ORIGINAL ARTICLE

Understanding the factors which promote registered nurses' intent to stay in emergency and critical care areas

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Aims and Objective: To explore the influential factors and strategies that promote an experienced nurse's intent to stay in their emergency or critical care area.

Background: Turnover among registered nurses (herein referred to as nurses) working in specialty areas of practice can result in a range of negative outcomes. The retention of specialty nurses at the unit level has important implications for hospital and health systems. These implications include lost knowledge and experience which may in turn impact staff performance levels, patient outcomes, hiring, orientating, development of clinical competence and other aspects of organizational performance.

Design: This qualitative study used an interpretive descriptive design to understand nurses' perceptions of the current factors and strategies that promote them staying in emergency or critical care settings for two or more years.

Methods: Focus groups were conducted with 13 emergency and critical care nurses. Data analysis involved thematic analysis that evolved from codes to categories to themes.

Results: Four themes were identified: leadership, interprofessional relationships, job fit and practice environment. In addition, the ideas of feeling valued, respected and acknowledged were woven throughout.

Conclusions: Factors often associated with nurse attrition such as burnout and job stresses were not emphasised by the respondents in our study as critical to their intent to stay in their area of practice. This study has highlighted positive aspects that motivate nurses to stay in their specialty areas.

Relevance to clinical practice: To ensure quality care for patients, retention of experienced emergency and critical care nurses is essential to maintaining specialty expertise in these practice settings.

KEYWORDS
critical care, emergency, focus groups, interpretive research, nurse–physician relationships, registered nurse, specialist nursing, teamwork

1 | INTRODUCTION

In an era of nursing shortages, the retention of specialty nurses at the unit level has important implications for hospital and health systems. These implications include lost knowledge and experience which may in turn impact performance levels of other members of the healthcare team, nurses' development of clinical competence, patient quality and safety outcomes, quality of the work environment, increased orientation costs and other aspects of organizational performance. The direct financial cost incurred due to losing and replacing a bedside nurse is significant; some sources cite the financial cost per individual at approximately $40,000 or greater (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010). In many jurisdictions, nurses may receive postlicensure education through accredited academic programmes, often paid for by their employers, and costing millions of dollars annually. Other nurses gain expert knowledge about these areas of practice by learning on the job. With such an investment, employers hope to retain specialty educated nurses and minimize voluntary turnover. Yet, despite the investment in this education and training, turnover remains high (O'Brien-Pallas et al., 2010; Sawatzky & Enns, 2012; Sawatzky, Enns, & Legare, 2015). Strategies developed to promote retention may be ineffective without a clear understanding of the reasons why nurses stay. In this study, we present the findings of a qualitative study undertaken to understand the factors and strategies that promote nurses staying in specialty areas.

2 | BACKGROUND AND LITERATURE REVIEW

Over the past several decades, much of the literature on nursing retention has focused on the concept of voluntary turnover and the impact on patient care, the individual nursing unit and healthcare organization (Galletta, Portoghese, Battistelli, & Leiter, 2012; Heinen et al., 2013; O'Brien-Pallas et al., 2010; Price & Mueller, 1981). Very little literature has been published about the reasons why nurses actually stay in their area of practice, with limited literature focused on their intent to stay.

The literature on nursing turnover comes from the perspective of how to stop people from voluntarily leaving their jobs. Hayes et al. (2012) define voluntary turnover as nurses deciding to leave their area of practice, their organization or the profession itself. Exploration around this topic has shown that turnover is a multifactorial process that involves nursing leadership, nurses' work relationships with others, unit characteristics and perceptions of the practice environment as well as issues related to burnout and job stress (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012; Dawson, Stasa, Roche, Homer, & Duffield, 2014; Galletta et al., 2012; Hayward, Bungay, Wolff, & MacDonald, 2016). This literature predominantly examines the predictors of turnover in a variety of nursing units, focusing on the factors that influenced

What does this article contribute to the wider global clinical community?

