

Critical Factors That Influence Staff Retention in an Acute Perioperative Environment

By

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**A Thesis in Partial Fulfilment of the Degree in
Master of Health Science**

At Auckland University of Technology.

April 2004

ABSTRACT

There are a number of factors recognised as significant for nursing staff retention. These include, a lack of organisational care, bullying (commonly referred to as horizontal violence), and high workload acuity. However, there does not appear to be any indication that these factors influence the retention of nurses within the speciality of acute perioperative nursing. A descriptive study using postpositivist methodology and triangulation of methods was designed to answer the question: What are the critical factors that influence staff retention in an acute perioperative environment?

Forty-eight ($n = 48$) perioperative nurses answered a questionnaire in relation to individual needs, provision of nursing care and administration and management.

Four ($n = 4$) nurses subsequently participated in a focus group interview that explored in more depth, the survey data related to the following characteristics:

Educational opportunities; Level of workload acuity; Rostering flexibility; Management; Established policies/Quality assurance; Graduate orientation programs and Professional relationships in an acute perioperative setting. Data analysis revealed that $> 90\%$ of respondents agreed that these characteristics are important for job satisfaction and influence staff retention in an acute perioperative environment.

A sense of belonging appears to be the most important theme that emerged from the qualitative data. Job satisfaction and staff retention are attained when nurses have a sense of belonging in the workplace. To achieve this nurses need to identify barriers, develop their communication and leadership skills and determine the ideal professional practice model. The themes (Figure 5), “Finding time” and increased “sick leave”, in relation to workload acuity are new findings that provide a platform for future research.

Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person where due reference is not made in the text.

Signed:.....

Date:.....

Acknowledgements

While the writing of this thesis has been my own effort, it would not have been possible without the influence, help, advice and encouragement of a large number of people. I am deeply grateful to my colleagues who participated in the study and to those who were so generous in their continued expression of support. My thanks are also due, in no small measure, to Bronwyn Hedgecock for her continued interest in the outcome of the study.

I owe a debt of gratitude to my supervisors Dr Marion Jones and Jackie Gunn who offered considerable guidance and meticulous feedback, and provided long hours of invaluable assistance in editing and revising the writing. I am also very grateful to Murray Black for statistical assistance and support. I acknowledge Jan Brown for her willingness to read, critique and edit and also a number of colleagues and friends who provided computer assistance.

Thanks also to the Counties Manukau Clinical Board and management, who supported this endeavour. I am also grateful to the Nursing Education and Research Foundation for their generous contribution towards printing and postage.

Appreciation goes to the Middlemore librarians for their patience, guidance and unstinting assistance, which was essential for the completion of this thesis.

It is fitting to thank my two loving sons Stuart and John who tolerated my absences and distractions as the thesis evolved. A special tribute is owed to my loyal husband, Tony. His insights and comments that emerged from our discussions were useful and he provided humour and inspiration at crucial times.

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1

Introduction

Nationally and internationally retention of nurses is an ongoing problem (Stewart, 1999). As the international nursing shortage persists, retaining nursing staff has become a topical issue. Peach (1999) suggested that the international nursing shortage would have a significant impact on the New Zealand nursing workforce. Kussrow (1998) found there were several factors that contributed to hospital nursing shortages, these included salary compression, frustration and burnout. Kussrow's work was validated by an independent study carried out by a group of nurses, under the auspices of the American Organization of Nurse Executives, (2000). More recently, Aiken, Clarke and Sloane (2001), added to the growing understanding of the factors that contribute to the loss of nursing staff from hospitals. However, there appears to be no studies that address nursing staff retention issues in an acute perioperative setting. Therefore, this study is designed to identify critical factors that influence the retention of nursing staff in an acute perioperative environment in New Zealand. The study was undertaken between June 2002 and November 2003.

The issues that appear to impact on staff retention, and the relevant areas that influence staff retention will be discussed, the research question, and the aims are

also introduced. The following terms have been defined for use in this study these will constitute the operational definitions of this study:

Perioperative Nurse: is a nurse who cares for patients before, during, and immediately after surgery.

Acute Perioperative Environment: An operating room environment, in which emergency surgical procedures are performed.

Peer Support: Support offered to perioperative staff after a critical incident, for example a death in theatre.

Justification for this study came from a literature review (Chap.2), which confirmed the author's opinion gained during twenty years of practice as a perioperative nurse. The author realised that issues such as frustration and burnout that related to staff retention were both important and international. Anecdotal evidence of the consequences such as the loss of senior clinical nursing staff and inadequate nurse/patient ratios, if the current nursing shortage continues, was confirmed at the World Perioperative Nursing Conference (2001), which the author attended. In addition, plenary sessions at this conference reported the viewpoint, that there is no single formula to promote nursing retention in perioperative settings (Brennen and Spry, 2001).

This revelation developed the author's interest in ways to retain staff in an acute perioperative setting. However, little information is reported on staff retention specific to an acute perioperative setting within a large trauma hospital in New Zealand. In addition, a nurse recruitment and retention study highlighted that constant understaffing is demoralising, and can lead to discontent (American Organisation of Nurse Executives, 2000). For these reasons it was important to conduct a study in the particular context of acute perioperative nursing.

Worldwide, the changing demographics in nursing are upsetting the delicate balance between supply and demand of nurses. Replacing retiring nurses has been difficult in the United States because fewer individuals are entering nursing schools (Siefert, 2000). The current ageing nursing population, and a decline in the number of nursing professionals expected to graduate, indicates that the nursing shortage will grow more serious as time ensues (Heller, Oros and Dunley-Crowley, 2001). A workforce questionnaire conducted by the New Zealand Nursing Council (NZNC) (2002) confirmed that the average age of a New Zealand nurse is between 45 – 49 years. In comparison, the average age of nurses in the United States has increased substantially, from 37.4 years in 1983, to 44.5 years in 1998, and this has led to the conclusion that the nursing workforce is ageing rapidly (Letvac, 2002). In response to these averages it was suggested that the older nurses be retained, and the study conducted by Letvac, highlighted an urgent need to meet the particular requirements of the ageing registered nurse workforce. Her results revealed that older nurses wanted flexible rosters, portable benefits, and innovative work environments. She concluded that more attention should be given to the problems, and potentials of an older workforce.

Historically, research indicates that nurses are attracted to work, and remain in work because of the opportunities to develop professionally, gain autonomy, and to participate in decision making, while being fairly rewarded (Irvine and Evans, 1995). A similar conclusion was found by Pearson (1998), who suggested that job satisfaction can be achieved by encouraging nurses to make decisions, plan patient care, and satisfy basic personal needs such as that of ego and self-actualisation. Pearson (1998) recommended that in the United Kingdom, a structural response should be considered in relation to job satisfaction, and suggested that the traditional

hierarchical organisational structure of nursing should be flattened. She believed that this dismantling and decentralisation of power would facilitate job satisfaction.

From a political perspective it is important for nurses to consider activities, and processes that will enhance their professional development, and enable them to better confront the challenges of the twenty first century. Oulton (1997) predicted that rapid and unpredictable change would occur in organisations in the twenty first century, which would mean that nurses would need to be prepared for this change. Changes within the nursing profession and more importantly to the role of the perioperative nurse, during the twentieth century, have compounded perioperative staff retention issues (Baxter, 1997). More recently as Brennen and Spry (2001) suggested the nursing staff retention problems stem from managerial and leadership objectives and strategies. These managerial visions and objectives commonly contradict the needs of the nursing profession. A leadership study found that exceptional leaders placed people first, before implementing their vision and strategy (Collins, 2001). Seifert (2000) emphasised the importance of nurses demonstrating leadership skills by articulating the critical role of nursing in the continuum of care in an integrated health care system. Moreover, it has become clear to the author that there is a need for nurses to value themselves, continue to develop professionally, and act as advocates for both nurses and patients. Leadership, according to Porter-O'Grady and Wilson (1995), should facilitate, and coordinate these processes necessary for progress, so that nurses may become strong leaders with executive power.

Staffing shortages in New Zealand, which persist even today, are a legacy of the 'market will provide' philosophy, which dominated political and economic thought throughout the 1990s (O'Connor, 2002). She stated that this philosophy meant that

limited workforce planning was undertaken, despite the NZNO's persistent pleas for some direction. In New Zealand, workforce planning is often viewed as the responsibility of healthcare providers. With the advent of district health boards in New Zealand, it is essential that each health provider consider their particular strategic needs, and plan accordingly, whilst taking into account the funding constraints within health.

With the exception of O'Connor, all of the above studies took place in the United Kingdom, United States of America, Canada or Australia. The current study will contribute to the international pool of knowledge about factors relating to retention of perioperative nurses as issues related to staff retention in the New Zealand acute perioperative nursing context are explored and identified.

The research question was: What are the critical factors that influence staff retention in an acute perioperative environment?

The aims of the study were to:

- Identify factors that may influence or contribute to the retention of perioperative registered nurses.
- Make recommendations at both departmental and organisational levels to enhance the retention of perioperative nurses.
- Influence planning, policymaking, and professional development in relation to retention of perioperative registered nurses.

The chapters in the thesis provide:

- A review of the relevant literature and research studies that influence staff retention in an acute perioperative environment and to provide the context for this study.

- Discussion on postpositivism, and the theoretical perspective that underpins the methodological approach used in the study.
- The research method including a description of the method of triangulation used for the study. Sample, data collection tools and processes, ethics and rigour are explained.
- Data analysis intentions are described.
- Quantitative survey results.
- Qualitative focus group results.

The results of the study are discussed in relation to the research question and conclusions are drawn. Implications for perioperative practice, limitations, education and further research are discussed, followed by concluding remarks.

This study was designed to identify critical factors that influence staff retention in an acute perioperative environment. The background literature for the study was discussed in relation to changing demographics, historical influences in nursing, participatory decision-making, politics and finally, economics. Orientation to the study has introduced the research question and the aims. The lack of research specific to an acute perioperative environment in New Zealand and the current worldwide nursing shortage were described as part of the justification for the study. A review of the literature that places the study in the context of existing knowledge about staff retention is presented in chapter two.

2

Literature Review

The purpose of this literature review is to site this study within the context of published work related to the research question: What are the critical factors that influence staff retention in an acute perioperative environment? The keywords used to guide searches through library databases such as Medline, CINAHL, AORN and Proquest were: perioperative, nursing, and retention and recruitment. Manual searches of journals such as Nursing Management, AORN, OR Manager, and Kaitiaki were also undertaken. There is a plethora of international research specifically related to retention of nursing staff however, the search revealed no papers relating specifically to an acute perioperative setting in a large New Zealand trauma hospital.

Staff retention has been discussed under the following headings: participatory decision making/leadership; historical influences; economic contexts in relation to the changing role of the perioperative nurse; complex interplay of communication and changing demographics. These areas that were identified from the literature review have been focused on in this study, because firstly, the topics have been

centre stage in nursing in relation to staff retention in the last decade (Black and Gregersen, 1997). Secondly, these topics have been discussed in journal articles and nursing conferences (Bell, 2000; Black & Gregersen, 1997; Nevidjon & Erickson, 2001). Billings and Quick (1985) emphasised the importance of nurses seeking work situations that ensure professional survival. According to Maslow (1970) human needs, for example, belonging and self-esteem, are important for survival.

2.1 Participatory Decision Making/Leadership

The amount of staff participation in decision-making determines job satisfaction and motivation of staff members, and also high levels of participation by professional nurses in organisations, is essential (Porter-O'Grady and Kruger-Wilson, 1999). The literature located for this study suggested that an improvement in staff retention is directly related to job satisfaction (Bell, 2000; Black and Gregersen, 1997).

Nevidjon and Erickson (2001), highlighted the importance of participative decision making, as a key to job satisfaction for employees. According to these researchers, nurses have identified good employers, and hospitals that use participatory management techniques, which encourage and enhance communication skills and ensure adequate staffing levels. Bell (2000), suggested that nurses no longer want to be isolated or ignored and advocated a teamwork managerial model, rather than a hierarchical management model. Development of this model would allow team members to achieve workplace reforms, have ownership of how they deliver patient care and consequently experience job satisfaction. Black and Gregersen (1997) shared the teamwork model perspective, and described a participative decision-making approach. They recommended that organisations engage in a multidimensional process, which includes staff member involvement in generating alternatives and planning, and evaluating health care results.

Additionally, Herzberg, Mausner and Snyderman (1995), in relation to the participative decision-making concept, argued that ego and self-actualization needs are not met in an organization that has a traditional hierarchical structure.

In the eighties, Blalack (1986), explored job satisfaction in nursing, and found that nurses were dissatisfied with their opportunities for participation in professional growth, and goal setting. She also stated that nurses lacked independent action, had low levels of self-esteem, and that their greatest satisfaction was derived from intrinsic areas of their work. These intrinsic areas included the need for job security, a positive working environment, the ability to help people, and self-fulfilment. More recently market surveys conducted in the United Kingdom, supported this view, and showed that intrinsic factors, such as working in a familiar team, are important for retention of staff (Malkin, 1993).

In contrast, Herzberg et al. (1995) found that extrinsic factors such as physical environment influenced job satisfaction. Their research findings were that while intrinsic factors are important, their absence was not seen to cause job dissatisfaction. McGregor (1997) reinforced the notion that to maintain job satisfaction basic needs, such as goal setting, should be met in the workplace. In addition she also suggested that a change in the organizational structure of hospitals should be considered, as this would influence job satisfaction and staff retention. An example is magnet hospitals, which is a term, used to describe hospitals that embrace the above-mentioned characteristics, therefore, magnet hospitals attract, and retain nurses (Curran, 2000). In the United States in the 1980's, hospitals with sound reputations for nursing recruitment and retention were identified as magnet hospitals (Buchan, 1999). The magnet hospital model is characterised by a participatory management style with emphasis on autonomy, accountability, and independence, which is linked to job

satisfaction (Upenieks, 2000). Siefert (2000) supported a team model philosophy in the United States, because she viewed an innovative team model as being dramatically different from the traditional management model, in that partnerships with physicians, nurses, surgical technologists and other members of the health care team are strengthened. According to the Australian Industrial Relations Commission (2001), organisations are diverse and therefore the processes required to retain nurses within them should be exclusive to the particular environment.

More recently two American researchers worked on “Hospital restructuring in relation to the work of the nurse” (Norrish and Rundell, 2001, p.55). They proposed that a typical restructuring should include redesign of patient care processes. In addition changes in workplace composition, organizational structure, decision-making processes, the responsibilities of management, and patient focused staff would be advantageous. They concluded that restructuring affected the three key areas of nursing practice: work roles, workload, and control over work. This change to the nurse patient relationship is of particular significance, as it has so frequently been cited as the essence of nursing practice and the source of nursing job satisfaction (Wicks, 1999).

Kazaal (2003) suggested that the fundamental tools to eliminate staff turnover are leadership skills, which include respect, trust, integrity, honesty, active listening and encouragement. In support of this concept Blair (2001), stated:

“leadership is the capturing of the moment, it is the skills to know when to act and to know when to walk away, and the ability to put pieces together”. (p.1)

Kazaal, argued that leadership models and organisational cultures may hinder staff retention, and recommended that the models and cultures be examined in relation to staff retention. Greater control and autonomy in the practice setting is often attained with influential nurse executives and this subsequently, results in positive patient outcomes (Curran, 2000). Jones (1993), in support of Kazaal, recommended that nurse executives take leadership roles, and focus on implementing innovative nurse retention strategies. Jones emphasized that to achieve ongoing workplace reforms, and empowerment of team members, a shared vision that encompasses the implementation of a team model is vital. Porter-O'Grady, (2001), believes:

“Empowerment, according to researchers is recognition of just what must be in place to create and sustain a system that is agile, adaptive, and continuously growing”

(p. 468).

To achieve empowerment of nurses, Heller et al. (2001), suggested that ongoing educational support is imperative, to prepare these nurses to work competently alongside their business colleagues. Nurse academics have highlighted a substantial body of sociological feminist literature that documents a social reality that may inhibit empowerment and the development of leadership skills in nursing. They believed that women are less valued than men, treated unequally and are an oppressed group (Chin and Wheeler, 1985; Roberts, 1983; Speedy, 1987). This subordination of women has been maintained and reinforced through primary and professional socialization, and through nursing education (Graveson, 1997). In response to these historical nursing issues she suggested that staff should be encouraged to develop assertive responses especially when dealing with

uncooperative medical staff. Such assertiveness may be a useful autonomous response to subordination.

In 1995 a Canadian study reinforced the important relationship between leadership, job satisfaction, and turnover of nursing staff (Irvine and Evans, 1995). At that point the Canadian authors believed that turnover was not an issue, and that the quality of job satisfaction was the problem. Five years later, Siefert's (2000) research reinforced the urgent need for American nurses to expand their knowledge base, and leadership skills, to gain power, maintain influence in the workplace, and improve job satisfaction.

In response to the above demands nursing schools worldwide have taken action and expanded their core modules to provide an opportunity for multidisciplinary issues and perspectives to be considered, also to continue to develop education programs to address these needs (Heller, et al., 2001). Adopting strategies to address educational needs would positively influence patient outcomes, increase job satisfaction, and decrease retention issues (Booher, 2003). She also found that if nurses are provided with a safe environment and appropriate opportunities, they could grow, and experience the benefits of autonomy and independence. Additional factors have influenced retention of nurses and these are discussed in the next section.

2.2 Historical Influences

Historically, fluctuations in the perioperative nurse labour market are evident. In the United Kingdom in the 1970's, for example, staffing operating room departments was relatively easy however, continuing speculative rumours of a demographic time bomb threatened this harmony (Wicker, 1997). More nurses were educated in order to overcome the anticipated shortages, and for various reasons, these shortages did

not occur in the United Kingdom (Wicker, 1997). Subsequently, an oversupply of nurses in the 1980's led to a steady exodus from the profession, which resulted in the nursing shortages of the early 1990's (Baxter, 1997). By 1994, however, the nursing shortage had disappeared, and the conventional view in the United States was that the nurse labour market was experiencing an excess supply of registered nurses (Buerhaus, Staiger, and Auerbach, 2000). In 1998 nursing shortages were once again reported worldwide and continued into the new millennium. Some health systems in the United States are coping with the legacy of ill-conceived reform projects of the 1990's, which demotivated and disenfranchised nurses, and other staff (Buerhaus, et al., 2000).

