part of the care team and that was a huge advantage that I thought that the emergency department had,"*

**Recruitment**

*Finding the Job*

A theme of the study related to the category of recruitment was the various ways that nurses found jobs in the emergency department. Of the 14 nurses hired during the study period, five were internal transfers from inpatient units, three were transfers from affiliated organizations, and six were external candidates. The hiring process was slightly different for internal and external candidates.

External candidates began the hiring process by reviewing job postings on the hospitals' website and completing an online application. A participant stated "*I was from out of state, and so I just started Googling hospitals that were close to me.*" Another participant described, "*I was in between jobs at the time and so I was just applying different places.*" Hospital recruiters were instrumental in directing several nurses to the emergency department. One participant interviewed with a recruiter who, "*recommended [the] ER and then they actually passed my name along.*" Another nurse recalled, "*So in talking with the recruiter, she was very polite; answered all my questions; went to bat for me*" and noted "*they were able to do a PRN job even though it wasn't listed.*"

In additional to seeking advertised ED nursing positions, internal candidates frequently contacted the hiring manager in the ED directly, regardless of whether positions were posted. A participant stated, "*I had sent to management multiple e-mails, asking "what do I need to do to come back down to the emergency room?"* Another nurse stated, "*My manager talked to one of the ED managers.*" Several participants became aware of ED nursing positions through friends or colleagues. A participant stated "*I actually had a friend who called me and said, 'We have openings. Do you want to come down?'*" One nurse described, "*So it was more of a, kind of a*

*recruitment from within."* Personal recruitment occurred with both internal and external candidates. One external candidate was recruited from another facility by a friend when a position became available. The participant recalled *"she said why don't you just come over [here]? It's not Level 1, but it's very high acuity."*

When seeking a job in the ED, several participants questioned whether they were qualified to apply. A participant reflected on *"figuring out where I would be a good fit."* One nurse stated, "*I don't have any critical care experience and …, you need critical care experience to go down there."* Another participant recalled*, "I don't meet the criteria and they said do it anyway."*

### *Interview Experience*

Another theme that emerged as part of recruitment in the study was that the interview process varied somewhat for each participant. Some nurses reported an initial phone interview followed by a face to face interview. All participants reported participating in a panel interview with multiple interviewers. One participant described this experience, "*the ED manager had a phone interview with me and then … set up a face-to-face interview.  I came in and they all kind of did like a group interview with me"*. Another nurse noted, "*The difference with my interview in the ED here was there was a panel."*

Several participants identified a continuum of anxiety experienced with the panel interview process. One participant relayed, "*It was interviewing with multiple people, was a little bit more nerve wracking for me."* Another nurse described *"It was terrifying because you walk into the room and you're sitting at a table, but then there's five people around you."* One experienced nurse noted, *"I appreciate having the multi peer interview versus the one on one. It gives you a good sense I felt, of what the expectations were. I could ask questions to other people*

*as well.* One participant shared a different experience of the interview process that involved a shadowing experience which gave them the opportunity to follow a nurse in the ED prior to the interview.  The nurse noted:

> *I do really appreciate the process after the interview; they had me come in and*
> *shadow somebody to see if I thought it would be an appropriate environment… I*
> *think that was a very valuable tool to get a feel for the environment prior to*
> *actually working a shift.*

**Orientation**

***Common Experiences***

A strong theme that emerged under the category of orientation was that participants had common experiences. Participants described the experience of feeling exhausted and anxious while orienting. One nurse described, *"I remember going home … being exhausted, being able to pass out on the couch while you absorb the information that you get those first couple of weeks on orientation."* A participant recalled, *"I got to the point where I was so stressed out because I was so overwhelmed that I didn't even know what to do next."* Another nurse echoed*, "I remember feeling overwhelmed all the time."*

Another common experience was that participants portrayed nurse preceptors as supportive in orientating them to the department. They explained the various ways that their preceptors supported them in adjusting to the ED. Some of the ways they felt supported were in; socialization with staff, helping to manage stress, being good role models, and building confidence. A participant stated, *"I really relied on the preceptor to show me around, to introduce me to people."*  Another participant described, *"I would talk with my preceptor … and just let them know how I was feeling and they kept telling me, "Take a breather and reorganize*

*your thoughts… you're doing a good job."* One nurse noted, *"They [my preceptors] all did a great job in being good role models, being good examples of how things should be done around here, and expectations for here."*

Several participants described that they wanted to prove themselves as competent to staff, such as technicians and physicians. They shared a common wish to be perceived as accepted by the team. A participant described, *"There's kind of testing from techs."* Several nurses also described the need to prove themselves to the doctors. A participant stated, *"There is definitely… a phase where you're tested by the docs-, do you get in quickly, do you update them when something's' wrong, do you recognize when something's wrong?"*

A majority of participants in the study expressed the opinion that a longer time in orientation helped them adjust. Length of time for orientation ranged from two weeks for experienced nurses to twelve weeks for new graduate nurses. One nurse reported, *"I had six shifts or so with orientation and I was very comfortable with that."* Other participants noted, *"I had six to eight weeks"* and *"I think the length of orientation helped."* It was noted that the majority of nurses preferred 12 hour shifts and did not like the night shift.

