The Nursing Shortage and Reasons for RN Flight from Florida Hospitals

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THE NURSING SHORTAGE AND REASONS FOR RN FLIGHT
FROM FLORIDA HOSPITALS

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This research article is dedicated to all Florida hospital Registered Nurses and their present and future patients. It is an attempt to communicate with these RNs and allow their voices to be heard with respect to hospital work life and reasons they left previous hospital employment.
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ABSTRACT

This study was performed to identify the reasons Florida hospital Registered Nurses leave hospital employment. The study was a descriptive study using convenience sampling. Inclusion criteria included RNs who held an active Florida RN license, were between 18-65 years of age, and who resigned from a Florida hospital job between June 1, 2002 and June 30, 2004. A research proposal was submitted to the participating hospital administration and approval to place recruitment posters in the nurses’ break rooms was obtained. The posters had an informative flyer to recruit interested RNs to participate in the study. After approval from Florida State University, Office of Research, the researcher contacted the participants, obtained informed consent, then administered a demographic and post exit interview for RNs either by phone or mail.

A sample of 50 RNs participated in this study. The demographic characteristics of the sample were analyzed. Most of the participants were females, either married or divorced and worked full-time. The predominant race was Caucasian, and most held a baccalaureate degree in nursing. Their average age was 36 years. The sample participants had an average of three jobs in Florida hospitals and had been licensed for an average of eight years.
Descriptive non-parametric statistical analyses were performed on the raw data. Findings indicated that the most frequent reason for leaving was nurse-patient ratio. Wages, workload and working conditions were the second, third and fourth reasons, respectively. When asked what their top three reasons were, RNs indicated wages, workload and nurse-patient ratio.

Open-ended questions provided insight into reasons and recommendations for improvements in the work environment. Reasons identified in this section included: Nurse-patient ratios, lack of communication with nursing administration and supervisors, low wages/benefits, and scheduling issues. Recommendations for improving the work environments included: Administration listening to staff concerns and suggestions, administrative accountability to safe nurse-patient ratios, and patient acuity levels. Also recommended were increases in wages and decreases in the workloads of RNs. The participants were asked to indicate an acceptable hourly salary; they ranged from $19.00- $50.00 per hour; with a mean of $31.67, and a median of $32.50 per hour.

Reasons given for leaving were compared with the demographic characteristics to identify any correlations. Positive correlations were found between years as a RN and workload and return to school. Other positive correlations existed between the number of hospital jobs and
relocation, specialty change, work schedule, on-call duty, physicians, and security issues. Chi square testing was performed and only educational degree by return to school was significant; baccalaureate degree RNs more often chose return to school as a reason for leaving.

The findings of this study indicate several recommendations for improvements in the work environments of Florida hospital Registered Nurses. These recommendations are: lower and/or mandated nurse-patient ratios, increased hourly salaries and better benefits, and decreased RN workloads. Additional recommendations include: effective and open communication between staff RNs and administrators, empathetic supervisors and directors, and increases in educational programs targeted at RN proficiency skills and clinical procedures. Administration and staff RN relationships need improvement in the areas of adaptive behaviors and communication. A degree of accountability needs to be placed at the administration level with safe nurse-patient ratios being implemented. Nursing administration should examine patient care models and consider reorganization, if necessary. Nurturing and recognition of special skills and outstanding job performance of RNs can improve morale and employee satisfaction. Hospital administration may want to create a position for a retention specialist to gather information from exit interviews, and to work with staff on issues contributing to turnover.
CHAPTER ONE

INTRODUCTION

Acknowledgment and articulation of the existence of a nursing shortage at the state, national, and international levels is occurring in the nursing literature, colleges of nursing, and in health care policies. This current nursing shortage is different from the previous nursing shortages of the 1980s in three ways. These differentiations include: the aging of the nursing workforce, the general labor workforce shortages in ancillary and support professions, and the global nature of this nursing shortage (Nevidjon & Erickson, 2001).

The nursing shortage of the 1990s began in 1994-1995 and has continued into the present. Predictions of a worsening of the nursing shortage by 2010 have been noted in various studies (Buerhaus, Staiger, & Auerback, 2000; Florida Hospital Association [FHA], 2001b). The Bureau of Labor Statistics predicts that the number of jobs for Registered Nurses (RNs) will increase 23% by 2006. This growth is faster than in any other occupation (U.S. Bureau of Labor Statistics, 2001, 2002).

The American Association of Colleges of Nursing (AACN) predicts that by 2015 approximately 114,000 full-time RN jobs are going to be unfilled nationwide (AACN, 1998). It is also predicted that by 2010, the size of the nursing workforce will decrease due to retiring of the baby
boomers and an insufficient number of younger nurses to replace them (Buerhaus, Staigler, & Auerbach, 2000).

**Statement of the Problem**

Consistent with the nation, the state of Florida is experiencing a nursing shortage, which is due, in part, to high turnover rates of Registered Nurses. Increases in patient numbers and acuity levels, poor working conditions, and low wages are factors that contribute to nurses leaving their jobs and the profession (FHA, 2001a, 2001b, 2002; Texas Nurses Association, 2000; Tieman 2001). These factors result in a loss of nurses needed to care for hospitalized patients in Florida. North Florida, which is District 2 of the Panhandle area, is experiencing a nursing shortage of 12.9% (Chun, 2002).

The advent of managed care has had an impact on the supply of nurses. The Balanced Budget Act of 1997 significantly reduced payments to hospitals. With lower payments through managed care, as well as lower reimbursements for Medicare and Medicaid, hospitals were forced to reduce operational costs (Ayala & Fries, 1993; Curtin, 1994). In the 1990s, hospitals closed beds, laid off nurses, and increased outpatient services. Hospital restructuring affected the work of RNs and changed nursing staff levels. To hospitals, RNs represent 23% of the workforce and are their largest labor costs (AHA, 1996-97).

Downsizing of RN positions and use of unlicensed assistive personnel (UAP) were cost effective measures for hospital savings (Aiken, Sochalski, & Anderson, 1996; Rosenthal, 1996). This type of restructuring
reduced the skill mix of RNs, lowered the number of expensive RNs in the patient care mix, and increased the less expensive patient care assistants. These aggressive managed care tactics gave a message of job insecurity to the nursing profession. Many nurses lost their jobs due to hospital acquisitions, mergers, downsizing, and cutbacks. The workload of nurses also increased with more paperwork, higher patient-to-nurse ratios, and supervision of increased numbers of unlicensed personnel, thus placing nurses in difficult patient care decision roles (Florida Hospital Association, 2000). As hospital restructuring continued, hospital RN job dissatisfaction began to appear in the nursing literature as well as in the public media (California Nurses Association, 1994; Curtin, 1994; McEachern, 1995; Ventura, 1996).

**Significance of the Problem**

During the current nursing shortage, hospitals find fewer nurses available to hire and more difficulties in retaining new hires. Hospital RNs are leaving their jobs due to increased workloads, unsafe working conditions and burnout. Factors contributing to turnover of these RNs are low salary, fewer staff RN members, and increasing workloads. These factors have been identified as problematic with recruitment and retention of hospital RNs (National League of Nursing, 2001). High costs to hospitals, burdens on remaining staff, and patient care issues, including safety, are apparent.

The American Nurses Association (ANA) in Washington, D.C. reports that deteriorating working conditions over the past decade have
led to a decline in the number of nurses and thus, a decline in the quality of patient care. With a diminished supply and a greater demand of available nurses within Florida hospitals, there exists an enormous need to recruit and retain nursing personnel in order to provide quality patient care. Recruitment and retention strategies are necessary to avoid a health care crisis. The ANA is attempting to improve working conditions for nurses through legislation to help alleviate the problem of a declining nursing workforce (Tieman, 2001).

In America, consumer confidence and trust in hospital safety is declining. Hospital nurses feel they are under siege, while hospitals find it difficult to fill nursing positions with the current working conditions. This problem has spread into the international sector as well. Nursing shortage studies performed in five countries suggest that there are fundamental flaws in the design of clinical services and management of the hospital workforce (Aiken, et al., 1996). Resolutions to these flaws are essential to preserving patient safety and quality of patient care (Aiken, et al., 2001).

**Purpose of the Study**

The purpose of this descriptive study is to identify the reasons that Florida hospital Registered Nurses (RNs) give for leaving their hospital jobs. Determining reasons hospital RNs leave and increasing the public awareness of these reasons may lead to the development of effective retention strategies aimed at retaining North Florida hospital RNs.

Research studies are needed on the nursing shortage and how it is impacting hospital RN turnover in an attempt to identify the problems and
address possible solutions to RN flight from hospital jobs. A consequence of such an investigation will be a vital contribution to the body of literature relating to nursing turnover in the current milieu. The data gathered on perceptions of hospital working conditions may be used to improve nurses’ work environments and assist hospitals in retaining RNs.

**Research Questions**

This study will attempt to answer questions relevant to reasons for hospital RNs flight and high turnover rates. Specific questions of interest are:

1. What are the demographic characteristics of the sample of RNs who have left a Florida hospital employment between June 1, 2002 and June 30, 2004, and who are currently employed at a hospital in Leon county Florida?
2. What reasons do participants give for leaving their Florida hospital employment?
3. What are the relationships between the reasons given and the demographic characteristics of this sample of Florida hospital RNs?

**Operational Definitions**

The following terms are defined operationally for use in this study:

1. Demographic characteristics are specific traits of the participants related to age, gender, years of education, marital status, number of dependents, and years of hospital experience. These demographic characteristics will be measured using a demographic
questionnaire consisting of nine questions, which was developed and piloted by the researcher.

2. Former RNs will be defined as those RNs who terminated their jobs from any Florida hospital between June 1, 2002 and June 30, 2004.

3. Reasons for leaving will be defined on the Post Exit Interview for Registered Nurses, adapted from the U.S. Department of Health and Human Services; Exit Interview For Registered Nurses (EIFRNs, 1990) and will be categorized into two subsets of data: a) personal reasons and b) work-related reasons. Personal reasons are those reasons that are not related to the job, work, or employer. These personal reasons will be measured on page one, part A, questions 1, 4, 5, 21 and 22. The work–related reasons consist of those responses indicating that the reasons given for leaving their job were due to employment conditions. These work-related reasons will be measured by the responses given on page one, part A, questions 2, 3, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 23, 24, 25, 26 and 27 on the post exit interview (EIFRNs, 1990). Several open-ended questions will be included on page two of the post exit interview and these responses will be discussed in a narrative format in Chapter four.

4. Wages and benefits will be defined as monetary compensation for the time and skill at performing one’s RN job and meeting the requirements for implementing one’s job description
satisfactorily. These will be measured on page one, part A, question 6 on the post exit interview. (EIFRNs, 1990).