According to Buchan (1999), developed countries, including the United States, United Kingdom, Australia, and Canada have an ageing nursing workforce, and face challenges as nurses retire over the next decade. In addition, Buchan maintained that countries worldwide have had to cope with reductions in numbers entering the nursing profession. Internationally, the women's movement, in the 1970's led to a tremendous expansion in career options for women and attractive alternatives are now available to the young women who have been the traditional recruits into the profession. Consequently, the number of younger registered nurses in the United States who entered the workforce each year in the late 1980's and 1990's were smaller in size than their older, 'baby-boom era' registered nurse counterparts (Buerhaus et al., 2000). There is agreement in both the historical and current texts that the growing nursing shortages are affecting perioperative environments and therefore it is important to pursue strategies aimed at addressing issues related to staff retention (Aiken, Clarke, & Sloane, 2001; Brennen & Spry, 2001; Oulton, 1997).

2.3 Economic contexts in relation to the changing role of the Perioperative Nurse

Baxter (1997) believed that in the United Kingdom the role of the perioperative nurse was under increasing scrutiny, and attracted attention from both management, and nursing colleges. Several factors have influenced the perioperative-nursing role throughout the years. Some examples include patient acuity levels in health care during the 1990's, the Second World War, and changes to nursing education. The relationship between nursing staffing practices and the incidence of adverse events is now becoming compelling. In a recent commonwealth study adequate nurse-staffing levels were recognized as the single most significant factor in reducing adverse events (Fagin, 2001).

Internationally, a problem hindering both recruitment and retention of nurses is professional loss of control of the circumstances of clinical practice (Fagin, 2001). A typical anecdotal example in New Zealand is the all too common situation where nurses work in an environment where skill mix in relation to patient acuity is inappropriate, yet they remain accountable for the quality of nursing care. In Canada it has been suggested that the goal of an organisation should be to prepare the staff for the planned changes by giving them the educational tools required, such as, reflective practice or an individualised quality assurance program (Corcoran, Meyer, and Magliaro, 1990). Firstly, reflective practice is thinking back on what has been done in order to recognise how this may have contributed to an unexpected outcome (Schon, 1987). Schon, believed that reflective practice may be done after the fact, or while in the situation at hand. Reflection on practice is useful to evaluate current practice, review new trends, or discover ways to improve practice. Secondly, a quality assurance program enhances nursing practice by using peer, and self-

assessment tools, to highlight areas that require implementation of corrective measures. Corcoran, et al. (1990), found that a quality assurance program sets the stage for autonomy and accountability in nursing practice, and that retention of staff is directly proportional to the quality of care delivered in a health care facility.

The question often asked by nursing colleagues is whether perioperative nursing is “real” nursing. Wicker (1997) suggested that this lack of faith has led universities of nursing, to turn students away from the operating department. He argued that this is a situation from which perioperative nurses worldwide are only just beginning to recover. More recently managers are asking if the perioperative role requires an “expensive” nurse, and numbers of managers have chosen to offer a service, which includes a minimum of qualified perioperative staff (Sarantakos, 1993). The role of the perioperative nurse is often misunderstood, devalued, and invisible to both the public and policy makers. It is argued that the perioperative nurse role has moved from being a technically focused role, to a role requiring a high degree of autonomy that should include both a leadership and management component (Wicker, 1997).

Wicker also declared that the perioperative nurse role includes a holistic approach to patient care, a keen sense of surgical conscience, and, an in depth knowledge of anatomy and physiology. Additionally, Conway (1995), emphasized the importance of firstly, the perioperative knowledge base that informs the task and secondly, the perioperative nurses’ ability to draw on these knowledge bases simultaneously. Furthermore, Conway highlighted anticipatory knowledge as an important aspect of knowledge held by nurses in operating rooms in relation to job satisfaction. Conway also stated that anticipation skills are unique to nurses working in operating rooms and central to their practice. For example a surgical procedure may be performed

over twelve hours with minimal verbal communication as the perioperative nurse anticipates the surgeon's requirements.

During World War II, in response to the dramatic demand for nurses to care for the wounded, the armed forces created the role of operating room technologist to undertake urgent surgical procedures and replace professional nurses. As a result, a precedent was set, and the technologist role has continued in the United States for example (Speers 1998). The trend to decrease the number of registered nurses and increase the number of non-professional technical staff members has caused conflict between perioperative managers and nurses (Bannon, 1994). Perioperative nurses view the issue of non-nurses in the circulating role as controversial, and a study has recommended that all functions within the circulating role, reside with the registered nurse (Matson, 2001). In response to these changes the American Operating Room Nurses are striving to ensure the supervisory presence of the professional registered nurse in the operating room worldwide, to ensure patient safety and comfort, which is important for nurses to achieve job satisfaction and is related to staff retention (Matson, 2001).

Patterson (1996), in a study of perioperative nurses, highlighted the ongoing perception that there is conflict in the workplace as nurses view operating room technologists negatively. Replacing nurses in the United Kingdom with less qualified staff, has been attractive in terms of cost, however, in North America has not proved to be successful (Castledine, 1994). In both the United States and the United Kingdom there is agreement that chronic attrition of nurses is evident and related to workplace dissatisfaction and inadequate remuneration (Bonar, 1997; Corcoran et al, 1990; Malkin, 1993).

Peters and Waterman (1982) postulated that in searching for health care excellence, the key is to recognize the nurse. Brennen and Spry (2001) believed the current propensity for managers to introduce non-nurses into operating rooms is a misguided effort to address the perioperative nursing shortage.

Faced with the shortages of qualified operating room nurses, perioperative clinicians, managers and educators need to maintain standards of practice and public confidence whilst creating an environment where students may thrive (Seifert, 2000).

Undeniably, it is important to recognize that non-nursing staff complement the role of the perioperative nurse, as opposed to addressing the nursing shortage. In response to the perceived decrease in specialised nursing staff, Castledine (1994) affirmed that there is an urgent need for nurses to increase their knowledge, which will have a direct influence on their power.

According to de Raad (1998), isolated and insular planning without the monitoring of national and international trends can result in narrow decision-making. An international nursing shortage will have a significant impact on the New Zealand nursing workforce and ignoring international trends is not recommended (Peach, 1999).

2.4 Complex interplay of communication

Internationally, the endemic shortage of perioperative nurses as well as nurses in other specialities remains a constant threat to the delivery of optimal patient care (World Health Organisation, (WHO) 2000). WHO, concluded that nursing and midwifery services throughout the world were in crisis because nurses around the globe were leaving the health care system for jobs that offered higher pay. In addition, improved career development opportunities, workplace autonomy, and

recognition of professional status in other organizations were attracting nurses away from health care.

Klann (2000), stated that retaining nursing staff is a crucial issue, and identified the importance of maintaining appropriate nursing numbers, and skill mix, to ensure patient safety. Two years later in New Zealand, Annals (2002), the New Zealand Nurses Organisation (NZNO) chief executive in an interview by the “New Zealand Herald” suggested that the lack of nurses through job dissatisfaction, could lead to higher rates of post-operative complications and nosocomial infections. Such complications resulted in prolonged lengths of hospital stays, and an increase in patient mortality rates. American researchers believed nurses have failed to communicate exactly what their needs are in relation to patient safety, and suggested that if nurses wanted to be recognised and valued as professionals it is essential that they improve their communication skills (Buresh and Gordon, 2000). Seifert (2000) supported Buresh and Gordon’s communication views and she recommended that nurses be more assertive. Effective communication, collaboration and developing assertiveness skills, promotes high standards of nursing care (Buresh and Gordon, 2000; Fagin, 2001).

A communication survey conducted in Christchurch, New Zealand, revealed that hospital nurses were dissatisfied, as they did not believe that hospital management were listening to their concerns (Thomson, 2003).

There is recognition in the literature that building enduring relationships in the workplace produces personal, and job satisfaction and results in staff retention (Malkin, 1993; Meissner, 1999). According to Oulton (1997), professional growth and development cannot be isolated from the broader socio-political, economic, and international issues that influence education, retention, and job satisfaction within a

perioperative environment. Oulton (1997) also recommended that for professionals to achieve workplace satisfaction and function adequately they demonstrate flexibility, possess workplace competencies, and place a high value on communication and working together.

A labour dispute that went to arbitration in the Australian Industrial Relations Commission, led to the study resulting in the Blair Decision, (2001). Blair's findings highlighted the value of effective communication in the work setting, which he observed, as being an important component of leadership. Stoltz (2000), in support of this notion noted that effective leaders use positive language, and speak in possibilities not defeat.

According to Porter-O'Grady (2001), the relational aspects of an organization will either support or impede the leader and furthermore suggested that empowerment structures be carefully examined as to whether they are real, or fraudulent. The aim for organizations should be a seamless organizational structure, whereby, all stakeholders experience job satisfaction and operate within a collective framework. However, historically, medicine has achieved a position of dominance over nursing resulting in nursing being described as an oppressed group (Roberts, 1983).

Several authors variously alluded to oppression (Fanon, 1963; Freire, 1993; Roberts, 1983). One of these studies has revealed that nurses are an oppressed and frustrated group. Roberts described institutionalised oppression of nurses by nurses, which results in aggressive behaviour, often referred to as horizontal violence. 'Horizontal violence' is a term coined by Fanon (1963) and described inter-group conflict in colonized Africans, which resulted from oppression. Despite the voluminous literature discussing horizontal violence the concept still remains poorly

understood (Diers, 1986; Fanon, 1963; Freire, 1993; Hamlin, 2000). Meissner (1999), questioned whether nurses are still eating their young, and suggested that this undesirable behaviour is ongoing. An understanding of horizontal violence is important in relation to communication when examining staff leadership models, and staff retention issues. Nurse's level of job satisfaction in relation to their manager's leadership style, is critical to their productivity levels and length of stay in an organisation (Ribelin 2003). Brennen and Spry (2000), discussed the importance of nurses taking individual responsibility in addressing the worldwide nursing shortage, and dismissed the notion of horizontal violence being present in the workplace. Their opinion contradicted Meissners' view, which highlighted that novice nurses are still confused, and frustrated by behaviours in the practice setting.

Roberts (1983) alleged that nurse leaders who function within an elitist leadership framework would not empower staff, or set the agenda for change. It is recognised in a staff retention study that if leaders in an organization are ineffective, a retention problem is likely to arise (Bozell, 2002). Bozell's research explored the multiple issues underpinning power relations in the workplace and stated that nurses should not be seduced by the notion of oppression and lapse into self-pitying victimization. Bozell cautioned nurses not to focus on symptoms, and fail to solve problems. In support of this concept Freire's (1993) work on oppression suggested that dialogue should be critically analysed and emancipatory education encouraged.

Diers (1986) urged nurses to increase critical consciousness, and develop critical analysis skills to transform social conditions. Fagin (2000) believed that when nurses lack control of the circumstances of practice workplace dissatisfaction results and staff retention issues arise. Therefore, it is important for nurses to remain in control of circumstances, and respond to the ongoing changes.

2.5 Changing demographics

Easton (2002) reported that in the Heidrich Work Trends Survey, more than 1000 workers viewed retirement as an opportunity to do fulfilling work rather than a time for leisure and travel. Furthermore Easton (2002), emphasized, that longer life expectancies and the current age of retirement for nurses has necessitated the need for a paradigm shift in relation to workplace barriers in work settings. She reported that currently nurses are no longer retiring at an early age and highlighted retention barriers for these nurses, for example workplace environments and rosters. The ageing nurses wanted flexible rosters and innovative work environments that excluded heavy lifting. Heller, et al. (2001) found that the body of nursing students was also more mature, thus contributing to the demographic imbalance. Given this notion, it is imperative that nursing schools focus on recruitment of the traditional younger student to confront the challenges associated with a more mature student body, and in doing so restore the likely demographic imbalance (Heller, et al., 2001). It has become apparent that the literature related to nursing retention is divided on the causes of a current nursing shortage. For instance, an independent study of registered nurses highlighted that salary compression contributed to the nursing shortage (American Organisation of Nurse Executives, 2000). Nonetheless, regardless of these semantic differences, there is agreement in the literature on the importance of immediately addressing the real or apparent staffing shortages (Canala, Avakian, and McKission, 2000).

This chapter has illuminated some of the factors that influence staff retention in an acute perioperative environment. A critical review of the existing literature was explored in relation to the following areas: participatory decision making/leadership, historical influences in nursing, economic contexts in relation to the changing role of the perioperative nurse, the complex interplay of communication and changing demographics. The following chapter discusses the methodology and describes the philosophical framework that underpins this study.

3

Methodology

3.1 Introduction

The focus of this chapter is to describe the methodological approach used in this study to explore the research question: “What are the critical factors that influence staff retention in an acute perioperative environment?” Methodology is concerned with how “we know the world, or gain knowledge of it” (Denzin and Lincoln, 1994, p. 13). According to Grant and Giddings (2002), methodology guides how a researcher frames the research question, and additionally decides on the methods and process used. The philosophical framework that underpins this study is postpositivism. Postpositivism enabled the integration of quantitative and qualitative methods that were required to effectively explore the question related to staff retention.

3.2 Postpositivism

Postpositivism is the result of a paradigm shift that took place during the twentieth century, when it was argued that there were multiple and competing views of science as well as multiple truths (Lincoln and Guba, 1994). In a positivist paradigm, truth is believed to reside in the object, and it is believed that this truth can

be found only by using scientific methods (Lincoln and Guba, 1994). Science is largely a mechanical form of research and the positivists believed in empiricism which is the idea that observation and measurement are the core components of the scientific endeavour. In addition positivists sought to be as objective as possible in their pursuit of knowledge and their fundamental belief was objective reality.

Logical positivism, the central tenets of which are; objectivity, hypothetical-deductive theory, external law-like relations, formal language, and separation of facts and meanings was challenged in the 1960s (Kuhn, 1970). Kuhn, turned to the history of science and began to question the alleged objectivity, and value-free neutrality of the scientific discovery. Kuhn, argued that change in a scientific field did not occur as a step-by-step cumulative process and suggested that researchers were affected by their social and political contexts. Kuhn (1970) agreed that the picture of science was changing. It was no longer a picture of objective, valid and unchallengeable findings, but rather a unitary package of beliefs about science and scientific knowledge.

Scientific endeavour, according to Kuhn (1970), is a very human affair and human values and interests play a very important part in the research process. Hesse, (1980), believed that the five central tenets of positivism had been subjected to damaging criticism, and viewed the postpositivist paradigm as taking a deeper look at the world. Heron (1981) argued that the truth of a proposition depends on shared values, which indicates the data that researchers generate depends upon their procedural norms, which in turn depends upon their shared values. Harre (1981) compared the two paradigms and described positivism as being atomistic and deterministic. In other words the world and the universe operated by laws of cause and effect that could be discerned if the scientific method were applied. In

comparison, a more structural and speculative postpositivists paradigm recognised that acquiring knowledge is a contextual process.

Postpositivism assumed the social nature of the research process and focused on the nature of social life rather than decontextualising, and separating individuals. In this study participants were given the opportunity to express their views in a focus group interview (Lincoln and Guba, 1985). A shift in scientific research thinking resulted and with subsequent development became known as a postpositivist view (Lincoln and Guba, 1994).

Bassey (1995) would not accept the idea of there being a reality ‘out there’, which exists irrespective of people, for reality is seen by him as a construct of the human mind. In support of this notion, Crotty (1998), challenged the belief that the observer, and observed are independent, and stated that researchers no longer claimed a metaphysical or epistemological privileged position. Metaphysical beliefs were accepted at face value and postpositivism employed traditional scientific methods to make tentative conclusions about the truth (Crotty, 1998). Crotty suggested that postpositivism is a more humble version of positivism, holds a less absolute view of the truth and employs the uncertainty principle, which posits that we can only uncover approximate truth, never truth with certainty. Postpositivism signals a critical engagement with the positivist concept rather than a rejection of it (Grant and Giddings, 2002). However, it is also important to acknowledge the reality may not be objective, quantifiable and able to be replicated.

The researcher’s aim was to look closely at the world of acute perioperative nursing, identify factors influencing staff retention and in so doing enrich results from a survey and search for a deeper understanding by undertaking a focus group interview.

The postpositivist approach in this study enabled the researcher to obtain information and discern patterns related to staff retention in the world of perioperative nursing, by integrating quantitative, and qualitative data collection and analysis, using a survey and a focus group interview as tools for data collection. The 'whole' could be explored and valuable opportunities arose to capture data context. Qualitative approaches and interpretation of interview data can be readily included in studies within a postpositive framework. In this dimension there is the opportunity to focus on what the experiences of the nurses are and how they perceive their reality, which in this study is staff retention of perioperative nurses.

This chapter has focused on postpositivism, the methodological approach used to address the research question in this study. The postpositivists approach to research and its place in this study are discussed. The following chapter describes the research methods used within this study.

4

The Research Methods

Method triangulation, a combination of quantitative and qualitative research methods, was used for this study to provide data from more than one perspective on the factors that influence the retention of nurses in an acute perioperative environment. A survey and focus group interview were used to collect data for analysis. The focus group interview was used to explore important issues that were highlighted in the survey results. Descriptive and inferential statistics, reported as frequencies and comparisons, and a thematic analysis were used to analyse the data. Research methods, sample data collection, and analysis methods are described in this chapter. Validity, reliability, trustworthiness, and ethical considerations are also detailed.

4.1 Purpose of the Study

This study was designed to identify critical factors that influence staff retention in an acute perioperative environment. The project was undertaken between June 2002 and November 2003.

