Utilizing Motivation-Hygiene Theory to Improve Satisfaction of Registered Nurses in the Intensive Care Unit of a Critical Access Hospital

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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.

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 millennial 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 a 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.

Introduction

Registered nursing is a profession of care that affords its skilled members with an opportunity to serve others. Registered nurses (RNs) perform many of the duties that allow hospitals to operate. Shortages in the field are jeopardizing the integrity of the healthcare industry and solutions to this shortage are critical to alleviate deteriorating health outcomes (Twigg & McCullough, 2014). This research seeks to understand what tactics the selected site and its respective leaders can deploy to cultivate positive work environments that result in engaged, satisfied, and tenured RNs.

Challenges surrounding RN retention are not a new phenomenon. The United States (US) has experienced a steady decline of RNs dating back to the 1960s. Moreover, RN shortages have been projected to worsen to a shortfall of more than 500,000 nurses by 2025 (Buerhaus et al., 2008). The purpose of this capstone paper is to explore the following three questions across RNs assigned to work in the ICU department at the CAH. First, the research will ascertain the primary drivers of RN dissatisfaction. Second, the research will explore how RN job duties are impacting RN satisfaction. Finally, the research will analyze the impact supervision is having on RN satisfaction. Our data will be carefully analyzed with findings used to inform recommendations.

Organization Context

The selected organization under review is a small, critical-access hospital (CAH) located in a rural community north of Indianapolis, Indiana. CAH is a designation assigned to rural hospitals that meet specific criteria established by the Centers for Medicare and Medicaid Services (CMS). The CAH appointment is designed to minimize financial risk and improve access to medical care in underserved areas. Several conditions must be met to obtain the designation, including but not limited to: (1) 25 or fewer acute care inpatient beds, (2) 24/7 emergency care services, and (3) an annual average length of stay of 96 hours or less (Centers for Medicare and Medicaid Services, 2021). By gaining the CAH accreditation through The Joint Commission, these sites support their immediate communities by providing much needed services.

The research site has 25 licensed beds and 251 team members. The facility provides inpatient and outpatient healthcare services. Services at the site include diagnostic imaging, medical and surgical care, obstetrical and gynecological care, emergency medicine, and other healthcare-related services. Roughly 27% of the workforce at the research site are RNs, with fewer than 15 RNs assigned to the ICU under review. The associated medical group has 11 employed providers. According to US Census Bureau data (n.d.), the town's population was roughly 11,000 in 2019. Approximately 80% of the population is categorized as a high school graduate or higher, and 12% are without active health insurance. The median household income is $40,000, with slightly over 20% of individuals cited as living in poverty (United States Census Bureau, n.d.).

Problem of Practice

Overwhelmed by RN shortages and exceptionally high turnover of two to three RNs per quarter, leaders at the research site are motivated to improve RN satisfaction. A myriad of interrelated factors influence RN turnover as described above and throughout. The downstream ramifications of high turnover rates are immeasurable. For example, Waldman et al. (2004) found direct costs related to turnover at a single-site medical center to be close to $30,000,000 dollars per year. These costs are preventable where positive work cultures exist and high retention rates are maintained (Twigg & McCullough, 2014). Despite organizational measures to build positive environments, the field of nursing continues to see a widening gap between those entering the vocation and those leaving.

Aside from the increased demands of RN job duties, labor shortages, and a dissipating RN supply pool, the aging nursing workforce is another factor complicating retention. The "[g]reying of America is a well-known phenomenon" (Stimpfel & Dickson, 2020, p. 395), meaning aging of the tenured heart of the RN workforce is adding further strain to an already pressurized situation. The average age of an RN in the US is 50, making the bookends of the nursing spectrum span from baby boomers to Gen Z. The varied motivators and satisfiers for these groups could not be more different, posing added strain on RN supervisors (Stimpfel & Dickson, 2020). In this paper, we will carefully evaluate how innovations in job duties and RN supervision can reverse trends. The CAH under review has been offering exorbitant travel pay rates to agency RNs and lucrative monetary incentives ($25,000 sign-on bonuses) to attract new nurses. These practices are not financially or operationally sustainable for a rural CAH, thereby necessitating immediate action to promote retention.

Literature Review

Registered nurses (RNs) are an integral component of the nation's healthcare system. The field of nursing, however, has experienced staffing shortages dating back to the 1960s **(**Buerhaus et al., 2008). RN shortages have been linked to a lack of job satisfaction and retention and recruitment programs have been developed to reduce turnover (McGlynn et al., 2012). According to Loft and Jansen (2020), the average RN turnover rate in 2017 was 18.2%, with almost a quarter of US hospitals reporting greater than a 10% RN vacancy rate. Recent shortages have been intensified by an aging RN workforce and an insufficient supply of new RNs. The deficit of RNs in the US is estimated to become nearly 500,000 by 2025 (Buerhaus et al., 2008). Furthermore, the ongoing global COVID-19 pandemic has amplified RN shortages as the increased workload of acute care patients requiring rapid intervention has resulted in higher rates of attrition. This literature review will explore the primary drivers of RN satisfaction and evidence-based strategies shown to be capable of affecting positive change in retaining staff.

What determines an individual's desire to remain in their position is difficult to quantify. Nevertheless, the retention of tenured RNs is crucial for optimal quality outcomes (Loft & Jensen, 2020). Herzberg and colleagues (2017) explored this conundrum by simultaneously evaluating workplace instances that made individuals feel good and job conditions that left participants feeling poorly. Their studies showed that extrinsic (hygiene) factors led to dissatisfaction at work and intrinsic (motivators) factors influenced satisfaction. In 1959, these findings morphed into the Motivation-Hygiene

Theory (MHT), a behavioral theory that has adapted over time to offer a needs-satisfaction model for healthcare organizations which has "been used widely by researchers evaluating nursing job satisfaction" (Alshmemri et al., 2017, p. 13).

MHT FACTORS

MHT comprises two independent sets of factors: motivation factors (satisfiers) and hygiene factors (dissatisfiers), as shown in Figure 1. As recounted by McGlynn et al. (2021), "Herzberg found that factors causing job satisfaction were different from those causing job dissatisfaction" (p. 261). Motivation factors lead to positive feelings towards the work whereas hygiene factors pertain to "the 'doing' of the job" (Alshmemri et al., 2017, p. 14).

These factors seek to satisfy the fundamental need for growth and self-actualization (Hunt et al., 2012) within a profession and demonstrate that what satisfies individuals is not the opposite of what dissatisfies them. Thus, "they are not two sides of the same coin," and a wise manager should give care to both (Adair, 2006, p. 85).

Figure 1: *Motivation-Hygiene Theory*

Motivation-Hygiene Theory (MHT)

Researchers	Frederick Herzberg, Bernard Mausner, Barbara Bloch Snyderman	
	Motivation Factors	**Hygiene Factors**
Outcome	Influence Job Satisfaction	Influence Job Dissatisfaction
Type	Intrinsic	Extrinsic
Nature	Transforming, Determiner, Abraham	Conforming, Determined, Adam
Dynamic	Growth-Seeking	Pain-Avoiding
Role	Satisfier	Avoid Unpleasantness
Factors	Advancement	Interpersonal Relationships
	The Work Itself	Salary
	Possibility for Growth	Policies and Administration
	Responsibility	Supervision
	Recognition	Working Conditions
	Achievement	

Alshmemri *et al., 2017*
Herzberg *et al., 2017*

Motivation

Motivation factors encompass *the work itself, possibility for growth, responsibility, recognition, advancement*, and *achievement* (Hur, 2018). They are intrinsic and transforming in nature and possess the power to affect job satisfaction by positively attending to the need for personal growth and self-actualization (Herzberg et al., 2017).

Achieving a sense of these factors is fundamental to obtaining satisfaction in work (Alshmemri et al., 2017). Motivation factors are briefly summarized herein, expanded upon later in the literature review, and displayed above in Figure 1 (Adair, 2006; Alshmemri et al., 2017; Berent and Anderko, 2011; Dion, 2006; Hertzberg et al.,2017; Hunt et al., 2012; Hur, 2018; McGlynn et al., 2021).

The Work Itself: how one feels while performing job duties

Possibility for Growth: learning, practicing, or acquiring new skills

Responsibility: level of autonomy and how one feels when it is extended or withheld

Recognition: notice, praise, or criticism

Advancement: an upward change in position

Achievement: quality of work

Hygiene

Hygiene factors comprise *interpersonal relationships, salary, company policies and administration, supervision*, and *working conditions* (Herzberg et al., 2017). Hygiene factors are extrinsic environmental factors which were shown to be less influential to job satisfaction than motivation factors. They are commonly categorized as dissatisfiers (Berent & Anderko, 2011).

These variables can stave off dissatisfaction with work and the effects of mental illness like anxiety or depression (Herzberg et al., 2017), as they are related to the desire to avoid distress and remove hazards from the work (Adair, 2006). Hygiene factors are briefly summarized herein, expanded upon later in the literature review, and displayed in Figure 1 (Adair, 2006; Alshmemri et al., 2017; Berent & Anderko, 2011; Dion, 2006; Hertzberg et al., 2017; Hunt et al., 2012; Hur, 2018; McGlynn et al., 2021).

Interpersonal Relationships: independent interactions with a superior, subordinate, or peer

Salary: all forms of compensation associated with assigned work

Company Policies and Administration: the impact of organizational structures

Supervision: competency and fairness of superiors

Working Conditions: physical conditions of the work (facility, environment, and equipment)

REGISTERED NURSE CRISIS

By remediating hygiene factors that commonly lead to turnover and prioritizing motivation factors, organizations can improve satisfaction and prevent the unnecessary expenses that accompany low retention of RNs. High turnover among

RNs often results in poor quality patient outcomes and a hefty accompanying price tag exceeding one billion dollars (Gess et al., 2008). Past studies illustrate the negative impact of high RN turnover and emphasize the value of retention; public safety, viable healthcare economies, and satisfied, well-cared-for patients are contingent upon RN retention (Gess et al., 2008). Unfortunately, there is little evidence evaluating effective methods to retain RN staff in a clinical setting.

Given the current weakening of the healthcare system in the US, it is critical to act now to protect RNs and ensure our healthcare system remains as resilient and robust as possible. Aiken et al. (2008) stated, "it seems reasonable to assume that the actual number of patient deaths that could be averted annually by improved care environments, nurse staffing, and nurse education is somewhere in the range of 40,000 per year," which suggests a financial, social, and moral imperative to effective RN retention strategies (p.228).

The COVID-19 pandemic has altered the clinical landscape by producing unprecedented challenges, workloads, and complexity in the medical field. Staff are currently undergoing frequent and unremitting traumatic events due to the extraordinary demands of the pandemic (Hossain & Clatty, 2021). RNs must serve as surrogate family members to prevent patients from dying alone; coupled with the scarcity of resources and a general sense of powerlessness, this duty has been shown to inflict moral injury (Hossain & Clatty, 2021). Staffing shortages, poor retention rates, and hospitals operating at maximum capacity have led to RNs being forced to function in these extreme conditions with no end in sight. Often, RNs are regularly expected to work longer and come in earlier than their scheduled shifts, creating more trauma exposure (Hossain & Clatty, 2021).