- While much of the recent literature on nurse retention focus on burnout and job stress, our study suggests that positive factors, such as effective leadership, interprofessional teamwork, mentorship of new nurses and nature of the work in emergency and critical care settings, may offset the negative aspects of a practice environment and thus support a nurses' intent to stay.
- Nurses stay at work because they feel valued, respected and acknowledged by their colleagues and leaders that comprise the interprofessional team. Our study with specialty nurses highlights in particular their unique camaraderie with physicians.
- Clinical leaders who communicate clearly, build teams and engage and empower their nurses through shared decision-making influence nurses' intent to stay.

the nurse's reasons for leaving their area of practice. However, it is not clear whether the factors that influence the nurse's voluntary turnover are the same as the factors that influence their staying.

We found only a few studies that focused on intent to stay. Intent to stay is defined as a nurse's decision to stay in their area of practice or profession (McGilton, Tourangeau, Kavcic, & Wodchis, 2013). In a descriptive study using focus groups, a number of determinants were found that influenced a nurse's intent to stay (Tournageau, Cummings, Cranley, Ferron, & Harvey, 2010). These determinants included: personal characteristics, relationships with colleagues, managers and patients as well as organizational support and practices. This study focused on multigenerational nurses working in generalized areas of practice. Another study examining intent to stay surveyed nurses working in long-term care homes and found similar results (McGilton et al., 2013). Liu and Liu (2016) and Mrayyan (2009) conducted survey-based studies examining intent to stay in nonspecialty nurses who had been practising for a year or less and found perceived organizational culture, job satisfaction and leadership support as influencing factors. Most of the existing literature concerning both turnover and intent to stay focused on newer nurses working in generalized practice areas. In our literature search, we found no literature focusing on intent to stay in experienced nurses working in specialty areas of practice, specifically emergency or critical care.

Thus, although a large body of literature focuses on nurses' reasons for leaving their area of practice, very few studies explore nurses' intent to stay. Those that did focus on staying identified common influential factors (e.g., collegial and manager relationships, organizational culture and leadership) and made recommendations for retention strategies. However, it is unclear whether these strategies are generalizable to the emergency and critical care nursing

population. A gap exists in the literature concerning nurses with greater than 2 years' experience who work in emergency or critical care areas. Research focused in this area is needed to build on the current evidence and identify factors and recommendations for strategies that have a greater impact on retaining experienced nurses in emergency and critical care.

2.1 | Study aim

The primary aim of this study was to explore the influential factors and strategies that promote an experienced nurse's intent to stay in their emergency or critical care area.

3 | METHOD

This study was conducted in a large metropolitan area in Western Canada serving approximately 1.6 million people and comprised of 12 acute care facilities.

3.1 | Design and sample

Aligned with the study aim, we used a qualitative interpretive descriptive design (Thorne, 2016; Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004) that involved focus groups. Interpretive description is an inductive approach to articulating patterns and themes of relevance to various clinical phenomena, and thus was well suited to our interest in understanding individuals' experiences regarding the factors and strategies that promote the retention of specialty educated nurses. Purposive sampling, which is typical for this type of design, was used.

A sample of nurses with two or more years of experience working within the same emergency department (ED) or intensive care unit (ICU) was invited to participate in the focus groups. Two or more consecutive years of experience was selected as inclusion criteria because it demonstrated the nurse was immersed in the practice setting and stayed. Nurses who worked as clinical instructors in an academic institution offering emergency nursing or critical care nursing specialty education programmes were excluded. The participants were recruited over a 6-week period using an email and poster campaign. Participants who expressed interest and met the inclusion criteria (i.e., worked in the same location for two or more consecutive years, worked a minimum of eight shifts per month and demonstrated completion postlicensure specialty education) were provided information and invited to participate. All participants received a nominal token of appreciation. Interpretive description relies on thick description rather than data saturation (Thorne, 2016), and the final sample of 13 nurses provided this type of rich description. Thorne (2016) explains that with interpretive description, even a relatively small sample size can provide sufficient data, particularly when the participants are close to the phenomenon.

The final sample (N = 13) had participants from both large tertiary hospitals (n = 6) and smaller community hospitals (n = 7) and included 10 nurses from emergency, two from critical care and one who worked in both areas. Eight participants had worked more than 5 years in the same department. Participants ranged in age from 31–63 years. All received their nursing education in Canada. Years of nursing experience ranged from 3–32 years. Years of experience in either ED or ICU ranged from 2–15 years.