4.2 Research Method

A non-experimental survey employing a questionnaire, and a focus group interview, that explored the important features of the survey results (> 90% of the respondents) were used to collect data. The method triangulation or the use of multiple methods was appropriate for this study because it assisted with credibility through the integration of quantitative and qualitative method results (Denzin, 1978; Webb, 1966). Triangulation had its origins in nautical radio triangulation, which is determining the point of origin of a radio broadcast by using directional antennas set up at the two ends of a known baseline (Denzin, 1978). The principles of triangulation have been applied to this research because a combination of methods that have different strengths provides less likelihood of distorted interpretation (Denzin, 1978; Morgan, 1998). Denzin (1978) has suggested that four different modes of triangulation exist: the use of multiple and different sources, methods, investigators and theories. Webb (1966) concludes that while triangulation by methods may be difficult, it is very much worth doing, because it assists in making data believable. There is some debate about the appropriateness of combining methods whose assumptions stem from different worldviews. Trend (1978), emphasises the importance of allowing different pictures to emerge and states that this is unique to triangulation. Fielding and Fielding (1986), caution that whilst there is certainly a place for triangulation, combining methods should be done carefully and purposefully with the intention of adding breadth and depth. However, this must not be for the purpose of gaining objective truth. Triangulation not only improves the accuracy of the data it also increases the depth and quality of the results because of a more comprehensive analysis.

Therefore selecting method triangulation was determined by the research question, which sought to both, quantify the issues that were important for perioperative nurses working in an acute perioperative environment, and to explore nurses individual views. The rationale for the use of the method triangulation in this study was that the different measures are complementary to each other in that both sets of data inform each other. In addition, incorporating a focus group interview where opinions of registered nurses with different positions, and from diverse standpoints are explored had the potential to enhance the validity and reliability of the survey data.

4.3 The Participants

The selection criteria used to draw the participants for this study was determined by the purpose of the study. The reason this study was developed was to gain information about what influenced retention for registered nurses in an acute perioperative environment. The inclusion criteria were that all the participants had to be registered nurses, and currently working in an acute perioperative setting in a large trauma hospital. Perioperative patient assistants and enrolled nurses were not included, because in the current environment, attrition rates of these groups are minimal in comparison to registered nurses and also their scope of practice and responsibilities differ. The interview guidelines and number of participants for the focus group was decided upon following the survey questionnaire.

A non-probability convenience sample was drawn from a single operating room department. The questionnaire was distributed to the entire population of registered nurses (i.e. 100), including charge nurses, in the acute perioperative setting of a large trauma hospital. Sample bias may have existed to the extent that those nurses who

were most interested in this topic, or prepared to answer a written questionnaire, might have been more likely to respond. It is useful for a survey sample to include the largest possible number of subjects as it is recognised that statistically, the larger the number of participants surveyed, the more precisely the results relate to the population studied (DePoy & Gitlin, 1993; Reid & Boore, 1987). Pragmatic considerations such as timeframe available, and departmental numbers at the time of the survey, were considered during planning for this study. Forty-eight percent of nurses responded to the survey (N=48). A return rate of 30% is considered satisfactory for a postal questionnaire (Bailey, 1991).

4.4 Ethical Procedures

The key ethical considerations in undertaking this study involved confidentiality and safety of the participants. Polit and Hungler (1997) noted that involvement in research should not disadvantage or expose participants to situations for which they have not been explicitly prepared. Hospital Management and Clinical Board approval was required, and granted, as the survey involved hospital staff, and was conducted on the hospital premises (Mateo and Kirchhoff, 1991).

Approval was sought and granted from both the Auckland University of Technology ethics committee (See Appendix 1) and the Ministry of Health Regional Ethics Committee (See Appendix 2). The Maori and Pacific Island Health Advisers of the hospital were consulted about the content of the questionnaire. Their endorsement of the project was obtained (See Appendix 3 and 4). Return of completed survey questionnaires from the anonymous participants was taken as consent for the study. No individual was identifiable from the data files and analysis. The returned questionnaires will be stored for ten years in a locked cabinet. Prior to the focus group interview, participants signed a consent form (See Appendix 5).

Guideline Questions for the focus group interview were submitted to the Ministry of Health Regional Ethics Committee for approval (See Appendix 11). The interview scribe signed a confidentiality agreement (See Appendix 10).

4.5 Data Collection

The purpose of performing a survey in this study was to collect information, from perioperative nurses, that they considered influenced staff retention is an acute perioperative environment. A survey collects opinions, and attitudes towards a topic, which interests the investigator (de Vaus, 1995; Polit, Beck and Hungler, 2001). DePoy and Gitlin, (1993) note that surveys have the additional advantage of being able to measure numerous variables in a single tool.

There are advantages and disadvantages of surveys, which were considered during the development of the questionnaire for this study. One disadvantage of surveys that is of importance in the current study is that the data gathered is likely to be somewhat superficial (DePoy and Gitlin, 1993). Callery and Luker (1996), agree, believing surveys may not be sensitive to complex issues. Similarly, DePoy and Gitlin (1993), maintain that the information collected in a survey may be unreliable as respondents may tell you what they think you want to hear. In contrast, LoBiondo-Wood and Haber (1994), believe that a wealth of material can be gained from a survey. The use of a survey for this study offered the possibility of complete anonymity for the perioperative registered nurses to increase the likelihood of honest responses. A survey by Billings and Quick (1985), exploring staff issues related to staff retention was modified to meet the needs of the current study. Modification of the original tool was necessary for this study, and no questions were added to the original tool. Characteristics that did not apply to an acute perioperative environment were excluded. An example of this is a question related to nursing

grand rounds was excluded, as this was inappropriate for an acute perioperative setting. The reasons for using an adapted version of this particular questionnaire were that firstly, the original focused on the relationship between the nursing profession and the practice setting in which its members were employed. Secondly, a jury of health professional nurses, drawn from the North Carolina Nurses Association, had validated the original questionnaire. The dimensions examined in the Billing's and Quick's study were characteristics relating to individual needs, provision of nursing care, and the administration/management structure that were appropriate to answer the particular research question in this study.

When modifying the original questionnaire, some general rules were followed. Clear simple language was used and jargon and ambiguity, were avoided. Leading and presuming questions were avoided as were embarrassing ones. Furthermore, consideration was given to placing questions in a logical order, as an adequate format with good transition and flow, enables the respondents to feel part of the research process (Sarantakos, 1993). These were all features of the original questionnaire.

The questionnaire in the current study (See Appendix 7) used closed ended questions that comprised of a statement with responses requiring a 'tick' on a Likert scale, to indicate whether the characteristic is important or not important. A Likert Scale is a fixed response format and has high reliability, and a high degree of validity, even if the scale only has a few items, as is the case in this study (DePoy and Gitlin, 1993; Sarantakos, 1993). Use of a Likert Scale allows for statistical analysis of responses. In the current study the respondents indicated, for example, firstly, whether the preceding statement was important for staff retention, and secondly whether the item was functioning at a non-existent, fair, satisfactory, good

or excellent level in their area. A Likert Scale of five possible responses was used in this study because the researcher wished to include “non-existent”.

One inadequacy of a Likert Scale is that the researcher cannot determine if the responses are a true reflection of the respondents’ feelings, or if they have simply responded in a socially desirable way (DePoy and Gitlin, 1993). The advantage of closed ended questions with fixed response formats selected for this study is that they are simple to administer, and to answer, with a greater chance of questionnaires being completed (Sarantakos, 1993). Analysis of the data once the questionnaire was completed was simplified and comparisons could be made across groups (LoBiondo-Wood and Haber, 1994; Sarantakos, 1993). However, Sarantakos emphasised the possibility of important information being missed because of the difficulty of covering all possible answers. For these reasons it was decided to use a focus group to explore the issues raised by the survey results.

Morgan (1988) recommended focus groups for triangulation of methods, and validity checking and further stated that the use of a focus group has the potential to complement another method. An advantage of the interview was to collect data that could illuminate, and provide in-depth information about the results of the survey. There are many definitions of a focus group in the literature, and features such as organised discussions, collective activity and interaction, contributions that focus groups make to social research, are among those described by (Kitzinger 1994; Powell, Single and Lloyd, 1996). Powell et al. (1996) have defined focus groups as a group of individuals selected, and assembled by researchers to discuss and comment on the topic that is the subject of the research.

4.6 Administration of Questionnaire

The researcher met with the registered nurses in the acute perioperative meeting room at an arranged staff meeting on the 12 November 2002 to introduce the study, and to answer any questions. The questionnaire was accompanied by the information sheet, and cover letter, which stated the purpose of the study, and gave a brief background on the investigation (See Appendix 9). This ensured the participants were informed about the survey. The information included a statement that the study had ethical approval from both the AUT Ethics Committee, and the Ministry of Health Regional Ethics Committee. Nurses were reassured that their participation was voluntary, and that they would not be discriminated against if they chose not to participate. The questionnaire and information sheets were posted to every registered nurse in the department. A locked drop box was made available in the nurses' station for nurses to return questionnaires. The final date for returns was 26 November 2002. Questionnaires were collected regularly and kept in a locked cabinet. The completion of a questionnaire was taken as consent.

4.7 The Focus Group Interview Process

The researcher conducted the focus group interview in a private room in March 2003. Four registered nurses who had expressed an interest, one of whom was a charge nurse, were invited to participate. The interview took approximately one hour. This timeframe seemed to meet the needs of both the participants and the researcher. Flexibility was built in to accommodate for further time, however the interview was completed within the given period.

Open-ended questions relating to retention of registered nurses in an acute perioperative setting were generated for the focus group interview from the survey data. Open-ended questions allowed the respondents to choose the content and detail of their answer (See Appendix 6). A research assistant who had signed a confidentiality form was present at the time of the interview to make notes of each focus group speaker to assist in the later transcribing of the tape. The researcher explained the process to the participants, and discussed the possibility of a second interview if it was felt that material from the first interview needed to be expanded. Data from the first interview was rich, and a second interview was therefore not needed.

Prior to the commencement of the interview the researcher explained the process of a focus group interview, and reassured the participants that the analysed data would be kept in a locked cabinet and that participants would not be identifiable in the transcriptions. Following the general introduction and signing of the consent form, the researcher started the interview with a question on relationships and their relation to staff retention in an acute perioperative environment. The interview was taped. A good rapport developed between the participants and the researcher. Information was gathered about areas the researcher had not foreseen, for example, “sick leave”. Importantly, with the use of open-ended questions the researcher can determine which issues were the most relevant to the participants and pursue them in the interview.

4.8 Quantitative and Qualitative Data Analysis

Data from the completed questionnaires was collected, collated, cleaned and entered into an Excel statistical package. Data was analysed using descriptive and inferential statistics. Frequency distributions and chi square tests were carried out.

Thematic content analysis (Burnard 1991) was used to interpret the qualitative data gained at the time of the focus group interview. Burnard suggests that the reason thematic analysis is appropriate for a particular study is so the researcher can identify the broad themes discussed by the participants, and ultimately offer an integrated description of important issues related to the study. Polit and Hungler (1997) note, that in thematic analysis, the researcher strives to weave the thematic pieces together into an integrated whole. Broad themes initially identified and related to staff retention were analysed into the main themes. The transcripts were reanalysed several times and four broad themes emerged. These themes identified the important staff retention issues as described by the nurses in an acute perioperative environment. The themes are a sense of belonging, ongoing frustration, interpretation of boundaries and roles and finding time.

4.9 Validity and Reliability

Validity refers to the degree to which the questionnaire measures what it is supposed to be measuring (Burns & Grove. 1997; Polit & Hungler, 1997). Internal validity refers to the evaluation of the adequacy of a research design. Competing explanations for results of a study are referred to as threats to internal validity (Polit and Hungler, 1997). Internal validity for this study was achieved in several ways. Billings and Quick's (1985) questionnaire was adapted for this study. A jury of health professional nurses, drawn from the North Carolina Nurses Association, had validated the original questionnaire. For the purpose of this study the questionnaire was adjusted to meet the needs of perioperative registered nurses in an acute setting. Modification of the questionnaire was carried out in consultation with a statistician. The statistician provided feedback, and suggestions in regard to testing and scoring. Two colleagues scanned the questionnaire, and with their assistance questions were

refined. Questions that did not pertain to an acute perioperative environment were omitted. An example of a question that was omitted is “primary assignment of patient to nurse”, this question relates to an environment where nurses care for patients independently unlike the perioperative environment where teamwork is the norm. The format and many of the items on the original questionnaire were unchanged. No new items were added to the questionnaire.

Validity assessment builds evidence to support the accuracy of the measurement of the research content, and furthermore, content validity aims to address the adequacy of the content area being measured (Polit, Beck, and Hungler, 2001). When adapting the questionnaire items for this study, various personnel were consulted. The personnel included: two perioperative registered nurses working in the department, a research nurse employed by the anaesthetic department, and the researcher’s supervisors, one of whom has specialised in operating room nursing. The reason the researcher consulted with these personnel was to ensure the questions asked for this study were appropriate, and were related to the research question.

Polit et al. (2001), noted that construct validity is concerned with whether the instrument effectively measures the concept under investigation, and is a difficult and challenging task. When addressing construct validity, there should be an emphasis on logical analysis (Polit et al, 2001). A statistical procedure was employed for this study and a Likert Scale was used to identify, and group together different measures, and whether they were functioning or not.

External validity refers to the generalizability or representativeness of research findings to other settings (Polit and Hungler, 1997). Beaglehole, Bonita and Kjellstrom, (1993), suggest that external validity is the degree to which the study findings can be applied to the whole population, and is dependent on the sampling

process. A non-probability convenience sample was chosen for this study. The sample in this study possessed all the characteristics defined in the inclusion criteria, and did not possess any of the characteristics defined in the exclusion criteria, and in doing so increased homogeneity (De Poy and Gitlin, 1993). If the characteristics of the sample are homogenous, the generalizability of the results is enhanced (Polit and Hungler, 1997). However, the sample was a non probability convenience sample and the participants were all from the same acute perioperative department, which may reduce generalizability to other perioperative environments. Nonetheless the sample is large enough to be analysed using descriptive and some inferential statistical methods.

Reliability is the degree of consistency, or dependability with which an instrument measures the attribute it is designed to measure (Polit et. al., 2001). In this study the researcher distributed the questionnaire, and conducted the focus group interview, to reduce the risk of differences in interpretation of data that may have occurred if more than one person was involved. Given the relationship of the researcher to the participants it was clear from previous discussion with staff in the department, that the educator was not aligned to management and was therefore not a potential threat to data collection. A statistician was once again consulted to ensure that the questionnaire was reliably capturing the information required. The methods of assessment of measurement described thus far are relevant to data collection instruments that yield quantitative scores. The criteria used to assess the trustworthiness of the qualitative data in this study are transferability, dependability, confirmability and credibility (Lincoln and Guba, 1985). Transferability refers to the generalizability of the data, or the extent to which data can be transferred to other settings or groups. Usually transferability is evaluated on completion or

dissemination of a thesis. Gathering thick description within a focus group interview helps facilitate judgements of transferability (Lincoln and Guba, 1985).

Dependability refers to the stability of data over time and over conditions. In the current study dependability is parallel to reliability in quantitative research. For this study the researcher completed all data collection. Using other researchers to explore the same phenomena may uncover data that has been overlooked. Peer debriefing is one method used to ensure dependability. Peer debriefing is a process that exposes the researcher to the searching questions of others who are experienced in the phenomenon being studied (Polit and Hungler, 1997). Debriefing sessions were held with an objective peer, and the researcher's supervisors to review and explore various aspects of the study.

Confirmability refers to objectivity or neutrality of the data (Polit and Hungler, 1997). Confirmability is checking that emerging data is plausible. An audit trail was used, which is a systematic journal collection of material, and documentation, throughout the study. An audit trail serves as an invaluable tool for persuading others that qualitative data is worthy of confidence.

The participants' construction of reality will match the researchers' representation of these realities (Polit and Hungler, 1997). The participants in this study were given the opportunity to view, comment on, and validate the results of the interview, after the thematic analysis was completed, and before any conclusions were made or reported.

The disadvantage of a face-to-face focus group interview is that responses to personal or sensitive questions may be less frank than a written questionnaire because of the lack of anonymity (DePoy and Gitlain, 1993; Reid and Boore, 1987; Sarantakos, 1993). The limitations of this study will be discussed in more depth in Chapter 8.

This chapter has described the research methods used for this study. The sample size, selection criteria, data collection and analysis processes have been described. The tools used including processes to test the methods of assessment of measurement, and finally, ethical considerations have been discussed. The following chapter gives a detailed description of the results of the survey questionnaire.

5

The Survey Research Results

This chapter provides results and analysis of the data from the survey related to critical factors that influence staff retention in an acute perioperative environment. Registered nurses working in the area completed the survey. The survey sample and response rate, management of survey data and the results of data analysis are presented.

5.1 The Survey

The survey questionnaire was distributed to one hundred registered nurses currently employed in a single acute perioperative setting. The questionnaires were distributed, and collected over a period of two weeks. Forty-eight completed questionnaires were returned (n=48). This number represents a 48% response rate. Once the questionnaires had been returned, the data was collated, entered into an Excel statistical package, and checked for any entry errors. The data was analysed using descriptive and inferential statistics. Ninety eight percent (n=45) of the respondents answered the question: - opportunities for professional growth. This means that four percent of participants failed to answer that particular question. All other questions were answered by one hundred percent of the respondents.

5.2 Survey results

Respondents were asked to rate items in the surveys as important or not important and to then rate how they saw them functioning i.e.: - Non-existent, fair, satisfactory, good or excellent. The percentages displayed in the tables are from all respondents not only those who rated the item important. The results of the survey have been presented in the same sequence as the survey questions. These were divided into three sections: Characteristics related to individual needs; characteristics related to provision of nursing care; and characteristics related to administration/management structures.

Data from questions relating to both recreational activities and childcare facilities were analysed using the Chi square tests. The reason for selecting a Chi square test for only these two characteristics was because less than 85% of respondents rated these items as important. Responses to communication, professional growth, career advancement and graduate orientation programmes are reported as frequencies.

5.3 Characteristics related to individual needs

Peer support groups for self care and stress management (Table 1.)