### Changes Needed

A second theme under the category of orientation was that nurses identified changes needed in orientation. A participant suggested, *"A checklist … to make sure this is done before they start; to try to help things go a little bit smoother."* Several participants noted, *"You need to know where things are."* A nurse stated, *"How does all this documentation flow?"* Several participants indicated they wanted more experiences in caring for certain types of patients during orientation; such as *"ETOH," "psych, "sexual assaults," and "pediatrics."* Several nurses noted they wanted more experience caring for critical patients during orientation. One nurse stated:

*I remember being frustrated because I never really got any critical patients while*

*I was on orientation, which is what I wanted experience with, like the cardiac*

*alerts and the stroke alerts and the cors and the intubated patients. I never really*

*got much of that on orientation*

Not all participants cared for a critical patient during orientation, but many reported a sense of anxiety until they had that experience. A participant described, "*I was terrified of the big things, like my first code, my first cardiac alert, my first stroke or my first pediatric anything.*"

## Remaining in the ED

### Why They Stayed

Nurses gave a variety of reasons for why they remained in the ED. One of the reasons centered around "*feeling comfortable.*" Nurses clarified this by saying it meant "*not feeling afraid*" and "*feeling confident*" to handle any patient experience they enountered. Feeling comfortable generally emerged after 6- 12 months of completing orientation . One nurse noted, "*I kind of gauged that [feeling comfortable] as to when I would come to work not scared of where I was going to be.*" Another participant stated, "*I would say up until the eight months where I finally started feeling comfortable.*" A nurse described, "*I would go home sometimes and cry, but by the end of the six months, there were far less of those days, and then by the end of the year, there were even far less…*" Another participant shared, "*I know that I made it. You know, it's really, almost like going through the military. You go through all this boot camp and training and now I feel like I'm prepared; I'm ready for these situations.*"

An additional reason participants stayed in the ED mirrored the reason they initially chose to work in the ED. The reality of the ED environment matched what they anticipated. One nurse stated, "*Because every day is new, [the reason I stay is] all of the reasons that I was*

*drawn to it initially."* One participant stated, *"I like the flow, that it's different every day."* Another participant described, *"I like volume, so a place where you stay busy."* Several participants used similar phrases such as *"I like the quick thinking, the urgency"* and *"I like the fast pace."* The desire for continuous learning was noted by several participants. One nurse stated, *"The challenge- I feel like I learn something new every single day in the ER."* Another nurse described,

> *I'm learning all the time, which makes my job interesting for me. I think if I got to*
> *a point where I wasn't learning something and I was just rolling the wheel, I*
> *would probably start looking to do something else*

## Discussion

This study identified themes that described nurses' successful transition into the emergency department over a two year period. An important finding was that participants had prior exposure to the ED practice environment. Types of exposure varied. Some experiences were prior to becoming a nurse while others were after working as a nurse in the ED. Roles prior to being a nurse included working as an emergency medical technician [EMTs], and a unit secretary. This experience exposed the realities of the ED practice environment and may be a significant factor in why they transitioned successfully. Another way that nurses were exposed to the ED was through senior practicum before graduating as a nurse and in a nurse residency program shortly after nursing school. Having this exposure gave participants a realistic perspective and sparked their interest on what it would be like to work in the ED. Nurses also expressed that significant others such as a relative or nursing instructor encouraged them to seek employment in the ED. Participants did not always see the ED as an option for them but others did. This finding emphasized the role that others may play in getting nurses to consider working

in the ED.  In a meta-analysis of ten qualitative studies, Price (2009) identified the significant role that mentors, peers and role models played in nursing career choice decisions. The review findings demonstrated that family members, friends, educators, role models and specifically peers, were important influences on career decisions (Price, 2009).

Nurses who remained in the ED revealed a number of common attributes including a desire to work in a "face paced," "mentally stimulating environment."  Cronin and Cronin (2006) studied why newly licensed nurses were interested in choosing emergency nursing. They found that the nurses were attracted to the intensity and challenge of the unexpected and the unpredictability of patients.