The pandemic circumstances are causing medical professionals to prioritize ethical decisions over their own welfare which creates a significant dilemma that most RNs have never faced before (Hossain & Clatty, 2021). For example, tenured RNs are often assigned to provide care in a COVID-19 positive unit. This moral and professional obligation may conflict with general welfare concerns if the RN has immune compromised children or parents at home. As a result, careful consideration of these factors alongside the existing body of research is crucial to improving RN satisfaction.

When developing the MHT framework, Herzberg and colleagues sought to understand and illustrate what people want in a job. Their findings were based on the notion that individuals have two distinct needs: "the need for psychological growth and the need to avoid unpleasantness" (Berent & Anderko, 2011, p. 203). The MHT researchers coined this paradoxical dynamic as being both "pain-avoiding and growth-seeking" (Herzberg et al., 2017, p. xvii).

Though sometimes criticized as an oversimplification, MHT "is perhaps the most heuristic theory in industrial psychology since it has stimulated so much research" (Herzberg et al., 2017, p. xvii). Our literature review shored up that statement through its discovery of many practical applications of MHT across different countries, industries, and companies including AT&T, UPS, IBM, and the US Air Force (Herzberg et al., 2017). In the following sections, we will review how motivation and hygiene factors correlate with RN satisfaction and examine how they can be leveraged on-site to reverse the trajectory of RN turnover.

MOTIVATION FACTORS

Influenced in part by Maslow's hierarchy of needs, MHT researchers defined motivation factors as levers capable of fulfilling basic human desires for self-growth and self-actualization. Motivation factors have been shown to "increase and improve" job satisfaction (Alshmemri et al., 2017, p. 12) and can include *the work itself*, *possibility for growth*, *responsibility, recognition, advancement,* and/or *achievemen*t (Alshmemri et al., 2017). In short, Herzberg et al. (2017) concluded that the intrinsic motivators of work make people feel satisfied. Further, they correlated motivation factors with positive attitudes towards the work being carried out (Herzberg et al., 2017).

The following review will explore each motivation factor and how its application has been shown effective in improving RN satisfaction and retention rates.

The Work Itself

As a motivation factor, *the work itself* can be understood as actions specific to the task and duties that the individual is performing (Adair, 2006). The ease or difficulty of the work and its ability to interest an individual impacts their intention to stay (Alshmemri et al., 2017). When Herzberg et al. (2017) revisited the application of motivators more than 55 years after their initial research, the importance of the client relationship was determined to be the most prevalent driver of satisfaction within the work itself in cases when the worker experiences how the product of their work impacts the intended end-user. In the RN context, the human connection between caregiver and patient readily lends itself to fostering this motivation. The subsequent assessment of motivation factors also emphasized that vertical loading, defined as "pushing down responsibility," was central to motivation (Herzberg et al., 2017, p. xv). Both these motivation factors exist in the nursing profession and have been expanded upon in more recent research.

A Vocation of Caring. Proof of the value of the client relationship specific to the field of nursing can be found in Loft and Jensen (2020) who discovered that a desire to work in the field of nursing can contribute to retention in and of itself. RNs reported an inherent loyalty to the profession and patient care and cited the hands-on interaction with patients as an influencer of job satisfaction. When Hur (2018) evaluated the impact of MHT in the public sector, higher levels of fulfillment were shown to be derived from the work itself rather than from improvements to working conditions or work environments. Changes in the work itself were even found to be more impactful to satisfaction than a salary increase (Hur, 2018).

Nurse-to-Patient Ratio. Throughout our review of the research related to job satisfaction and workplace engagement, the need to maintain safe nurse-to-patient ratios ascended as a priority for increasing RN retention, partly due to the finding that dissatisfaction in work rises when the number of tasks is disproportionately high (Waltz et al., 2020). Some states, such as California, have passed legislation that mandates minimum staffing thresholds for nurses (see Appendix A); the optimum ratio in the ICU is 1:1 for ventilator beds and 1:2 for non-ventilator beds, meaning one RN for every one ventilator patient or one RN for every two non-ventilator patients (Sharma & Rani, 2020). Appropriate RN staff ratios help to achieve improvements in RN fatigue and burnout (Sharma & Rani, 2020).

Possibility for Growth

The *possibility for growth* motivation factor provides objective evidence about the impact that growth opportunities can have within a professional role (Adair, 2006). It can be defined as a person being able to perceive their individual ability to grow and feel promotable within the respective organization (Alshmemri et al., 2017). The possibility for growth MHT factor includes new learning, on-the-job training in new techniques, and/or the acquisition of new expertise, all of which were found to promote ownership and a greater willingness to accept responsibility for the product of one's work (Herzberg et al., 2017). Gaining confidence in a specific area and growth in their overall profession led to individuals increasing institutional knowledge which is critical to ensure a knowledge-transfer to the incoming generation of workers and central to job satisfaction (Herzberg et al., 2017).

Professional Development. Attempting to determine fixed or static solutions backed by empirical literature that result in retaining RNs is an ever-evolving, complex struggle. There is solid research to inform the drivers of dissatisfaction but not nearly as much data available in the satisfaction realm. Generational preferences add to the complexity of the research, as do external forces such as the ongoing COVID-19 pandemic. Loft and Jensen (2020) conducted interviews to evaluate influencers of satisfaction in tenured RNs and found many of the nurses surveyed voiced a desire to leave their roles because they did not feel professionally challenged.

Said another way, this finding perfectly illustrates the motivation factor being exercised: "professional development was described as something positive and as essential for staying in their positions" (Loft & Jensen, 2020, p. 1312). If professional development programs and other similar initiatives are deployed thoughtfully, they can be well-positioned to influence retention.

Barriers to Growth. Professional growth plays a significant role for RNs (Waltz et al., 2020). However, in this study, nurses cited many challenges in pursuing professional growth, including time constraints, fatigue, financial burden, and the inability to step away from the unit while working a shift. The study found that these challenges limit committee participation and continuing education opportunities during off-days, which is problematic (Waltz et al., 2020). Reducing the ability of a RN to professionally improve in their career may negatively affect retention rates in a similar way to a low sense of responsibility and autonomy on the job.

Responsibility

Responsibility is a motivation factor which is related to the satisfaction obtained by both the ability to assign and accept accountability and the freedom to make decisions. A lack of autonomy and responsibility were found to lead to dissatisfaction (Alshmemri et al., 2017). In their later works, Herzberg et al. (2017) translated this factor into more concrete terms including: self-scheduling, authority to communicate, control of resources, and accountability. RNs working in autonomous environments report higher satisfaction levels (Twigg & McCullough, 2014).

Given the level of professional independence required in the field of nursing, it is understandable that supporting autonomy helps shape the quality of care provided. Empowering work structures, nurse-led decision making, and allowing RNs to function as independent practitioners helps to enhance the clinical work environment (Twigg & McCullough, 2014). Further, Gess et al. (2008) developed an evidence-based protocol for RN retention which identified autonomy as a crucial influencer of retention and positively correlated it with higher levels of RN productivity and quality care. The study emphatically concluded that empowering the RN workforce and cultivating positive care environments was imperative to RN retention. The protocol outlined specific goals and strategies which included promotion of learning experiences, shared lessons, fostered ingenuity in practice, collaborative management, and clear governance structures (Gess et al., 2008).

Findings that reinforced the significance of participatory decision-making and open communication were replicated in a nursing home study carried out by Hunt et al. (2012). Here, researchers utilized MHT as the basis for evaluation where responsibility was also indicated as a central motivation factor that can be strengthened even more deeply when combined with recognition of an RN's value and worth.

Recognition

Any act of *recognition*, both positive and negative, can be a motivation factor that determines satisfaction within a profession (Adair, 2006). Feedback is synonymous with recognition as it pertains to motivation—it is important for recognition to be communicated for its effects to take root (Herzberg et al., 2017). Gess et al. (2008) cited a lack of recognition as a primary driver of turnover in RNs. Unlike other motivation factors, recognition is not resource intensive yet is often skipped over, arbitrarily delayed, or diminished in value (Gess et al., 2008). The failure to prioritize this invaluable tool is often associated with precipitous consequences.

Value of Thank You. Scholars conducting job satisfaction research have argued that recognition tactics are inherent to retention (Adair, 2006; Gess et al., 2008; Herzberg et al., 2017; Waltz et al., 2020). Acknowledging a subordinates' achievements is highly impactful and leads to their improved satisfaction (Waltz et al., 2020). Most RNs, however, rate the level of recognition they receive poorly. Similarly, the Gess et al. (2018) evaluation concluded, "Recognition of the

value and meaningfulness of one's contribution to an organization's work is a fundamental human need and an essential requisite to personal and professional development" (p. 445).

A sense of appreciation leads to feelings of value, increased motivation, and garners respect (Waltz et al., 2020). The simplicity of satisfying this measure is easily realizable despite its infrequent application. Gess et al. (2008) cite examples of intangible recognition practices with proven effects that include a handwritten note, kudos email, a spotlight in an internal newsletter, and/or an old-fashioned verbal thank-you. Tangible measures, such as monetary rewards, are also effective but frequently unnecessary (Gess et al., 2008). As rudimentary as it may seem, heartfelt expressions of gratitude seem to have the power to transform RN satisfaction and retention which suggests motivation factors are both simple and complex.

Advancement

Positive or negative *advancement*—respectively defined as either a rise in the hierarchal progression of a position or a downgrade in position or status —is also a vital motivation factor (Alshmemri et al., 2017). A change in status or position can increase or reduce satisfaction (Adair, 2006). New learning, growth inside the position, and on-the-job training that leads to distinctive proficiency and formal advancement are housed under this MHT factor (Herzberg et al., 2017).

Paying particular attention to effective examples reviewed in the literature, it seems that actualizing benefits related to advancement can be accomplished through various methods. As such, "Creating positive practice environments is therefore an important strategy available to executives and nurse leaders to enhance nurse retention and improve health outcomes" (Twigg & McCullough, 2014, p. 91).

Twigg and McCullough (2014) outlined several methods to create positive advancement-based clinical work environments in their research surrounding RN retention. Among these were a demonstration of support for career ladder programs, skill development sessions, specialty certification opportunities, preceptorship, and mentoring. Investment in emerging RN leaders was also found to contribute to nurse satisfaction. According to Herzberg et al. (2017) "contrary to popular opinion, workers are willing to be held accountable when they have adequate training, control of resources, scheduling, and so forth" (p. xvi). Coupling accountability with RN satisfaction derived from advancement opportunities can prove instrumental to retention efforts (Herzberg et al., 2017 and Twigg & McCullough, 2014). Adding achievement opportunities can provide even more net gain.