5. Registered Nurse (RN) - A person who is educated by an accredited School of Nursing and holds an active state of Florida Registered Nurse license to practice as a registered nurse. This will be determined by the participants agreeing that they have an active Florida RN license on the informed consent/cover letter included in the interview packet.

6. Workload – The demands of time, effort and amount of work needed by an RN to meet a greater nurse-patient ratio and higher patient-care acuity levels. This variable will be measured on page one, part A, questions 12 and 27 on the post exit interview (EIFRNs, 1990).

7. Working conditions – The environmental state at ones’ place of employment in which an RN is performing their hospital job. These conditions include resources support services, supplies, and/or staffing necessary to care for patients adequately and safely. This variable will be measured on page one, part B, question 26 on the post exit interview (EIFRNs, 1990).

8. Low wages - A perception that the amount an RN is paid per hour is less than what he/she feels the job is worth. This variable will be measured on page one, Part A question 6 and on page two, part E, an open ended question on the post exit interview (EIFRNs, 1990).
9. Turnover- The difference in the number of employees hired and the numbers of employees who remain employed in these positions. Turnover is measured by a mathematical calculation.

Limitations

The main limitation of this study is that it includes only RNs who indicate that they have left employment at Florida hospitals within the 2-year time period from June 1, 2002 through June 30, 2004, and are now employed at a hospital in Leon County, Florida. Additional limitations include:

1. Missing data can occur from those participants who do not fully complete responses or do not return the survey packet to the researcher.

2. Self-reporting of data can create problems which can lessen the validity of responses (i.e., memory, selective recall, responding to make oneself look favorable (Norwood, 2000).

3. There is a possibility of researcher bias due to this researcher’s experience as a Florida hospital RN.

4. There is limited generalizability to the entire population of RNs in Florida due to convenience sampling.

Assumptions

Assumptions in this study include:

1. The participants answered the demographic questionnaire and the exit interview truthfully.
2. The data provided by the former RNs is complete and includes only RNs who terminated their hospital employment within the time period between June 1, 2002 and June 30, 2004.

3. Participation in answering the questions on either the demographic questionnaire or the exit interview implies the giving of informed consent from the respondent to the researcher.

Theoretical Framework

Roy’s Adaptation Model (RAM)

The Roy Adaptation Model was first seen in the nursing literature in an article entitled, “Adaptation: A Conceptual Framework for Nursing”, which was published by Roy in Nursing Outlook (Roy, 1970). The basic concepts of the model were developed during Roy’s graduate program at the University of California in 1964-1966, and were based on ideas from von Bertalanffy’s general systems theory and Hebron’s adaptation level theory. Roy’s model conceptualizes people as adaptive systems that handle input of stimuli through two sets of control processes in an attempt to reach a level of adaptation. These two sets of control processes are called regulator and cognator subsystems. Adaptive systems exhibit behavioral responses as outputs that are either adaptive (effective) or maladaptive (ineffective) behaviors (Roy, 1991; Tomey & Alligood, 1998).

Additionally, within Roy’s model are four modes in which adaptive responses can be observed. These modes are physiological, self-concept, role function, and interdependence modes; all are oriented to specific goals within one’s adaptive system. Roy proposed that these four adaptive
modes are methods of adapting to, or coping with, external and internal stimuli in a person’s environment. Promotion of these adaptive goals leads a person to survival, growth, reproduction, and mastery (Roy & Andrews, 1999).

Historically, Roy’s Adaptation Model (RAM) has been utilized to understand and guide nursing practice in the care of individuals. Over the past thirty years most articles related to Roy’s model contain research dealing with individual patient populations or individual nurses applying the model to conceptualize and plan patient care. There are few examples of facilities or hospitals implementing the model for use at an institutional level. This investigation will apply Roy’s Adaptation Model as it relates to the adaptive and maladaptive behaviors of hospital nurses in the milieu of the current nursing shortage, and how these behaviors directly and indirectly contribute to the shortage.

**Summary**

There is a current nursing shortage that is placing stressors on America’s hospital RNs and impacting the delivery of healthcare to hospitalized patients (California Nurses Association, 1994; Curtin, 1994; Florida Hospital Association, 2000; McEachern, 1995; Texas Nurses Association, 2000; Tieman, 2001; Ventura, 1996). Nursing political groups, nursing educators, and nursing researchers have sounded the alarm on the current shortage of nurses (American Association of Colleges of Nursing, 1998; Buerhaus, et. al, 2000; California Nurses Association, 1994; Chun, 2002; National League of Nursing, 2001; Texas
Nurses Association, 2000). Nursing clinicians’ concerns and suggestions need to be vocalized with regard to the impact of the current nursing shortage on turnover of hospital RNs.

Data collection will be done via a demographic questionnaire and a post exit interview on the reasons former Florida hospital RNs left a Florida hospital. Further research is needed to address the problems and find solutions to turnover of RNs.

Roy’s Adaptation model (1991) will be employed as the conceptual framework to analyze the reasons Florida hospital RNs give for leaving their jobs. This analysis will identify which stressors are impacting turnover rates and will begin to lay a foundation on which future research can build.

The findings of this study will identify areas that are problematic for retaining nurses in order to assist with the knowledge development of reasons Florida hospital RNs terminate employment. New strategies may assist in this public health crisis and direct effective solutions for decreasing the turnover rates of Florida hospital RNs.
CHAPTER TWO
REVIEW OF LITERATURE

This chapter will discuss literature related to the nursing shortage, turnover of hospital RNs, legislation addressing the shortage and educational aspects related to RN supply. Sister Callista Roy’s Adaptation Model (Walker & Avant, 1983) will be discussed in the context of the impact of the nursing shortage. Pertinent empirical studies will also be included under each topic.

Nursing Shortage Overview

Within the nursing literature from 1988 to the present, there is an emergence of articles and studies addressing topics related to the shortage of nurses. Initially, recruitment and retention strategies were introduced to deal with the shortage. Throughout the world publications about nursing shortages and RN job dissatisfaction began to emerge and several causes were identified worldwide. These causes include: aging of RNs, unacceptable working conditions, expanded career choices for women, and low supply of RNs due to lower numbers of nursing faculty and inadequate educational preparation for work demands caused by the nursing shortage (Hegyvary, 2001). These causes have all contributed to the trend of increased RN turnover, low numbers of graduating nurses from educational institutions, and the inability of hospitals and other healthcare institutions to recruit and retain nurses. This ten-year trend has produced the current nursing shortage.
Aging of RNs

National statistics showed an increase in the average age of working RNs between the years 1983-1998. This increase was 4.5 years, thus raising the mean age from 37.4 years to 41.9 years. Currently, the national average age of RNs is 43.3 years, and by 2010 it is estimated that 40% of RNs will be over the age of 50 years (Buerhaus, Staigler, & Auerbach, 2000). Additionally, the average age of graduate nurses (GNs) is 31 years. Thus, RNs are entering the nursing work force older and with fewer years to work in nursing before retirement (Sigma Theta Tau International [STTI], 2000).

Unacceptable working conditions

The workload of nurses in Florida has increased with additional paperwork to document care and higher nurse-patient ratios (FHA, 2000). Low wages, increased responsibilities and unacceptable working conditions have been cited in the literature as problematic. Areas related to poor working conditions nationally are: increased patient acuity, increased nurse-patient ratio, increased responsibilities outside of nursing, inadequate staffing and less time with patients (Stanton, 2004).

Expanded career choices for women

Changes in health care markets and national economics, along with changing roles and better wages for women in other fields have contributed to a trend of lower numbers of women choosing nursing as a career and an increased number of RNs leaving their jobs for employment in different areas. A spokesperson for Glen Falls Hospital in New York,
Chief Nursing Officer and President of the American Organization of Nurse Executives (AONE), stated that changing workforce opportunities, coupled with a rapid expansion of career choices and rising wages for women have reduced the pool of women entering nursing (Tieman, 2001).

Low supply of RNS

Publicity of medical errors, negative images of the nursing profession, and employment opportunities in competitive careers like technology, medicine and law, and lower enrollments in nursing colleges since 1995 are all factors impeding the supply of nurses (Mason, 2001).

The low supply of RNs has been produced by the decline in nursing school enrollments and a decline in the number of nursing faculty. Nationwide, the number of entry-level Bachelor of Science in Nursing (BSN) students declined for five consecutive years since 1995 and declined by 4.6% in the fall of 1999 alone. Master of Science in Nursing (MSN) enrollments has fallen slightly and doctoral (DSN) enrollments have remained unchanged in the past 5 years (AACN, 1998). The American Association of Colleges of Nursing (AACN) data also indicated a decline in fall 2000 enrollments at the BSN level. The AACN annual enrollment survey of 1998 indicated that of BSN programs, 37% pointed to shortages in faculty as a reason for rejecting qualified student applicants (Williams, 2001).

As the nursing demand rises the supply falls. By 2010, the demand for nurses in the United States will exceed the supply. By 2020, the United States will need 1.7 million nurses and supply is estimated to be
600,000 nurses, thereby creating a 20% deficit. Demand is increasing due to the fact that hospitalized patients are sicker and hospital stays are shorter than in the past. There is a greater need for RNs to provide the skilled nursing care to the patients due to more acute or complex illnesses. Additionally, technology has placed new requirements on staff nurses, such as advanced nursing skills and computer/equipment competencies (Mason, 2001).

Presently only 82% of U.S. nurses are working. If approximately 10% of these working nurses are part-time employees, then approximately 28% of the supply is untapped (Mason, 2001). The current approaches to recruit and retain nurses are ineffective.

Supply is also affected by the increasing age of the nation’s nurses, with the national average age of RNs at 43 years, and the average age for nursing faculty at 50 years. Nursing school faculty numbers have diminished and Florida nursing schools report that 18% of faculty will have retired by 2003 (Mason, 2001).

**Theoretical Review**

*Roy’s adaptation model (RAM)*

Roy’s model (Figure 1) conceptualizes people as adaptive systems that handle input of stimuli through two sets of control processes in an attempt to adapt to internal and external stressors. These two sets of control processes are called regulator and cognator subsystems. Adaptive systems exhibit behavioral responses to their environment. These adaptive behaviors are viewed through Roy’s model as outputs.
These outputs are either adaptive or ineffective responses to stimuli in a persons’ environment. There are four modes in Roy’s model in which these responses can be observed. These modes are: physiological, self-concept, role function and interdependence modes (Roy, 1999).

The reasons given by nurses for leaving their Florida hospital jobs can be conceptualized as responses to stressors in Roy’s Adaptation Model. Coping and adapting behaviors are necessary to deal effectively with these stressors. The specific modes can be identified within the responses given by former RNs for leaving Florida hospital employment.