Although many nurses reported previous nursing experience in a variety of specialties such as medical surgical nursing and labor and delivery, they found ED nursing to be different. Participants used words and phrases that described their desire for a fast paced environment that kept them "*busy* "and *"engaged."* They clearly stated that they *"didn't like being bored."* Participants also mentioned that they enjoyed the "*adrenalin [rush]*" and *"the ability to multitask."* Nurses who enjoyed the tempo of the ED seemed to perceive the pace as energizing. Those who remain in the ED also wanted the variety of experiences that it provided. They were drawn to the opportunity to "learn new things" and "think on their feet." They enjoyed the diversity of patients that challenged them to readjust their priorities quickly. It was surprising that they expressed preferences for both working autonomously as well as working in teams with the physicians close by.

The importance of teamwork in the ED environment was supported in the literature by Mohr et al. (2008) who reported a significant inverse relationship between a teamwork culture and nursing resignations.  Nurses preferred a stable team environment. Similarly, O'Brien-Pallas

et al. (2010) noted that "lack of team support was cited as the most important reason for leaving their positions." Further studies identified stable staffing as both a cause and effect of group cohesion and teamwork between nurses and physicians in the emergency department (Ajeigbe & McNeese-Smith, 2012).

A second theme that evolved from the data was that finding a job in the ED was different depending on whether they were internal or external candidates. In addition to applying for advertised ED nursing positions, internal candidates frequently contacted the hiring manager in the ED directly, regardless of whether positions were posted. Internal transfers offered several advantages in that they were familiar with the organization, the culture and frequently the ED staff. Some nurses were recruited by current employees or friends. This recruitment from within provided some additional benefit for new employees in joining the team.

While it seemed that internal candidates had an advantage in knowing who to contact directly, the overall hiring process tended to take longer for internal transfers. External candidates typically required three to four weeks to give notice to their previous employer, and complete all of the organizations' new hire requirements. Internal candidates did not need to complete these steps, but transfers were occasionally delayed several months before the employee could be released from their prior unit. This resulted from the need to accommodate staffing needs of the home unit. The time lapse created an additional stress on ED staff that was waiting for newly hired nurses to complete orientation.

Many nurses without previous ED experience questioned whether they were qualified to apply. Several of them specifically stated they wondered if they would be a good fit. This could be related to the new graduate mentality of feeling stressed when beginning a new role; however the fact that they were uncertain did not affect whether they remained in the ED after two years.

Valdez (2008) described sources of facilitators for successful transition included mentoring, social support, and orientation. The newly graduated nurses in her study described that the quality of the mentor-mentee relationship defined the development of self-confidence and clinical competence. This study concurred that new graduates needed additional support in adjusting to their new role in the ED.

A theme associated with the recruitment in the ED was participants' impressions of the interview experience. They described a group interview process that involved between 5-8 interviewers who asked questions in order to determine the fit of candidates to working in the ED. Arnold (2005) posits that managers must match the employee to the organization as well as the job to positively influence retention. A study finding was that several participants mentioned experiencing anxiety during the interview process due to the large number of people involved. Based on this finding it was proposed that the interview process be individualized to the candidate with some of the nurses meeting with smaller groups to reduce anxiety. Macan (2009) identified the employment interview as a social interaction where the interviewer and applicant exchange and process the information gathered from each other. In a narrative review of research trends in employment interviews over time, multiple interviewers were generally recommended to reduce bias but specific numbers were not given.

One candidate spoke of a different recruitment process that was successful. This involved participation in a two hour observational, shadow experience during a busy time in the ED following the interview. This experience offered the candidate an opportunity to speak directly with staff, as well as observe the flow and pace of the ED. An additional benefit of shadowing was that staff was able to informally assess the candidate's fit for the ED culture. Shermont and Murphy (2006) identified shadowing as an important recruitment tool that

provided valuable information about a nurse's communication style and ability to interact with staff, patients, and families.

An additional theme that emerged from the interviews was that participants had common experiences during orientation to the ED. The majority of nurses described feeling exhausted and anxious while orientating. Research noted that the diverse patient population, the breadth of knowledge required, and the rapid pace of the clinical environment could be overwhelming (Patterson, Bayley, Burnell, & Rhoads, 2010). New graduates in the study expressed being "overwhelmed" - which was not unexpected. Studies supported that professionals move through a development continuum in which they progress from novice to expert (Benner, 1982). In this study nurses who had previous experience in the ED also described being exhausted and stressed. Current orientation literature focused on specific needs of novice nurses transitioning to practice with scarce research available on experienced nurses transitioning to "novice" ED nurses.

Findings from this study supported that experienced nurses also assumed a novice role during transition to the ED that was challenging and stressful. Reasons for increased stress may relate to the fact that although experienced nurses had the advantage of increased abilities, they were challenged by expectations that their transitions would be accelerated because they had worked as a nurse before and were expected to "hit the ground running" (Dellasega, Gabbay, Durdock, & Martinez-King, 2009). This has implications for the way orientation to the ED should be organized and conducted. Nurses need to be made aware of the stress and exhaustion that they can expect in order to deal with it. Keefe (2007) reported that the first 30 days of a new job were critical to retention and that inadequate orientation could result in nurses leaving a position before they acclimated to it. Holtom and O'Neill (2004) described a peak tenure of 20

months for employees who failed to "fit" with the organization. It should be noted that the participants in this study remained for two years from the time of hire. It was not determined if nurses not a part of the study left their positions during orientation.