Achievement

The motivational factor of *achievement*, defined as "quality performance" by Herzberg et. al (2017) is significantly correlated to job satisfaction, suggesting that many RNs want to do a good job in their work. On a more granular level, achievement can be broken down into actions: accomplishing a specific task, project, or seeing a positive outcome in one's work (Alshmemri et al., 2017). It can also include identifying solutions to complex problems (Adair, 2006).

Somewhat surprisingly, a sense of achievement was not found to be emotionally driven. Herzberg et al. (2017) unexpectedly found "that behavior or performance leads to satisfaction and positive attitudes" (p. xv) rather than the inverse being true. Instead of a positive attitude leading to achievement, Herzberg et al. (2017) noted that achievement itself led to a greater sense of satisfaction and retention. The results of the research indicated that workplaces which had performed well in this territory had higher rates of retention—in other words, RNs stayed longer in workplaces where they were able to do their job well.

Tenure Linked to Retention. Tenure is linked to intention to stay (Loft & Jensen, 2020). Experienced RNs were more likely to, "enter into difficult and hard conversations with patients, which they would have avoided as inexperienced

nurses, but also standing their ground professionally and taking a stance in both monodisciplinary and interdisciplinary settings" (Loft & Jensen, 2020, p. 1309). RNs are often faced with delivering complex or discouraging news. They may be tasked with performing studies or carrying out orders that are received unfavorably by the patient or patients' family members. Nevertheless, with experience comes confidence, wisdom, and expertise, allowing RNs to function at their peak performance and to commit to the positions they hold without unexpected turnover (Loft & Jensen, 2020). The literature shows that RNs stay longer where they are empowered, successful—and safe.

HYGIENE FACTORS

Interestingly, Herzberg borrowed the term hygiene from the medical field and initially considered hygiene factors to be less impactful than their counterpart motivation factors (Herzberg et al. 2017). Defined as 'the need to avoid unpleasantness' (Alshmemri et al., 2017, p. 12), hygiene factors include *supervision, interpersonal relationships, salary, working conditions*, and *company policies and administration* (Herzberg et al., 2017). These extrinsic factors are not curative (will not solve) but rather preventative (treat) and refer to the environment where the work is taking place and not the work itself. An example provided by Herzberg et al. (2017) relates to water purification. While water purification does not cure diseases, there would be much more illness if these systems did not exist (Herzberg et al., 2017). Just as health hazards are preventable, so is some amount of dissatisfaction at work when hygiene factors are appropriately managed (Alshmemri et al., 2017). Therefore, taking steps to prioritize conditions in these areas does not have the potential to guarantee universal happiness but removing toxic factors will help reduce dissatisfaction (Adair, 2006).

Supervision

The *supervision* hygiene factor is primarily described as the abilities and objectivity of the direct supervisor as evaluated by their employees in terms of competency, fairness, delegation ability, and accessibility (Adair, 2006). A supervisor who is perceived to be strong in these areas will enhance an employee's level of satisfaction (Alshmemri et al., 2017); a supervisor's propensity to delegate, teach, and criticize also influences this lever (Adair, 2006). Further, failure of a supervisor to inspire can create conditions for professional attrition (Tuckett et al., 2015).

Flawed Supervision. In a review of the literature to understand why RNs are leaving the profession, Tuckett et al. (2015) found that an established industry culture of managerial support, helpful colleagues, and care before business allows some RNs to find increased job satisfaction. Citing the common failure to garner respect for higher ranked RNs, Tuckett et al. (2015) suggested, "nurse managers are contributing to the exodus of nurses out of the profession" (p. 363). An intentional investment in the quality and development of RN leaders is needed to spark positive change.

Nursing managers play a vital role in influencing nurses' intention to remain within an organization—the prima facie truths of the way RN supervision can negatively or positively affect RN retention (Loft & Jensen, 2020). RNs at the bedside are intimately involved with the care provided and environmental conditions impacting patient outcomes and overall unit satisfaction (Gess et al., 2008). Thus, RN supervisors must actively attend to what subordinates share to demonstrate their commitment to their staff and create conditions for their RNs to succeed in delivering quality patient care (Gess et al., 2008).

RNs express a desire for competent, visible, and flexible direct supervisors (Loft & Jensen, 2020). Examination by Twigg and McCullough (2014) again reinforced the nurse manager role in retention, citing tenure, collaboration, expertise, critical thinking, emotional intelligence, visibility, and responsiveness as nurse manager qualities necessary to create positive practice environments. Without those qualities, nurse managers may unknowingly damagingly contribute to turnover rates.

Critical Role of Supervision. The critical role played by a supervisor cannot be underscored enough. RN supervisor relationships with subordinates are an essential contributor to job satisfaction (Waltz et al., 2020). Departments with high rates of RN leader turnover had lower morale than units with tenured leaders where RNs mentioned strong feelings of support (Waltz et al., 2020). Though MHT places supervision in the hygiene camp, Adair (2006) argues that leaders (versus supervisors) make achievement possible by stimulating creativity and awarding recognition. Furthermore, he states that the lack of use of the term leadership in the MHT deserves mention and likely further exploration (Adair, 2006).

We theorize a distinction between supervision (management) and leadership to be informative to the RN satisfaction argument and worthy of callout in this research. Leaders are capable of inspiring whereas supervisors carry out day-to-day routinized tasks. The rudimentary daily regimen of supervision lacks a long-term plan for RNs and their operating unit that could address attrition and increase satisfaction. As reported by Hunt et al. (2012) “developing long-tenured leaders is the most potent target to increase retention” (p. 254).

According to Herzberg et al. (2017), "when deteriorated interpersonal relationships between supervisor and subordinate do occur, the effects can be devastating to the employee” (p. 73). As demonstrated herein, the quality of the relationship to the immediate supervisor in addition to the trusted guidance and advocacy of a recognized long-tenured leader are important—perhaps even more so than is recognized within the MHT.

Interpersonal Relationships

Relationship-building is often a byproduct of working alongside other individuals, departments, and teams. *Interpersonal relationships* can be explained as employees' interactions with supervisors, peers, and subordinates independent of job activities (Adair, 2006) which may include professional collaboration as well as social conversations (Alshmemri et al., 2017). A review of strategies by Twigg and McCullough (2014) to improve RN retention showed collegial relationships in the healthcare practice setting to be a critical driver of favorable environments.

Importance, Horizontal Violence, and Mentoring. Positive relationships with peers were not cited as the primary driver of satisfaction but they were demonstrated to be a pivotal component of a RN’s intention to stay (Twigg & McCullough, 2014). A close review of the literature identified mentoring as an effective strategy to improve interpersonal relationships among RNs (Race & Skees, 2010; Twigg & McCullough, 2014; Clark et al., 2020). Camaraderie and team spirit also contributed to RN satisfaction (Loft & Jensen, 2020). Research participants, "looked forward to going to work" when they had good relations with colleagues (Loft & Jensen, 2020, p. 1313). Of note, Waltz et al. (2020) found interpersonal relationships to be the most frequently cited contributor to millennial RN satisfaction.

The converse is also true. While successful mentoring can positively correlate with job satisfaction and nurse retention, if horizontal violence occurs within these relationships, they can also be a cause of increased RN attrition. Horizontal violence can be characterized as behaviors that include transgressions such as bullying, insubordination, harassment, and passive aggression (Race & Skees, 2010). While hospital and RN leaders may find it difficult to objectively influence interpersonal relationships, it is important to make efforts to build strong relationships. Mentoring programs and positive-advancement environments can be constructively correlated with satisfaction and have been shown to have a greater positive impact than material monetary gains, such as salary.

Salary

Salary is classified as a hygiene factor which includes all forms of compensation received from performing a specific job function (Alshmemri et al., 2017). Financial remuneration straddles the divide between motivation and hygiene factors because it is viewed as a concrete measure of performance and a symbol of accomplishment (Adair, 2006). In the review

Adair (2006) completed on MHT, it was determined that “salary has a short-term satisfying effect, but as an influence on job attitudes the research team concluded that it had more potency as a dissatisfier than as a satisfier” (p. 78). To be more specific, a lack of equity within the wage system, uneven coordination of pay range differentials and wage increases, and challenges with a salary administration system were pinpointed as drivers of dissatisfaction (Herzberg et al., 2017). In the contemporary context of the profession, salary is becoming an even more significant driver in unexpected ways.

COVID-19 Impact. The ongoing COVID-19 pandemic has disrupted supply and demand constraints in the field of nursing. New RNs are being enticed with exorbitant recruitment incentives and tenured RNs are being swooned away from long-time employers to new positions with promises of flexible work schedules and hourly wages that rival primary care physicians. In November 2021, the rural healthcare site being studied for this research was offering new RNs $25,000 sign-on bonuses. The emerging elements of nursing during COVID-19 make it difficult to provide long-term data points and predict outcomes of rapid increases in salary which is true for other motivation factors as well.

Work-Life Balance. Another prominent element missing from the MHT is the notion of work-life balance. The importance of generous and flexible benefit packages which allow for an appropriate balance of work-life and personal needs are fundamental to satisfaction. Specifically, Loft and Jensen (2020) found that "achieving the right balance lay at the heart" of RN satisfaction (p. 1313).

When Waltz et al. (2020) conducted an exploratory-descriptive qualitative study exploring job satisfaction and workplace engagement with millennial RNs, they discovered a prioritization of balance from Gen X RNs due in part to their experience of the long hours their own parents worked. In the study, millennials expressed similar values, “like Generation X, work-life balance is highly valued, and they desire a flexible work schedule” (Waltz et al., 2020, p. 674).

Further, many RNs are willing to put their careers on hold to obtain balance when life demands it if their workplaces do not support flexibility and offer accommodation (Loft & Jensen, 2020). As we seek to find new and innovative ways to meet the demands of the RN workforce and decrease attrition, this finding deserves acknowledgement.

Working Conditions

Working conditions, characterized as an MHT hygiene factor related to the workplace's physical atmosphere (Adair, 2006), can be simply defined as the condition of facilities. When rated favorably by employees, they can contribute to a sense of pride and satisfaction. But MHT exploration revealed that work location, inadequacy of facilities, and the quantity of work needed to accommodate these issues can become common complaints if in disrepair (Herzberg et al., 2017). These conditions influence the safety of the environment as a high quantity of custodial work can affect systems like ventilation, climate control, and the functioning of equipment (Alshmemri et al., 2017). Other “thought units” for consideration in this hygiene factor include the amount of work and the type of facilities available to carry out the specified work (Adair, 2006, p. 74). More specifically, the type of facilities available should be adequate in number, design, and scope to handle corresponding demand.

COVID-19 Implications. The ongoing COVID-19 pandemic has heightened awareness and sensitivity related to this factor, presenting challenges for RNs that were previously unfathomable. An enlightening example offered by Hossain and Clatty (2021) pertains to the scarcity of personal protective equipment (PPE). Their research illustrated the struggle faced within the US to obtain and offer "adequate protection to frontline [healthcare] workers” (Hossain & Clatty, 2021, p.26). They mention RNs' professional and moral obligation to care for patients but point out the dilemma that a lack of PPE poses to their right to protect themselves from undue risk (Hossain & Clatty, 2021). During the pandemic, company policies around procurement also surfaced as a priority discussion topic.

