



Executive Summary

Registered nursing is a profession of care that affords its skilled members an opportunity to serve others. Registered nurses (RNs) perform many of the duties that allow hospitals to operate but shortages in the field are jeopardizing the integrity of the healthcare industry. Solutions to this shortage are critical to alleviate deteriorating health outcomes. Our research seeks to explore and understand what tactics hospitals can deploy to cultivate positive work environments that result in engaged, satisfied, and tenured RNs.

The selected organization under review is a small, critical-access hospital (CAH) located in a rural community north of Indianapolis, Indiana. The CAH is part of an extensive network of hospitals spread across mid and northern Indiana. We identified the site as an outlier due to high RN turnover rates in the intensive care unit (ICU). As we conducted this research in 2020 and 2021, the ongoing global coronavirus disease 2019 (COVID-19) pandemic was further exacerbating RN shortages which had already spanned decades. The underlying factors for the shortages included disproportionate supply and demand, increased job stress, and quality of care trepidations. Too few RNs are entering the field while demand simultaneously rises to an all-time high. Further, a large percentage of RN baby boomers are currently exiting the workforce due to retirement. Lucrative incentives are being offered to entice RNs to travel positions that include sign-on bonuses of \$25,000 dollars or more and hourly rates that rival those of family-medicine physicians.

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PROBLEM OF PRACTICE

Widespread RN shortages date back more than 60 years in the US. The COVID-19 pandemic propelled this phenomenon back into the spotlight with headlines across the country opining on the crisis and hospitals being required to innovate to curtail further burnout, slow the RN exodus, and maintain quality of care standards. Meanwhile, the RN workforce is aging, the supply of new RNs is insufficient, and the increased demands of the work are becoming untenable. RN managers are struggling with effective motivation tactics given generational differences of RN baby boomers versus incoming Gen Y and Gen Z nurses. The direct costs of high turnover have been cited in the millions and can include RN replacement fees, utilization of agency RNs to backfill gaps, and new recruitment enticements necessary to secure RN talent. In short, the RN shortage has created a crisis which requires urgent intervention.

RESEARCH QUESTIONS

The following questions were derived from the problem of practice and informed by the Motivation-Hygiene Theory (MHT) to guide this research on the poor job satisfaction of RNs and subsequent shortages:

- What are the key drivers of RN dissatisfaction in the ICU at the selected CAH site?
- Does the work itself, as defined by MHT, influence RN satisfaction in the ICU at the selected CAH site?
- Does supervision, as defined by MHT, impact RN satisfaction in the ICU at the selected CAH site?

FINDINGS

Our findings are as follows:

- ⇒ Job stress and the feelings that result from job duties are central to RN dissatisfaction in the ICU at the CAH.
- RN satisfaction with performing job duties is positively correlated with three specific MHT factors: (1) the work itself and interpersonal relationships, (2) the work itself and responsibility, and (3) the work itself and advancement.
- The satisfaction RNs have with how they are supervised is positively correlated with the *interpersonal* relationship RNs have with their respective supervisors during working hours.

RECOMMENDATIONS

Our recommendations are as follows:

- Mitigate RN job stress for excellent patient outcomes.
 - **Tactic 1:** Create a retention and recruitment program to improve RN satisfaction and consequently increase well-cared-for patients.
 - Tactic 2: Improve RN job conditions and work environment.
 - Tactic 3: Develop an RN support and resources plan for unforeseen stressful events (e.g., COVID-19).
- Create an RN centered advancement plan.
 - Tactic 1: Develop a mentorship program between RNs and CAH leaders.
 - Tactic 2: Embody trust by encouraging RNs to exercise autonomy in their work.
 - Tactic 3: Create a career advancement plan for RNs that clearly outlines defined milestones.
- Improve the relationship between RNs and supervisors.
 - Tactic 1: Develop a leadership program for nurse supervisors.
 - **Tactic 2:** Set aside time for external activities that will boost the relationship between an RN and the corresponding supervisor, as well as strengthen interpersonal relationships.

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