Responses to RN work stressors within the physiological mode can be conceptualized as illness of self or family. Additionally, lack of recognition/awards and low wages can be considered within the self-
concept mode of Roy’s model. RN roles within the hospital work environment can be compared to Roy’s role function mode. These RN roles may be altered by the current nursing shortage and can produce role stress/strain on hospital nurses. As they attempt to adapt to both internal and external work-related stressors, they may respond by resigning, returning to school and/or changing practice specialties.

Within the interdependence mode, relationships with peers and physicians and the chain of nursing command, specifically unit directors, nursing supervisors and nursing administration can be considered as interdependence modes. These relationships within the hospital work environment must be examined in the presence of the impact of the current nursing shortage and should be evaluated as either adaptive or maladaptive relationships. Adequate and safe patient care depends on adaptive healthcare behaviors and healthy relationships within the hospital work environment.

In the context of this study, the environment, as noted in Roy’s model is the hospital work environment. Internal and external stimuli in the RNs work place are processed through regulator and cognator systems. Working during a shortage of nurses can be viewed as an external stressor. Internal stressors, such as increased workloads, low wages and poor working conditions are impacting RNs coping and adapting abilities. Ineffective adaptation by quitting ones’ job is a behavior that is a contributing factor in RN turnover.
Empirical Review of Roy’s Adaptation Model

For more than thirty years, Roy’s Adaptation Model (RAM) has been implemented in nursing education, research, and practice. A review of the literature indicates that most articles using Roy’s model involve frameworks to conceptualize and plan care for individual patients and/or specific patient populations. The model is used primarily in practice settings to develop interventions in patient care. The first nursing school to implement the RAM into the curriculum was Mount St. Mary’s College in Los Angeles, California in 1970. Since then many Colleges of Nursing have implemented Roy’s model as a theoretical framework for the curriculum and by 1987 over 100,000 nurses had been educated in programs using Roy’s Adaptation Model (Roy, 1991).

There are fewer articles in which institutions of organizations have adopted the model into a unit or hospital. The RAM has been implemented into a few hospital settings. In a neonatal intensive care unit the RAM was used as an ideology for nursing. The neonatal intensive care unit was seen as the environment and the neonates were seen as adaptive systems. The behaviors of the neonates were evaluated using the model to determine whether they were adaptive or maladaptive behaviors, in order to determine physiological improvements (Nyqvist, 1993).

Another hospital setting employing this model was in a 125-bed orthopedic hospital. The model was used to facilitate the integration of a systems approach to nursing, in which the hospital was the environment and the patient as an adaptive subsystem. The most problematic stressor
was pain, and the nurses utilized the model to encourage patient mobility which seen as adaptive behavior (Rogers, 1991).

Another hospital to implement the RAM was on a neurosurgical unit in a large teaching medical center. The model was incorporated to establish a professional practice environment that promoted autonomy and assisted in nursing recruitment and retention of staff nurses. They found that discussing stressors in the work place promoted professionalism by promoting coping skills. The model was effective in averting negative attitudes and expressions of complaints near patient care areas (Fredrickson, 1993).

This literature review did not identify the use of RAM in research dealing with reasons nurses leave hospital employment. There may be a void in the literature relating to hospital RNs turnover. This model could be implemented as a framework for analyzing the coping skills of staff RNs and address concerns with their work environments. Analyses using Roy’s model may aid in providing recruitment and retention solutions for hospital nursing staff.

**Turnover of Hospital RNs**

There are scant amounts of research into the reasons why nurses quit hospital jobs and less on suggestions for improving wages, working conditions and patient to nurse ratios. The Advisory Board in Washington, D.C. conducted a study of hospital nurses which found the top reasons nurses change jobs are: dissatisfaction, wages and scheduling issues. There exists a need for nurses to be asked about their employment, work
environment, and reasons they would consider leaving this valuable employment.

In a study preformed in a hospital in Lombardy, Italy surveyed reasons why nurses left a general hospital over a five-year period was obtained through questionnaire. There were 127 respondents from a pool of 218. Approximately 57.7% of the nurses returned the questionnaire. Of these nurses 35% indicated that they would return to hospital nursing. Results of this research indicated that, overall, the main reasons for leaving were related to family reasons, children or family care and shift work. Low wages was the main reason for the 21-30 year old RNs. These participants expressed the need for more efficient recruitment and retention strategies including higher salaries, improved working conditions and organization in the work place. Also the results showed a need for renewal in the quality of the nursing profession in general (Canto, Casali, et al, 1990).

Another study from England was completed in 1992 and involved 221 female nurses who were working full-time in hospitals. The integrated model of nursing turnover (Parasuraman, 1989) was applied and the results found that job satisfaction and co-worker participation at work were two important variables in turnover. These findings were consistent with other models for nursing turnover. Additional findings suggested that staff turnover could have a detrimental impact on patient care (Cavanagh & Coffin, 1992).
A survey in the U.S. by Mercer in 1999 found the primary reason for nurse turnover is increased market demand, which is exacerbated by underlying causes such as dissatisfaction with the job, supervisor, or career prospects. Another reason cited by nurses was practice environment conditions, especially increased workload and inadequate staffing.

In a comprehensive study performed by The Advisory Board, Nursing Executive Center, Washington, D.C. in 1999, a sample of 1,660 hospital staff nurses were mailed a survey. The purpose of this study was to answer questions about nurses’ hospital employment choices and to identify reasons nurses leave or stay at a particular hospital. Additionally, the goal was to identify key areas for improving nurse satisfaction and retention. The top three reasons nurses gave for changing jobs were dissatisfaction, compensation and scheduling. The study suggested that the main reasons for nurse turnover are controllable; therefore hospitals have the ability to retain nurses (Nursing Executive Center, 2000).

Cost of RN Turnover

In a study conducted by the Center for Health Economics and Policy at The University of Texas (Texas Nurses Association, 2000), the most frequently cited factors among unemployed nurses for leaving the workforce were stressful work environment, more interesting opportunities outside nursing, lack of time with patients, concern about personal safety in the health care setting, better hours outside nursing, and relocation to a different geographical area. Among those nurses who were employed,
97% of those responding indicated that patient care was the most important facet of nursing. However, the survey identified five major categories that contributed to nurse retention: (a) pay and benefits, (b) staffing, (c) career education and advancement, (d) organizational and professional support in the workplace, and (e) technological advancements. More research is needed to identify specific problems that increase turnover rates of hospital RNs, thus increasing hospital operational costs (Texas Nurses Association, 2000).

Staff nurse turnover research and nursing turnover Cost Calculation Methodology has been performed by Cheryl Jones RN since 1990. She initially conducted a study on the potential adverse impacts on the nursing department, hospital environment and healthcare indicating that a potential for adverse healthcare exists due to the nursing shortage and subsequent hospital RN turnover (Jones, 1990). Her findings are of importance to both nursing researchers as well as nursing administrators.

In two of her other studies, called Part 1 and Part 2, Jones applied turnover methodology; the Nursing Turnover Cost Calculation Methodology. In Part 1 done in 2004, she examined nurse turnover costs within a hospital and performed a cost analysis using the Nursing Turnover Cost Calculation. Part 2 was performed in an acute hospital setting and the results demonstrated that the costs were > $10,000 per RN turnover (Jones, 2005). This data illuminates the enormous financial implications of RN turnover. Nurse managers need to take into account RN concerns and reasons for leaving when restructuring the work
environment. With a cost attached to turnover of hospital RNs, nurse retention will become cost-effective for all hospital administrators. The goal is for improvements in hospital nursing employment conditions and a return to a safe, nurturing and effective level of patient care within our hospitals.

**Legislation Dealing with the Nursing Shortage**

Legislation addressing the nursing shortage is being introduced in state and federal branches of government as a result of hospitals facing concerns about the quality of patient care and satisfaction. In 2001, New York state hospital officials began sounding the alarm on a worsening shortage of nurses. The current workforce shortage became a top priority on the New York health care agenda. Hospital officials are asking state and federal agencies for millions of dollars in new public funds to deal with the crisis. They predict that with the aging of the RN workforce and the low nursing school enrollments, the worst of the nursing shortage will not hit for five to ten years. The New York Workforce Investment Now Coalition is seeking $500 million for incentives to raise wages for nursing and build up the workforce. Initiatives have been introduced to Congress and the Legislature (Lipowicz, 2001).

In Florida, Senate Bill 1618, The Nursing Shortage Solutions Act, was introduced in January, 2002. This bill creates a Nursing Student Loan Forgiveness Program and creates a Sunshine Grant Program to promote nursing and health careers in middle and high schools. This bill also revised the licensure procedure to help expedite licensing in Florida for
out-of-state applicants, and gives the Board of Nursing the authority to regulate and monitor nursing education programs. The initial appropriation asked for in Senate Bill 1618 is for $1 million in matching grants to hospitals, $500,000 in grants to middle and high schools, and $5 million to community colleges to train more health care professionals in areas including nursing (FNA, 2002; Mitchell, 2002). An additional bill, Senate Bill 216, will help form grants for non-profit hospitals to use for recruitment and retention (FNA SB 1618, 2002).

Legislation passed in California in 1999 went into effect in 2003 mandating the patient-nurse ratio in its hospitals. The California legislation based the need for this law on an increasing nursing shortage and the idea that lower nurse retention rates were related to burdensome workloads and higher levels of job burnout and dissatisfaction (Aiken, Clarke, Sloan, Sochalski & Silber, 2002).

In 2002, new funding of $103 million for the Nursing Education and Practice Improvement Act of 1998, known as the Nurse Education Act, was implemented. The National Institute of Nursing Research (NINR) appropriated $144.37 million in fiscal year 2002 as well as $10 million for minority nurse recruitment and $10 million for the Nursing Education Loan Repayment Program (NELRP), (AACN, 2001). Thus, several states have implemented legislation to address the nursing shortage and provide funding for nursing education and recruitment/retention strategies.
Florida Hospital Association Data

The Florida Hospital Association (FHA) released studies on recruitment and retention and nurse staffing issues in Florida (FHA, 2001a; FHA 2001b). The FHA has been tracking vacancy rates and turnover rates in Florida hospitals. Florida hospital data from 2001 showed a vacancy rate in RN positions at 15.6%, the highest since 1989, and in 2002 the vacancy rate was 12.5% (FHA, 2002). Data showed turnover rates at 20.5% in 2001 and 18.6% in 2002 within Florida hospitals.

FHA data also showed that one in every five nurses is leaving his/her job (FHA, 2001b). The first reason identified by Florida for the shortage of hospital nurses is an aging nursing workforce and faculty. The average age of a Florida nurse is 47.3 years. The average age of Florida nursing faculty is 56 years. The second and third reasons for shortages in Florida are low wages and poor working conditions contributing to an increased turnover (FHA, 2001b).