Ninety four percent of participants (n = 45) rated peer support groups for self care and stress management as important, and 6% not important. The results indicating how participants see the characteristics functioning in the acute perioperative environment in relation to staff retention are listed in Table 1. They show that 45% (n = 22) of respondents regarded the functioning level of peer groups for self-care and stress management as fair or non-existent, while only 22% (n=10) of the respondents regarded the functioning as good/excellent.

Table 1.

Peer support group results	
Responses	Percentages
Non existent	10%
Fair	35%
Satisfactory	33%
Good	17%
Excellent	5%

Note: Peer Support is support offered to perioperative staff after a critical incident, for example a death in theatre.

Compensated time allotted for professional activities (Table 2.)

Ninety-eight percent of participants (n=47) rated compensated time allotted for professional activities as important. Results show that 34% (n=16) of respondents regarded the functioning level as good/excellent and 35% (n=17) fair to non-existent.

Table 2. Results of Compensated time allotted for professional activities

Response	Percentages
Non existent	8%
Fair	27%
Satisfactory	31%
Good	28%
Excellent	6%

Educational reimbursement for career advancement (Table 3.)

Ninety eight percent of participants (n=47) rated educational reimbursement for career advancement as important. The results indicating how participants see the characteristics functioning in the acute perioperative environment in relation to staff retention were: Sixty four percent (n=30) rated this characteristic as functioning at a good or excellent level. No respondents believed educational reimbursement for career advancement was non-existent.

Table 3. Educational reimbursement for career advancement

Responses	Percentages
Non existent	0%
Fair	15%
Satisfactory	21%
Good	46%
Excellent	18%

Opportunities for professional growth, eg: in service education, nursing Research (Table 4.)

Ninety-four percent of participants (n=45) rated opportunities for professional growth, e.g. in service education, nursing research as important, in contrast 2% rated opportunities for professional growth as not important and 4% of respondents failed to answer. No respondents felt that opportunities for professional growth were non-existent. Thirteen percent (n=6) indicated that professional growth was fair. Forty-four percent (n=20) of respondents rated opportunities for professional growth as good or excellent.

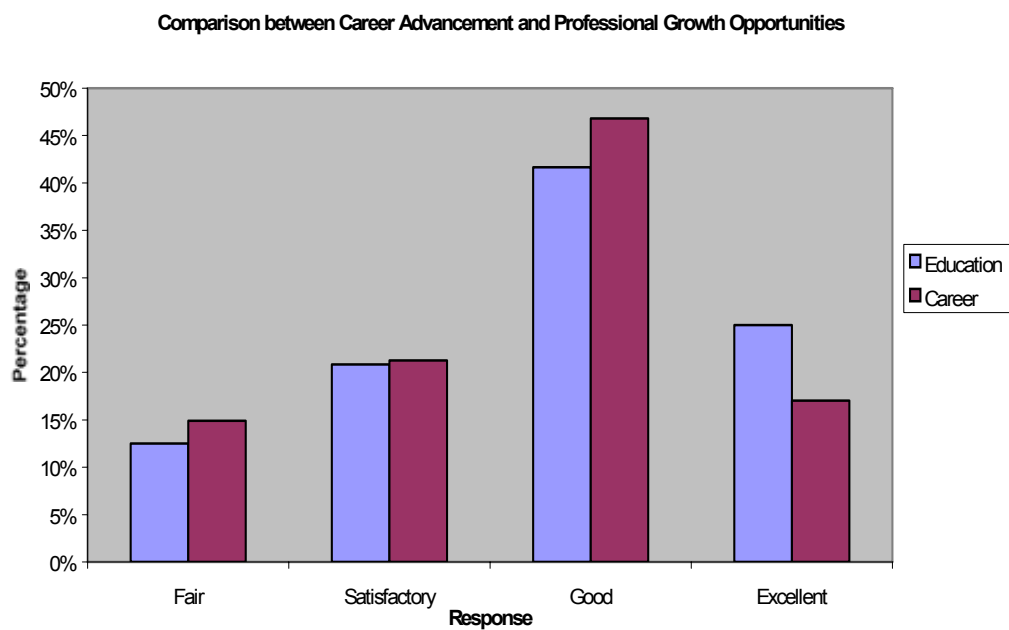
Table 4. Opportunities for professional growth results

Responses	Percentages
Non existent	0%
Fair	13%
Satisfactory	20%
Good	42%
Excellent	2%

Comparison of responses for career advancement and professional growth opportunities (Figure 1.)

This chart shows the comparison in responses between career advancement and what professional growth opportunities are available; the results indicate that both appear fairly equal.

Figure 1. The Comparison of Responses between Career advancement and Professional Growth Opportunities



Recreational activities nearby (Table 5.)

Fifty-five percent of participants (n=26) rated recreational activities nearby as important, in contrast 45% (n=21) rated recreational activities nearby as not important. Those who thought that the availability of recreational activities nearby was important were compared to those who did not indicate that this issue was important using the chi-square test, to determine if the difference was statistically significant. The number of respondents who did not regard the proximity of recreational activities as important is statistically significant ($p = 0.05$).

The results indicating how participants see recreational activities nearby, functioning in the acute preoperative environment in relation to staff retention are included. Fifty percent (n=24) of respondents rated the functioning level as non-existent or fair. No respondents regarded the functioning of recreational activities nearby as excellent and 10% (n=5) rated the functioning as good.

Table 5. Recreational activities nearby results

Responses	Percentages
Non existent	25%
Fair	25%
Satisfactory	4 %
Good	10%
Excellent	0%

Ready access to childcare (Table 6.)

Eighty-three percent of participants (n=40) rated ready access to childcare as important. Seventeen percent (n=8) rated ready access to childcare as not important. The importance of ready access to childcare facilities is statistically significant ($p = 0.05$). However, it was not known how many in the sample were childless nurses working in the perioperative setting.

How participants see the characteristics functioning in the acute perioperative environment in relation to staff retention show that 35% (n=16) considered childcare facilities to be functioning at a good/excellent level. In contrast 29% (n=13) rated childcare facilities as non-existent or fair.

Table 6. Ready access to childcare results

Responses	Percentages
Non existent	8%
Fair	21%
Satisfactory	36%
Good	21%
Excellent	14%

5.4 Characteristics related to provision of nursing care

Professional relationships between nurses and physicians (Table 7.)

In this section the functioning of relationships in the acute perioperative environment in relation to staff retention are highlighted. Twenty-two percent (n=10) of respondents regarded functioning level as non-existent or fair whereas, 45% (n=22) regarded these relationships as good/excellent.

Ninety-eight percent (n=47) of participants rated professional relationships between nurses and physicians as important.

Table 7. Professional relationships between nurses and physicians results

Responses	Percentages
Non existent	4%
Fair	18%
Satisfactory	33%
Good	35%
Excellent	10%

Professional relationships between nurses and nurses (Table 8.)

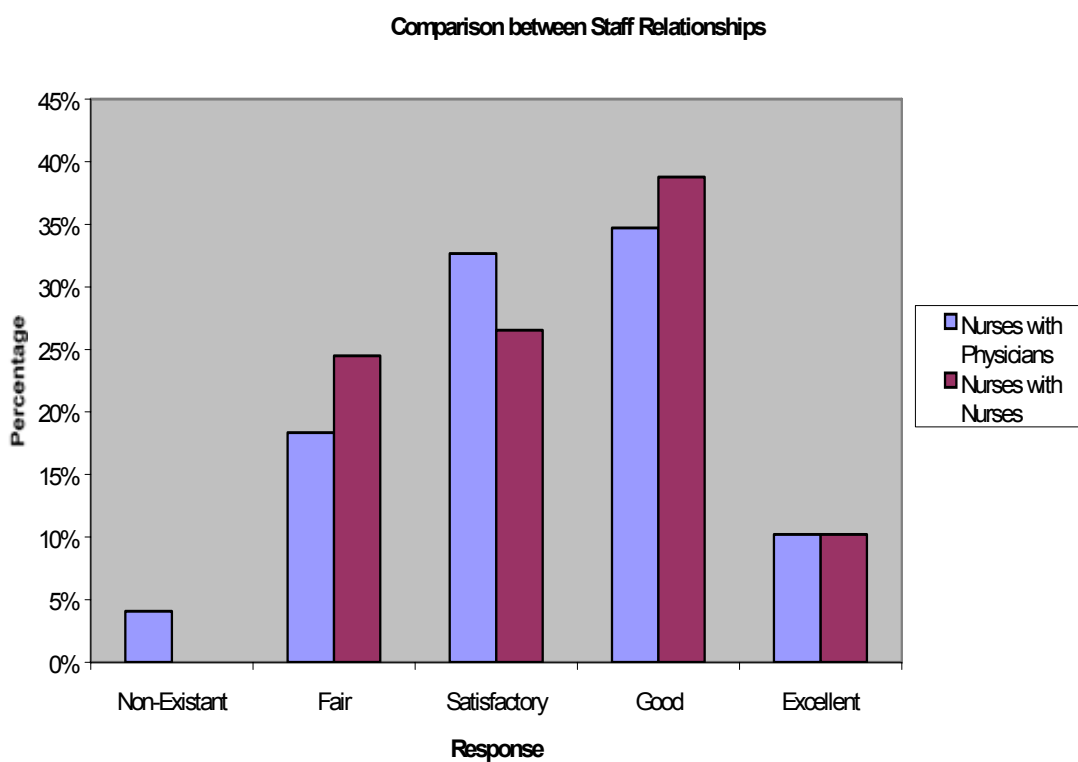
Ninety-eight percent (n=47) of participants rated professional relationships between nurses and nurses as important. None of the respondents believed that relationships between nurses and nurses were non-existent. Twenty-five percent (n=12) regarded the functioning of nurse/nurse relationships as fair and 48% (n=24) feel that nurse/nurse relationships function at a good or excellent level.

Table 8.

Professional relationships between nurses and nurses results	
Responses	Percentages
Non existent	0%
Fair	25%
Satisfactory	27%
Good	38%
Excellent	10%

Figure 2 shows the respondents believe that functioning of relationships between nurses and nurses and nurses and physicians to be similar.

Figure 2. Comparison of the functioning of relationship between nurses and physicians and nurses and nurses



Availability of support services for non-nursing functions (Table 9.)

Eighty-seven percent (n=40) of participants rated availability of support services for non-nursing functions as important. Therefore 13% did not think this item was important. The results suggest that only 23% (n=11) rated availability of support services for non-nursing functions as good/excellent. In comparison 45% (n=21) regarded the functioning level as non-existent or fair. It is not known whether or not the 13% who regarded this item as not important are the 13% who rated this item non-existent.

Table 9. Availability of support services for non-nursing functions results

Responses	Percentages
Non existent	13%
Fair	32%
Satisfactory	32%
Good	21%
Excellent	2%

Active multidisciplinary ethics committee to manage immediate ethical dilemmas (Table 10.)

Ninety-one percent (n=43) of participants rated active Multidisciplinary Ethics Committee as important. Nine percent (n=4) rated that the committee is not important to manage immediate ethical dilemmas. Fourteen percent (n=7) regarded the functioning of the multidisciplinary ethics committee as good. Forty-three percent (n=20) deem their functioning to be non-existent or fair.

Table 10. Active multidisciplinary ethics committee to manage immediate ethical dilemmas results

Responses	Percentages
Non existent	22%
Fair	21%
Satisfactory	42%
Good	14%
Excellent	0%

Level of workload acuity (Table 11.)

Ninety-eight percent of participants (n=47) rated the level of workload acuity as important. The results indicating how participants see the characteristics functioning in the acute perioperative environment in relation to staff retention are: Fifty three percent (n=30) of respondents believe that the functioning of level of workload acuity was non-existent or fair whereas 24% (n=12) agreed that this functions at a good/excellent level.

Table 11.

Level of workload acuity results

Responses	Percentages
Non existent	11%
Fair	42%
Satisfactory	22%
Good	16%
Excellent	8%

5.5 Characteristics related to administration/management structure

Established policies (Table 12.)

Ninety-six percent (n=46) of participants rated established policies as important. Fifty-nine percent (n=29) of staff view policies as functioning at a good or excellent

Table 12.

Established policies results	
Responses	Percentages
Non existent	2%
Fair	8%
Satisfactory	31%
Good	43%
Excellent	16%

Rostering Flexibility (Table 13.)

Ninety-eight percent (n=47) of participants rated rostering flexibility as important. The results indicating how participants see the characteristics functioning in the acute perioperative environment in relation to staff retention are listed in Table 13. Seventy-one percent (n=34) indicated that rostering flexibility was functioning at a good or excellent level.

Table 13. Rostering flexibility results

Responses	Percentages
Non existent	0%
Fair	12%
Satisfactory	17%
Good	40%
Excellent	31%

Competitive salary (Table 14.)

Ninety-six percent (n=46) of participants rated competitive salary as important. Thirty six percent (n=19) propose competitive salary is functioning at a good/excellent level. Almost 40% of respondents concluded that the competitive salary is functioning at a non-existent or fair level.

Table 14.

Competitive salary results	
Responses	Percentages
Non existent	17%
Fair	19%
Satisfactory	28%
Good	18%
Excellent	18%

Opportunities for advancement – career pathway (Table 15.)

All participants rated opportunities for career pathway advancement as important. This was the only characteristic rated important by 100% of the participants. Twenty-one percent (n=10) believe that career pathway opportunities are fair or non-existent. Fifty-six percent (n=27) rated career pathway opportunities as good or excellent.

Table 15. Opportunities for advancement – Career Pathway Results

Responses	Percentages
Non existent	4%
Fair	17%
Satisfactory	23%
Good	42%
Excellent	14%

Nurse representation at top level of management (Table 16.)

Ninety-six percent of participants (n=46) rated established nurse representation at top-level management as important. Half perceived the functioning of nurse representation at top level of management as good or excellent. Only 27% (n=13) consider this as functioning at a fair or non-existent level.

Table 16.

Nurse representation at top level
of management results

Responses	Percentages
Non existent	6%
Fair	21%
Satisfactory	24%
Good	30%
Excellent	19%

**Prepared nursing managers with background in nursing management
(Table 17.)**

Ninety-eight percent (n=47) of participants rated prepared nursing managers with background in nursing management as important. Thirty-seven percent (n=17) regard the functioning of the above at a good/excellent level. Twenty four percent (n=11) view the functioning as being at a fair level.

Table 17. Prepared nursing managers with background in nursing management

Responses	Percentages
Non existent	4%
Fair	24%
Satisfactory	35%
Good	26%
Excellent	11%

A quality assurance programme (Table 18.)

Ninety-six percent (n=46) of participants rated a quality assurance programme as important. The results indicating how participants see the characteristics functioning in the acute perioperative environment in relation to staff retention are listed in table 17. Thirty-six percent (n=17) observe this as functioning at a good or excellent level. A total of 12% (n=6) believe this to be functioning at a fair level.

Table 18. Quality assurance program results

Responses	Percentages
Non existent	2%
Fair	12%
Satisfactory	50%
Good	28%
Excellent	8%

Orientation programs for graduates (Figure 3.)

Ninety-eight percent of participants (n=47) rated orientation programs for graduates as important. Respondent's perceptions of the quality of graduate nurse orientation programs have been displayed in Figure 3. Seventy-two percent (n = 32) of responses revealed the functioning of graduate nurse programmes as good or excellent. It is not known how many of the respondents were graduates.

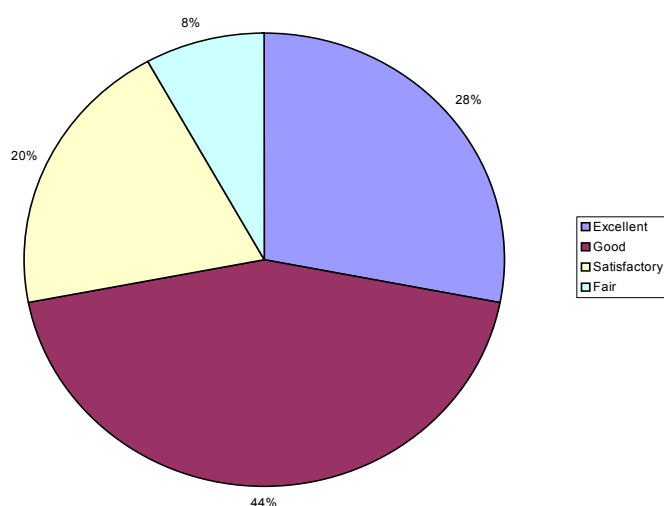


Figure 3. Functioning level of Graduate Orientation Programme

Established line of communication between nurse and management (Figure 4)

Ninety-six percent (n = 46) of participants rated an established line of communication between nurse and management as important.

The results are displayed in figure 4. Forty-two percent (n =23) of respondents experience communication between nurse/management as functioning at a good/excellent level.

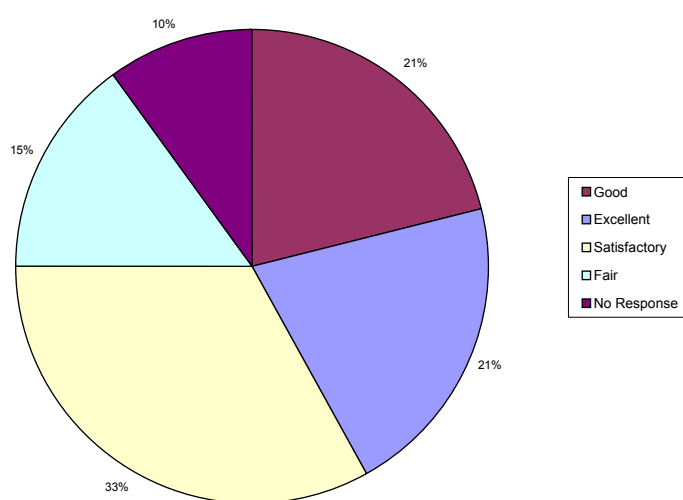


Figure 4. Functioning levels of Communication between nurses and management

Adequate conference time allocation. (Table 19.)