Company Policies and Administration

MHT notes *company policies and administration* as a hygiene factor which can be defined as the impact, useful or harmful, that organizational policies and management structures have on employees (Alshmemri et al., 2017 and Adair, 2006). Undesirable examples raised by survey participants during MHT research included the deleterious effects of organizational inefficiency, waste, erroneous duplication of efforts, and power struggles that occur between departments (Herzberg et al., 2017).

Another common morale-depleting example discovered in MHT research is related to the recruitment process where preferential treatment is given to candidates with higher education degrees versus their non-college-educated experienced peers (Herzberg et al., 2017). At the time of this research, new and traveling RNs are being offered rates that far surpass those of their tenured colleagues in an effort to meet demand and as a requirement to remain competitive. These practices, however, are compromising the equity company policies and administration seek to uphold.

CONCLUSION

This research seeks to improve RN satisfaction in the ICU at the designated research site. Race and Skees (2010) declare critical care nursing, which is performed within the ICU, to be among the most stressful specialties within the nursing field. According to the American Association of Critical-Care Nurses (AACN), critical care RNs perform standard nurse functions as well as specialized interventions, monitoring of life support, and coordination among multiple teams of providers across specialties. These specialized RNs, which comprise the selected group for this research, are trained to serve as the first responder when a patient crashes. As the ICU, which serves as the department of work for critical care nurses, is responsible for the treatment and management of the most acutely ill patients in the hospital, patients in the ICU are often facing life threatening health conditions. Thus, the urgent demands placed upon ICU RNs can lead to higher rates of dissatisfaction and burnout (Race & Skees, 2010).

Our investigation intends to develop an improved understanding of what keeps RNs satisfied in their current roles with the goal of fostering a plan for workplace culture which is grounded upon empathy, diversity, inclusion, recognition, and respect. Leaders are challenged to find ways to synergize talents from the workforce to promote joy and prioritize care before business (Waltz et al., 2020) and thus, deployment of effective engagement strategies is necessary to accommodate future (and current) demand within the CAH. Overcoming this longstanding matter, especially within a for-profit, rural healthcare setting, will require a systemic, well-researched approach to address the myriad of challenges and seize existing opportunities.

Conceptual Framework

As noted herein, Motivation-Hygiene Theory (MHT), coined by Herzberg, Mausner, and Bloch- Snyderman, is cited as one of the most influential theories related to job satisfaction research (Dion, 2006) and serves as the conceptual framework guiding this study. Its specific significance in nursing is no exception, with multiple nursing research studies using this as a theoretical framework to measure RN satisfaction (e.g., Alshmemri et al., 2017; Berent & Anderko, 2011; McGlynn et al., 2012).

Initially constructed in 1959, MHT has been reimagined everal times with the latest data published by the original researchers in 2017. At the time of its original publication, it was seen as a revolutionary behavioral theory due to Herzberg's two-factor theory. According to Adair (2006), the dramatic finding of two independent sets of factors is what makes this theory unique; the distinct delineation of motivation factors (satisfiers) and hygiene factors (dissatisfiers) positioned this research at the front of its field. In 2006, Dion studied the impact that workplace incivility and stress had on job satisfaction and retention of ICU RNs and lauded MHT as one of the most noteworthy theories of all-time related to job satisfaction due to the two-factor model.

We drew heavily upon the work of Herzberg, Mausner, and Bloch-Snyderman (1959) in terms of job attitudes and job satisfaction to inform our conceptualizations around RN satisfaction as a great deal of scholarship has built upon the research conducted by these examiners to inform engagement strategies. The body of work shows that engagement can

take on many positive effective orientations, such as, connectedness, alignment, commitment, and most importantly for our work, satisfaction.

We also drew from scholars such as Adair (2006), Alshmemri et al. (2017), Berent and Anderko (2011), Dion (2006), Hunt et al. (2012), Hur (2018), and McGlynn et al. (2021) to nurture our understanding of MHT and its application in the field. As discussed above, our literature review revealed MHT to be an applicable, noteworthy, heuristic framework that is well-positioned to analyze key influencers of RN satisfaction.

BROAD IMPLICATIONS

Many companies have applied the original MHT research across industries including (but not limited to): UPS, US Air Force, IBM, and AT&T (Herzberg et al., 2017). The transferability of MHT principles across industries further demonstrates its significance. One of the most reprinted articles in the *Harvard Business Review* is an MHT replication piece which indicates that the theory is still relevant and valuable to contemporary analysis (Herzberg et al., 2017).

We postulate that the applicable conversion of abstract concepts into actionable factors contributes to the widespread study and use of MHT. A "passionate concern for people fueled Herzberg's research," alongside the belief that work, "should serve the humanistic purpose of self-actualization" (Adair, 2006, p.85). Many studies in nursing research have used this theory as a theoretical framework in evaluating job satisfaction and retention among RNs (Alshmemri et al., 2017). As with most things, there has been criticism of Herzberg's theory over the years. Some refer to MHT as being too dichotomous and/or an oversimplification.

In 2017, Herzberg responded to the oversimplification critique of the MHT by explaining that his early research sought to understand what people want—which proved to be everything. Given that "a list of everything that people want is not useful for long-term planning," the MHT was developed to offer a strategic framework for tactical use (Herzberg et al., 2017, p. xvii). Adair (2006) implored that it is worthy of consideration due to the truth within its findings and its widespread, effective application.

Narrowing of Scope

Using the literature to guide the research, two MHT factors were selected for further consideration at the CAH: *the work itself* (motivation factor) and *supervision* (hygiene factor). Most of the studies reviewed revealed these two factors to be significant drivers of job satisfaction, dissatisfaction, turnover, and retention (Aiken et al., 2008; Adair, 2006; Alshmemri et al., 2017; Buerhaus et al., 2008; Dion, 2006; Gess et al., 2008; Herzberg et al., 2017; Hossain and Clatty, 2021; Hur, 2018; Loft and Jensen, 2020; Race and Skees, 2010; Twigg and McCullough, 2014; Tuckett et al., 2015).

This research will explore how to leverage these findings in a way that transforms RN satisfaction for the subject of our capstone paper.

Research Questions

The following research questions (RQ) were derived from the aforementioned problem of practice which encapsulates RN shortages and poor corresponding job satisfaction. The questions have been informed by assumptions predicated in the Motivation-Hygiene Theory (MHT).

1. What are the key drivers of RN dissatisfaction in the ICU at the selected CAH site?

2. Does *the work itself*, as defined by MHT, influence RN satisfaction in the ICU at the selected CAH site?

3. Does *supervision*, as defined by MHT, impact RN satisfaction in the ICU at the selected CAH site?

Project Design

Our project design heavily benefited from our selected site's diligence and rigor in collecting both patient and RN assessments on a year-to year basis. As a result, we were able to use a wealth of data to triangulate findings.

DATA COLLECTION

Patients and team members are regularly surveyed at the site to obtain experiential feedback which meant that initial data collection for this project included a sequential review of surveys completed by ICU patients and ICU RNs at the respective facility. Internal (HR database) and external (HCAHPS) repositories were utilized to investigate stakeholder satisfaction and identify areas of opportunity. ICU patient satisfaction was measured by reviewing Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) ratings. Exit interview transcripts obtained from HR were also analyzed for 26 recent ICU RN voluntary terminations to isolate dissatisfiers.

Patient Satisfaction

HCAHPS Survey (Quantitative). HCAHPS is a nationally systematized survey tool deployed in 2006, which measures patients' perspectives of the care they receive during hospital admission (Centers for Medicare and Medicaid Services, n.d.). According to the Centers for Medicare and Medicaid Services (CMS), eligible patients are sent a survey within two to 42 days after discharge. Eligibility is determined based upon age (18 years or older), length of stay (minimum of one

night in conjunction with admission), non-psychiatric diagnosis, and alive at the time of discharge (Centers for Medicare and Medicaid Services, n.d.). According to CMS (n.d.):

> The HCAHPS survey is composed of 27 items: 18 substantive items that encompass critical aspects of the hospital experience [to include] communication with doctors, communication with nurses, the responsiveness of hospital staff, cleanliness of the hospital environment, quietness of the hospital environment, pain management, communication about medicines, discharge information, overall rating of the hospital, and recommendation of the hospital (para. 3).

Capturing Data to Improve Outcomes. A survey sample is enclosed in Appendix B for reference (Hospital Consumer Assessment of Healthcare Providers and Systems, 2018). The tool allows for analogous comparisons to be made across inpatient healthcare facilities. Three goals shape the HCAHPS survey process: (1) produce data that allows for meaningful comparisons, (2) incentivize quality boost based upon public reporting, and (3) enhance accountability through transparency (Centers for Medicare and Medicaid Services, n.d.). Since 2012, the results of these surveys have driven value-based purchasing, quality incentive payment programs, and managed care reimbursement rates. The survey is available in seven language translations, with over 4,000 hospitals participating and three million patients responding each year (Centers for Medicare and Medicaid Services, 2021).

HCAHPS Results. HCAHPS results for the ICU were analyzed for Q3 2019 to establish a pre-pandemic baseline then compared with the latest corresponding ratings available at the time of this study which were Q3 2021. We sought to measure what change (if any) occurred during the pandemic period. An independent samples t-test was conducted to determine whether there was a statistically significant mean difference between the overall HCAHPS scores in Q3 2019 and scores reported in Q3 2021.

The data was filtered to allow for a focused review of the HCAHPS 'Your Care From Nurses' section which asks the following questions: (1) How often did nurses treat the patient with courtesy and respect?, (2) How often did nurses listen carefully to the patient?, (3) How often did nurses explain things in a way a patient could understand?, and (4) After the call button was pressed, how often did the patient get help as soon as they wanted?

Employee Engagement

Exit Interviews (Quantitative). Exit interviews are performed when an employee voluntarily terminates employment with the organization. Likert scale responses and open-ended answer transcripts from exit interviews conducted on the last 26 RNs departing from the ICU were provided to us by the human resources department. The selected timeframe represented data collected from departing RNs between February 2021 to August 2021 (scale of 1-5) and November 2021 to February 2022 (scale of 1-3). Sensitive and protected legal information was removed to maintain confidentiality. The Likert scale questionnaire options were coded with the appropriate MHT factor variables as shown in Table 1. It was hypothesized that this process would illustrate preventable drivers of turnover and thus allow for the effective deployment of new RN satisfaction tactics.