Florida hospital turnover rates by RN specialty areas range from 14.4%- 27.2%. Turnover rates by specialty are: psychiatric care at 27.2%, emergency departments at 23.6%, medical surgical at 22.8%, telemetry/step-down units at 20.4%, adult critical care at 19.8%, pediatric critical care at 19.2%, rehabilitation at 18.2%, operating rooms at 15.7% and neonatal critical care at 14.4% (FHA, 2002). Additionally, within the Panhandle of Florida, turnover rates for RN specialty areas are: telemetry step-down units at 36.0%, pediatric critical care at 33.3%, medical-surgical units at 28.9%, adult critical care at 22.8%, neonatal critical care at 18.9%,
emergency departments at 18.8%, operating rooms at 18.4% and rehabilitation at 8.3% (FHA, 2002).

Hospital RNs provide much of the acute care to patients within society. By 2005, it is expected that approximately 57.4% of nurses will be employed in hospitals (Shindul-Rothschild, Berry, & Long-Middleton, 1996). In Florida, there is a current need for approximately 6,000 more hospital RNs, and by 2006 the need will increase to approximately 34,000 more RNs needed in hospitals (Florida Hospital Association [FHA], 2001). Florida hospitals saw approximately 300,000 more hospital admissions and almost 500,000 more emergency room visits in 2000 (Florida Hospital Association [FHA], 2001). This is due in part to the fact that Florida has the highest percentage of elderly patients in the United States, yet it ranks 31st in the number of RNs per 100,000 population (FHA, 2001b). Florida hospitals have seen a 3-5% increase per year since 1999 in the number of patients being treated in their facilities and approximately 50% of these patients were 65 years or older (FHA, 2001). The workloads of hospital RNs in Florida are extremely heavy due to the increase in the elderly population.

**Summary**

The shortage of Registered Nurses within hospitals has been apparent since 1988 and continues into the present. Nursing administrators, educators, researchers and lawmakers are working on strategies aimed at examining and decreasing the effects of RN turnover and shortages. Hospitals are attempting to implement plans for recruiting
and retaining nurses; however the demand continues to exceed the supply. Retention strategies are needed based on reasons RNs give for leaving hospital employment. In Florida in 2002, hospital data indicated that retention strategies may be producing a positive effect. Still there are substantial national and state deficits of RN supply and significant turnover rates of hospital nurses.
CHAPTER THREE

METHODOLOGY

This chapter describes the methodology used in this study. Discussions on the study’s design, setting, sampling plan, instruments, procedure, and data analysis will be outlined. Additionally, the protection of human subjects and ethical considerations are discussed. A chapter summary is included.

Research Questions

This study has four research questions which are relevant to reasons RNs leave hospital jobs. These questions are:

1. What are the demographic characteristics of the sample of RNs who left a Florida hospital employment between June 1, 2002 and June 30, 2004, and who are currently employed at a hospital in Leon county Florida?
2. What reasons do participants give for leaving their Florida hospital employment?
3. What are the relationships between the reasons given and the demographic characteristics of this sample of Florida hospital RNs?

Design

This research design is a descriptive and exploratory study, asking participants to recall reasons for job departure from former hospitals in Florida. Descriptive statistics were used to analyze data obtained through mail or phone demographic and post exit interviews.
Setting

The setting for this study was a Florida hospital located within the Panhandle of Florida in Leon County. The total population in Leon County is 239,452. The rural population in Leon county is 88,828 and the urban population is 150,624 (FSA, 2001). The hospital for data collection was a for-profit, 180 bed adult acute care facility with a heart center with a 25 year history as a Tallahassee community hospital.

Population and Sample

The sample for this study consisted of RNs who indicated that they had left a Florida hospital job within the past two years, specifically between June 1, 2002 and June 30, 2004 and held an active Florida RN license. They represented many geographic areas in Florida due to previous relocations; however, they were inclusive of the population of approximately 2,400 RNs who were licensed in counties within Florida’s Panhandle area (DOH, 2003). Additionally, the population was limited to RNs between the ages of 18-65 years. A sample size of 50 was obtained by convenience sampling.

Instruments

This study utilized a demographic questionnaire consisting of nine questions developed by the researcher (Appendix A) and an exit interview developed by the U.S. Department of Health and Human Services, Public and Indian Health Services, IHS form # 842, Exit Interview for Registered Nurses (EIRFNs, 1990) that was be adapted by this researcher into a Post Exit Interview for Registered Nurses, 2005, (Appendix B). Both
instruments were pilot tested, with a sample of 6 RNs who were not participants in the actual study. The purpose of the pilot testing was to determine if any wording or questions was confusing or unclear to participants prior to administering the actual interviews for the study. Both instruments were revised based on the pilot testing which indicated that using the term “Black” in question eight on the demographic questionnaire was upsetting to two of the pilot testers. Subsequently participants were simply asked to write in their race. Also a 27th variable, Patient-Nurse Ratio was deemed necessary to add to the Post Exit Interview for Registered Nurses. Results of the pilot testing were implemented in this study. Since the 1990 Exit Interview for Registered Nurses is a public document, permission for use from the Indian Health Services (IHS) was not necessary.

**Procedure**

The hospital Human Resource Director approved the in-hospital recruitment plan to solicit volunteers to participate in the interviews. After obtaining permission from the participating hospital, the researcher applied for and received approval from the Institutional Review Board (IRB) at Florida State University (FSU), (Appendix C and D). The researcher then placed recruitment posters in nurses’ break rooms to inform interested RNs about the study and to seek volunteer participants. Eligibility criteria were printed on the flyer attached to the recruitment posters, along with the research title and researcher’s phone number so that potential participants could call with any further questions (Appendix
E). Interested RNs who were currently employed in this area and who left a Florida hospital RN job between June 1, 2002 and June 30, 2004 were asked to fill out an index card and place it into a sealed, legal envelope attached to the poster. Information requested on the index cards included: name, address, phone numbers and whether they would prefer a mail or phone interview. Those that requested a phone interview were contacted by the researcher to arrange a time for the interview. Those requesting participation by mail, were mailed an interview packet. The interview packets included an informed consent (Appendix F), a demographic questionnaire, and a post exit interview for RNs, adapted from EIFRN, 1990.

The informed consents were either read or provided to the participants prior to completion of the interview, and indicated that the participants agreed to participate voluntarily. Completing the questionnaire either by phone or mail indicated the giving of informed consent by the participant. No identifiers were recorded on the questionnaires. Questions, if any, from the participants were answered prior to administering the interviews. The participants’ right to stop the interview process at any time without penalty was explained. The risks and benefits were outlined and no monetary gain was offered to the participants. All responses were kept without participants’ names and were coded numerically. Raw data were analyzed with the assistance of a statistical consultant using a software statistical package, SPSS. Paper and
electronic data sheets were generated and reported in tabular format as aggregate data.

**Protection of Human Subjects**

In this descriptive study the ethical considerations of research and the principles of the Nuremberg code were used to assure the protection of the rights of the participants (Norwood, 2000). The researcher considered the ethical principles related to nursing research regarding freedom from harm, exploitation, and the balancing of risks and benefits. Respect for human dignity and privacy, specifically the participants’ rights to self-determination and full disclosure, was maintained. Informed consents were administered in writing or verbally over-the phone to the participant and informed consent was obtained. Assurances for confidentiality to the fullest extent allowed by law were outlined in the informed consent letter. Participation in this investigation was voluntary and only the researcher and thesis Chair had access to the responses and informed consents. Current employment status or employer names were not requested or included in any interviews. If known, there was no disclosure of individual responses to former or current employers. All completed interviews were stored as raw data by the researcher in a locked safe deposit box and will remain until January 23, 2010, at which time it will be destroyed. Only the researcher, thesis Chair at FSU, and a statistical consultant has access to the raw data. There were no audio or visual recordings made of the participants. Findings from this study will be reported or published in aggregate form. Individual responses will not be
shared with anyone; however, a summary of the findings were available to
participants and the participating hospital administration, as well as to the
FSU School of Nursing.

**Data Analysis**

Data analysis consisted of applied descriptive statistics. Descriptive
statistics uses numerical, graphical, and tabular techniques to organize,
present, and analyze data (Argyrous, 2000). Responses from the
demographic and post exit interview questionnaires generated data that
were nominal, ordinal and interval/ratio levels of measurement. Non-
parametric measures were used during data analysis. Demographic data
were measured, summarized, and entered into tables. Point-Biserial
correlations and Chi-square tests were applied to the data where it was
appropriate. The research questions were answered statistically.

Correlation coefficients and ultimately the probabilities of these
relationships occurring can be deduced. The significance of positive
correlations is that ninety-five times out of one hundred these relationships
will not occur by chance. Thus, the significance of an alpha measure of
.05 means there would be only five chances out of one hundred that the
relationship(s) exist by chance. Similarly, the variables with the
significance of an alpha measure at the .01 level would indicate a stronger
correlational relationship. This alpha measure indicates that ninety-nine
times out of one hundred these relationship(s) will not occur by chance.
Thus, the positive relationships between these variables being significant
will occur by chance only one time out of one hundred.
Summary

This descriptive study identified the demographics of the convenience sample, reasons former RNs gave for leaving Florida hospital employment, and provided answers to the study’s research questions. The design was a descriptive, exploratory study with a retrospective aspect.

The setting was a 180-bed hospital located in the Panhandle of Florida, within Leon County. Participants responded to recruitment posters that were placed in the hospital and were selected for the study based on specific admission criteria. These criteria included: active Florida licensed RNs between the ages of 18-65 years who left a Florida hospital job within the previous two years. After informed consent was obtained, a mail or phone interview was conducted with the administration of a demographic questionnaire and a post exit interview.

The protection of human subjects’ rights in this research was in accordance with the Institutional Review Board at Florida State University. Guidelines from nursing research and the Nuremberg Code were upheld throughout the investigation. Confidentiality was maintained to the fullest extent required by law.

Research questions were answered using SPSS, a software statistical package, and descriptive statistical procedures. Open-ended questions on the post exit interview were analyzed by the researcher and are discussed in a narrative format in the following chapters.
CHAPTER FOUR

RESULTS

This chapter addresses the statistical results obtained from the investigation as they provide answers to the research questions. Results appear in a narrative format outlined by each research question. Responses to the open-ended questions, Parts C-F of the questionnaire, are discussed. Tables are presented at the end of the narrative section.