3.2 | Data collection and Analytic strategy

Focus groups were selected as the most feasible strategy to gather rich data from a variety of nurses across a large geographical area given their common interest in the topic. A semistructured focus group guide was used by the same researcher, with experience conducting focus groups, to facilitate three focus groups, each with four to five participants, during October 2014. Questions were generated by the research team based on the research questions, the literature review and the team's expertise (Thorne, 2016). (Examples of questions: What factors promote you to continue working in the same department? Were there any unit/employer strategies that influenced you to stay in your department?)

Focus groups lasted approximately 90 min, were audiotaped and later transcribed verbatim. Other researchers acted in supportive roles (e.g., completing field notes or coordination). The field notes described impressions, observations and description of group dynamics.

In keeping with interpretative descriptive design, focus group transcripts were read, reviewed and coded by the research team. A codebook was generated jointly with the research team each assigning codes to discrete meaning units of text and then comparing and discussing the codes to achieve consensus. Definitions were written for each code and each transcript was coded by the team, with the support of a qualitative data analysis software program NVivo™. Once the coding was completed, patterns and emerging categories were identified. From these categories, broader themes were derived. Throughout this process, research team discussion occurred to ensure coding consistency.

3.3 | Ethical considerations and scientific quality

The study received ethics approval to meet the Canadian Tri-Council Policy Statement on the ethical conduct for research involving humans (Canadian Institute of Health Research 2010). Participants signed an informed consent prior to participating and were reminded of the importance of confidentiality of the information shared during the focus groups. The researchers facilitating the focus group sessions had no prior affiliation or direct reporting relationship with the participants. In keeping with the method of interpretive description (Thorne, 2016), scientific quality was assured through reflexivity (e.g., field notes), triangulation (e.g., data collected from different settings, and a research team engaged in the analysis) and auditability (e.g., maintaining a detailed research log).

4 | RESULTS

Analysis of the data revealed the interconnected influences as to why nurses working in specialty areas stay in their current positions, namely in emergency and critical care. These influences about nurses' intent to stay were clustered into four main themes (see Figure 1): leadership, interprofessional relationships, the practice environment and personal lifestyle/job fit. In addition to these four themes, the ideas of being valued, respected and acknowledged were woven throughout.

4.1 | Leadership

Many of the reasons participants remained in their current positions were directly related to the traits of the leaders in their unit. These unit leaders were typically managers, clinical nurse educators and charge nurses. Specific traits in these leaders valued by the participants included being accessible, being actively involved in the unit and communicating clearly.

The trait of accessibility encompassed being readily available to staff and present in the unit. Participants cited various examples related to the unit manager's accessibility: having an open door policy, being visible and available and acknowledging staff by name. One participant described, *"being able to knock on a door and have somebody open it and say, "What can I do for you?" is a big thing."* (FG# 1 P#2 ED nurse). Another participant stated: *"She (sic… manager) would be in the department every morning. She knew everyone by name. She would… talk to us… if it was crazy in the department, she would be right down there pushing stretchers… she was completely present"* (FG# 2 P# 8 ED nurse). Such accessibility was important

FIGURE 1 Four themes about nurses' intent to stay

enough to be cited as reason why a nurse would choose to stay on a unit.

Participants also wanted managers to be fully engaged in their units, to deal with issues and conflicts in a timely manner and be open to giving and receiving feedback. Participants appreciated managers who were engaged proactively by setting clear expectations in their units while focusing on improvements and resolving issues. Others highlighted the importance of managers who worked collaboratively, were open to new ideas and were responsive to concerns. In addition, unit managers who held staff accountable for performance issues were valued for being consistently firm but fair. One participant stated, *"You can't say yes to everybody… it causes more conflict… you also need to be fair in that position"* (FG#3 P#10 ICU nurse). Giving regular feedback, in the moment or through regular performance appraisals, was highlighted as important by participants in all three focus groups. A manager who was flexible with scheduling was also highly valued, as reflected in this quote: *"Our manager's been very flexible and accommodating as much as possible so I was able to get part-time {work} and that influenced my decision to stay"* (FG#3 P#11 ED Nurse).