The role of nurse preceptors during orientation was seen as supportive by participants, with previous nursing experience defining what participants requested from the preceptor. As the nurses adapted to the pace of the ED, the preceptors played an important role in assisting them with managing stress when they felt overwhelmed. Nurses who previously worked in the ED expressed increasing comfort with their clinical skills and focused more on understanding the unique features of the new site. They described the preceptors' role as integrating them into flow of the unit, showing them "how things are done here" and introducing them to members of the team.  For nurses without prior ED experience, participants reported feeling fearful and anxious for many months after orientation. For some, they felt as if they were new graduate nurses again. One participant described, "*I got that new grad feeling down in my gut again for the first six months.*" Preceptor priorities for these nurses included additional clinical guidance, particularly when caring for higher acuity or critical patients. It is significant that this study found that stress levels of participants were high initially for all nurses orienting to the ED.  Nurse educators should take this into account when planning orientation assignments and activities.

Many nurses identified the "*first critical patient*" as a significant experience during orientation. If they did not care for a critical patient with a preceptor, the anxiety persisted until they had successfully cared for a critical patient. Several participants described that during orientation they wanted to prove themselves as competent to rest of the team as well, including the doctors and techs.  Several nurses described being tested by doctors and techs. Preceptors again proved invaluable in assisting the new nurses to understand the cultural norms of the ED.

A culture of acceptance and support should be nurtured among all team members. Participants also shared changes needed in orientation. Suggestions included "a checklist" to specify important tasks to "help things go smoother." They expressed a need for more information about documentation and computer charting. Several participants wanted additional experience with specific types of patients.

A final theme of the study was that nurses expressed reasons why they remained in the ED. A major reason why they stayed was that the ED provided the experiences that drew them there in the first place. The reality was that the ED practice environment matched what they anticipated and desired. They found a fast paced, challenging, and mentally stimulating environment. This finding may offer clues to why nurses ultimately leave the ED. If the nurse lacks the attributes that draw them to the ED they may ultimately burn out or seek a different environment. The need to feel continuously challenged was also described by nurses as a necessary requirement to keep nurses engaged and mentally stimulated. Schaufeli et al. (2006) defined work engagement as "positive, fulfilling work-related state of mind that is characterized by vigor, dedication, and absorption." Engaged employees were more likely to stay with the organization (Sawatzsky, 2012). Browning, Ryan, Thomas, Greenberg &Rolniak (2008) noted that the high intensity of emergency nursing increases the risk for burnout and compassion fatigue. The authors identified emotional exhaustion in emergency nurses as contributing to burnout and ultimately turnover. This study identified attributes and experiences common to nurses who successfully transitioned to the ED over a two year period and provided reasons for why they remain at their positions after recruitment and orientation.

**Limitations and Recommendations for Further Study**

Limitations of this study include the small sample size from one emergency department. Replication of this study in other types of emergency departments such as rural, urban or teaching facilities is recommended. Further research is recommended to investigate perceptions of nurses who remained in the ED beyond two years.  Research into why nurses leave the ED would also help to clarify factors contributing to attrition. Quantitative research to validate a survey tool of core attributes associated with nurses that remain in the ED is also suggested.

**Conclusions**

The results of this study provide insight into the perceptions of nurses who were recruited and oriented in a single emergency department. These perceptions contribute to the current body of evidence specifically related to the issue of ED nursing retention. This study provides insight into reasons why nurses chose to remain in the ED.  The findings reveal key recruitment and orientation needs specific to their unique work environment that may influence ED nursing retention.

Results of this study indicate that nurses interested in emergency nursing would benefit from exposure that familiarized them with the ED nursing role through activities such as senior practicums during nursing school, ancillary roles, (such as EMT), shadowing an ED nurse, or nurse residency programs. These role previews would provide them with a better sense of the pace of the ED environment, and what the role of the emergency nurse involves. Development of an interview guide and attribute survey would assist hiring managers in identifying candidates with common qualities associated with successful retention of ED nurses.  This study also provided insight for nurse educators and managers in how to address orientation gaps and

develop strategies for the retention of nurses in the emergency department such as adding

checklists. Additionally, providing additional precepted exposure to caring for critical patients

during orientation may lessen orientees' anxiety about that experience. It is proposed that adding

a critical skills day and providing mock drills for critical patients may support new nurses'

confidence in managing higher acuity patients. Addressing the issue of nursing retention will

benefit the emergency department and the organization as a whole. Reducing ED attrition will

have a favorable impact on patient, and economic outcomes.