Sample Demographics

Research question 1

The first research question examined the demographic characteristics of this RN sample. A total of 83 packets were mailed with 27 completed and returned. There were 13 phone interviews conducted and 10 interview packets were given to participants. Fifty nurses, 8 (16%) male and 42 (84%) female, completed the study (Table 1). Table 2 indicates the marital status of this sample of hospital RNs; where most were married or divorced. The average age was 36.48 (SD=9.37) years. Table 3 shows the educational degree of the nurses; ADN (n=22, 44%), BSN (n=26, 52%), and MSN (n=2, 4%). The nurses had worked an average of 8.12 (SD=5.13) years in the field and in an average of 3.12 (SD=2.10) hospitals (Table 4). Thirty-nine (78%) nurses worked full-time and 11 (22%) worked part-time. Most nurses in this sample were Caucasian (n=23, 54.8%), 6 (14.3%) were African American, 4 (9.5%) were Hispanic, and the rest were identified as another ethnicity (Table 5).
Frequencies of the Reasons

Research question 2

The second research question examined the reasons nurses left their Florida hospital job(s). Table 6 presents the frequencies of these reasons. Nurse-patient ratio, wages, working conditions and workload, were the most frequent reasons indicated. The percentages of the responses were: nurse-patient ratio; 74%, wages; 68%, working conditions; 62% and workload; 60%.

When asked what nurses’ top three reasons for leaving were, wages, workload and nurse-patient ratio were ranked first, second and third top reasons, respectively.

Correlations between Reasons and Demographics

Research question 3

The third research question examined if any of the reasons for leaving were related to demographic characteristics. Point-biserial correlations were conducted between the 27 reasons (no=0, yes=1) and the continuous variables (age, years as an RN, and number of hospitals in which they had worked in Florida). Years as an RN was positively correlated with workload and educational needs; as years as an RN increased, workload and educational needs tended to be a reason to leave (Table 7). Number of hospitals was positively correlated with relocation, specialty change, work schedule, on-call duty, physician, and security; as these reasons were positively endorsed, the number of
hospitals in which the nurse worked increased (Table 7). Age was not correlated with any reason to leave.

**Chi-square Analyses**

Chi-square tests were conducted between the 27 reasons to leave and gender, marital status (married, divorced, and other) (Table 8) and education (ADN vs. BSN) (Table 9). Only education by return to school was significantly related (Table 9). Those who endorsed return to school as a reason for leaving tended to hold a BSN rather than an ADN (Table 9). No other chi-square statistics were related in this study.

**Open-ended Questions**

On page two of the Post Exit Interview for RNs, (EIFRNs, 1990), Part C, participants were asked if there were any reasons not addressed in this interview. They indicated either yes or no. Five (10%) of the RN sample had reasons for leaving that were not addressed in the interview. Of these five, one RN indicated that a lack of administrative accountability as the reason for leaving. Two RNs indicated that their reasons for leaving were related to scheduling problems. One was not able to get an additional shift per week, and the other indicated scheduling pressures to work extra shifts to help out with staffing shortages. Another RN indicated that there was a lack of communication between staff nurses and unit directors. Lastly, two other RNs indicated that leaving a full-time position was due to an attempt to avoid burnout and apathy.

Part D on the EIFRNs, 1990 asked participants for general recommendations for improvements. Forty-five (90%) of the participants
wrote in comments under this section. Twenty-five (55%) of these general recommendation responses indicated the need to decrease the nurse-patient ratio. One of these suggested a 4:1 ratio. Twenty participants indicated that general improvements were needed in wages and benefits. Ten indicated that improvements were needed in nursing administration, supervisors and management areas. Four participants indicated that scheduling issues were problematic and could be improved.

On Part E, participants indicated an acceptable hourly salary that ranged $19.00 - $50.00 per hour. The acceptable wage average was $31.67, and the median was $32.50 per hour.

Responses on Part F of the post exit interview asked if there was anything the participants wanted to add. Fourteen (28%) of the nurses added comments in this section. The following themes emerged from the comments: a) administration not communicating with staff about patient acuity levels, b) lack of nurse-patient ratio accountability, c) lack of recognition/awards, adequate wages and benefits, d) supervisor apathy towards patient caregivers, e) emphasis on costs of care, f) plans to change career. One participant wrote a statement indicating that she was glad someone was finally asking the bedside nurses why they leave. Another respondent urged nurses to unite for patient safety and mandatory nurse-patient ratio mandates. Two participants indicated that nursing administration should respond to communication from staff nurses especially when suggestions or concerns are expressed. Finally, two participants indicated that improved nursing education should be
implemented within the hospital to increase RN proficiency at clinical skills.

Overall, the RNs in this sample were willing to take the time to complete the interviews and provide feedback about improving the hospital RN work environment. Nurse-patient ratio, nursing administration/supervisor communication, wages and staffing issues were the most apparent themes that emerged in the open-ended question section. The following are a presentation of the results in tables.

**Summary**

This study’s results indicated that most of the sample was female nurses who were either married or divorced, with a BSN or ADN degree. Their ages averaged 36 years and they had an average of 8 years experience as hospital nurses. The average number of Florida hospital jobs that they had was three. Most worked full-time, (78%) and the predominant race in this sample was Caucasian.

The reasons for leaving checked most frequently were, in order of priority: 1) nurse-patient ratio, 2) wages, 3) working conditions and 4) workload. When asked to indicate their top three reasons for leaving, the nurses ranked them in order of wages, workload, and nurse-patient ratio. Wages and workload were consistent with the findings in the literature.

Reasons for leaving were examined against the demographic characteristics to identify any correlations. Positive correlations were noted between years as an RN and workload and educational needs, thus the older the nurses, the more likely they were to indicate that workload and return to school were reasons for leaving. Another positive correlation
existed between relocation, specialty change, work schedule, on-call duty, physicians, and security. When these reasons were selected, the nurses also indicated an increased number of hospital positions.

Chi-square testing was performed and only education by return to school was significantly related. The nurses who held a BSN tended to choose return to school as a reason for leaving.

Open-ended questions provided insight into reasons and recommendations for improvements. Reasons identified in this section included: Nurse-patient ratios, lack of communication with nursing administration/supervisors, wages/benefits and staffing issues. Also, apathy towards caregivers, burnout, and plans to change careers appeared in this section. The need to have administration listen to staff nurses concerns, take patient-acuity into account and be responsible for maintaining safe nurse-patient ratios was also expressed. The need for improvements in nursing clinical education and proficiency testing in the workplace was also mentioned.
Table 1

*Gender of RNs*

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>8</td>
<td>16.0</td>
</tr>
<tr>
<td>Female</td>
<td>42</td>
<td>84.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
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Table 2

*Marital Status of RNs*

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<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percent</th>
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<tr>
<td>Married</td>
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</tr>
<tr>
<td>Single</td>
<td>7</td>
<td>14.0</td>
</tr>
<tr>
<td>Divorced</td>
<td>17</td>
<td>34.0</td>
</tr>
<tr>
<td>Cohabiting</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
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</table>
Table 3

*Educational Degree of RNs*

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>ADN</td>
<td>22</td>
<td>44.0</td>
</tr>
<tr>
<td>BSN</td>
<td>26</td>
<td>52.0</td>
</tr>
<tr>
<td>MSN</td>
<td>2</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 4

*Years of Hospital Experience vs. Number of Jobs*

<table>
<thead>
<tr>
<th>Number of Years</th>
<th>Number of Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean</strong></td>
<td>8.12</td>
</tr>
<tr>
<td><strong>SD</strong></td>
<td>5.13</td>
</tr>
</tbody>
</table>
Table 5

Race of RNs

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>22</td>
<td>55.0</td>
</tr>
<tr>
<td>African American</td>
<td>6</td>
<td>14.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>21.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
Table 6

Frequency of Reasons

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relocation</td>
<td>22 (44)</td>
<td>26 (56)</td>
</tr>
<tr>
<td>Contact Up</td>
<td>5 (10)</td>
<td>45 (90)</td>
</tr>
<tr>
<td>Retirement</td>
<td>2 (4)</td>
<td>48 (96)</td>
</tr>
<tr>
<td>Return to School</td>
<td>11 (22)</td>
<td>39 (78)</td>
</tr>
<tr>
<td>Illness</td>
<td>1 (2)</td>
<td>49 (98)</td>
</tr>
<tr>
<td>Wages/Benefits</td>
<td>34 (68)</td>
<td>16 (32)</td>
</tr>
<tr>
<td>Career Advancement</td>
<td>7 (14)</td>
<td>43 (86)</td>
</tr>
<tr>
<td>Specialty Change</td>
<td>3 (6)</td>
<td>47 (97)</td>
</tr>
<tr>
<td>Vacation Schedule</td>
<td>0 (0)</td>
<td>50 (100)</td>
</tr>
<tr>
<td>Shift Rotation</td>
<td>5 (10)</td>
<td>45 (90)</td>
</tr>
<tr>
<td>Work Schedule</td>
<td>16 (32)</td>
<td>34 (68)</td>
</tr>
<tr>
<td>Work Load</td>
<td>30 (60)</td>
<td>20 (40)</td>
</tr>
<tr>
<td>On-Call Duty</td>
<td>3 (6)</td>
<td>47 (94)</td>
</tr>
<tr>
<td>Non-Nursing Duties</td>
<td>6 (12)</td>
<td>44 (86)</td>
</tr>
<tr>
<td>Unit Director</td>
<td>9 (18)</td>
<td>41 (82)</td>
</tr>
<tr>
<td>Supervisor</td>
<td>12 (24)</td>
<td>38 (76)</td>
</tr>
<tr>
<td>Administrator</td>
<td>2 (4)</td>
<td>48 (96)</td>
</tr>
<tr>
<td>Peers</td>
<td>1 (2)</td>
<td>49 (98)</td>
</tr>
<tr>
<td>Physicians</td>
<td>2 (4)</td>
<td>48 (96)</td>
</tr>
<tr>
<td>Security</td>
<td>7 (14)</td>
<td>43 (86)</td>
</tr>
<tr>
<td>Child Care</td>
<td>3 (6)</td>
<td>47 (94)</td>
</tr>
<tr>
<td>Educational Needs</td>
<td>2 (4)</td>
<td>48 (96)</td>
</tr>
<tr>
<td>Termination</td>
<td>0 (0)</td>
<td>50 (100)</td>
</tr>
<tr>
<td>Resignation</td>
<td>10 (20)</td>
<td>48 (80)</td>
</tr>
<tr>
<td>Lack of Recognition</td>
<td>19 (38)</td>
<td>31 (62)</td>
</tr>
<tr>
<td>Working Conditions</td>
<td>31 (62)</td>
<td>19 (38)</td>
</tr>
<tr>
<td>Nurse-Patient Ratio</td>
<td>37 (74)</td>
<td>13 (26)</td>
</tr>
</tbody>
</table>
### Table 7

**Point – Biserial Correlations between 27 Reasons and Demographics**

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Age</th>
<th>Years as RN</th>
<th>Number of Hospital Jobs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relocation</td>
<td>0.10</td>
<td>0.19</td>
<td>0.36*</td>
</tr>
<tr>
<td>Contract Up</td>
<td>-0.02</td>
<td>-0.03</td>
<td>0.24</td>
</tr>
<tr>
<td>Retirement</td>
<td>0.23</td>
<td>-0.03</td>
<td>-0.16</td>
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<td>-0.15</td>
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<tr>
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<td>-0.11</td>
<td>0.35*</td>
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<tr>
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<td>--</td>
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Table 7 Continued

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Note: n=50 * p <.05 ** p <.01
Table 8

**Chi-Square between 27 Reasons and Gender, Marital Status, and Education**

<table>
<thead>
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<th>Reasons</th>
<th>Gender</th>
<th>Marital Status</th>
<th>Education</th>
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<tr>
<td>Contract Up</td>
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<td>0.86</td>
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<td>Physicians</td>
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Table 8 Continued

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Note. N=50. *p<.05
**Table 9**

*Frequency of Education by Return to School*

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<th>Return to School as a Reason</th>
<th>Educational Degree</th>
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<tr>
<td></td>
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</tr>
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<td></td>
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CHAPTER FIVE

DISCUSSION

This chapter will contain a discussion of the study findings and themes as they relate to the current body of knowledge. The theoretical framework will be applied to the study findings. Limitations and assumptions will be discussed as well as implications for nursing. Recommendations for future research and a chapter summary will be included.