Clear communication was another valued leadership trait of managers, educators and charge nurses. Participants appreciated being informed of key initiatives with opportunities to openly share ideas and concerns. Face-to-face communication through regular staff meetings and unit huddles was valued. In addition, listening skills were discussed as central aspects in clear communication. One participant described her manager as being, *"always open for any concern …. she may not grant the request, but she'll hear you out which is… better than not having an open forum"* (FG#3 P#3 ED nurse). Sending emails and newsletters were noted as additional ways of sharing information.

Embedded within participant comments about unit leadership was enacting various behaviours that conveyed a sense of being valued, respected and acknowledged. Participants observed that their leaders needed to take the time to build relationships. Through building relationships, participants were valued and supported both as an employee and as a person. One participant described how their director had reached out while she was going through a difficult experience to ensure she was okay and stated, *"It's part of my personal life that they've taken care of. It's not just my nursing"* (FG#3 P#2 ED nurse). Another participant appreciated that their manager called everyone by name, and stated, *"You need to make people feel like a person and not just a staff member"* (FG#1 P#1 ICU/ED nurse). In summary, effective leadership was an important factor, specifically the leader being accessible, actively involved in the unit, and communicating clearly. A leader's traits of being accessible, engaged and communicating clearly resulted in nurses feeling valued, respected and acknowledged.

4.2 | Interprofessional relationships

The concepts of feeling valued, respected and acknowledged were also evident when participants spoke of their relationships with their
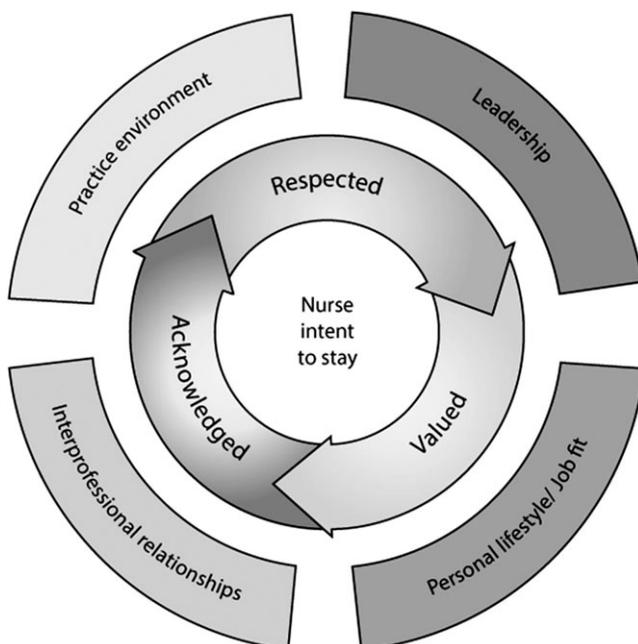
nursing and physician colleagues. A number of participants stated the importance of welcoming new staff to their unit and calling individuals by first name. Participants decided to stay in their unit when they were trusted and respected by their colleagues, especially senior nurses and physicians. Respect was articulated as feeling listened to and appreciated for their individual strengths and abilities that contributed to the functioning of the team making participants feel wanted and needed. As such, relationships created a place of work where nurses wanted to stay.

To gain respect of their nursing colleagues, participants spoke about the relationships that were necessary in the provision of care. Relationships with physicians were especially highlighted as unique in both the emergency and critical care settings. Participants stated they worked more closely with their physician partners as compared to other areas of the hospital and therefore experienced a sense of camaraderie. One participant commented, *"having worked on the wards and having worked in the unit (sic… ICU)… you're trusted more by your physicians… you're listened to more often than on the wards, which is a big thing"* (FG#2 P#6 ICU nurse). Participants were on a first name basis with physicians and saw them as an integral member of the team rather than someone who just provided orders and directives.

In addition to the camaraderie experienced with their physician colleagues, the participants also expressed the importance of other social connections with their nursing peers. Participants valued building friendships, being able to share a sense of humour and laughing with one another. The ability to connect outside of the workplace, to celebrate birthdays and achievements, was also valued. One person commented: *"Everyone at work, all they ask me is 'why do you travel so far just to get here?' But it's just because of everyone that I work with…. I know everybody and we go hang out on our days off. It's definitely very personal"* (FG#2 P#5 ED nurse). By having collegial relationships with the people nurses worked with, they were more likely to stay in their current place of work.