Ninety four percent (n=45) of participants rated adequate conference time allocation as important. The results indicating how participants see the characteristics functioning in the acute perioperative environment in relation to staff retention are listed in table nineteen. Forty-three percent (n=21) view the functioning of conference time allocation as good or excellent. In contrast 20% (n=9) believe this to be functioning at a fair level.

Table 19. Adequate conference time allocation results

Responses	Percentages
Non existent	4%
Fair	20%
Satisfactory	33%
Good	33%
Excellent	10%

5.6 Summary of Results

The questionnaire revealed specific characteristics related to individual needs, the provision of nursing care, and administration/management structures, as being important.

Only the issues that were considered important by > 90% of respondents were explored in depth in the focus group interview. These characteristics were grouped under the following headings: Peer support, Educational opportunities, Professional relationships, Multidisciplinary ethics committees, Level of workload acuity, Established policies/Quality assurance programmes, Rostering flexibility, Competitive salary, Management and Graduate orientation programs.

Characteristics that were not considered as important by the survey respondents (< 90% of respondents) and not explored in the focus group interview were:

Recreational activities nearby, Ready access to childcare facilities and Availability of support services for non-nursing functions. Data from the questions that related to both recreational activities and childcare facilities were analysed using the Chi square tests, to determine if the difference in responses was statistically significant.

In relation to the active multidisciplinary ethics committee results, it is important to note that the respondents believed the anaesthetist usually managed the ethical dilemmas prior to surgery and not a multidisciplinary ethics committee. This may explain why only 14% of respondents regarded the functioning of these committees as good.

The competitive salary and nurse representation at top level of management results, both had an even spread of percentages. Competitive salary, however, did

not appear to be related to retention when this characteristic was explored in the focus group interview. In contrast prepared nursing managers were important to the focus group participants who believed that they influenced staff retention in an acute perioperative environment.

This chapter has provided details of the survey sample, response rate, survey data management and the results of the data analysis. Included, is a brief summary of percentage results that were evenly spread. The following chapter presents the detailed analysis of the focus group interview results.

6

The Focus Group Interview Results

This chapter presents the analysis of the data from the focus group interview. Questions for the focus group interview were developed from the results of the survey related to retention of perioperative nurses in a large trauma hospital. The questions for the focus group related to why selected survey results were important to the participants, and the participant responses are fully described. Thematic analysis of the interview transcript was undertaken to identify and develop the emerging themes. The identified themes, a sense of belonging, ongoing frustration, roles/boundaries and finding time, are described in this chapter.

6.1 Interview Questions developed from Survey results

Four registered nurses that had expressed an interest in the study and had completed the survey were invited to participate in the focus group interview. As a result of the analysis of the survey results, specific questions were asked within the focus group. Only the characteristics highlighted as important for staff retention in the survey by > 90% of respondents, were explored in depth in the focus group interview.

6.2 Interview results that support survey findings

A selection of examples will be briefly discussed to illustrate important findings that surfaced during the focus group interview. The full interview schedule is included as Appendix 6.

6.3 Characteristics related to individual needs

Peer support groups for self-care and stress management

Ninety-four percent of survey respondents rated peer support as important, however functioning at a fair or non-existent level. It was therefore important to explore whether the perceived current lack of peer support influenced staff retention in an acute perioperative environment. The respondents answered the question broadly and discussed the process used to debrief after a critical incident, for example a death in theatre. The interview results in this study suggested that the lack of peer support does not influence staff retention in an acute perioperative environment.

Opportunities for professional growth/advancement, educational reimbursement, and compensated time allotted for professional activities (Educational Opportunities)

Respondents surveyed rated educational opportunities, for example, reimbursement and allotted time for professional activities as good/excellent. The survey results showed similar results between opportunities for professional growth and career advancement (Chapter 5, p. 47). The focus group participants agreed with these results however, expressed the need for more educational time, as this would result in their not having to study at weekends, and they could spend more time with families. They believed that education improved staff attitudes and job satisfaction.

Therefore both factors have an influence on staff retention in an acute perioperative environment.

Participant E stated: “Education is important, the more you know the better you cope with something”.

6.4 Characteristics related to Provision of Nursing Care

Professional relationships between nurses/physicians and nurses/nurses

The survey respondents saw departmental relationships as important. Almost half the survey respondents rated the functioning level as good/excellent. The results show similar findings between nurse/physician and nurse/nurse relationships (Chapter 5, p.52). The participants believed that communication shapes relationships. They believed also, that relationships were generally good, and influenced both job satisfaction and staff retention in an acute perioperative environment.

Participant A stated: “Communication has a direct relationship on the way a person works”.

The literature supports this in that effective communication and building enduring relationships in the workplace produces personal and job satisfaction and results in staff retention (Malkin, 1993; Meissner, 1999).

Level of Workload Acuity

Level of workload acuity was important to survey respondents however, only 24% of respondents rated the functioning level as good/excellent. Participants suggested that an increase in workload acuity often resulted in a decrease in clinical support by inappropriate, skill mix rostering. Participants also believed that sickness increased when workload acuity increased.

Participant O stated: “sickness increases and people’s attitudes change when workload acuity increases, staff talk amongst themselves and verbalise this”.

The participants suggested that an increase in clinical support and leadership would improve matters.

Participant A stated: “With high acuity, resources are stretched, and I guess you don’t want to be working in an environment that does that to you. It’s too stressful”.

The high level of workload acuity and inappropriate resources, for example lack of clinical support, results in job dissatisfaction and has a negative influence on staff retention in an acute perioperative environment.

6.5 Characteristics related to Administration/Management Structure

Rostering flexibility

Issues that were important to perioperative staff and functioning well were also examined more closely within the focus group interview. An example is rostering flexibility. The survey results reflected rostering as being important, and 71% of respondents thought that the level of functioning is good/excellent. Participants suggested that part-timers usually get their requests first and the full timers then have to fill in the gaps, which results in inflexibility and is a negative feature of the current rostering system.

Participants O stated: “good rostering is about flexibility”.

Competitive Salary

Ninety-six percent of respondents rated competitive salary as important. Forty percent of respondents thought the level of functioning was non-existent/fair. The focus group participants believed that a good working environment was far more important than an increase in salary.

Participant A stated: “belonging to a good working environment is far more important than money”.

Participants did however suggest that an increase in salary at weekends would be beneficial as this would reward and recognise nurses. The participants believed that salary influenced recruitment as opposed to staff retention. It is important to note that worldwide studies have reported that chronic attrition of nurses is related to inadequate remuneration (Bonar, 1997; Corcoran et al, 1990; Malkin, 1993; WHO, 2000).

Orientation programs for graduates/new graduates

Graduate programs are important and the functioning level according to the survey respondents is good/excellent (Chapter 5, p.63).

Participants supported the survey results when they gave examples of graduates who had expressed that they had experienced job satisfaction and were pleased with the nurturing and attention that they had received in their orientation program.

Participant N stated: we must continue to give graduates attention and welcome them”.

Graduate programs, according to the participants, have an influence on both job satisfaction and staff retention in an acute perioperative environment.

6.6 Identification of Themes

Thematic content analysis was undertaken to analyse the interview data as a whole and initially five broad themes were identified (Burnard 1991). The broad initial themes were a sense of belonging, ongoing frustration, prevailing attitude, interpretation of boundaries/roles and finding time. The five initial themes were closely examined and ongoing frustration and prevailing attitude were collapsed into one theme as the level of frustration influenced or changed attitudes. The final themes are a sense of belonging, ongoing frustration, interpretation of boundaries/roles and finding time. They are supported by the literature apart from “finding time”, where there appears to be a gap in the literature (Blalack, 1986; Kazaal, 2003; Thompson, 2003; Wicker, 1997).

6.6.1 A sense of belonging

Participants enjoyed the feeling of belonging that the department offered. In support of this participant N highlighted the importance of: “feeling like you belong and others understanding where you are coming from”.

Participant O said: “there is nothing worse than feeling like you don’t have a home or don’t belong”.

Belonging to a group, for example, the education support group or policy and procedure committee is important for participants.

Participant N (when questioned about participating in these committees) stated: “I am having the time of my life”.

Participant O said: “being allowed to get together as a group to develop policies was important, however often difficult”.

The policy and procedure committee is important to the participants as it gave nurses the opportunity to participate in policy decision making that enhances workplace safety. Nurses also developed a strong feeling of belonging while working within the groups. Irvine (1995) believed that nurses remain in work for many reasons one of which is participation in decision making.

Participant A said: “time-out to contribute to committees, is important and allows us the time to make a difference”.

Several participants noted that they enjoyed the team approach and that belonging to committees and getting together to discuss workplace issues is important for job satisfaction.

Participant N stated: “I am personally committed”.

The researcher enquired whether an adjustment in the current contractual salary would influence job satisfaction or staff retention in the acute perioperative environment. Although some participants viewed salary as important, for example for recruitment purposes, all agreed that a good working environment is preferable and imperative. Malkin (1993) supported this view and suggested how important working within a familiar team is for staff (Chapter 2, P.18). McGregor (1977) reinforced this concept by recommending that basic needs, for example ego and self actualisation, be met in the workplace, to improve staff satisfaction and retention. While some participants agreed that money is important, Participant A identified that “belonging to a good working environment is more important than money”.

This response reflects the research done by Bell (2000), who suggested that nurses no longer wanted to be ignored or isolated and advocated a teamwork model rather than a hierarchical model. Siefert (2000), in support of Bell believed that the teamwork model strengthens workplace relationships and partnerships. While the

survey highlighted that staff relationships are important, more than forty five percent of staff perceived relationships as functioning at a good/excellent level. The focus group suggested that good relationships generate a strong feeling of belonging because of good communication, and subsequently have an influence on job satisfaction and retention of staff in an acute perioperative environment.

Participant E stated: “Communication is generally good in the department and you can always turn to someone if you are not being treated well”.

While the sense of belonging was evident there was an incongruity of not being treated well at times.

Participant E said: “If you are not being treated well you are not going to work well”.

According to Kazaal (2003), the fundamental tools to eliminate staff turnover are communication and leadership skills, which include respect, trust and integrity. There may be occasions in the acute perioperative environment where these fundamental tools are lacking; this was not explored further in the current study.

According to participants, graduates experience a strong feeling of belonging. The survey had revealed the importance of graduate orientation programs and in addition, almost all the staff surveyed in the department felt that the graduate programs were satisfactory/good or excellent. All the focus group participants believed that graduate programs were excellent, because graduates wanted to remain in the department and that these programs were most important in relation to retention. Participant N. stated: “a feeling of belonging resulted when graduates received ongoing support and nurturing”.

Participant A said: “when nurturing graduates, they grew”.

Participant E stated: “nurturing graduates, resulted in their confidence improving”.

6.6.2 Ongoing frustration

A consistent pattern found throughout the entire transcript, was ongoing frustration. Frustration resulted when staff were unable to achieve their goals for varying reasons. McGregor, (1997), emphasised the importance of completing tasks towards a specific organisational goal, in relation to employee job satisfaction.

Nursing research has focused on discontent and dissatisfaction in the workplace. For example, a survey conducted in Christchurch, New Zealand, revealed that hospital nurses were dissatisfied and frustrated because management were not listening to their concerns (Thompson, 2002). In the current study the nurses surveyed reported the importance of nurse representation at senior management level. The survey also revealed the functioning level of nurse representation at top level of management was good/excellent.

Within the focus group however, participants expressed differing opinions. Two participants described how nurse managers listened to their concerns, are always patient focused and have a good understanding of the unique workplace culture. Participant E said: “nurse managers are able to relate to nurses, they understand the unique culture and environment and know exactly what nurses experience”. Participant A stated: “nurse managers focus on patient care while other managers focus on dollars”.

Conversely, a participant reported that there have been occasions where they have had no control over patient outcomes because of management decisions.

Participant A stated: “I have been thrown in at the deep end”.

The presence or absence of clinical support and leadership plays a major role in the level of staff frustration.

Participant O said: “There should be a Charge Nurse in theatre that works with you and supports you all the time”.

Participants described situations where support and resources were lacking in the acute perioperative setting. Words such as ‘unfriendly’, ‘unwilling’, ‘negative attitude’ and ‘increased sickness’ occurred when the lack of clinical support and leadership were discussed. All participants felt that negative attitudes were minimised when staff “spoke out”.

The participants’ opinions in this study are concurrent with the literature seen in (Chapter 2, p.8) on the value of participatory management techniques. Nevidjon and Erickson (2001) believed that participatory management techniques, which encourage and enhance communication skills and ensure adequate staffing levels, are the key to job satisfaction. The participants wanted to be included in decision-making, and underlined the importance of good communication in relation to job satisfaction. Participants in this study agreed that nurse management is directly related to the level of clinical support and leadership in the workplace. In the current study communication and management influence both job satisfaction and staff retention in an acute perioperative environment.

Twenty one percent of staff surveyed, rated staff relationships functioning at a fair level. The researcher wanted to explore the result further. An overall response from the focus group participants was that relationships are important for job satisfaction and staff retention and that being treated ‘as equals’ is essential.

Participant N said: “You want to be treated as an equal, not as a minor”.

In addition, relationships have a direct effect on the attitudes and functioning ability of nurses.

Participant N said: “I mean when you’re all working in a small environment, together, we should be treated as equals, first of all”.

More than 90% of survey respondents agreed that the level of workload acuity is important however more than half the respondents reported that the functioning level was fair or non-existent. It was therefore important, to investigate the apparent lack of functioning of workload acuity. The question the researcher asked was “tell me how you see workload acuity affecting retention in the acute perioperative environment?” All participants agreed that an increase in workload acuity results in frustration, negative attitudes, stress and stretches resources.

Participant A said: “high acuity requires added support for all nurses, and with no support you just cannot do it”.

Participant O agreed with this point and stated: “nurses cope better when there is added support”.

Participant A said: “workload acuity affects all levels of staff and also results in one being expected to climb in at the deep end”.

All participants raised the concept of time in relation to workload acuity during the focus group interview. All participants believed that there is always pressure to get through the acute procedures.

Participant O stated: “there is never enough time or there is always something else to do”.

An increase in workload acuity frustrated staff and resulted in an increase in sickness.

Participant O stated: “nurses became frustrated when workload acuity increased”.

Participant A said: “sickness increases and people’s attitudes change when workload acuity increases”.

When participants were asked: “how do you know this?” they stated that staff communicate amongst themselves, and gave examples of staff who took time off from work following a difficult experience related to an increase in workload acuity. Participant A said: “nurses become unfriendly and uncooperative when the level of workload acuity increases”.

This concept was further explored by an open-ended question: “How would you change this?”

Participants E stated: “An increase in staff, resources, clinical support and teaching, and further leadership support for senior nurses would be useful”.

Overall, the focus group participants viewed the level of workload acuity as important and believed that this factor has a direct influence on job satisfaction and staff retention in an acute perioperative environment.

The survey results revealed the functioning level of rostering flexibility as satisfactory/good or excellent. The survey, however, did not specify which groups were satisfied with the functioning level. Frustration became evident in relation to rosters.

Participant N said: “full timers often have to be flexible around part timers and also, part timers seem to get their regular requests first”.

There was a divided response to the question, “how could we do things better?” A participant made a proposal that rosters should be reviewed and that appropriate change is made.

Participant E, who is quite content with her current roster, was sceptical in relation to this proposal and said: “there are staff who are happy with the rostering process and a change may be disruptive”.

While the participants had differing views on rosters, all participants agreed on the importance of rostering and that rostering has a direct influence on retention of staff in the acute perioperative environment. Easton (2002) highlighted rosters as a potential retention barrier as ageing nurses wanted flexible rosters.

Participant O who is content with the current rosters stated: “it’s worth staying here as we get what we want”.

Frustration was evident when the focus group participants reflected on policies. Data from the survey revealed that policies were important and functioning well. However, participants described how frustrated they became at their inability to find time to complete the development of policies.

Participant N said: “there are difficulties in passing policies through committees and one policy that I had worked on had taken two years to complete”.

On exploration of the above concept, the delay in policy development seemed to be related to the inability of staff to get time-out on a regular basis.

Participant O stated: “getting time-out was one of the hardest things to achieve in this department and especially when trying to develop policies, getting together as a group was often difficult and inhibited the completion of policies”.

Participants agreed that policies are important to maintain boundaries and roles in the acute perioperative environment as they ensure guidelines and safe workplace practice.

Participants believed that policies have a direct influence on staff retention, as staff are able to enjoy their work and practice safely within the policy guidelines of the department.

Participant A said: “Policies are guidelines and you need that direction, they are definitely structured”.

It is particularly interesting to note that the results related to nursing frustration from the current study are similar to a reference from a text that is fifteen years old (Kussrow 1988). It appears that nurses were frustrated in 1988 about the same things and, according to the results of this study, frustration continues today.

6.6.3 Finding time

The inability to ‘get time-out’ seemed to be a major issue for participants.

Participant O stated: “Yeah, if you finish a list early there is always something else to be done, you never have down time”.

Participants also enjoyed their educational time and emphasised the importance of this time.

Participant A said: “Good education, but there is often not enough time”.

Participant O concluded: “Getting that time out is just the hardest thing”.

The participants suggested an important recommendation in relation to finding time.

The participants recommended that time-out should be off site, so that staff would not be available or be called back into theatre during their meetings.

Participant N stated: “The only way you could do it would be offsite, then you would simply not be available to be called back into theatre”.

All survey respondents agreed that opportunities for career advancement are important however only one third of respondents considered the time allocated for career advancement to be Good/Excellent. The theme of finding time became apparent when participants reflected on their inability to fulfil all their study requirements in the allotted timeframe.

The focus group was asked: “Do you have any suggestions on how opportunities for career advancement/education could be improved upon?” The researcher wanted to glean whether more time allotted for professional activities or additional opportunities for professional growth would influence staff retention in any way.

Participants expressed a reluctance to use their own time for study, as they felt that this would interfere with their family time. They believed that more allocated time for study would be advantageous.

Participant E said: “at the end of the day, families come first and the department offered flexibility around this”.