Findings

The first research question inquired about demographic characteristics of this sample of Registered Nurses. The findings indicated that most of the participants were female nurses who were either married or divorced. Their average age was 36 years. Slightly more than half of the participants held a baccalaureate nursing degree and worked an average of eight years as a Registered Nurse in Florida hospitals. The average number of hospital jobs held by the RNs was three. Additionally, most of the RNs were employed full-time. The predominant races in this sample were Caucasian, African American, and Hispanic (Tables 1-5).

The second research question examined 27 possible reasons why respondents left Florida hospital jobs. The most frequently chosen reasons were: nurse-patient ratio, wages, working conditions, and workload (Table 6). When participants were asked to list their top three reasons; this RN sample indicated wages, workload and nurse-patient ratio.
The final research question looked at the relationship between the reasons given for leaving and the demographic characteristics of the sample. Significant findings are those that have a positive relationship meaning that an increased frequency in one variable is related to an increased frequency in another variable. In Table 7, those variables that have an asterisk were positively correlated, denoting significance. Findings with a positive relationship were: number of hospitals and relocation, number of hospitals and return to school, number of hospitals, and specialty change, number of hospitals and work schedule. Another positive correlation was: years as a RN and educational needs. Age was not positively correlated with any of the variables.

Chi-square analyses were performed on all the twenty-seven reasons (Table 8). Only one significant finding was found. This was return to school and type of educational degree. Data indicated that those participants who gave return to school as a reason for leaving, already held a baccalaureate degree in nursing, and thus were pursuing graduate degrees or degrees in other fields (Table 9).

**Literature and Findings**

The demographic characteristics in the current study and the statistics on the national sample survey of RNs were compared. In 2000, the national average age of RNs was forty-three years compared to a younger average age of 36 years in the current study. National gender statistics indicated that the RN population was composed of 94% females and 6% males while the current study was 84% female and 16% male.

The national RN sample indicated that the predominant race was Caucasian at 87%. The African American RN population was 5%, and
Hispanics were 4%. In the current study, there were 55% Caucasians, with a greater percentage of African Americans and Hispanics, at 14% and 10% respectively. These results show that there was more diversity in gender and race in the current study compared to the national nursing workforce.

National education statistics showed that percentages of Associate Degree (ADN) prepared nurses was 33% and BSN nurses approximately 40% of the RN population. The educational degree of the current sample showed that 44% percent held an ADN, 52% held a BSN, and 4% held a Master’s Degree in Nursing (MSN). This indicates a higher number with BSN and MSN degrees in this Florida study compared to the national averages. The Diploma degree was not asked in this study, thus comparisons were not possible.

National data indicated that in 2000, approximately 59% of RNs worked full-time while 23% worked part-time and 18% were not working (HRSA, 2001). In the current sample, a higher percentage (78%) worked full-time and 22% percent worked part-time. The national data included “not working” which was not included in this study since participants were recruited from their place of employment.

Within the Florida nursing shortage literature, wages, working conditions, and workload have been identified as reasons for leaving hospital jobs. In the current study, significant reasons identified were consistent with Florida Hospital Association (FHA) with respect to wages and workload. Nurse-patient ratio, the most frequently chosen reason in the current study, was not specifically asked in the FHA surveys.
Nurses in the current study ranked working conditions fourth as a reason to leave their hospital jobs. National data on reasons for changing hospital jobs indicated dissatisfaction with the position, wages, and scheduling as the top three reasons (NEC, 2001). Thus, only wages as a reason was consistent with this study. Additionally, the term working conditions is broad and vague and thus can be interpreted in several ways.

**Theoretical Fit**

The reasons for RN flight from Florida hospital employment can be viewed as external stressors or stimuli, which are impacting hospital nurses' decisions to leave their jobs. Stressors that influence the number of hospital positions a RN has held are related to relocation, return to school, specialty change, work schedule, workload, physicians, and security. Nurse-patient ratio, wages, and workload are the most frequent reasons and possibly fit as the inputs in Roy’s model. These input stimuli are triggering control processes in the RN and stimulate the development of coping mechanisms.

Next, the effectors or modes of adaptation, physiological, self-concept, role function, and interdependence modes are impacted. Outputs will occur as either adaptive or ineffective responses. Adaptive responses may allow the RNs to remain in their jobs while making improvements and providing safe patient care. Adaptive behaviors assist the RN to cope with stimuli related to increased nurse-patient ratio, low wages and increased workload. Leaving a job to change careers or return to school can be viewed as adaptive behavior. Additionally, resigning from a hospital job to prevent burnout or apathy may also be an adaptive behavior.
Age of the RN, an internal stimulus, was not correlated with any of the reasons given for leaving. Thus, external stimuli in the RN hospital work environment seem to have the most impact on RN turnover within Florida hospitals. Maladaptive behavior is occurring whenever a RN leaves a job due to controllable aspects of hospital employment such as nurse patient ratio, wages, workload, and working conditions. Figure 2 depicts the application of Roy’s model to the findings in this study and is located on the following page.
External Stressors
- Relocation
- Return to School
- Specialty Change
- Other Career Opportunities

Regulator System

External Stressors

ADAPTING

Cognator System

Physiological
- Illness
- Stressed
- Fatigue

Self-Concept
- Apathy
- Professional Value
- Burnout
- Low Wages
- Lack of Recognition

Role Function
- Role Stress/Strain
- Change in Position
- Resignation

Interdependence
- Seek Support from Administration
- Improve Communication with Administration/Supervisors/Directors
- Healthy Peer Relationships
- Physician/Nurse Collaboration

OUTPUT (Behaviors)

Adaptive
- Change Jobs to Prevent Apathy and Burnout
- Return to School
- Attempt to Make Improvements in Work Environment

Maladaptive
- Apathy
- Burnout
- Leaving the Job
- Change Career

Internal Stressors
- Nurse Patient Ratio
- Wages
- Workload
- Working Conditions
- Work Schedule
- On-Call Duty
- Non-Nursing Duties
- Lack of Recognition
- Communication with Administration/Supervisors

Figure 2 Application of Roy's Model to Hospital RN Work Environment
Assumptions and Limitations

It was assumed, as stated previously, that the participants answered the interviews truthfully and that inclusion criteria were met. The new privacy laws, specifically those from the Health Information Privacy Portability Act (HIPPA), placed an additional limitation on this study. A personnel audit of RNs who terminated their employment in Florida hospitals was not possible. For this reason, a convenience sample of a local hospital was necessary for completion rather than a survey of other hospitals in the state. Thus, reasons are not generalizable and do not represent all RNs in Florida.

Implications for Practice

The findings of this study indicate several recommendations for improvements in the work environment of Florida hospital RNs: lower and/or mandated nurse-patient ratios, increased hourly wages, decreased RN workloads, and improved working conditions. Improvements in working conditions include: effective and open communication between staff RNs and administrators, empathetic supervisors and directors, professional recognition, better scheduling, and increases in educational programs targeted at RN proficiency skills and clinical procedures.

A degree of accountability is needed at the administrative level to ensure safe nurse-patient ratios. Some states, like California, have passed laws mandating acceptable, safe nurse-patient ratios. Currently, in Florida, individual hospitals make that determination, and it is dependent on current staffing levels.

Respondents in this study suggested an average, acceptable hourly wage to be $32.00. Hourly rates typically depend on years of
employment and years of experience. In Florida, with the current shortage, many hospitals are employing traveling or contract RNs, who usually earn a wage well above the average full-time hospital RN. This, in addition to already low wages, contributes to employee dissatisfaction.

Nursing administration should examine patient care models and consider reorganization, if necessary. Nurturing and recognition of special skills and outstanding job performance of RNs can improve morale and employee satisfaction. Hospital administration may want to create a position for a retention specialist to gather information from exit interviews, and to work with staff on issues contributing to turnover. Improving RN working conditions and workplace environments will help to decrease nursing turnover, and ensure adequate, effective and safe patient care to hospitalized persons in Florida.

**Recommendations for Future Research**

Statewide surveys of hospital nurses’ reasons for leaving would provide a more comprehensive study. Findings of a large-scale study could lead to greater generalizability to the entire population of hospital RNs. Research on a larger scale could be accessed through the use of a list of active state RN licenses and administered via a web site survey. Recommendations for using the government standardized racial categories instead of the open-ended questions used in this studies’ demographic questionnaire would be suggested for future studies of this nature. Additionally, studies aimed at improving problematic areas could be performed, as well as outcome studies to examine the effect of those changes that may already be in effect in some hospitals.
Summary

The findings in this study indicate that this sample of RNs is similar demographically to the national sample of RNs in gender, marital status and race. They differ in average age, with this samples' average being six years younger than the national average age for RNs. The educational degrees differ from the national sample with this sample having more BSN degrees than the national average.

In this study the most frequent reasons given for leaving a hospital RN position were high nurse-patient ratios, low wages, heavy workload, and poor working conditions. The top three reasons given by these RNs were wages, workload and nurse-patient ratios. These findings are consistent with the Florida Hospital Associations data with respect to wages and workload.

Correlation coefficient testing was performed on all twenty-seven reasons for leaving. Positive correlations include: number of hospitals and relocation, number of hospitals and return to school, number of hospitals and specialty change, and number of hospitals and work schedule. Years as a RN and educational needs were also positively correlated. Age was not correlated with any of the reasons given for leaving.

Chi-square testing was performed on the reasons listed on the Post Exit Interview for RNs. Only one significant finding was discovered; return to school and type of degree. Those participants, who selected return to school, generally were BSN prepared nurses.