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**Appendices**

**SWOT analysis**

| Strengths | Weaknesses |
|---|---|
| Resources provided<br>• IRB approval obtained from Clinical Agency and Academic Intuition<br>• Private space available for interviews<br>• Access to staff for interviews.<br>• Enthusiastic response from RN's<br>• Nursing leadership supportive<br>• Open to accepting new graduate nurses in ED<br>• Desirable work environment<br>• 60 bed ED/75, 000 annual visits | • Demanding work environment→ High turnover<br>• ED nurses tire of high acuity senior, medical patients<br>• High percentage of less experienced nurses<br>• Fiscal constraints for orientation / staff education<br>• Dearth of literature specifically relating to ED retention |
| **Opportunities** | **Threats** |
| • Develop tool to identify desired attributes during interviews with new hires.<br>• Develop career/promotion paths within department →retention | Long Capstone timeline<br>• Risk of staff attrition during study<br>• Organizations' impatience to implement changes<br>Competitive local market for experienced nurses:<br>• Higher pay<br>• Favorable work schedule<br>Failure to identify meaningful themes |

**Logic Model (Kellogg, 2001)**

| Inputs | Activities | Outputs | Short/Long term goals | Impact |
|--------|-----------|---------|----------------------|--------|
| Leadership support for project-CNO/Director | Met with leadership to present proposal Obtained IRB permissions from Clinical Facility and Academic Institution | Leadership support for project. | Continued leadership support. | Continued leadership support. |
| Identified eligible new hires meeting criteria during study period. | Developed questions and Interviewed eligible subjects | Interviewed purposeful sample of eligible new nurses. | Identification of<br>• Ideal candidates.<br>• Orientation perceptions<br>Successful transition and retention to unit. | New hires will remain and progress as staff members<br>• Stabilize number of new hires |
| Obtained Digital recorder to record interviews | Purchased digitalrecorder | Recorded interview accurately for analysis of themes. | Identified themes related to new hire perceptions of recruitment and orientation needs, transition to unit | |
| Arranged private room and space for interview. | Arranged location convenient to staff for interviews | Environment conducive for interview. | Themes identified to provide insight to support new hires transitions to ED. | |
| Interview times arranged | Scheduled interview time at convenience of subject | Identified relevant themes of employees regarding recruitment and orientation | Interviews completed in February/March 2014 | |

| Inputs | Activities | Outputs | Short/Long term goals | Impact |
|--------|-----------|---------|----------------------|--------|
| Transcriptionist transcribed interviews | Research and hired transcriptionist | Accurate written copy of interview. | Interviews transcribed in June, 2014 | |
| Manual review of interview for analysis. | Utilized constant comparative analysis of themes | Identified relevant themes of employees regarding recruitment and orientation | Themes analysis completed in July, 2014. | Present completed project to Regis Capstone Committee in August 2014. |

**Interview Questions Outline Guide**

1. What influenced your decision to work in the ED?

2. Describe your experience being recruited and oriented to the ED within the last two years.

3. What factors made it easier and/or more difficult to be oriented to the department?

4. Describe what factors influence your decision to remain working in the ED?

5. Additional follow- up questions may be generated by subjects responses, or to clarify subjects' responses.

**Capstone Project Timeline**

| Date | Element |
|---|---|
| May 2013 | PICO Research Question Approved |
| July 2013 | Letter of Intent obtained |
| October 2013 | Exempla IRB Approved |
| January 2014 | Regis University IRB approved |
| February 2014 | Exempla IRB approved modifications |
| March 2014 | Interviews conducted |
| May/June 2014 | Interviews transcribed |
| June/July 2014 | Transcriptions reviewed and coded for themes |
| July 2014 | Categories and themes analyzed |
| August 2014 | Completed project presented |

**Budget and Resources**

| Actual Expenses | Replication costs |
|---|---|
| ▶ Employee time- supported by organization<br>    ◦ Digital recorder - $ 100.<br>    ◦ Transcriptionist*- $500.<br>    ◦ Materials   -   $ 100.<br>    ◦ <u>Researcher time- $ 0.</u><br>Total       $ 700. 00<br><br>*Expenses based on 20, one hour<br><br>interviews @ $25. /hr. for transcriptionist<br><br>and $40. per hour for researcher. | ▶ Employee time- supported by organization<br>    ◦ Digital recorder - $ 100.<br>    ◦ Transcriptionist-  $500.<br>    ◦ Materials   -  $100.<br>    ◦ <u>Researcher time*- $ 0.</u><br>Total       $ 700.00 |

**Cost Benefit Analysis**

| Cost | Benefit |
|---|---|
| ∗ Attrition<br>    ∗ Estimated 1- 1½ x nurses salary<br>∗ Cost of time<br>    ∗ Researcher<br>    ∗ Subject<br>    ∗ Minimal risk | ∗ Reduced attrition represents significant cost savings in recruitment, orientation and replacement costs<br>∗ Committed workforce supports organizations goals |