Participant E stated: “at my interview I gathered that I would have the opportunity to learn and grow in my career”.

Participant E concluded that this had been achieved over the past two years.

Participant E said: “We are one of the luckier hospitals in that we get a lot of education”.

Despite the feeling that study time could be increased all participants stated that in the department there were ongoing opportunities to improve knowledge base and grow professionally.

Participant N reinforced this notion and said: “since joining this department there is always the ability to do different things”.

An example of these “different things” is being given the time to attend conferences and study days. The general consensus was that this department did offer an appropriate amount of time for professional growth. The participants concluded that opportunities for professional growth are important and have an influence on recruitment, job satisfaction and retention of staff in an acute perioperative environment.

Participant E stated: “I think education and support are important because the more you know, the better you cope with something.

There appears to be a gap in the literature reviewed for this study in relation to the theme, finding time.

6.6.4 Interpretation of boundaries/roles

In relation to their roles participants expressed the need for ongoing professional growth opportunities. Additionally, continuous evaluation of boundaries influencing safe practice and professional accountability were important aspects for the participants. Kazaal (2003) believed that if nurses are provided with a safe environment and educational opportunities they are more likely to grow and experience the benefits of autonomy and independence. The survey results in this study reflects that more than two thirds of the participants think opportunities for clinical career pathway advancement is functioning at a satisfactory, good, or excellent level. However, the participants believed that senior staff need further support in their roles.

Participant A (a senior staff member) said: “Yes, we need more senior staff and more clinical support”.

Participants stated that once nurses had completed orientation ongoing support and hands on clinical teaching is limited.

Participant A stated: “The charge nurses are not able to get into theatre and do all the clinical support and staff teaching”.

Participants suggested that an increase in clinical teaching and leadership from charge nurses would improve patient care, job satisfaction and staff retention for experienced senior staff nurses in the acute perioperative environment.

Research shows that leadership skills are the fundamental tools to eliminate staff turnover (Kazaal 2003). Published research also suggested that the development of nursing roles require ongoing educational support (Heller, et al., 2000).

Participants all agreed with each other that being included and involved in decision-making, in committees for example, is important and empowering for nurses and facilitated nurses to function well in their roles.

Participant N said: “Its nice to be involved in committees”.

Participants described how important it is for them to contribute to, for example, the education support committee. Participant E said: “I am able to make a difference by supporting new staff members and assisting in organising education sessions for staff”.

The team approach according to the participants is important to function safely within their boundaries and roles. Research demonstrates the importance of organisations engaging in a multidimensional process that includes all staff member involvement in generating alternatives, planning and evaluating results (Black and Gregersen 1997). Policies, in the current study, are an example of a process that engages staff in a multidimensional process and encourages safe nursing practice.

Participant E said: “policies were important to ensure safe practice and often in the acute environment nurses had to adjust roles and boundaries to deal with unpredictable situations, when plans go haywire”.

Participant A stated: “policies are structured and give nurses guidelines and direction which ensures responsibility and accountability within their role”.

Participant N said: “when errors occur, ongoing incident forms and policy reviews keep you on your toes”.

These results provide further evidence for Currans' (2000) observation, that participation in decision-making is important to employees. Texts reveal that job satisfaction and positive patient outcomes are the result of integrated leadership (Curran, 2000; Nevidjon & Erickson, 2001; Porter- O'Grady, 1987). It became clear during the focus group interview, that roles and responsibilities are important to staff and continuous growth within these roles, that encouraged autonomous and independent practice, had a direct influence on job satisfaction and staff retention in an acute perioperative setting.

The focus group interview results and beginning interpretation in relation to the literature are included in this chapter. The questions used in the focus group interview explore factors that influence staff retention in an acute perioperative environment and were developed from the results of the survey. Four themes have been identified. The following chapter provides further exploration of the ideas presented in this chapter with supporting literature and weaves the data together to more clearly express the results of the study.

7

Discussion of Findings

This research study has been undertaken to explore critical factors that influence staff retention in an acute perioperative environment. In this chapter the results of the survey and the focus group interview are drawn together to explain the findings of this study. The findings are illustrated in a diagram (Figure, 5. Summary of Findings) and discussed in relation to the research question. Implications for practice and recommendations for further research are also presented.

7.1 Discussion of results

Communication and job satisfaction are the main findings in this study and are directly related to staff retention in an acute perioperative environment. In the current study and as illustrated in the diagram (Figure 5, p. 87) staff retention is directly linked to specific characteristics. These important characteristics have been identified with the use of an adapted version of the Billings and Quick (1985) survey, which focused on the relationship between the nursing profession and the practice setting. The characteristics examined in this study were appropriate to answer the research question and are related to staff retention issues. The characteristics that were explored in both the survey and focus group were related to individuals needs (educational opportunities), provision of nursing care (professional relationships and workload acuity) and administration/management structure (established policies/quality assurance, graduate orientation programs, management and rostering flexibility). It is important to note that in this study and as reflected in Figure 5, (p. 87), the majority of the characteristics identified as related to staff retention, in an acute perioperative setting, are characteristics associated with administration/management structure.

The following themes emerged from the qualitative data: a sense of belonging, ongoing frustration, interpretation of boundaries/roles and finding time.

The themes that are supported by the literature, are a sense of belonging, ongoing frustration and interpretation of boundaries/roles (Bell, 2000; McGregor, 1997, Malkin, 1993). A sense of belonging appears to be the most important theme and is important to achieve job satisfaction in an acute perioperative environment. In support of the current study, other researchers have viewed participatory decision

making, teamwork and emphasis on communication as a key to job satisfaction (Nevidjon and Erickson, 2001).

The recommendations from this study, which are also supported by the literature review (Chapter 2), are that firstly, leadership and communication skills be developed, next, barriers identified and finally, the current professional practice model be examined.

There is an absence of literature related to the new findings as illustrated in the diagram (Figure 5, p. 87), “sick leave” and “finding time”. An additional recommendation is that the new findings, “sick leave” and “finding time”, in relation to the level of workload acuity, be expanded upon by ongoing research.

In this chapter the results have been used to illustrate important findings in relation to the themes and at the same time the research question has been addressed and linked to the literature in the field. Results pertinent to the discussion have been detailed and those results that do not influence staff retention in an acute perioperative environment have not been further explored.

7.2 Characteristics related to individual needs

Peer support groups for self-care and stress management

Peer support in this study is support offered to perioperative staff after a critical incident, for example a death in theatre.

McGregor (1997) suggested that an intrinsic factor, such as meeting basic needs, is important to achieve job satisfaction. Herzberg et al (1995) challenged this view and suggested that the absence of intrinsic factors did not cause job dissatisfaction. All the participants, in support of the survey results believed that peer support is an

important basic need, however the level of functioning is fair/non-existent. It is important to note that characteristics that are important may not necessarily influence staff retention. Participants believed that peer support after a critical incident, for example a death in theatre, does not influence staff retention in an acute perioperative environment. The strong sense of belonging that was evident in this study may well make up for the lack of peer support at the time of a critical incident in the department. The study findings, that a sense of belonging in the workplace influences staff retention, job satisfaction and communication is supported by the literature. (Blalack, 1986; Kazaal, 2003; Kussrow, 1988).

Opportunities for professional growth/advancement (career pathway), educational reimbursement, compensated time allotted for professional activities. (Educational opportunities)

Overall the participants believed that educational opportunities are good/excellent. However, two focus group participants expressed the need for more educational time, as they would not have to study at weekends, and this would give them additional family time. They believed that educational opportunities improved staff attitudes.

Participant A (a senior nurse) stated: “once nurses have completed orientation ongoing support and hands on clinical teaching is limited”.

Participants suggested that an increase in the clinical support and leadership, for experienced staff, would improve patient outcomes, job satisfaction and staff retention. Participants believed that educational opportunities are important and that they influenced roles/boundaries, job satisfaction and staff retention in an acute perioperative environment. The study results, in relation to ongoing educational support, are supported by the literature (Heller, et al., 2001). Kazaal (2003) in

support of Heller, et al. believed that if nurses are provided with educational opportunities they are more likely to experience autonomy and independence.

7.3 Characteristics related to Provision of Nursing Care and Administration/ Management Structure

Professional relationships between physicians/nurses and nurses/nurses

The results of this study are supported by the literature which highlighted the importance of sound relationships and effective communication in relation to job satisfaction and staff retention (Kazaal, 2003; Siefert, 2000). In this study, departmental relationships are important and almost half the questionnaires reflected the functioning level of both nurse/nurse and nurse/physician relationships as good/excellent (Chapter 5, p.52). There were 47% of survey respondents who reported relationships as fair/non existent, and these results were explored during the focus group interview. The participants stated that relationships were generally good however, two participants did articulate that there was always someone to turn to if you were not being treated well. Research conducted by Kazaal (2003) suggested that staff turnover is directly related to communication and leadership skills, which include respect, trust and integrity. Kazaal's research supports this study's results. In addition, research shows that poor communication always affects staff and patient satisfaction, and potentially influences patient outcomes (Fagin 2000). In support of the findings in this study researchers emphasised the value of working together and that without effective communication that united approach cannot be achieved (McCallin, 2001; Oulton, 1997). Participants wanted to be included in decision-making and emphasised how important good communication is, to achieve their goals.

Participant N stated that: “being treated as equals is essential”.

Whilst nurses are encouraged to speak out, there were occasions when nurses became frustrated, for example, when patient acuity increased and communication broke down, in particular with management. There has been a deluge of literature suggesting that nurses are an oppressed group and treated unequally. (Chin & Wheeler, 1985; Roberts, 1983; Speedy, 1987). In response to historical nursing issues, Graveson (1997) suggested that staff should be encouraged to develop assertive responses to put an end to oppression in the workplace. Considering the historical and ongoing nursing research into oppression and subordination, the participants in this study reported that most of the time there was good communication, staff interpersonal relationships and a strong feeling of belonging. Overall participants described how frustration and negative attitudes decreased when staff spoke out. The results of this study in relation to communication and workplace relationships appear to oppose the ideas of researchers who suggested that nurses are oppressed, and need to be more assertive (Buresh & Gordon, 2000; Graveson, 1997; Seifert, 2000).

It is important to note that good staff interpersonal relationships and a feeling of belonging do not necessary go together in a causal relationship. The former can be present without the latter. According to the participants, a strong feeling of belonging, good communication and effective relationships are critical factors that influence job satisfaction and staff retention in an acute perioperative environment.

Management structure /Level of Workload Acuity

In this study the survey respondents reported the importance of nurse representation at senior management level in relation to staff retention. The survey also revealed that the functioning level of nurse representation at top level of

management was good/excellent. Participants had contradictory opinions. They believed that nurse managers understand the unique perioperative environment and culture that is important for staff retention. Participants described how nurse managers have a good understanding of the workplace culture, are always patient focused, and listen to their concerns most of the time. Kazaal (2003) reinforced this notion of listening and described how valuable active listening is in the workplace. To achieve a sense of belonging and job satisfaction participants in this study expressed the importance of effective managerial communication.

Participant E stated: “nurses are able to relate to nurses, they understand the culture and environment and know exactly what nurses experience”.

Udelsman, (2003) recognised this unique perioperative culture and described the operating room as a functional location with disciplines that have differing goals, incentives and cultures.

Participants in this study described situations where they felt frustrated when clinical support, leadership and resources were lacking in the acute perioperative setting. Two participants reported that there had been situations when they had had no control over patient outcomes because of management decisions. This lack of control caused frustration and impacted adversely on morale. A survey conducted in Christchurch, New Zealand, supported this study’s results and revealed that hospital nurses were dissatisfied and frustrated because management were not listening to their concerns (Thompson, 2002). In this study the presence or absence of support in relation to workplace acuity played a major role in the attitudes of staff.

Management structure and workload acuity have a direct influence on staff retention and the study results demonstrated how the management structure in the operating room tends to punish efficiency. For example, if an operating room finishes early, it

is quite common that it will be selected for add on cases, notably trauma, and emergencies including those outside the expertise of those nurses assigned to the room. Udelsman (2003) refers to this as a punitive relationship.

Participant O stated: “If you finish a list early, well there is always an acute operation that needs to be done”.

More than half the survey respondents believed the functioning level of workload acuity was fair/non-existent. Participants agreed with the survey results and described how staff were expected to climb in at the deep end when there is an increase in workload acuity. Frustration occurs when workload acuity increases and there is no increase in the clinical support for nurses. Consequently, staff take “sick leave”. It seems reasonable to suggest that “sick leave” in this study may be a result of the unrealistic pace at which staff is expected to function, and that staff were using self protective measures to cope with an increase in workload acuity. The results of this study show that when workplace acuity increases there is an urgent need for effective leadership and ongoing senior staff nurse support. Currently, when acuity increases there seems to be a lack of clinical support and leadership. Participants described the importance of engaging in participatory management techniques. Participants believed that communication with management when acuity increases is important to ensure patient safety and avoid professional loss of control of the circumstances of practice, which results in frustration. Additionally, a sense of belonging, for example, to committees and networking with colleagues and other professionals is important to participants. Overall this engagement encourages communication, a core component, which is important for nurses to fulfil their roles and responsibilities which influence job satisfaction and staff retention in the acute perioperative environment. The results of this study point to the pressing call for the

introduction of a professional practice model which will ensure positive patient outcomes and include leadership and support for the senior staff nurses in the acute perioperative setting. Kazaal (2003) in support of these findings cautioned that leadership models and organisational cultures may hinder staff retention and recommended close examination of these models. It is therefore important for managers and nurses to recognise both patients and nurses' needs and respond accordingly. Additionally operating room managers must be equally prepared in both the management and practice aspects, for example, level of workload acuity, of this role. In relation to management structure and workload acuity, the results of this study, which are supported by nursing research, emphasise how important it is to provide a supportive work environment to achieve positive patient outcomes and a decrease in hospital mortality rates (Aiken et al.2001; Upenieks, 2000).

Established Policies/Quality Assurance Program

Overall the participants viewed a quality assurance program and established policies as important in relation to job satisfaction and staff retention in an acute perioperative environment. The survey showed that more than half of the respondents, thought established policies and a quality assurance program were functioning at a satisfactory/good/excellent level. The participants believed that these committees provided staff with the tools to ensure a safe environment in which to care for patients. Participants expressed contentment when contributing to decision-making and believed committees provided them with the opportunity to do this. These results are supported by nursing research which demonstrates the importance of firstly teamwork, and secondly organisations engaging in a multidimensional process that includes all staff member involvement in generating alternatives, planning and evaluating results (Black and Gregersen, 1997).

Kazaal (2003) believed that if nurses are provided with a safe environment they are more likely to grow and experience the benefits of autonomy and independence. The current study results were supported by Currans' (2000) observation that participation in decision-making is important to employees. The participants in this study highlighted the importance of the feeling of belonging in the workplace and are supported by the research done by Bell (2000). She suggested that nurses no longer wanted to be ignored or isolated and advocated a teamwork model rather than a hierarchical model. Siefert (2000), in support of Bell, believed that the teamwork model strengthens workplace relationships and partnerships. The results in this study suggested that nurses are in favour of integrated leadership whereby they are encouraged to communicate and are included in committees and decision-making, both within the department and also the wider organisation.

However, because of barriers, for example finding time, increased workload acuity and rosters, the nurse's felt their contribution to these committees is often limited or non-existent. This was frustrating for them and they suggested that meetings be rostered off site, as they would not be called back into the operating theatre during these committee meetings. Belonging to these committees expanded their roles. Policies ensured boundaries and safe practice within these roles. Aiken et al. (2001), in relation to roles, cautions that clinical authority and leadership are being eroded and situations of this nature contribute to the nursing shortage crisis. "Finding time" is a theme that has been brought to light in this study and there is an absence of literature related to this theme. The inability to "find time" generates frustration, and the inability to achieve goals, for example contribute to committees. It is important to recognise the concept of "finding time" and the impact this has on

communication, job satisfaction and staff retention in an acute perioperative environment.

Rostering Flexibility

Demographically it was important to explore rosters in relation to staff retention, as other research revealed that the current ageing registered nurse workforce wanted flexible rosters (Letvac, 2002). The survey in the current study did not specify which groups were satisfied with rosters. The respondents however, rated rostering as important and 71% of participant's thought that the level of functioning was good/excellent. In contrast, one of the participants found rosters to be a barrier, frustrating at times and suggested that rosters could be managed more justly. It is noted that the participants had differing views on rostering, although overall the participants agreed that rostering has a direct influence on job satisfaction and staff retention in the acute perioperative environment.

Participant O stated: "its worth staying here as we get what we want".

This study highlighted the importance of flexibility in relation to rostering. There are staff who are content with their rosters and in contrast, those that feel that a review is appropriate. Rosters are an area that needs urgent attention. It is imperative to examine rosters in relation to the theme "finding time". Planning rosters around "finding time", for example, to attend committee meetings, spend time with family at weekends and to complete goals is important to staff and when not possible, resulted in frustration. Furthermore, an adjustment in rosters may improve "Sick leave".

Participants expressed how negative attitudes and low staff morale resulted with an increase in workload acuity. Rosters could be developed and evaluated in relation to workload acuity.

Graduate program

Heller et al. (2000) emphasised how essential it is to focus on recruitment of the traditional younger student to confront challenges associated with the more mature staff, and in doing so, restore the likely demographic imbalance.

Graduate programs are important and the functioning levels according to the survey respondents are good/excellent. Overall participants expressed how graduates experience a strong feeling of belonging. The participants within this study make it clear that a sense of belonging in the workplace is important and these study results are supported by the literature (Blalack, 1986; Kazaal, 2003, Kussrow, 1988). The participants believed that graduate orientation programs have an influence on job satisfaction and staff retention, as these programs supported graduates in their role and taught them the importance of both the perioperative nurse role and their boundaries.

