Abstract

Rising rates of nurse turnover affect patient outcomes, safety, and satisfaction. Job satisfaction influences turnover. Flexible scheduling can increase job satisfaction and nurse retention. This study evaluated the effect of self-scheduling on nurses’ satisfaction and intent to stay. The findings provide the basis for future research into nurse satisfaction and attrition.

Background

• Globally, there is an extensive nursing shortage.
• By the year 2022, the Bureau of Labor Statistics predicts nursing will have one of the largest occupational growths of 19%.
• 37% of nurses are looking to change jobs within the first year, and 13% have changed.
• 19% of all absenteeism in nursing is related to family and personal responsibilities vs. illness or disability.
• Lack of job satisfaction within work environment is one of many causes of nurse turnover.
• Increased nurse involvement on the unit has been correlated with commitment to job.
• Flexible scheduling leads to workplace satisfaction.

Purpose

• The purpose of this project was to evaluate the effect of nurse-developed, or self-scheduling, on nurse retention in the acute care healthcare setting.
• To improve nurses’ intent to stay with the use of self-scheduling.

Setting and Population

• Study setting - A 235 bed acute-care facility in the Southeastern United States.
• Three different patient care areas were utilized. A 16-bed medical-surgical floor, a 7-bed surgical intensive care unit, and a 7-bed medical intensive care unit.
• Study population - Staff nurses employed in the three nursing units at the acute-care facility.
• There was a mix of Registered Nurses with Associate and Baccalaureate level education.
• The total available staff nurses were 43.
• 27 full-time weekday
• 16 weekend-option workers

Tool

• McCluskey/Mueller Satisfaction Scale (MMSS)
• Scored using a 5 point Likert Scale
• Utilized 2 subscales
• Satisfaction with Scheduling
• Satisfaction with balance of family and work
• Validity and Reliability
• Cronbach’s alpha 0.52-0.84
• Construct validity displayed positive correlations for all relationships
• Additional Questions
• Demographics
• Primary shift
• Years of experience as a nurse
• Intent to leave

Procedures

• Information distributed to nursing staff a month prior
• Informed Consent
• MMSS and Demographic Questionnaire
• Confidentiality and Anonymity maintained
• Four digit number chosen by participants
• Envelopes and container provided
• Self-scheduling process
• Participating staff had 10 days to complete a handwritten schedule
• Followed set guidelines for holiday, weekend and hours per week requirements
• 1 calendar month schedule
• Schedule placed in ScheduleAnywhere® by managers
• Manager developed schedule for nurses not participating

Findings

One of the acute care units experienced a change in leadership immediately prior to the pre-intervention data collection. Anecdotally, the change in leadership brought a change in management style, communication techniques, and overall morale of the unit. The abrupt change in leadership style, from the previous manager to current, unfortunately led to an increase in nurse turnover. Due to this loss in nursing staff, and a requirement for remaining nurses to increase shifts worked, a decline in staff satisfaction was noted. There was no statistical significance noted between intent to leave and flexibility in scheduling. Clinical significance was noted that participants stated they were moderately to very satisfied, but still have intentions to leave the organization.

Implications for Practice Change & Sustainability

• Many factors influence intent to stay
• Work environment satisfaction is a recurrent factor
• No evidence noted on how to retain the younger nurse
• Frequent turnover can cause
• Excessive cost to facility
• Adverse patient outcomes
• No indication that the facility will continue with self-scheduling, as there was no evidence to implement change or sustain a change

References


Improving Nurse Retention in the Acute Care Setting
Brittney Armstrong, DNP, RN; Shellye Vardaman, PhD, RN-BC, CNE; Stephanie Lewis, PhD, RN, CNE
Troy University