Table 1: *Exit Interview Question Mapping (February 2021 to August 2021)*

Survey Question	MHT Factor
Did you get along well with your co-workers?	Interpersonal Relationship
Did you have the necessary equipment to do your job?	Job Equipment
Did you receive proper training for your position?	Possibility for Growth
Did your manager/supervisor treat you fairly?	Supervision
Your benefits	Benefits
Your hours and working conditions	The Work Itself
Your job duties and responsibilities	Responsibility
Your opportunities for advancement	Advancement
Your Pay	Salary

DATA ANALYSIS

Historical vs. Current

The data analysis process was performed in the following sequential order. First, historical data for the specified periods was examined to determine a baseline. The review included Q3 2019 HCAHPS surveys (pre-pandemic patient satisfaction) and February 2021 through August 2021 ICU RN exit interview transcripts (RN dissatisfiers). Next, recent results were evaluated to ascertain progress or decline. These results included Q3 2021 HCAHPS surveys and November 2021 to February 2022 exit interview transcripts from the same department of ICU RNs.

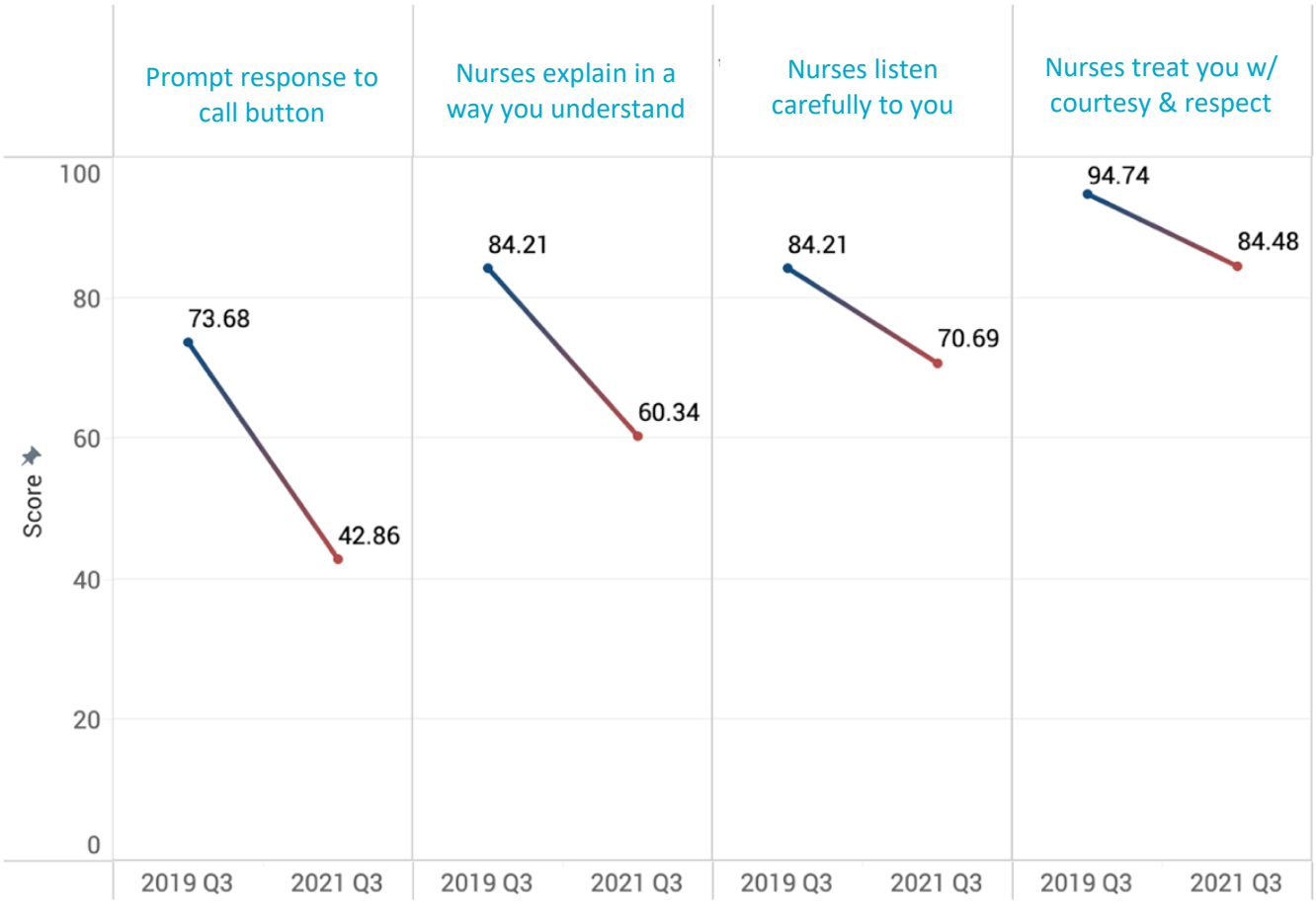
HCAHPS: Overall Scores Comparison (Q3 2019 versus Q3 2021)

Erosion in performance during the measured time periods was easy to detect upon initial review of the data. Comparing averages was not sufficient evidence to inform our findings. Since the group of patients measured in Q3 2019 differed from those measured in Q3 2021, an independent samples t-Test (Figure 2) was conducted. This analysis helped to determine whether there was a statistically significant mean difference between the overall HCAHPS scores in Q3 2019 (pre-pandemic baseline) and scores reported in Q3 2021. By using the independent samples t-test, we compared the scores in Q3 2019 against the scores in Q3 2021. The results were significant (p-value was below .05; see Figure 2). This meant that there was statistical evidence that the scores in Q3 2019 differ from those in Q3 2021. To be precise, we found statistical evidence that the scores in Q3 2019 were on average 12.9 points higher than in Q3 2021((t = 3.17, p < .001).

HCAHPS: Your Care from Nurses Section Comparison (Q3 2019 versus Q3 2021)

In addition, we also examined the *Your Care from Nurses* section in the HCAHPS survey for the respective time periods under review (Figure 3). The section includes the following questions: (1) How often did nurses treat the patient with courtesy and respect?, (2) How often did nurses listen carefully to the patient?, (3) How often did nurses explain things in a way a patient could understand?, and (4) After the call button was pressed, how often did the patient get help as soon as they wanted?

Figure 3: *HCAHPS Your Care from Nurses Section Comparison (Q3 2019 versus Q3 2021)*



After isolating the HCAHPS results from the Your Care From Nurses section, we found that all four scores decreased when comparing Q3 2019 to Q3 2021: (1) Nurses treat patients with courtesy, from 94.74% to 84.48%, (2) Nurses listen carefully to the patients, from 84.21% to 70.69%, (3) Nurses explain things in a way patients could understand, from 84.21% to 60.34%, and (4) After the call button is pressed, the patient got the help as soon as they wanted, from 73.68% to 42.86%. T-tests demonstrate that each of these differences is statistically significant ($p < 0.01$).

Exit Interview Analysis (February 2021 to August 2021)

Descriptive statistics and the correlations between both motivation and hygiene sets of factor variables were derived from the Likert scale questionnaire in the ICU RN Voluntary Termination Exit Interview. Table 2 shows the descriptive statistics including means, standard deviations, and the range between the minimum and the maximum value for the employee satisfaction MHT factor variables: *Advancement, Benefits, Interpersonal Relationships, Possibility for Growth, Responsibility, Salary, Supervision*, and *Working Conditions*. The satisfaction was recorded on a scale of 1-5, with 1 = very dissatisfied and 5 = very satisfied.

After narrowing the scope, the two chosen MHT factors, *the work itself* (MHT motivation factor) and *supervision* (hygiene factor), were further assessed and investigated. Table 2 shows the lowest mean score 3.67 of the nine factors but the highest standard deviation 1.11 for *the work itself* MHT motivation factor. This helped us find the center of the dataset (i.e., mean) and how spread the scores were (standard deviation).

The lowest average satisfaction as ranked by RNs during this time period was *the work itself* at 3.67. The highest standard deviation was also *the work itself* measuring 1.11. Meaning, *the work itself* scores were spread out more than other MHT factors. If compared to the MHT factor *salary*, for example, where the standard deviation was only 0.51, we can see that most nurses rated this area close to the average.

Table 2: *Exit Interview Descriptive Statistics (February 2021 to August 2021)*

Factor	Mean	Std. Deviation	Minimum	Maximum	N
Advancement	4.19	0.59	2.80	5.00	15
Benefits	4.40	0.51	4.00	5.00	15
Interpersonal Relationship	4.27	0.80	2.00	5.00	15
Job Equipment	4.07	0.70	2.00	5.00	15
Possibility for Growth	4.07	0.70	2.00	5.00	15
Responsibility	4.07	0.70	2.00	5.00	15
Salary	4.40	0.51	4.00	5.00	15
Supervision	4.26	0.90	2.00	5.00	15
The Work Itself	3.67	1.11	2.00	5.00	15

Bivariate Pearson Correlations were used to test the strength and direction of linear relationships between the pairs of MHT factor variables (Figure 4 and Figure 5). The reported Pearson Correlation coefficient (r) and the p-value uncovered the following. There was a significant positive linear relationship between *the work itself* and the following MHT factor variables: *advancement* (.686**), *interpersonal relationships* (.670**), *job equipment (.669**), and responsibility* (.669**). All three mentioned pairs were positively and significantly correlated at the .01 level.

Figure 4: *Exit Interview Bivariate Pearson Correlation MHT The Work Itself (February 2021 to August 2021)*

Factor	Measure	Advancement	Interpersonal Relationship	Job Equipment	Responsibility
The Work Itself	Pearson Correlation	686**	.670**	.669**	.669**
	Sig. (2-tailed)	0.005	0.006	0.006	0.006
	N	15	15	15	15

Further, a paired samples correlation shows that there is a statistically significant relationship between *supervision* and *interpersonal relationships* (Pearson's r=0.788, p<0.01).