**Exempla**
HEALTHCARE

October 23, 2013

Sharon M. Schultz, MS, RN, CEN, CPEN
ELMC- Emergency and Trauma Services
8300 West 38th Ave.
Wheat Ridge, CO 80033

Re: IRB # 201336, Nurses' Perceptions of Working in the Emergency Department

Dear Ms. Schultz:
The above-mentioned study has undergone Expedited review and all requested changes have been received. The study received approval as of October 22, 2013 under HHS 45 CFR 46.110 and FDA 21 CFR 56.110, Categories # 6 and #7. The study is approved for no more than twelve (12) months. **Approval will expire on 10/21/2014.**

The following are included in this approval:
1. Protocol, Nurses' Perceptions of Working in the Emergency Department, Version 1, August 30, 2013

2. Informed Consent, Version 2/10/2013

3. Exempla IRB Fee Waiver

As a reminder, written approval from the IRB must be obtained prior to initiating any changes/modifications in this study. This includes but is not limited to changes in procedures, co-investigators, funding agencies, consent forms, protocols, participant and advertising materials, and investigator brochures unless a change is necessary to eliminate an apparent hazard to the participants in the study (See IRB Policies and Standard Operating Procedures and Submission Forms*).

Any unanticipated problems, serious adverse events, or serious protocol deviations that may occur in the course of this study must be reported promptly. Promptly for internal events means a phone or email notification within 2 business days and a written report within 5 business days; for external events promptly means within 5 business days (See IRB Policies and Standard Operating Procedures*).
If you have any questions, please contact the IRB Office at (303) 837-6529.
Thank you,

Philip Neff, MD
Chair, Exempla Healthcare Institutional Review Board

*The Exempla Healthcare IRB Policies and Standard Operating Procedures and all submission forms are located on the Exempla Portal and on the U Drive. A paper copy will be mailed or an electronic version will be emailed upon request. Please call 303-837-6529 or email Cami Lind, IRB Coordinator, at lindc@exempla.org

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IRB – REGIS UNIVERSITY

January 14, 2014

Sharon Schultz
9710 W. 82nd Avenue
Arvada, CO 80005

**RE:    IRB #:** 14-010

Dear Ms. Schultz:

Your application to the Regis IRB for your project, "Perceptions of Being Recruited and
Oriented in the Emeregncy Department," was approved as an exempt study on January 13, 2014.
This study was approved per exempt study category 45CFR46.101.b(#2).

The designation of "exempt" means no further IRB review of this project, as it is currently
designed, is needed.

If changes are made in the research plan that significantly alter the involvement of human
subjects from that which was approved in the named application, the new research plan must be
resubmitted to the Regis IRB for approval.

Sincerely,

*Patsy Cullen*

Patsy McGuire Cullen, PhD, PNP-BC
Chair, Institutional Review Board
Professor & Director
Doctor of Nursing Practice & Nurse Practitioner Programs
Loretto Heights School of Nursing
Regis University

cc: Dr. Pamella Stoeckel

**Exempla**
HEALTHCARE ™

*A member of Sisters of Charity of Leavenworth Health System*

February 13, 2014

Sharon M. Schultz, MS, RN, CEN, CPEN
ELMC, Administration Office
Emergency & Trauma Services

IRB: Study # **201336, Perceptions of Being Recruited an Oriented in the Emergency Department**

Dear Ms. Schultz,
The following study modifications have been reviewed and approved via expedited review.

1. Protocol, Version 3, 1/17/2014

2. Informed Consent form, Version 3, 1/17/2014

3. Questionnaire (Interview Questions Outline Guide)

If you have any questions please feel free to contact the IRB Office at 303-837-6529.

Sincerely,

Cami Lind, CIP
Coordinator, Exempla Healthcare IRB

# CITI Collaborative Institutional Training Initiative

## Human Research Curriculum Completion Report
### Printed on 11/19/2012

**Learner:** Sharon Schultz (username: schu728)
**Institution:** Regis University
**Contact**
**Information**

9710 West 82nd Ave
Arvada, CO 80005 US
Department: RHSHP
Phone: 303-956-0422
Email: schu728@regis.edu

**Social Behavioral Research Investigators and Key Personnel:**

**Stage 1. Basic Course Passed on 11/19/12 (Ref # 9192132)**

| Required Modules | Date Completed | |
| --- | --- | --- |
| Introduction | 11/17/12 | no quiz |
| History and Ethical Principles - SBR | 11/17/12 | 5/5 (100%) |
| The Regulations and The Social and Behavioral Sciences - SBR | 11/17/12 | 5/5 (100%) |
| Assessing Risk in Social and Behavioral Sciences - SBR | 11/19/12 | 5/5 (100%) |
| Informed Consent - SBR | 11/19/12 | 5/5 (100%) |
| Privacy and Confidentiality - SBR | 11/19/12 | 4/5 (80%) |
| Regis University | 11/19/12 | no quiz |

**For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.**

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

Return

Capstone Letter of Intent

To:     Beverly White, Director of Exempla Lutheran Medical Center: Emergency and Trauma Services.