7.4 Implications for Practice

The main findings of this study are that communication and job satisfaction are the critical factors that influence staff retention in an acute perioperative environment. Both communication and job satisfaction are related to specific characteristics (Figure 5). Due to the nature of the perioperative environment, which is influenced by the aseptic component, perioperative nurse's don surgical attire and are physically distanced from other nursing environments and professionals. This has implications for perioperative nurses. These include a different role, scope of practice and physical location, which make it imperative for a supportive environment to be provided which is inclusive of both a management and leadership component (Wicker, 1997).

In this study, there is the issue raised by the participants about nurse management having a good understanding of the unique workplace culture.

Participant E stated: “nurse managers understand the unique culture and environment”.

The perioperative environment is considered a unique world and perioperative nurses have developed a culture that has distanced them from the wider nursing profession (Upenicks, 2000). This distancing is significant in relation to communication and job satisfaction and represents a shift away from the more familiar practice world of the staff nurse.

Participants working in the acute perioperative environment emphasised the importance of “belonging” and having leadership and clinical support in the workplace, however, described situations where frustration occurs when leadership and clinical support were lacking. Brennen and Spry (2001) cautioned that nursing staff retention problems often stem from managerial and leadership objectives, whereby management have unrealistic expectations which may be impossible for nurses to achieve. The survey results in this study suggested that relationships between nurses and management are functioning at a good/excellent level. However, participants continued to describe situations where a deeper understanding is needed by management in the acute perioperative setting. An example is when workload acuity increases and there is no increase in support for nurses. Perioperative nurses in this study identified the intermittent and ongoing frustration that is experienced in the acute environment and that when nurses “spoke out” frustration decreased. The general implication for practice and challenge for nurses in this study is that nurses need to become more consistent with assertiveness and improve communication skills. It is important for perioperative nurses to express their frustration in relation

to patient safety, so that management may respond immediately and appropriately. This study is supported by research which shows that nurses need to be more assertive in the realm of health policy and that communication and collaboration promotes high standards of nursing care and job satisfaction (Buresh & Gordon, 1999; Fagin, 2000; Nevidjon & Erickson, 2001; Seifert, 2000). In addition, effective communication is important and the key to the development of a team approach (McCallin, 2001; Porter-O'Grady, 1997). A team approach enables shared values, a shared approach to patient care and positive patient outcomes (Buchan, 1999; McCallin, 2001).

It is apparent from the study results that there are occasions in the acute setting when fundamental tools, for example managerial and leadership support are lacking and therefore a review of the current perioperative clinical leadership model is recommended. Additionally, perioperative nurses identified the constraints in this study to include human resource and time restrictions. Participants revealed how they would find an increase in senior staff numbers and hands on clinical support beneficial, as this would ensure consistent, quality patient care. Nurses also stated that there is never enough time to complete goals, for example be involved in developing policies.

The study results showed that management and clinical leadership could be moved from a bureaucratic structure, where there is centralised decision-making to one that is more flexible and decentralised in structure. A participatory model of leadership where there is teamwork and emphasis on communication is recommended (Nevidjon and Erickson, 2001). In support of the current study, researchers viewed participatory decision making as a key to job satisfaction. Jones (1993) believed that this team model approach is vital to achieve ongoing workplace

reforms and empowerment of nurses. Further research needs to explore historical, cultural, and professional factors that may be seen as barriers to the implementation of an appropriate practice model (Chapter 2).

Ongoing research is required to determine a professional practice model suitable for an acute perioperative environment. The development of an appropriate practice model could provide a framework in which perioperative nurses may develop their perioperative leadership roles, improve communication skills, minimise barriers and frustration, maintain the strong sense of belonging and ensure job satisfaction and staff retention in the acute perioperative environment.

8

Conclusion

This chapter discusses the limitations of the study and the areas for further research. The research question and the aims are addressed, recommendations are made and finally, conclusions are presented.

8.1 Limitations of Study

Quantitative

In this study the survey sample was a convenience sample, small in number and drawn from a single workplace setting. However, several of the findings are consistent with published literature. The survey results are not generalizable to all perioperative nurses, however, they provide direction for future research related to staff retention in an acute perioperative environment on this topic.

Qualitative

Qualitative findings provided insight into the views and experiences of acute perioperative nurses. These results reflect their views of a single workplace. A limitation of this study is that a single focus group interview was conducted consisting of only four participants. Another is the fact that only nurses working in a particular acute perioperative setting were selected for the focus group interview.

A further exploration would illuminate the findings related to increased “sick leave”, when there is an increase in the level of workload acuity. Furthermore, it would be useful to investigate the concept of “finding time”. An exploration of whether the lack of time is real or perceived would be valuable. Moreover, if more time were created, would this improve job satisfaction or staff retention in an acute perioperative environment?

8.2 Research Question and Aims

The research question that this study sought to answer was:

- What are the critical factors that influence staff retention in an acute perioperative environment?

The research question has been addressed. The following characteristics are related to communication and job satisfaction which are the critical factors that influence staff retention in the acute perioperative environment: Educational opportunities, Professional relationships, Level of workload acuity, Established policies/Quality assurance programmes, Rostering flexibility, Management and Graduate orientation programs.

These findings are congruent with the international nursing literature (refer to Chapter 2).

In the next section the aims of the study and the ways in which each aim has been addressed are outlined.

Aims

- To identify factors that may influence or contribute to retention of perioperative registered nurses.

Educational opportunities, professional relationships, level of workload acuity, established policies/quality assurance programmes, rostering flexibility, Management and Graduate orientation programs are related to the critical factors, which are communication and job satisfaction, that influence staff retention in an acute perioperative environment.

Characteristics that function at a good or excellent level are professional relationships, rostering flexibility; established policies; management; and graduate orientation programs. The characteristic, level of workload acuity, functions at a fair or non-existent level.

- To make recommendations at both departmental and organisational levels to enhance the perioperative workplace experience.

Recommendations are important at both departmental and organisational levels to enhance staff retention in an acute perioperative environment. Communication is generally good, however incongruence was highlighted in the focus group interview. The presence or absence of clinical support and leadership in relation to the level of workload acuity results in frustration and an increase in “sick leave”.

The recommendation is that an appropriate professional practice model be developed to provide a framework in which perioperative nurses may develop their

perioperative leadership roles, improve communication skills, minimise frustration and maintain a strong sense of belonging.

Barriers that were identified are “finding time”, rosters and “sick leave”.

Rosters, are an area that needs urgent attention. It is imperative to examine rosters in relation to the new findings, “finding time” and “sick leave. It is recommended that rosters be planned around “finding time”. Achieving goals is important to staff and when not possible, resulted in frustration. An adjustment in rosters may improve “Sick leave”. Participants expressed how negative attitudes and low staff morale resulted when workload acuity increased. It is recommended that long term planning and ongoing review of rosters be performed in relation to workload acuity.

Finally, ongoing research is recommended to confirm these results and further investigate the new findings highlighted in this study around “finding time” and “sick leave”.

- To influence planning, policymaking and professional development in relation to perioperative registered nurses.

Planning and policy development should be constantly reviewed, to provide guidelines for roles/boundaries to ensure quality patient care and high standards of nursing practice through continuous education and research. It is recommended that perioperative nurses be provided with the time and opportunity to advance their professional development, as this has been highlighted as important for job satisfaction and staff retention in an acute perioperative environment. Rosters must reflect these opportunities. Seeking occasion to identify and explore patient care issues by networking, both personally and professionally, is paramount for nurses working in an acute perioperative setting. It is recommended that committee

meetings are off site to ensure that nurses complete goals and are “not called back into theatre”.

This study presents a contribution to the critical factors that influence staff retention in an acute perioperative environment of a large trauma hospital. A survey and focus group captured specific characteristics that were important and related to staff retention in an acute perioperative environment. Four themes were brought to light in the focus group interview. The theme, a sense of belonging, is most important to participants and often not possible to achieve in the acute perioperative environment due to the unrealistic pace at which nurses are expected to function. In this study, nurses reported frustration and the ongoing difficulty in “finding time”. Given the silence in the literature on this issue, the discourse around “finding time” was unanticipated. “Finding time” is an area that could be further explored. The study illustrated how sickness increases when there is an increase in the workload acuity.

To achieve a sense of belonging and job satisfaction nurses need to firstly, identify barriers, for example rosters, level of workload acuity and “finding time”, and develop their communication and leadership skills. Additionally, a suitable professional practice model must be determined to ensure sound professional relationships and patient safety in the acute perioperative environment. The results of this study provide a platform of knowledge for future research. The question that remains to be answered is whether perioperative nurses are ready to confront the barriers, identify solutions to overcome these barriers and make the recommended adjustments that are critical for staff retention in the acute perioperative environment.

References

- Aiken, L., Clarke, S., & Sloane, D. (2001). Nurses reports of hospital quality of care and working conditions in five countries. *Health Affairs*. Vol. 20 (3) (pp. 43 – 53).
- American Psychological Association. (2001). *Publication Manual of the American Psychology Association*. (5th Ed.). Washington, DC: APA Publishing.
- Australian Industrial Relations Commission September. (2001) *Blair Decision*. World Conference on Surgical Patient Care. (Booklet). *Vision for the new Millennium – A New Beginning*. Christchurch New Zealand: Conference Publication.
- Bailey, D.M. (1991). *Research for the Health Professional: A practical guide*. Philadelphia: F.A. Davis Co.
- Bannon, R. (1994). Staffing requirements. In *AORN Journal* Vol. 59, March (pp. 601-602).
- Bassey, M. (1995). *Creating Education Through Research : A Global Perspective of Educational Research of the 21st Century*. England: Kirklington moor press.
- Buerhaus, P., Staiger, D., & Auerbach, D. (2000). Why are shortages of hospital RN's concentrated in specialty care units. *Nursing Economics* May/June, Vol. 18 No.3 (pp.111 – 116).
- Baxter, B. (1997). Business manager's perspective: shortage of specialist nursing staff operating theatres. *British Journal of Theatre Nursing*. Vol.7 No. 7. (pp. 11 – 17).
- Beaglehole, R., Bonita, R., & Kjellstrom, T. (1993). *Basic Epidemiology*. Geneva: World Health Organisation.
- Bell, H. (2000). Practical innovations, shared governance and teamwork- myth or reality. *AORN* March Vol. 71, No. 3 (pp. 631-635).
- Billings, C. & Quick, M. (1985). Does your job work for you? *American Journal of Nursing* April (pp.407-409).
- Black, J., & Gregerson, H. (1997). Participative decision making: an integration of multitude dimensions. *Human Relations*. Vol. 50, July (pp.859-878).

- Blalack, R. (1986). "How satisfied are hospital staff nurses with their jobs?" *Hospital Topics* (64) May/June (pp.14-18).
- Bonar, C. (1997). An open letter to nursing students. Help keep perioperative nurses off the endangered list. *AORN* Vol 65. No. 3 March (pp. 634-635).
- Booher, J. (2003). Professional practice models: shared governance and magnet hospitals. *Vision* Vol 10, Issue July (pp. 8-12).
- Bozell, J. (2002). Cut to the chase. *Nursing Management* Vol 33 Issue 1. (pp.39-40).
- Brennen, B., & Spry, C. (2001). *Who will take care of you?* In A New Beginning. World Conference on Surgical Patient Care. September 2-7. Christchurch, New Zealand: Conference Publication. (pp. 187-192).
- Buchan, J. (1999). Still attractive after all these years? magnet hospitals in a changing health care environment. *Journal of advanced Nursing*, 30 No.1. (pp.100-108).
- Buerhaus, P., Staiger, D., & Auerbach, D. (2000). Implications of a rapidly ageing nurse workforce. *Journal of the American Medical Association* 283 (pp.2948-2954).
- Buresh, B., & Gordon, S. (2000). *From Silence to Voice: What Nurses Know and Must Communicate to the Public*. Canada: Canadian Nurses Association.
- Burnard, A. (1991). Method of analysing interview transcripts in qualitative research. *Nurse Education Today*. 11, Longman Group UK Ltd. (pp.461-466).
- Burns, N., & Grove, S. (1997). *The Practice of Nursing Research* (3rd Ed), Philadelphia: W.B Saunders Company.
- Callery, P., & Luker, K. (1996). The use of qualitative methods in the study of parents' experiences of care in a children's surgical ward. *Journal of Advanced Nursing*. 23 No. 2. (pp. 338-345).
- Canala, L., Avakian, D., & McKission, J. (2000). Perioperative leader recruitment and retention strategy. *Surgical Services Manager* Volume 6 No. 11 December (pp 10 – 14).
- Castledine, G. (1994). Implementing nurse retention and recruitment programs. *British Journal of Nursing*. 3, 8, (pp.12-15).
- Chin, P., & Wheeler, C. (1985). Feminism and Nursing. *Nursing Outlook*. 3 No.2. (pp.74-77).

- Collins, J. (2001). Level 5 Leadership. *Harvard Business Review*, 79 .No.1. (pp.67-76).
- Conway, J. (1995). A monkey could do your job. *British Journal of Theatre Nursing* Vol 5 No. 9 December (pp. 12 – 31).
- Corcoran, N., Meyer L., & Magliaro, B. (1990). Retention: The key to the 21st century for health care institutions. *Nursing Administration Quarterly*, 14 No.4 (pp.23-31)1990 Aspen Publishers, Inc.
- Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Thousand Oaks, CA : Sage.
- Curran, C. (2000). Musing on magnets. *Nursing Economics* March/April (p.57).
- De Poy, E., & Gitlin, L. (1993). *Introduction to Research: Multiple Strategies for Health & Human Services*. St Louis: Mosby.
- de Raad, J.(1998). *Shaping the health workforce*. Ministry of Health, Occasional Paper No. 1, September. Wellington: Ministry of Health.
- de Vaus, D. (1995). *Surveys in Social Research* (4th edition). St Leonards, NSW: Allen & Unwin.
- Denzin, N. (1978). *The Research Act: A Theoretical Introduction to Sociological Method*. (2nd. Ed.). New York: McGraw-Hill.
- Denzin, N., & Lincoln, Y. (1994). *Handbook of Qualitative Research*. London: Sage.
- Diers, D. (1986). *Nursing and Feminism: Implications for Health Care*. Yale University Press. New Haven.
- Easton, L. (2002). Lets bring down age retention barriers. *Nursing Management* Vol 33, Issue 1. (pp.17-18).
- Fagin, C. (2001). When Care Becomes a Burden. Milbank Memorial Fund <http://www.milbank.org> (5 December 2002).
- Fanon, F. (1963). *The Wretched of the Earth*. Grove Press, New York.
- Fielding, N., & Fielding, J. (1986). *Linking data*. Newbury Park, California: Sage.
- Freire, P. (1993). *Pedagogy of the Oppressed*. (Revised) London: Penguin.
- Grant, B., & Giddings, L. (2002). Making sense of methodologies: a paradigm framework for the novice researcher. *Contemporary Nurse*. Vol.13. (pp.10-28).

- Graveson, G. (1997). Workplace Bullying: The abuse of power. *Scottish Nurse* Vol. 2, No.1. (pp.18-19).
- Hamlin, L. (2000). Horizontal Violence in the Operating Room. *British Journal of Perioperative Nursing*. Vol. 10. No. 1. (pp. 34 – 42).
- Harre, R. (1981). The positivist – empiricist approach and its alternative
In Peter Reason & John Rowan (Eds.). *Human Inquiry : A Sourcebook of New Paradigm Research*. New York : John Wiley.
- Heller, B., Oros, M., & Dunley-Crowley. (2001). The future of nursing education: ten trends to watch. *Nursing & Health Care Perspectives*. Vol. 21. No. 1 December (pp. 9 –13).
- Heron, J. (1981). Philosophical Basis for a New Paradigm. In Peter Reason & John Rowan (Eds.). *Human Inquiry: A Sourcebook of New Paradigm Research*. New York: John Wiley.
- Herzberg, F., Mausner, B., & Snyderman, B. (1995). *The Motivation to Work*. New York: John Wiley & Sons.
- Hesse, M. (1980). *Revolutions and Reconstruction in Philosophy of Science*. Bloomington: Indiana University Press.
- Irvine, D., & Evans, M. (1995). Job satisfaction and turnover among nurses: integrating research findings across studies. *Nursing Research* July/August Vol. 44. No. 4. (pp. 246 –253).
- Jones, B. (1993). A closer look at nurse retention. *Journal of Nursing Administration*. Vol 23, No 6. J.B. Lippincott Company. (p.3).
- Kazaal, N. (2003). Surgical services management. *Leadership and Retention* Vol 9 No. 3. June (pp. 38 – 42).
- Kitzinger, J. (1994). The methodology of focus groups: the importance of interaction between research participants. *Sociology of Health*. Vol.16. No.1. (pp.103-121).
- Klann, S. (2000). Salary/career survey: hospitals *O.R. Manager*. Volume 16 No. 10 October (pp.11-17).
- Kuhn, T. (1970). *The Structure of Scientific Revolutions* (rev. ed.) Chicago: University of Chicago Press.
- Kussrow, R. (1988). Nurse participation in hospital discussion making potential impact on the nursing shortage. *Nursing Economics* November/December Vol 6. No. 6 (pp. 312-316).