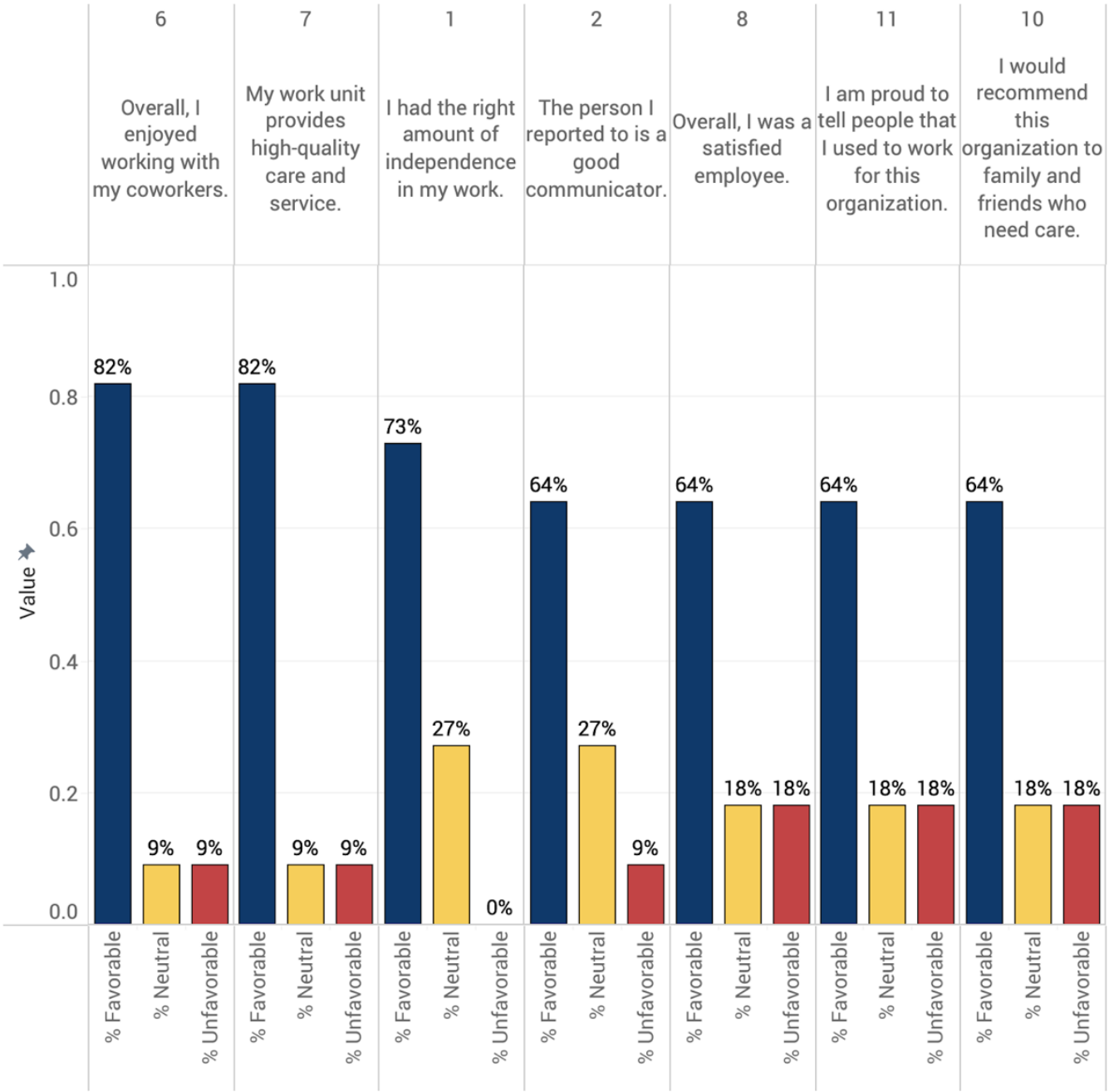
Figure 5: ***Exit Interview Bivariate Pearson Correlation MHT Supervision (February 2021 to August 2021)***

Factor	Measure	Interpersonal Relationship
Supervision	Pearson Correlation	.788**
	Sig. (2-tailed)	<.001
	N	15

Exit Interview Analysis (November 2021 to February 2022)

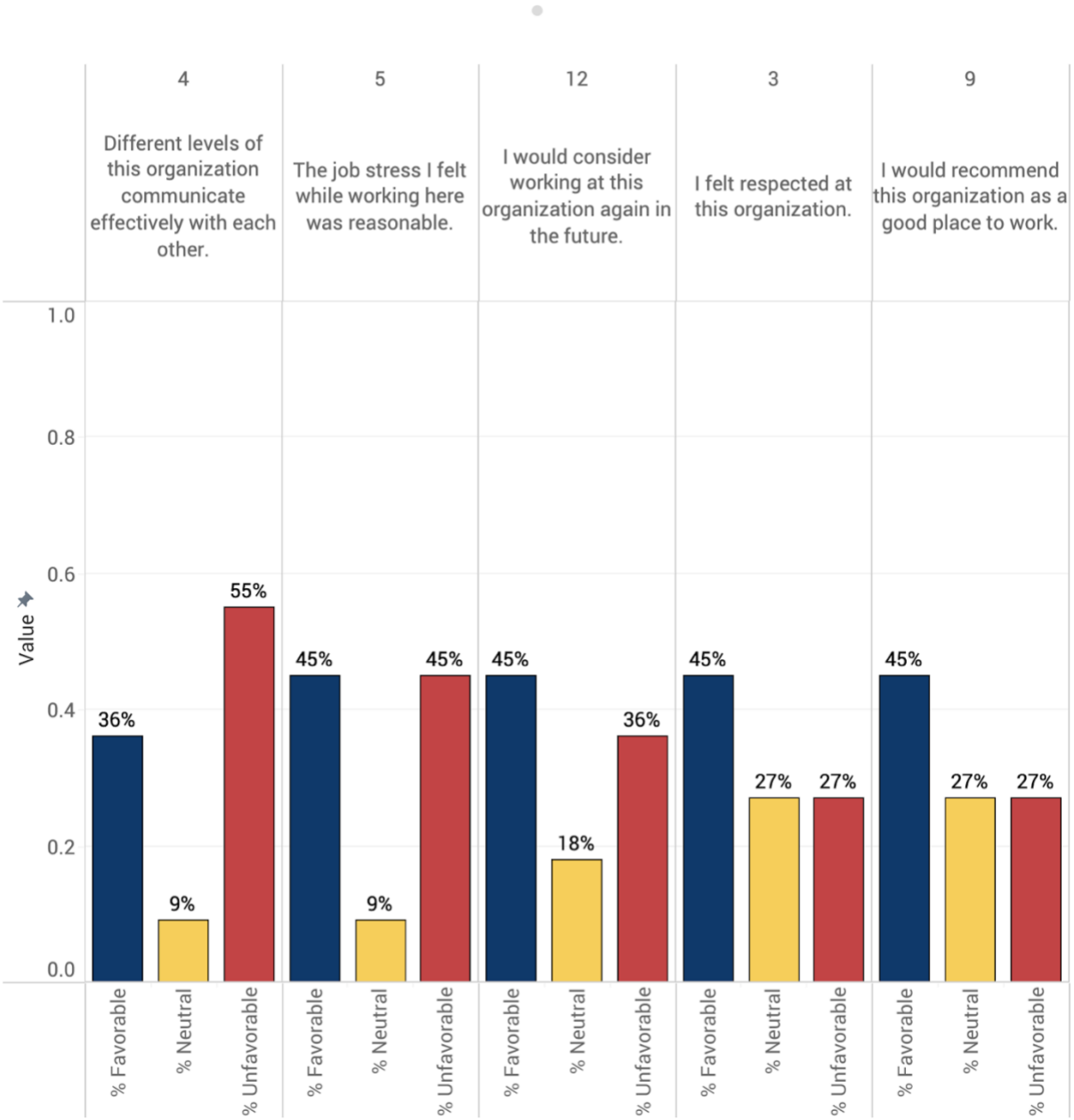
Finally, a bar chart was used to compare the aggregated scores derived from the most recent exit interview transcripts (Figure 6). Results show that the highest favorable sentiments among the RNs departing the ICU were the following: Overall, I enjoyed working with my coworkers (82%), My work unit provides high-quality care and service (82%), and I had the right amount of independence in my work (73%).

Figure 6: *Exit Interview Highest Favorable Sentiments (November 2021 to February 2022)*



On the other hand, the highest unfavorable sentiments among the RNs departing the ICU are shown in Figure 7 as the following: Different levels of this organization communicate effectively with each other (55%), The job stress I felt while working here was reasonable (45%), and I would consider working at this organization again in the future (36%).

Figure 7: *Exit Interview Highest Unfavorable Sentiments (November 2021 to February 2022)*



Limitations

There are a few concerns to reference within this research. First, HCAHPS surveys represent a sample population and may not fully illuminate the opinions of all ICU patients cared for at the facility. Second, trepidation related to confidentiality may limit honesty and sincerity in ICU RN exit interviews. Finally, ramifications of the ongoing COVID-19 pandemic have unequivocally impacted this research as demonstrated above and herein and deserve acknowledgment.

Findings

RQ1: *What are the key drivers of RN dissatisfaction in the ICU at the selected CAH site?*

Finding 1: Overall, we found that the job stress and the feelings that result from job duties (i.e., MHT factor: *the work itself*) are central to RN dissatisfaction in the ICU at the CAH. Unfavorable sentiments from the exit interviews dated November 2021 to February 2022 are summarized in Figure 7 which shows 45% of the RNs voluntarily departing the CAH ICU reported that the job stress they felt while working in the unit was unreasonable. In addition, we found that the failure to retain tenured RNs and dissatisfaction comes with an added consequence which is reflected in Figure 3. Here you can see a decrease in the patient perceptions of positive experiences across all areas measured in the standardized HCAHPS survey. This finding is consistent with the literature where for example, Loft and Jensen (2020) found that the retention of RNs is crucial for optimal quality outcomes.

The overall HCAHPS results show a statistically significant difference between the overall HCAHPS scores in Q3 2019 (pre-pandemic baseline) and scores reported in Q3 2021, where 2021 scores were lower than 2019 ($t = 3.17$, $p < .001$). In addition, after comparing the HCAHPS results to the *Your Care From Nurses* survey, we found that all four scores decreased when comparing Q3 2019 to Q3 2021 (Figure 3).

FINDING 01

Job stress and the feelings that result from job duties are central to RN dissatisfaction in the ICU at the CAH.

RQ2: *Does the work itself, as defined by MHT, influence RN satisfaction in the ICU at the selected CAH site?*

Finding 2: RN satisfaction with performing job duties (i.e., *the work itself*) is positively correlated with three specific MHT factors: (1) *the work itself and advancement*, (2) *the work itself and interpersonal relationships*, and (3) *the work itself and responsibility*.

By producing the bivariate Pearson Correlation (Figure 4) from the Exit Interviews dated February 2021 to August 2021, we found that RN satisfaction with performing job duties (i.e., *the work itself)* is positively correlated with multiple MHT factors, including those listed above at the following (r) coefficients: *advancement* r = .686, *interpersonal relationships* r= .670, and *responsibility* r = .669.

The work itself and *advancement* tend to increase together. The RN's greater satisfaction with performing the job duties (i.e., *the work itself*) is associated with the potential for an upward change in position (i.e., ad*vancement*). Twigg and McCullough (2014) and Herzberg et al. (2017) provide evidence that advancement opportunities coupled with job training (e.g., career ladder programs, skill development sessions, specialty certification opportunities, preceptorship, and mentoring) may prove instrumental to improved satisfaction efforts.

The work itself and *interpersonal relationships* tend to increase together as well. The RN's greater satisfaction with performing the job duties (i.e., *the work itself*) is associated with greater satisfaction when interacting with peers, subordinates, or supervisors during working hours (i.e., *interpersonal relationships*). This result is consistent with Race and Skees (2010), who found that improved relationships among peers are a pivotal component of a RN's intention to stay.