The framework of Roy's Adaptation model fits this study in regard to the reasons given by RNs for leaving hospital employment. Turnover can be viewed as a maladaptive response to external stimuli in the
hospital RN work environment. Maladaptive responses occur when the ability to cope cannot be effective. Turnover due to controllable reasons for leaving can be conceptualized as maladaptation. Thus, RN flight from Florida hospitals and the reasons RNs leave, such as high nurse-patient ratios, low wages, increased work loads and poor working conditions can be altered to improve adaptation of RNs.

Inability to access personnel records to obtain a large and randomly selected sample was a limitation in this study. Convenience sampling was necessary to obtain the RN sample. This provided a sample size of fifty, which does not allow for generalizability to the entire population of hospital RNs.

Research in this area will increase the awareness and knowledge of the reasons for hospital RN turnover within Florida’s hospitals. Better identification of the reasons nurses leave will facilitate the implementation of effective strategies for retaining RNs in hospital jobs.

Future replication of this study on a comprehensive scale, including statewide interviews accessing all Florida hospital RNs, will provide additional knowledge and perhaps validation of the findings. Research will assist in identifying policy changes that may be needed to increase retention and maintain safe patient care of hospitalized persons in Florida.
APPENDIX A

Demographic Questionnaire
DEMOGRAPHIC QUESTIONNAIRE

Thank-you so much for participating in my study!! By answering the following questions, YOU are contributing to the Nursing profession. Please answer the following questions to provide valuable information about yourself.

DATE: _______

1. What is your current age? ______ YEARS

2. What is your gender? (Check one) _____FEMALE or _____ MALE

3. What is your marital status     _____ MARRIED       _____SEPARATED
   (Check one)                          _____ SINGLE            _____ COHABITATING
   _____ DIVORCED     _____ WIDOWED

4. What is your highest educational degree in Nursing?   ____ ADN
   (Check one)                                                                ____ BSN
                                                                   ____ MSN
                                                                   ____ DSN

5. How many years have you been employed as a RN in Florida hospital? ___YRS.

6. How many Florida hospital jobs have you had since becoming a RN? _____JOBS

7. Are you currently employed as a ____ FULL or _____ PART TIME RN? (Check one)

8. PLEASE describe your RACE: (for example, “Caucasian”) ______________________

9. PLEASE describe your ETHNICITY: (for example, “Hispanic”) ____________________
APPENDIX B

Post Exit Interview for Registered Nurses
POST EXIT INTERVIEW FOR REGISTERED NURSES
Adapted from EIRFNs, 1990, U.S. Department of Health And Human Services

The following questions have been designed to provide information from RNs to improve hospital work environments, wages, working conditions and identify reasons RNs leave Florida hospital employment. PLEASE answer all questions honestly and to the best of your ability. THANK-YOU!!!!!

DATE: _______

A. PLEASE CHECK ALL THE REASONS FOR LEAVING THAT APPLY FROM THE FOLLOWING LIST:

1. _____ RELOCATION
2. _____ CONTRACT UP
3. _____ RETIREMENT
4. _____ RETURN TO SCHOOL
5. _____ ILLNESS OF SELF OR FAMILY
6. _____ WAGES/ BENEFITS
7. _____ CAREER ADVANCEMENT
8. _____ SPECIALITY PRACTICE CHANGE
9. _____ VACATION SCHEDULE
10. _____ SHIFT ROTATIONS
11. _____ WORK SCHEDULE
12. _____ WORK LOAD
13. _____ ON CALL DUTY
14. _____ PERFORMING NON-NURSING DUTIES
15. _____ UNIT DIRECTOR
16. _____ NURSING SUPERVISOR
17. _____ NURSING ADMINISTRATION
18. _____ RELATIONSHIP WITH PEERS
19. _____ PHYSICIANS
20. _____ SECURITY/SAFETY
21. _____ CHILD CARE OBLIGATIONS
22. _____ EDUCATIONAL NEEDS OF FAMILY
23. _____ TERMINATION
24. _____ RESIGNATION
25. _____ LACK OF RECOGNITION/AWARDS
26. _____ WORKING CONDITIONS
27. _____ NURSE-PATIENT RATIO

B. PLEASE IDENTIFY YOUR TOP 3 REASONS FOR LEAVING: 1._______________________

2._______________________

3._______________________
C. Are there any REASONS you left/resigned previous employment as a RN at a Florida hospital that were not addressed in the previous section?

___ YES or
___ NO

If YES then please provide additional information.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

D. What are your GENERAL RECOMMENDATIONS for improvement?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

E. PLEASE INDICATE an acceptable hourly salary for hospital RNs.

_______

F. IS THERE ANYTHING THAT YOU WOULD LIKE TO ADD? ________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

_________________________________________________________________
APPENDIX C

IRB, Human Subjects Application
The Federal Government and University policy require that the use of human subjects in research be monitored by the Institutional Review Board (IRB). The following information must be provided when humans are used in research studies, whether internally funded, extramurally funded or unfunded. Research in which humans are used may not be performed in the absence of IRB approval.

PLEASE COMPLETE AND SUBMIT PAGES 1 AND 2 PLUS YOUR ANSWERS TO THE QUESTIONS (on page 3) IN TYPEWRITTEN FORM TO: HUMAN SUBJECTS COMMITTEE, Mail Code 2763, or
2035 E. Paul Dirac Drive, Box 15
100 Sliger Bldg., Innovation Park
Tallahassee, FL 32310

Researcher: Julia Hickey-Kegan Date: 12/03/04

Project Title: The Nursing Shortage and Reasons for RN Flight from Florida Hospitals

Project Period (starting/ending dates): 12/10/04 - 12/09/05

Position in University (faculty, etc.) If student, please indicate FSU Faculty Advisor:
Graduate Student, Dr. Laurie Grubbs, Phd

Department: Florida State University School of Nursing

Telephone: (850) 321-8915 E-Mail Address: jkh8960@garnet.acns.fsu.edu
(where you can be reached in case of a problem with your application)

Mailing Address (where your approval will be mailed):
2015 Sunny Dale Drive Tallahassee, FL 32312

Project is (please check one): dissertation teaching X thesis other

Project is: X unfunded funded (if funded, please complete the following):

Funding Agency (actual/potential): 1. ____________________________ 2. ____________________________

Contract/Grant No. (if applicable): ____________________________

FOR EVALUATION OF YOUR PROJECT, PLEASE CHECK THE FOLLOWING WHICH APPLY:

☐ Mentally or Physically Challenged Subjects
☐ Children or Minor Subjects (under 18 years old)
☐ Prisoners, Parolees or Incarcerated Subjects
☐ Filming, Video or Audio Recording of Subjects
☐ Questionnaires or Survey(s) to be administered
☐ Review of Data Banks, Archives or Medical Records
☐ Subjects' major language is not English
☐ Involves Deception (if yes, fully describe at Question No. 7)
☐ Exclusion of Women or Children Subjects (must explain why they are being excluded)

Subjects studied at FSU X
Subjects studied at non-FSU location(s)
Students as Subjects
Employees as Subjects
Pregnant Subjects
Fetal, placental or surgical pathology tissue(s)
Involves Blood Samples (fingerpricks/venipuncture, etc.
Subjects to be paid
Oral History Project

This document is available in alternative format upon request by calling (904) 644-8000
Page 1
Survey Techniques: Check applicable category if the only involvement of human subjects will be in one or more of the following categories:

- Research on normal educational processes in commonly accepted educational settings
- Research involving educational tests (cognitive, diagnostic, aptitude, achievement)
- Research involving survey or interview procedures (if checked, please see below)
- Research involving the collection or study of existing data, documents, records, specimens

If research involves use of survey or interview procedures to be performed, indicate:

1. Responses will be recorded in such a manner that human subjects cannot be identified, by persons other than the researcher, either directly or through identifiers linked to the subject.  X yes  no

2. Would subject’s responses, if they became known outside the research, reasonably place the subject at risk of criminal or civil liability or be damaging to the subject’s financial standing or employability.  yes  X no

3. The research deals with sensitive aspects of the subject’s own behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol.  yes  X no

Does Research Involve Greater Than Minimal Risk to Human Subjects?  Yes  X No

*Minimal Risk* means the risks of harm anticipated in the proposed research are not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

I HAVE READ THE FLORIDA STATE LETTER OF ASSURANCE FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH AND AGREE TO ABIDE BY IT. I ALSO AGREE TO REPORT ANY SIGNIFICANT AND RELEVANT CHANGES IN PROCEDURES AND INSTRUMENTS AS THEY RELATE TO SUBJECTS TO THE CHAIR, HUMAN SUBJECTS COMMITTEE, OFFICE OF RESEARCH.

Julia Easley-Kelton
12/9/04

RESEARCHER (signature)  (Date)

[Signature]
12/9/04

FSU FACULTY ADVISOR (signature)  (Date)

(Application will not be processed without Advisor’s signature)

Page 2  Human Subjects Application (rev. 11-00)
IRB Questions

1. GIVE A COMPLETE DESCRIPTION OF YOUR RESEARCH PROCEDURES AS THEY RELATE TO THE USE OF HUMAN SUBJECTS.

In this study the ethical considerations of research and the principles of the Nuremberg code were adhered to for the protection of human subjects. Interested participants will be informed about the study’s title, researcher’s name, phone number to call for questions and the risks /benefits associated with participating in this study. Informed consent letters will be obtained prior to participation and the participant can stop the interview process at any time. The researcher will separate all informed consent letters from the participants’ responses and code each completed demographic questionnaire and post exit interview numerically. There will be no sharing of individual responses and all data results will be reported in aggregate form. All data will be stored in a locked box at SunTrust Bank until January 23, 2010 and then destroyed by the researcher. The findings of this study will be available to participants upon request.

2. HAVE THE RISKS INVOLVED BEEN MINIMIZED AND ARE THEY REASONABLE IN RELATION TO ANTICIPATED BENEFITS OF THE RESEARCH, IF ANY, TO THE SUBJECTS AND THE IMPORTANCE OF THE KNOWLEDGE THAT MAY REASONABLY BE EXPECTED TO RESULT? WHAT PROVISIONS HAVE BEEN MADE TO INSURE THAT APPROPRIATE FACILITIES AND PROFESSIONAL ATTENTION NECESSARY FOR THE HEALTH AND SAFETY OF THE SUBJECTS ARE AVAILABLE AND WILL BE UTILIZED?

There are no inherent risks involved in completing questionnaires. The importance of the knowledge gained about the reasons RNs give for leaving Florida hospitals is explained on the informed consent letter. The researchers’ name, voice and e-mail contacts are located on both the recruitment posters and the informed consent letters. Additionally participants are asked to call if they have any concerns or questions about participating in this study. They are informed that if they experience any emotional discomfort after answering the questionnaires, the researcher will be available to talk to them.