- Letvac, S. (2002). Retaining the older nurse. *Journal of Nursing Administration*. Vol 32 No. 7. July/August (pp. 387-391).
- Lincoln, Y., & Guba, E. (1985). *Naturalistic Inquiry*. Bervely Hills, CA : Sage.
- Lincoln, Y., & Guba, E. (1994). Competing paradigms in qualitative research. In N. Denzin, & Y. Lincoln (Eds.), *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage. (pp.105-117).
- LoBiondo-Wood, G., & Haber, J. (1994). *Nursing Research: Methods, Critical Appraisal and Utilisation*. St Louis: Mosby.
- McCallin, A. (2001). Interdisciplinary practice: a matter of teamwork, an integrated literature review. *Journal of Clinical Nursing*. 10 No.4. (pp.419-28).
- McGregor, D. (1997). *The humour side of enterprise. Management and Motivation* London: Penguin Books.
- Malkin, K. (1993). Primary nursing; job satisfaction and staff retention *Journal of Nursing Management*. Vol. 1, (pp.119-124).
- Maslow, A.H. (1970). *Motivation and Personality*. (2nd Ed.)New York: Harper & Row.
- Mateo, M., & Kirschoff, K. (1991). *Conducting and Using Nursing Research in the Clinical Setting*. Baltimore, Maryland: Williams & Wilkins.
- Matson, K. (2001). The critical 'nurse' in the circulating nurse role *AORN* Vol 73. No. 5. (pp.971-975).
- Meissner, J. (1999). Nurses are we still eating our young? *Nursing (training)* Feb www.findarticles.com (10 April 2003).
- Morgan, D. (1998). Practical strategies for combining qualitative and quantitative methods: applications to health research. *Qualitative Health Research*, Vol. 8 No.3 May. Sage Publications, Inc. (pp.362-376).
- Nevidjon, B., & Erickson, J.(2001). The nursing shortage: solutions for the short & long term. *The Online Journal of Issues in Nursing*. Vol. 6 (Jan 31), http://www.nursingworld.org/ojin/topic_14tpc14-4.html (accessed 10 April 2003).
- New Zealand Herald, (2002). (Annals) September 2002 Nurses On The Move.
- New Zealand Nursing Council. (2003). New Zealand Workforce Statistics 2002. Nurses and Midwives. <http://www.nzhis.govt.nz/stats/nursestats.html> (5 November 2003).
- Norrish, B., & Rundall, T. (2001). Hospital Restructuring and the Work of Registered Nurses. *The Milbank Quarterly*. Vol. 79. No.5. (pp.55-79).

- Nurse Recruitment and Retention Study. (2000). American Organisation of Nurse Executives. *Surgical Services Management*. Vol. 6, No. 6 . Chicago.
- O'Connor, T. (2002). A year worthy of celebration. *Kaitaki*. Vol.7. No. 11 (pp. 2).
- Oulton, J. (1997). International trends in nursing professional development *International Nursing Review*. Vol. 44 No.2. (pp. 47 – 49).
- Patterson, P. (1996). Who Assists Circulator in a Surgical Case?" *O. R Manager*. July. (pp.10-12).
- Peach, J. (1999). Congressional research service. *Kaitiaki*. Nursing New Zealand. (Vol 5. No. 5.) <http://www.advisory.co> 5 July 2001.
- Pearson, A. (1998). *Primary Nursing*. London: Groom Helm.
- Peters, T., & Waterman, R. (1982). *In Search of Excellence*. New York: Warner Brooks.
- Polit, D., & Hungler, B.(1997). *Essentials of Nursing Research: Methods Appraisals and Utilisation*. (4th Ed). Philadelphia: Lippincott – Raven Publishers.
- Polit, D., Beck, C., & Hungler, B. (2001). *Essentials of Nursing Research: Methods, Appraisal, and Utilization*. (5th Ed.). Philadelphia: Lippincott.
- Polgar, S., & Thomas, S.A. (1990). *Introduction to Research in the Health Sciences* Melbourne: Churchill Livingstone.
- Porter-O'Grady, T. (1987). Shared governance and new organisational models" *Nursing Economics*. Vol. 5 November/December (pp.281-286).
- Porter-O'Grady, T., & Wilson, C. (1995). *The Leadership Revolution in Health Care Alerting Systems, Changing Behaviour*. Maryland, MD: Aspen Publishers.
- Porter- O'Grady, T., & Krueger Wilson, C. (1999). *Leading the revolution in health care: Advancing systems, Igniting Performance*. (2nd Ed.). Gaithersburg, MD: Aspen Publishers.
- Porter-O'Grady, T. (2001). Executive leadership: a new age demands new skills. *Patient care Management* Vol 16. No.9. (pp. 5 –7).
- Powell, R.A., Single, H.M., & Lloyd, K.R. (1996). 'Focus groups in mental health research: enhancing the validity of user and provider questionnaires'. *International Journal of Social Psychology*. Vol. 42 No.3. (pp.193-206).
- Reid, N.G., & Boore, J. R.P. (1987). *Research Methods and Statistics in Health Care*. London: Edward Arnold.

- Ribelin, P. (2003). Retention reflects leadership style. *Nursing Management*.
www.nursingmanagement.com
- Roberts, S.J. (1983). Oppressed group behaviour: implications for nursing.
Advances in Nursing Science. Vol. 5. No.4. July (pp. 21-30).
- Sarantakos, S. (1993). Social Research. Melbourne: Macmillan.
- Schon, D. (1987). *Educating the Reflective Practitioner. Toward a New Design for Teaching and Learning in the Professions*. San-Francisco: Jossey-Bas Inc. Publishers.
- Seifert, P. (2000). The shortage (president's message).
AORN Journal. Vol.71. No.2. (pp.310, 312-314, 316).
- Speedy, S. (1987). Feminism and the professionalisation of nursing the Australian.
Journal of Advanced Nursing. Vol.4. No.2. (pp. 20-28).
- Speers, A. (1998). Perioperative Assistants Are a New Resource. *AORN* February
www.findarticles.com.
- Stewart, M. (1999). *New Nursing Shortage Hits*.
<http://nursingworld.org/tan/98marapr/news8.html> (Accessed 11 Dec 1999).
- Street, A. F. (1992). *Inside Nursing, A Critical Ethnography of Clinical Nursing Practice*. Albany, NY: State University of New York Press.
- Thompson, A. (2002). "Nurses on the move". *The New Zealand Herald*. September 23rd. Auckland: Wilson and Horton.
- Thompson, E. (2003). Becoming a magnet hospital. *Kaitiaki Nursing N.Z*
December/January (p.13).
- Trend, M.G.(1978). On the reconciliation of qualitative and quantitative Analysis: a case study. *Human Organisation*. Vol.37. (pp. 345 – 354).
- Udelsman, R. (2003). The Operating Room: War results in casualties. *Anaesthesia & Analgesia*. <http://gateway1.ovid.com/ovidweb.cgi> (Accessed February 2004).
- Upenieks, V. (2000). The relationship of nursing practice models and job satisfaction outcomes. *Journal of Nursing Administration*. Vol.30(b). (pp.330-335).
- Webb, E. J. (1966). *Unconventionality, triangulation, and inference. Proceedings of the 1966 Invitational Conference on Testing Problems*. Princeton, N.J.: Educational Testing Service. (pp. 34-43).

- Wicker, P. (1997). Retaining and recruiting perioperative nursing staff
Nursing Standard. Vol.12. No.3. October (pp.42-43).
- Wicks, D. (1999). *Nurses & Doctors at Work*. St Leonards, Australia: Allen & Unwin.
- World Conference on Surgical Patient Care. (2001). Vision for the New Millennium
A New Beginning September 2001 Christchurch. New Zealand.
- World Health Organisation. (2000). *Nursing and Midwifery Services Facing Crisis, Experts Say*. Note for the Press No. 17, December.

Appendix 1.

MEMORANDUM



Academic Registry – Academic Services

To: Jackie Gunn
From: Madeline Banda
Date: 24 October 2002
Subject: 02/126 Retention of registered nurses in an acute perioperative setting

Dear Jackie

Your application for ethics approval was considered by AUTEK at their meeting on 14/10/02.

Your application was approved for a period of two years until 14/10/03.

Commencement of the research is subject to receipt of the REC letter of approval.

You are required to submit the following to AUTEK:

- A brief annual progress report indicating compliance with the ethical approval given.
- A brief statement on the status of the project at the end of the period of approval or on completion of the project, whichever comes sooner.
- A request for renewal of approval if the project has not been completed by the end of the period of approval.

Please note that the Committee grants ethical approval only. If management approval from an institution/organisation is required, it is your responsibility to obtain this.

The Committee wishes you well with your research.

Please include the application number and study title in all correspondence and telephone queries.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Banda'.

Madeline Banda
Executive Secretary
AUTEK

From the desk of ...
Madeline Banda

Private Bag 92006, Auckland 1020
New Zealand

Tel: 64 9 917 9999
ext 8044

Appendix 2.



Appendix 4.

South Auckland
HEALTH 

A Community Partnership

Middlemore Hospital
Private Bag 93311, Otahuhu
Auckland, New Zealand
Telephone 64-9-276-0000

Ms. Beverly McClelland
Researcher

13th September 2002

Dear Ms. Beverly McClelland

Thank you for the information on your proposed research which I received on Friday afternoon.

The Pacific Health Division would like to pledge it's full support to your work and we look forward to a successful outcome.

Malo 'aupito





Dr. Maika Kinahoi-veikune
Clinical Advisor
Pacific Health Division



A Tertiary Teaching Hospital and Integrated Health Care Service serving the community of Counties Manukau and beyond.

Appendix 3.



Middlemore Hospital
Private Bag 93311, Otahuhu
Auckland, New Zealand
Telephone 64-9-276-0000

8 August 2002

Chairperson
Auckland Ethics Committee

Tena Koutou Katoa

Re: What are the Factors that Contribute to the Retention of Nurses in an
Acute Perioperative Setting?

I have discussed the project with Bev McLelland, Clinical Nurse Educator and perused relevant papers. From a Maori perspective there are no significant cultural issues. The project is attending to the principles of the Treaty of Waitangi in terms of partnership, protection and participation. In addition Maori nurses who participate in the project can do so with informed consent given the process for gaining consent.

As well, there are tikanga such as mana tangata, whakamohio that are being followed according to discussions I have had with the Taumata of kaumatua kuia employed at South Auckland Health. I am pleased to support the project and wish the project well.

Naku noa


Brian Emery
Group Manager Maori Health



A Tertiary Teaching Hospital and Integrated Health Care Service serving the community of Counties Manukau and beyond.

A COUNTIES MANUKAU DISTRICT HEALTH BOARD PROVIDER

Appendix 5.



Consent to Participation in Research

This form is to be completed in conjunction with, and after reference to, the AUTEK Guidelines Version 3 (Revised September 2000).

ONLY type where indicated by instructions eg <Click here and type>

Title of Project: **Retention of Registered Nurses in an Acute Perioperative Setting**

Project Supervisor: **Jackie Gunn / Marion Jones**

Researcher: **Beverley McClelland**

- I have read and understood the information provided about this research project.
- I have had an opportunity to ask questions and to have them answered.
- I understand that the interview will be audio-taped and transcribed.
- I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way. If I withdraw, I understand that all relevant tapes and transcripts, or parts thereof, will be destroyed
- I agree to take part in this research.

Participant signature:

Participant name: <click here and type the subject's full name>

Date: <Click here and enter date>

Project Supervisor Contact Details:

- **Jackie Gunn** AUT Ph: 917 9999 Ext 7740
- **Marion Jones** AUT Ph: 917 9999 Ext 7871

Approved by the Auckland University of Technology Ethics Committee on <click here and type the date ethics approval was granted> AUTEK Reference number <click here and type the AUTEK reference number>

Appendix 6.

GUIDELINES FOR FOCUS GROUP INTERVIEW

The survey that you were involved in has revealed some interesting dimensions that will be explored with you today in relation to recruitment and retention.

1. Characteristics Related to Provision of Nursing Care

The questionnaire results show that you think that professional relationships in the acute perioperative environment are important, and that nurse/physician and nurse/nurse relationships are functioning well. What are your views on the influence of workplace relationships on retention of acute perioperative nursing staff?

You also thought that level of workload acuity is important, but more thought this aspect was functioning at a fair or satisfactory level. Tell me how level of workload acuity affects recruitment and retention?

The survey responses seem to be saying that the multidisciplinary ethics committee is not always available to manage ethical dilemmas in the acute setting. Why do you think this is so? How do you think this could be improved upon?

2. Characteristics Related to Administration/Management Structure

Almost all responses showed that established policies are considered important and that you are happy with the established policies in the unit. What makes them work for you?

Ninety-five percent of the responses showed that rostering flexibility is important. More than 2/3 thought that rostering in the unit is good/excellent. How do you think that retention of staff may be influenced when rosters are being written?

The survey results showed that the graduate orientations are both important and functioning well. What is it that makes the orientation programmes so good?

Ninety-six percent of staff viewed nurse representation at top level of management as important. Do you think that this is related in any way to retention?

3. Characteristics Related to Individual Needs.

You thought that peer support was very important however not functioning well in this department. Tell me more about this.

Do you think that an adjustment to the contractual salary would in any way influence retention?

One hundred percent of staff felt that opportunities for career advancement are important. However, only 33% of staff consider time allotted for professional activities to be good/excellent. Do you have any suggestions on how this could be adjusted?

What are the factors that influenced your decision to join this acute perioperative team?

What has encouraged you to stay in this department?

Further questions would be based on what the participant's say and what would assist them to clarify.

Exploratory questions include:

- How often does this occur?
- How does this affect your practice
- How do you feel about this?
- Tell me why you feel this way?
- Are you able to talk to someone in these situations? .
- Tell me what these are specifically? .
- Tell me more about this?
- Why is it important to improve these areas? .
- How would you change them?
- Can you tell me more about these?

Appendix 7.



PERIOPERATIVE STAFF RETENTION SURVEY

Instructions

1. In Column 1, use a ✓ to indicate how you value each characteristic: "not important" or "important"
2. In Column 2, indicate how you see the characteristic functioning in relation to retention of Registered Nurses in the perioperative setting. Select the most suitable response from the following Likert Scale.

1 2 3 4 5
Non-existent Fair Satisfactory Good Excellent

Col 1		Col 2
How do I value the characteristics		Characteristic functions effectively
✓ Important	✓ Not important	1-5

I. These characteristics are related to Individual needs:

- Peer support groups for self-care and stress management
- Compensated time allotted for professional activities
- Educational reimbursement for career advancement
- Opportunities for professional growth, eg: in-service education; nursing research
- Recreational activities nearby
- Ready access to Childcare facilities

II. These characteristics are related to Provision of Nursing Care

- Professional relationships between nurses and physicians
- Professional relationship between nurses and nurses
- Availability of support services for non-nursing functions
- Active multidisciplinary ethics committee to manage immediate ethical dilemmas
- Level of workload acuity

III. These characteristics are related to Administration/Management Structure

- Established policies
- Rostering flexibility
- Competitive salary
- Opportunities for advancement - Career Pathway
- Nurse representation at top level of management
- Prepared nursing managers with background in nursing management
- A quality assurance program
- Orientation programs for graduates / new graduates
- Established line of communication between nurse and management
- Adequate conference time allocation

Adapted from:
Billings CV, Quick MM (1985) American Journal of Nursing, No.4, Vol.85., p. 407-409.

Appendix 8.



Appendix 9.

PARTICIPANT INFORMATION SHEET

<Participant Name>

Dear <participants name>

You are invited to take part in a research project entitled:

"Retention of Registered Nurses in an Acute Perioperative Setting"

This research is for my Master of Health Science Thesis at the Auckland University of Technology.

As a Clinical Nurse Educator working in an acute perioperative setting, I am approaching you to be a participant in this study.

The purpose of this research is to identify the factors that help with the retention of registered perioperative nurses and to give registered perioperative nurses the opportunity to express their opinions which may contribute to future retention strategies.

The research will consist of a survey questionnaire (enclosed) and should take 10-15 minutes to complete. Results from the survey will identify data that highlights specific characteristics that are considered to be important for Perioperative nurses. There will be a subsequent invitation for participants to partake in interviews to enable deeper exploration of these characteristics.

Your contribution will be of great value and most appreciated.

Measures will be taken to safeguard privacy and confidentiality. All documentation will be kept in a locked cabinet at AUT for 10 years, thereafter all data will be destroyed.

Participants are encouraged to contact the researcher with any queries.

Your participation is entirely voluntary and this will not affect your employment. However, if you have queries or concerns about this study, you may wish to contact:

Health And Disability Service Consumer Advocate (Northland to Franklin phone: 0800 555 050).

No risk is anticipated and the participant is fully aware that they have the right to withdraw at any time without jeopardy.

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, concerns regarding the conduct of the research should be notified to the Executive Secretary (Auckland University of Technology Ethics Committee).

The Surgical Services Operations Manager has given permission for this study to be carried out. This study has received ethical approval from the National Ethics Committee.

Thank you for considering the invitation to become involved in my project.

Researcher: Bev McClelland Ph: 6310189

Supervisor: Jackie Gunn Ph: 9179999 ext 7740

Supervisor: Marion Jones Ph: 9179999 ext 7871

Yours faithfully

Bev McClelland
September 2002

Appendix 10

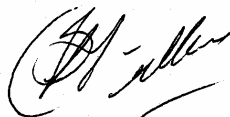
10 March 2002

To Whom It May Concern:

I, Inah Derbyshire, have agreed to do scribing and transcription for Bev McClelland's Focus Group Interview to be held on the 12th March 2003.

Whatever transpires during this group interview will be held in strict confidence to protect the parties involved. Bev will be paying \$100.00 for my services.


Inah Derbyshire
021 26 55 797



Appendix 2.

**Auckland
Ethics Committees**

Please include the reference no. and study title in all correspondence/telephone calls.

Private Bag 92522
Wellesley Street
Auckland
Delivery Address:
C/O Ministry of Health
3rd Floor, Unisys Building
650 Great South Road, Penrose
Phone (09) 580 9105
Fax (09) 580 9001
Committee X Email: pat_chainey@moh.govt.nz
Committee Y Email: yvonne_erixon@moh.govt.nz

8 November 2002

Beverley McClelland
44 The Drive
Epsom
Auckland

Dear Beverley

AKY/02/00/253 Retention of registered nurses in an acute perioperative setting.

Thank you for your amendments received on 25 October 2002.

I am pleased to inform you that this study is approved until 3 November 2003, at which time a final summarised report/abstract is required to be submitted to Committee Y for consideration.

Please note that the Committee grants ethical approval only. If management approval from the institution /organisation is required, it is your responsibility to obtain this.

If the study is not completed by the above date, a progress report is required by 8 November 2003. However it is your responsibility to ensure that a yearly progress report is submitted to the Ethics Committee Y.

The Committee wishes you well with your research.

Yours sincerely



Yvonne Erixon
Assistant Administrator

CC: Auckland DHB

Accredited by Health Research Council