We also found that *the work itself* and *responsibility* tend to increase together. The RN's perception of performing their job duties (i.e., *the work itself*) is associated with greater satisfaction when empowered with autonomy (i.e., *responsibility*). This result is consistent with Twigg and McCullough (2014), who found that RNs working in an autonomous environment have higher satisfaction levels, as well as Gess et al. (2008) who identified autonomy as a crucial driver of RN retention.

RQ3: *Does supervision, as defined by MHT, impact RN satisfaction in the ICU at the selected CAH site?*

Finding 3: The satisfaction RNs have with how they are supervised is positively correlated with *the interpersonal relationship* (MHT factor) RNs have with their respective supervisors during working hours.

The paired samples correlation (Figure 5) found that *supervision* is positively correlated with *interpersonal relationships* (i.e., *supervision* and *interpersonal relationships* tend to increase together). The RN's greater satisfaction with the abilities and objectivity of their supervisor (i.e., *supervision*) is associated with greater satisfaction when positively interacting with the supervisor during working hours (i.e., *interpersonal relationships*). Twigg and McCullough (2014) have reinforced the RN manager's role in satisfaction and cited that the characteristics collaboration, visibility, and responsiveness enforce positive interpersonal relationships and environments.

FINDING 02

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.

FINDING

03

The satisfaction RNs have with how they are supervised is positively correlated with the Interpersonal Relationship (MHT factor) RNs have with their respective supervisors during working hours.

Recommendations

The study uncovered opportunities to bolster retention by improving satisfaction among RNs in the ICU at the CAH. The focus on the RN job conditions and work environment (i.e., *the work itself*) and abilities and objectivity of their supervisor (i.e., *supervision*) was critical as the study confirmed the vital association between those two MHT factors and RN satisfaction. As a result, this section outlines and elaborates on recommendations around three themes:

(1) Mitigating RN job stress for excellent patient outcomes,

(2) Creating a RN-centered advancement plan, and

(3) Improving the relationship between RNs and supervisors.

Recommendation 1: Mitigate RN Job Stress for Excellent Patient Care Outcomes.

The above recommendation addresses RQ1 and RQ2. This recommendation is accompanied by three focused tactics.

RQ1: What are the key drivers of RN dissatisfaction in the ICU at the selected CAH site?
RQ2: Does *the work itself*, as defined by MHT, influence RN satisfaction in the ICU at the selected CAH site?

Tactics are contained herein and described below:

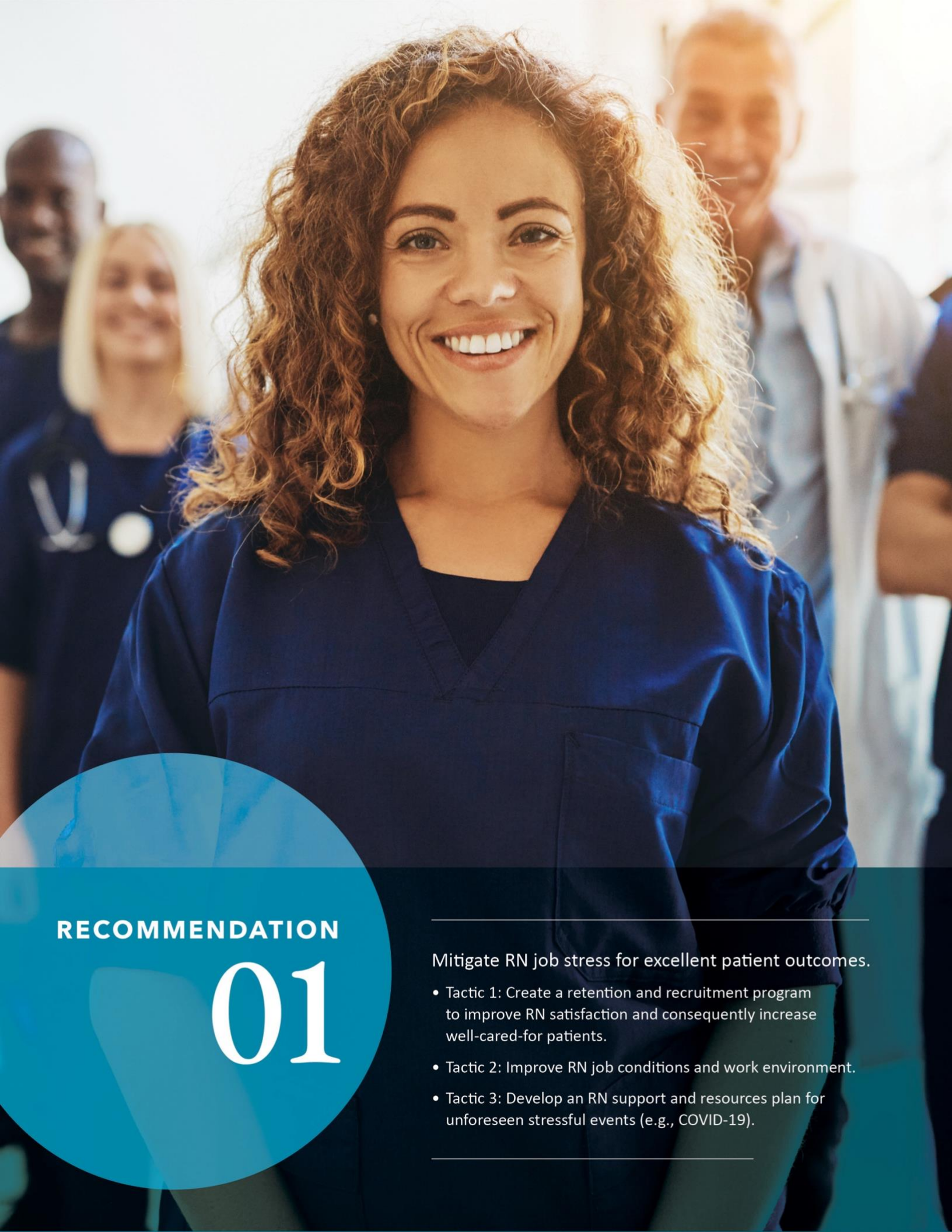
- **Tactic 1:** Create a retention and recruitment program to improve RN satisfaction and consequently increase well-cared-for patients.
- **Tactic 2:** Improve RN job conditions and work environment.
- **Tactic 3:** Develop an RN support and resources plan for unforeseen stressful events (e.g., COVID-19).

Job stress and the feelings that result from job duties (i.e., *the work itself*) play a key role in RN dissatisfaction in the ICU at the CAH which further results in a decrease in perceived patient experiences surrounding the care received at the site. Three tactics accompany this recommendation that will help mitigate RN job stress and result in excellent patient care outcomes.

The first tactic requires the creation of a retention and recruitment program to improve RN satisfaction (McGlynn et al., 2012), that will consequently increase the number of well-cared-for patients (Gess et al., 2008). According to previous research, one existing solution can be found in the Professional Practice Model (PPM), a guiding framework for RNs to ensure the highest quality of patient care. Mark et al. (2003) suggests that the PPM can help hospitals riddled with increasing concerns about the quality of nurses' work life maintain their RN workforce in the face of an emerging shortage. A standardized approach that increases RNs' decision-making authority and flexibility can positively affect patient care experiences (Lake, 2002). Hardwiring thoughtful, effective retention and recruitment programs like PPM into the selected CAH will help produce satisfied RNs and good experiences for patients.

The second tactic urges the CAH site to prioritize improvement of RN job conditions and the work environment (i.e., *the work itself)*. Unfavorable or poor working conditions are directly linked to RN dissatisfaction (Patrician et al., 2010). Hence, Gess et al. (2008) emphasize empowering RNs, the largest segment of healthcare workers today, by creating a practice environment where they can make autonomous decisions and be supported in their actions. Appropriate prioritization of the MHT factor *responsibility* detailed herein, in conjunction with *the work itself*, along with thoughtful growth pathways (e.g. *advancement* MHT factor), and intentional cultivation of *interpersonal relationships* (MHT factor) will likely prove useful to leaders at the site in garnering higher levels of RN satisfaction.

Finally, the third tactic involves the development of a RN support and resources plan for unforeseen stressful events (e.g., COVID-19). RNs have been at the frontlines of healthcare during the pandemic, facing unprecedented challenges, increased workloads, and often undergoing frequent and unremitting traumatic events due to the extraordinary demands (Hossain & Clatty, 2021). Disaster protocols and employee assistance programs (EAP) should be revisited on a regular basis to ensure they remain up-to-date, relevant, and sufficient for use during dire circumstances. Further, ongoing promotion and feature of EAP services in weekly, monthly, and quarterly RN forums, such as newsletters, postcards, and direct email campaigns, can help keep the benefit top-of-mind when it is needed most.



RECOMMENDATION 01

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).

Recommendation 2: Create a RN centered advancement plan.

The above recommendation addresses RQ1 and RQ2. This recommendation is accompanied by three focused tactics.

RQ1: What are the key drivers of RN dissatisfaction in the ICU at the selected CAH site?
RQ2: Does *the work itself*, as defined by MHT, influence RN satisfaction in the ICU at the selected CAH site?

Tactics are contained herein and described below:

- **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.

The above recommendation stems from the desire to mitigate dissatisfaction and enhance the RNs' attitudes toward job duties (i.e., *the work itself*) and is accompanied by three crucial tactics.

Tactic one is to develop a mentorship program between RNs and CAH hospital leaders. Waltz et al. (2020) found numerous limitations to RNs' continuing education opportunities during off-days due to time constraints, fatigue, financial burden, and the inability to step away from the unit while working a shift. CAH leaders must develop mentorship and development opportunities for RNs that will take into consideration the mentioned constraints and work around them.

In addition, one mentor-protégé pairing could consist of a tenured experienced RN and a newly onboarded inexperienced RN. Loft and Jensen (2020) found that experienced RNs were more likely to engage and thrive in complex and challenging situations with patients. Tenured RNs have the confidence and experience necessary to stand firm in mono- and interdisciplinary settings.

The second tactic encourages the site to allow RNs to exercise autonomy in their work to indicate trust from hospital administration. Much is scripted by regulatory agencies and bodies in the way of how RNs carry out their work. However, affording these skilled workers with ingenuity and ownership in policies, protocols, and activities that allow for customization could be a key driver of satisfaction. Common examples include bedside shift reporting, huddles, leader rounding, and other top-down change management initiatives. Twigg & McCullough (2014) report higher satisfaction levels among nurses working autonomously. They advocate for empowering work structures, RN decision making, and allowing RNs to function as independent practitioners in pursuit of enhancing the clinical work environment (Twigg & McCullough, 2014). This tactic will further embody trust and is well supported in the literature review.

Finally, the third tactic suggests the creation of a career advancement plan for RNs with clearly defined milestones. The CNO at the site should work alongside RN unit leaders to devise an attractive, competitive, and engaging model. A combination of two or three staff level new and tenured RNs may help to ensure applicability across the RN workforce at the site. Corporate partners from the parent company should also be offered an opportunity to inform plan specifics. Twigg and McCullough (2014) support all three tactics in their work by recommending that hospitals demonstrate support to the RN workforce through career ladder programs, skill development sessions, specialty certification opportunities, preceptorship, and mentoring.