3. DESCRIBE PROCEDURES TO BE USED TO OBTAIN INFORMED CONSENT.

The researcher will read the cover letters to the participants that are being interviewed via phone and those participants being interviewed via mail will receive the cover letter as the first sheet in the interview packets.

ALSO, PLEASE ANSWER THE FOLLOWING:

(A) WHO WILL BE OBTAINING INFORMED CONSENT?

The researcher will obtain informed consent either by reading or sending the cover letter to each participant.

(B) WHEN WILL THE SUBJECTS BE ASKED TO PARTICIPATE AND SIGN THE CONSENT FORM?

The subjects will be asked to participate when the recruitment posters are placed in nurses’ break rooms. Interested participants will complete an index card (giving their contact information) and place it in a sealed box next to the recruitment poster. Prospective participants who indicate that they prefer a phone interview will be contacted by the researcher and then read the cover letter. The completing of the phone interview will imply the giving of informed consent. Those participants that indicate they prefer a mail interview will be mailed the cover letter to read and returning the interview with completed responses will imply the giving of informed consent to the researcher.
(C) IN USING CHILDREN, HOW WILL THEIR ASSENT BE OBTAINED? ("Assent" is an additional requirement. Please see attached sample regarding this procedure.) There are no subjects under 18 years of age.

4. DESCRIBE HOW POTENTIAL SUBJECTS FOR THE RESEARCH PROJECT WILL BE RECRUITED.

Potential subjects will be recruited by the researcher by placing informative recruitment posters in the nurses' break rooms at a hospital located within the Panhandle area of Florida. The flyer on the poster will instruct RNs who have left a Florida hospital job between June 1, 2002- June 30, 2004, and who are interested in participating to complete an index card. Information on the index cards will include: names, addresses, phone numbers and whether they prefer a phone or mail interview.

5. WILL CONFIDENTIALITY OF ALL SUBJECTS BE MAINTAINED? HOW WILL THIS BE ACCOMPLISHED? PLEASE ALSO SPECIFY WHAT WILL BE DONE WITH ALL AUDIO AND/OR VISUAL RECORDINGS, IF APPLICABLE, PICTURES AND PERSONAL DOCUMENTATION OF SUBJECTS BOTH DURING AND AFTER COMPLETION OF THE RESEARCH.

Subjects' confidentiality will be maintained to the fullest extent allowed by law. There will be no identifying information requested on either the demographic or post exit interview questionnaires. These questionnaires will be coded numerically only. Signed informed consents as well as those obtained via phone will be separated from responses and stored in a separate locked box. There will be no audio or visual recordings made during the interviews. There will be no pictures or personal documentation of any subjects.

6. IS THE RESEARCH AREA CONTROVERSIAL AND IS THERE A POSSIBILITY YOUR PROJECT WILL GENERATE PUBLIC CONCERN? IF SO, PLEASE EXPLAIN.

The research area does not seem to be controversial however it may produce public concern over hospital employment issues and reasons RNs leave these jobs.

7. DESCRIBE THE PROCEDURE TO BE USED FOR SUBJECT DEBRIEFING AT THE END OF THE PROJECT. IF YOU DO NOT INTEND TO PROVIDE DEBRIEFING, PLEASE EXPLAIN. Page 3 Human Subjects Application (rev. 8/96)

Subject debriefing will include active listening and answering of any concerns or questions that subjects may have after completion of the interview process. Debriefing will be done only when a subject requests it. Results of the study will be given to participants upon request.
Resubmission of IRB Question #1 Answer.

1. After submitting a research proposal and obtaining approval from the participating hospitals' Human Resource Director to perform an in-hospital recruitment plan to solicit subjects to participate in this study, this researcher will place recruitment posters in the nurses’ break rooms throughout the hospital. The posters will inform interested RNs about the study, including the title of the research; the phone number and e-mail address of the researcher and the name of the University and school were this study is an academic requirement. Eligibility criteria will also be printed on the recruitment poster, which will include RNs who hold an active Florida RN license, are between 18-65 years of age, and who have left a Florida hospital job between June 01, 2002 and June 30, 2004.

Next, interested subjects will be asked to fill out an index card and place it into a sealed legal envelope attached to the poster. Information on the index cards will include: subjects' name, address, phone number and whether they would prefer a mail or phone interview. The researcher will check and obtain the index cards twice weekly. The interview packets will include a cover letter, a demographic questionnaire, and a post exit interview for RNs adapted from the U.S. Department of Health and Human Services, Exit Interview for Registered Nurses, 1990.

The researcher will then contact these volunteer subjects to arrange a mail or phone interview. Phone interviews will involve the researcher reading the cover letter to the participants and mail interviews will have the cover letter included as the first page in the interview packet. The completion of an interview packet implies the giving of informed consent to the researcher. Subjects’ questions will be answered prior to administering the interviews. All responses will be separated and coded numerically without identifying information about the subjects. Data will be analyzed using a software package for statistics, SPSS. Paper and electronic data sheets will be generated and reported in aggregate form only. There will be no sharing of individual responses and subjects will be given assurances that response will be kept confidential to the fullest extent allowed by law.
APPENDIX D

IRB, Human Subjects Approval
Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2763
(850) 644-6973 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 1/14/2005

To: Julia Hickey-Keegan
2015 Sunny Dale Dr.
Tallahassee, FL 32312

Dept.: NURSING

From: John Tomkowiak, Chair

Re: Use of Human Subjects in Research
The Nursing Shortage and Reasons for RN Flight from Florida Hospitals

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Exempt per 45 CFR § 46.101(b) 2 and has been approved by an accelerated review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If the project has not been completed by 1/13/2006 you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

Cc: Laurie Grubbs
HSC No. 2004.988
APPENDIX E

Recruitment Poster Flyer
RNS NEEDED:

To participate in a FSU Nursing Thesis on REASONS RNs LEAVE FLA. HOSPITALS

By Julia Hickey-Keegan, RN, BSN
MSN CANDIDATE FSU SCHOOL OF NURSING
850-321-8915 voice mail
jkh8960@garnet.acns.fsu.edu
PLEASE call if any questions
Thanks for your help!

If you or anyone you know has LEFT a Fla. Hospital RN job between June 1, 2002 and June 30, 2004, PLEASE complete an index card and drop it in the envelope which is attached to this poster.

Mail surveys and/or phone interviews will be provided.
Informed consent and confidentiality will be maintained,
There will be no sharing of responses or names of participants.
APPENDIX F

Informed Consent Letter
INFORMED CONSENT LETTER

I freely and voluntarily and without element of force or coercion, consent to be a participant in the research project entitled "The Nursing Shortage and Reasons for RN Flight from Florida Hospitals". The research is being conducted by Julia Hickey-Koogan, RN, who is a graduate student in the School of Nursing at Florida State University. This descriptive investigation is being conducted in partial fulfillment for a Master of Science in Nursing. I understand the purpose of this research is to identify reasons former Florida hospital RNs give for leaving Florida hospitals during the past 2 years. Currently employed nurses who have left a hospital RN job in the past 2 years will be asked to fill out an index card providing contact information for the researcher in order to set up an interview. The interview will consist of demographic questions and a post exit questionnaire for Registered Nurses from the United States Department of Health and Human Services. I understand that if I participate in the project, I will be asked questions about my reasons for leaving past employment in Florida hospital(s) as well as general information about myself.

I understand I will be asked to fill out or respond via phone or mail survey to the Demographic and Post Exit Interview Questionnaire. The total time commitment necessary to complete the interview is approximately 30 minutes. As a participant, I am aware that I will not receive any monetary or professional compensation for my participation in this interview.

I understand my participation is totally voluntary and I may stop participation at any time. All answers to the questions will be kept confidential to the fullest extent allowed by law and identified only by a subject code number. My name will not appear on any of the results. No individual responses will be reported, and all findings will be reported as group data. The researcher will store raw data in a safe deposit box until January 23, 2010 at which time it will be destroyed.

I understand there is a possibility of a minimal risk involved if I agree to participate in this study. I might experience anxiety when thinking about my past, present, or future employment and working conditions. The researcher will be able to talk with me about any emotional discomfort I may experience from being interviewed and she will answer any questions I may have regarding this study. I also understand that I may stop the interview process at any time. I understand there are benefits for participating in this research project. I will be providing health care professionals with valuable insight into hospital working conditions and the reasons health care professionals leave hospital RN employment. This knowledge can assist hospitals to institute better retention strategies and improved working conditions for RNs and future nursing professionals.

I understand that this consent may be withdrawn at any time without prejudice, penalty, or notification. I have been given the right to ask questions and receive feedback from this researcher. Questions, if any, have been answered to my satisfaction.

I understand that I may contact the researcher, Julia Hickey-Koogan at (850) 321-8915, e-mail: jhickey@ufl.edu, or the Thesis Chair, Dr. Laurie Grubbs Ph.D., ARNP, Florida State University, School of Nursing, at (850) 644-5363, email: lgrubbs@nursing.fsu.edu for answers to questions about this research or my rights. I also understand that I may contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice President for the Office of Research at (850) 644-6633, if I have any questions about my rights as a subject/participant in this research. Research abstracts of this study findings are available upon request.

I have read and understand this consent form and agree to participate in the study.

Date: ___________________________  Participant Signature
THANK-YOU!!!!!!
REFERENCES


Florida Hospital Association (FHA). (2001b, November). *Florida’s nursing shortage: It is here and it is getting worse*. FHA study on nurse health staffing issues in Florida (pp. 2, 3, 6-8). Tallahassee, FL: Author.


PROFESSIONAL OBJECTIVE:

To provide caring, competent, interactive and safe patient-care and to foster patient/family empowerment as an advanced nurse practitioner.

PROFESSIONAL EDUCATION:

Florida State University
M.S.N., Family Nurse Practitioner, April 2005

Florida State University
B.S.N., April 1983

PROFESSIONAL EXPERIENCE:

June 30, 2003 – Present. Capital Regional Medical Center
Staff RN, PCU

Critical care staff R.N. working float in ICU, PCU, CCU, PACU and charge relief.

Skilled nursing care in the home, office nursing, and intensive care unit staffing

May 1983 – July 1985. Tallahassee Memorial Regional Medical Center
Neurological Intensive Care Unit, Staff R.N.

Pharmacist Assistant and Cashier Manager.

PROFESSIONAL LICENSURE AND CERTIFICATION:

Florida Licensed Registered Nurse, #1466782.
Basic and Advanced Life Support Certified.
Malpractice insured.
Family Nurse Practitioner License Pending

PROFESSIONAL ACTIVITIES:

Sigma Theta Tau International, Inc. (Nursing Honor Society)
Florida Nurses Association member
Human Rights Advocacy Committee; Medical Professional for Florida State Hospital, 1985
Florida State University Alumni

REFERENCES AVAILABLE UPON REQUEST