From:   DNP Student: Sharon Schultz MS

Subject: Capstone Project Proposal: **Nurses Perceptions of Working in the Emergency Department**

Date: July 15, 2013

I am writing to obtain permission to conduct a qualitative phenomenological research study at Exempla Lutheran Medical Center, Wheat Ridge, CO with the purpose of determining perceptions of working in the emergency department (ED) by nurses who transferred from other hospital units over a two-year period. This study will fulfill requirements for completion of the Doctor of Nursing Practice degree at Regis University, Denver, CO.

The following information will review the study:

This project will employ a **Population-Intervention-Control Group-Outcome (PICO)** format for development of the research question to be investigated

> **Population**= RNs working in the ED
>
> **Intervention**= transferred from other hospital units within the past two years with no previous ED experience
>
> **Comparative**= None
>
> **Outcome**= Perceived experience of working in the ED

**Research Question:** What are the perceptions of working in the ED by nurses who transferred from other hospital units within a two-year period?

**Project Significance:** Emergency nursing is one of the most demanding and challenging nursing specialties. The diverse patient population, the breadth of knowledge required, and the rapid pace of the clinical environment can be overwhelming (Patterson, Bayley, Burnell, & Rhoads, 2010). Historically prior experience in critical care or at least several years of medical-surgical nursing experience was required for employment in the ED. What is not known is what factors assist in making the transition to ED nursing.

Much of current orientation literature focuses on the specific needs of novice nurses transitioning to practice while scarce research is available on nurses who have achieved a level of experience or even expertise in one area of nursing and now transition to novice ED nurses. Studies demonstrate that professionals move through a development continuum in which they progress from novice to expert (Benner, 1982). An experienced nurse must inevitably assume a novice role during job transitions which may prove challenging. Although experienced nurses may have more advantages with their abilities, they are also challenged by expectations that their transitions will be accelerated because they have worked as a nurse before and can "hit the ground running" (Dellasega, Gabbay, Durdock, & Martinez-King, 2009).

According to Keefe (2007) the first 30 days of a new job are critical to retention and inadequate orientation can result in nurses leaving a position before they even acclimate to it. Holtom and O'Neill (2004) report a peak tenure of 20 months for employees who fail to "fit" with the organization.

The cost of high turnover on the healthcare system is also significant and requires consideration (Brewer, Kovner, Greene, Tukov-Shuser & Djokie, 2011). Turnover rates in the literature vary from 4% to as high as 54% (Brewer, et al, 2011). The association of Nurse Executives and Nursing Executive Center cite cost of $64, 000 to recruit and orient a specialty care nurse, while other authors cite figures as high as $145,000 (Winslow, Almarode, Cottinham, Lowry, & Walker, 2009; Kennedy, Nichols, Halamek, & Arafeh, 2012). Factors for ED turnover cited in the literature include generational differences, changes in life circumstances, low engagement and burnout (Sawatzky & Enns, 2012).

This study explores the lived experience of nurses who transferred to the ED within the past two years. This research will provide insight into the key factors that support nurses' successful transition to the ED The study will contribute to understanding the unique needs of these transitioning nurses to both improve that process, and gain insight into the factors that influence their decisions to leave or remain in the ED. This research will help address the issue of optimal ED orientation, nurse turnover and approaches to maintaining a stable workforce.

To best utilize valuable resources, the emergency department at ELMC strives to provide an efficient, cost effective orientation to support successful transition to the ED. The ED has focused on recruiting this nursing population to optimize orientation efficiency. Current ED turnover rate is 3.8% as of April 2013 and leadership continuously seeks to reduce nurse turnover and support a stable workforce. Insights gained from this study will be used to develop future processes to optimize orientation and support transition to ED. The results of the study will be valuable to leadership that interview, hire and orient future ED nurses.

**Type of Study**

This study uses a qualitative phenomenological approach. The design is described as knowledge development that comes through dialogue and reflection that gathers information and perceptions through qualitative methods such as interviews, discussions, participant observation, action research, and analysis of personal texts (Polit & Beck, 2006). Phenomenology is concerned with the study of experience from the perception of the individual (Polit & Beck, 2006). The study will obtain perceptions from nurses working in the ED that transferred from other units in the hospital within two years. Potential participants' names will be drawn from eligible nurses working in the emergency department during the study period.