RECOMMENDATION 02

Create a 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.

Recommendation 3: Improve the relationship between RNs and supervisors.

The above recommendation addresses RQ2 and RQ3. This recommendation is accompanied by two focused tactics.

RQ2: Does *the work itself*, as defined by MHT, influence RN satisfaction in the ICU at the selected CAH site?
RQ3: Does *supervision*, as defined by MHT, impact RN satisfaction in the ICU at the selected CAH site?

Tactics are contained herein and described below:

- **Tactic 1:** Develop a leadership program for nurse supervisors.
- **Tactic 2:** Set aside time for external activities (e.g., teambuilding) that will boost the relationship between an RN and the corresponding supervisor, as well as strengthen interpersonal relationships.

The above recommendation is accompanied by two key tactics. This recommendation seeks to improve the relationship between RNs and their respective supervisors as the significance of nurse supervisor relationship with subordinates was discovered to be an essential contributor to RN job satisfaction (Waltz et al., 2020).

The first tactic calls for the need to develop long-tenured leaders to increase RN satisfaction through the development of a leadership program for nurse supervisors which is supported by Hunt et al. (2012). The new program should seek to expose inherent differences between day-to-day supervision (management) and inspirational leadership.

The second tactic suggests time be set aside for external activities (e.g., teambuilding) that will boost the relationship between RNs and the corresponding supervisor, as well as strengthen interpersonal relationships. This notion is supported by Twigg and McCullough (2014) who cite collegial relationships in the healthcare practice setting as a critical driver of positive work environments.

RECOMMENDATION 03

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.

Conclusion

It is important to acknowledge that substantive improvements in RN satisfaction can only be achieved and sustained by way of a united group effort. The longstanding shortages that have plagued the nursing industry are not a direct result of any one theme, group, environment, or in the case of this research site/leader failure. Rather, a culmination of systemic economic, political, and educational coordination and reform will be required to improve current conditions. This research informs CAH site leaders in regards to immediate areas of influence but also seeks to raise the flag for hospital leaders and policymakers at large.

The number of new RNs has not kept up with the aging of the RN population. While this research focused on RNs in a hospital setting, it is important to acknowledge that RNs also fill critical roles outside the inpatient realm which includes schools, prisons, skilled nursing facilities, physician offices, behavioral health entities, military branches, and a number of other important sectors/settings. Though RNs are critical providers of frontline patient care, they also have an important role in addressing inequities related to health outcomes and improving the health of the population as a whole. Fewer RNs means that each RN must care for more patients, jeopardizing the health and wellbeing of communities at large. The ongoing global coronavirus 19 pandemic has worsened an already vulnerable system making it increasingly urgent for hospital leaders and policymakers to invest in a more equitable and stable healthcare system.

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Appendices

APPENDIX A

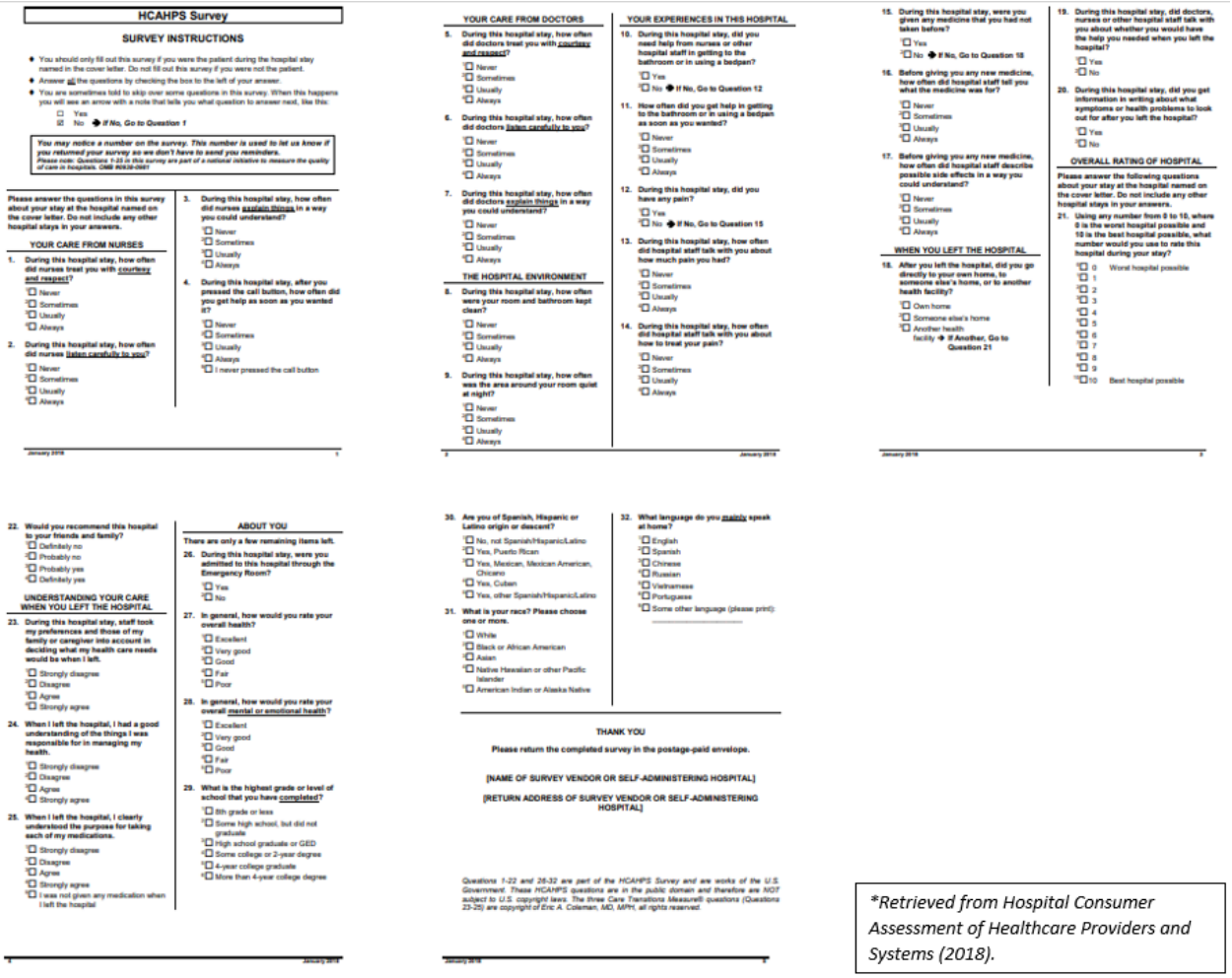
California ICU RN to Patient Staffing Ratios

Retrieved from: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=199920000AB394

APPENDIX B

HCAHPS Survey

A sample of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) standardized survey is enclosed. This is the instrument utilized by the Critical Access Hospital (CAH) to measure patient satisfaction. Q1 2019 and Q3 2021 HCAHPS surveys will be reviewed and coded for ICU patients at the respective research site.



HCAHPS Survey

SURVEY INSTRUCTIONS

- You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☐ Yes
☑ No ➔ *If No, Go to Question 1*

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.
Please note: Questions 1-33 in this survey are part of a national initiative to measure the quality of care in hospitals. OMB #0938-0981

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

2. During this hospital stay, how often did nurses listen carefully to you?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
☐ Never ☐ Sometimes ☐ Usually ☐ Always ☐ I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

6. During this hospital stay, how often did doctors listen carefully to you?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

7. During this hospital stay, how often did doctors explain things in a way you could understand?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

9. During this hospital stay, how often was the area around your room quiet at night?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
☐ Yes ☐ No ➔ *If No, Go to Question 12*

11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

12. During this hospital stay, did you have any pain?
☐ Yes ☐ No ➔ *If No, Go to Question 15*

13. During this hospital stay, how often did hospital staff talk with you about how much pain you had?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

14. During this hospital stay, how often did hospital staff talk with you about how to treat your pain?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

15. During this hospital stay, were you given any medicine that you had not taken before?
☐ Yes ☐ No ➔ *If No, Go to Question 18*

16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
☐ Never ☐ Sometimes ☐ Usually ☐ Always

WHEN YOU LEFT THE HOSPITAL

18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
☐ Own home ☐ Someone else's home ☐ Another health facility ➔ *If Another, Go to Question 21*

19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
☐ Yes ☐ No

20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
☐ Yes ☐ No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
☐ 0 Worst hospital possible ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Best hospital possible

22. Would you recommend this hospital to your friends and family?
☐ Definitely no ☐ Probably no ☐ Probably yes ☐ Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.
☐ Strongly disagree ☐ Disagree ☐ Agree ☐ Strongly agree ☐ I was not given any medication when I left the hospital

ABOUT YOU

There are only a few remaining items left.

26. During this hospital stay, were you admitted to this hospital through the Emergency Room?
☐ Yes ☐ No

27. In general, how would you rate your overall health?
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

28. In general, how would you rate your overall mental or emotional health?
☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

29. What is the highest grade or level of school that you have completed?
☐ 8th grade or less ☐ Some high school, but did not graduate ☐ High school graduate or GED ☐ Some college or 2-year degree ☐ 4-year college graduate ☐ More than 4-year college degree

30. Are you of Spanish, Hispanic or Latino origin or descent?
☐ No, not Spanish/Hispanic/Latino ☐ Yes, Puerto Rican ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino

31. What is your race? Please choose one or more.
☐ White ☐ Black or African American ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ American Indian or Alaska Native

32. What language do you mainly speak at home?
☐ English ☐ Spanish ☐ Chinese ☐ Russian ☐ Vietnamese ☐ Portuguese ☐ Some other language (please print):

THANK YOU

Please return the completed survey in the postage-paid envelope.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

Questions 1-22 and 26-32 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure® questions (Questions 23-25) are copyright of Eric A. Coleman, MD, MPH, all rights reserved.

**Retrieved from Hospital Consumer Assessment of Healthcare Providers and Systems (2018).*

APPENDIX C

Exit Interview Survey Areas/Questions (February 2021 to August 2021)

Your pay.
Your benefits.
Your hours and working conditions.
Your job duties and responsibilites.
Your opportunities for advancement.
Did you receive proper training for your position?
Did you have the necessary equipment to do your job?
Did your manager/supervisor treat you fairly?
Did you get along well with your co-workers?

APPENDIX D

Exit Interview Survey Questions (November 2021 to February 2022)

I had the right amount of independence in my work.
The person I reported to is a good communicator.
I felt respected at this organization.
Different levels of this organization communicate effectively with each other.
The job stress I felt while working here was reasonable.
Overall, I enjoyed working with my coworkers.
My work unit provides high-quality care and service.
Overall, I was a satisfied employee.
I would recommend this organization as a good place to work.
I would recommend this organization to family and friends who need care.
I am proud to tell people that I used to work for this organization.
I would consider working at this organization again in the future.