An email will invite ED nurses with the needed qualifications to participate in the study. A positive response to the email will result in a one- on- one meeting between the nurse researcher and the ED nurse participant. At that meeting the study will be thoroughly explained and informed consent documents signed. Forms will emphasize participant confidentiality and anonymity. Participants will be informed that they can remove themselves from the study at any time and that participation has no impact on their employment at Exempla Lutheran. One face-to-face 45 minute interview between the nurse researcher

and the participant will be arranged at convenient times for both. The location of the interviews will be at a private location in the hospital, during non-working hours.

The interviews will be audio taped using a digital recorder. The digital recordings and informed consents will be kept in a locked container in the nurse researcher's home. The digital recordings will be transcribed by a transcriptionist that will also sign a confidentiality form. At the conclusion of the study the digital recordings will be erased and overwritten and then destroyed.

Transcribed interviews will be loaded into InVivo software that will assist with organizing the data. Participants' names and identifying information will not be used. Interviews will be coded and themes derived using constant comparative analysis. Results will be shared in the capstone project paper, and may be shared in poster or podium presentations and peer reviewed journal articles.

**Participants Requirement:**

The participants for this study must be nurses who worked in the ED who transferred from other units of the hospital and who have no previous ED experience. Participants must have greater than one year of nursing experience in another nursing specialty. The participants must have worked at the Exempla Lutheran Medical Center ED within the past two years: July 1, 2011 to July 1, 2013. They must have completed the ED orientation and be able to speak English. The participants must agree to sign an informed consent document giving permission to participate in the study and indicating they understand the purpose and process of the study.

Participation involves meeting with the nurse researcher to sign informed consent and participation in a 45 minute face-to-face recorded interview. Participants will be assured of confidentiality and anonymity related to participation in the study. They will be informed they may remove themselves from the study at any time for any reason.

**Risks, Costs, and Benefits**

There are no identified risks for participation in this study, as evaluation is a routine part of orientation. However, as employees, participants may be considered vulnerable and this study seeks to understand experiences beyond orientation. Participants will be assured that their agreement to participate will have no bearing on their employment, participation is entirely voluntary and consent may be withdrawn at any time. All information gathered will be kept in the strictest confidence and all data secured at an offsite location.

There is a cost of time to participants for the interview. All meetings will be set up in person or by phone, during non-working hours at the convenience of participants. Interviews will be conducted in a private location within the hospital and will be digitally recorded for accuracy.

Benefits to participation in this study include ability of nurses to share their experiences as nurses transitioning to the emergency department, contribute their perspectives to the success of the organization, and potentially influence the future transitions of other nurses who enter emergency nursing practice.

**Project Goals and Objective**

The main goal of this project is to conduct a phenomenological qualitative study at Exempla Lutheran Medical Center for the purpose of determining the perceived experience of working in the ED by nurses with no previous ED experience that transitioned within the past two years.

Objectives:

1. Obtain IRB written permission from Exempla Lutheran Medical Center to conduct this study which includes approval to utilize employee files to develop a purposive study sample of ED nurses hired from July 1, 2011 to July 1, 2013 with no previous ED experience by August 1, 2013.
2. Submit for IRB approval from Regis University by August 10 to receive approval by the end of September 2013.
3. Identify a purposive sample of a minimum of 8 participants (or a number that reaches saturation of data) by sending out an email inviting participants. This includes meeting with each participant to obtain informed consent and thorough explanation of the study by October 15, 2013.
4. Face to face recorded interviews will be set up with each participant and  the nurse researcher by December 31, 2013
1.  Participants will be asked the following main questions with follow-up questions as needed related to their perceived experience of working in the ED by April, 2014.
    a. What influenced your decision to work in the ED?
    b. Describe your experience transitioning to the ED within the last two years.
        i. Describe your experience in your previous nursing specialty area.
        ii. Prior to transitioning to the ED, what were your expectations?
        iii. What is the reality of coming to work in the ED compared to the expectations you had prior to coming to the ED?
        iv. Describe experiences that have made it easier or more difficult to transition to the ED.
    c. Demographic information:
        i. Male or Female
        ii. Age
        iii. Educational Preparation
        iv. Years as a RN prior to transfer to ED
        v. Dates working in the ED ( months in ED)
        vi. Specialty before working in the ED (number of years in specialty)
5. Tape record, and transcribe individual participant interviews. Put transcriptions into InVivo software by March 1, 2014. Code for research themes, complete study by May, 2014

Permission is requested to conduct this research study at Exempla Lutheran Medical Center. I will be working with Faculty Advisor Dr. Pamella Stoeckel PhD, RN, CNE at pstoecke@reigs.edu , 303-458-4975.

**Thank you for your assistance with completing my DNP Capstone Project.**

**Sincerely,**

_____          _____
Provider Approval                                          Date  7/17/13

_____          _____
DNP Student                                                 Date  7/17/2013

References

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