4.3 | Practice environment

The nature of the practice environment in the emergency and critical care settings was described by many participants as a third factor as to why they stayed. A number of different attributes of the specialty practice environments that participants cited as being important included: the nature of the work, mentorship and teamwork. ED participants liked the fast pace and the continuous variation in the work. ICU participants enjoyed the intensity of the work and ability to focus their time on the care of one critically ill patient. Participants in both areas valued the challenge of the work environment, their autonomy and ability to use advanced knowledge and competencies. One participant stated, *"The reason why I stay is…you're constantly reviewing and having to think and keep two steps ahead"* (FG#1 P#2 ED nurse).

Participants described the experience of being a mentor as leading by example, or teaching new nurses valuable skills in order for them to go on and succeed. Mentorship was viewed as a priority over other aspects of their work. A number of participants described their value of being a mentor by stating, *"I feel like I have a lot to offer"* and *[sic…mentorship] is where I get self-worth in my job"* (FG#1 P#2 ED nurse).

Teamwork was articulated as a strong theme in all focus groups. Participants described how their work was not done in isolation and the importance of supporting each other to ensure all work was completed. Trust and the ability to rely on your team members to be competent impacted participants' quality of life at work. Many participants spent a great deal of time at work, and one participant summarised this by saying: *"Health care is a team sport. You don't go through a really critical event by yourself"* (FG#2 P#5 ED nurse). The participants' comments revealed the importance of a practice environment where individuals were valued, respected and acknowledged in such a way that they wanted to continue working in that particular unit.

4.4 | Personal lifestyle/Job fit

In addition to leadership, interprofessional relationships and the practice environment, participants described personal reasons for staying which included job fit and lifestyle considerations. Job fit relates to nature of the work as described above, but also to the type of hospital (tertiary or community) where the participants worked. Some participants stated that they work in the smaller hospitals because they enjoyed the sense of community and the patient population in smaller hospitals, while others enjoyed the complexity and acuity at the larger tertiary hospitals. One participant from a smaller site stated: *"it's a nice variety without all the chaos of a tertiary hospital."* (FG#2 P#8 ED nurse). Lifestyle considerations for wanting to stay at their place of employment included proximity to home and maintaining work/life balance due to a flexible work schedule. Flexible scheduling was described by many participants as having a choice in part-time versus full-time work; the number of night shifts in their schedules, as well as their manager's support to change shifts so that they could attend social or family functions. Overall, a participant's personal lifestyle/job fit was described as influencing nurses' intent to stay. Taken together, the four themes of leadership, interprofessional teams, practice environments and personal lifestyle/job fit were clearly identified by the nurses in this study as factors crucial to their intent to stay in their specialty positions.

5 | DISCUSSION

The ongoing shortage of nurses working in emergency and critical care areas and the cost associated with turnover is a significant issue impacting hospitals and health systems, underscoring the need to retain nurses. Based on the findings of this study focusing on nurses' intent to stay, and supported by related literature (e.g., Brewer et al., 2012; Dawson et al., 2014; Galletta et al., 2012; Hayward et al., 2016; Liu & Liu, 2016; McGilton et al., 2013; Mrayyan, 2009;

Tournageau et al., 2010), the prominent factors identified by nurses are leadership, interpersonal relationships, the practice environment and personal lifestyle and job fit.

This study found specific leadership behaviours of managers, educators and charge nurses influenced nurses' decisions to stay in their current unit and practice area. These leadership behaviours include engagement, visibility and presence, consistency, fairness, providing regular feedback and strong communication skills articulating clear expectations. Studies about nurse retention consistently outline manager leadership as an important influential factor (Dawson et al., 2014; Redknap, Twigg, Rock, & Towell, 2015; Ulrich, Lavandero, Woods, & Early, 2014). These findings about leaders are consistent with a number of studies looking at the leadership qualities of effective frontline managers and leaders (Hayward et al., 2016; Sawatzky & Enns, 2012; Sawatzky et al., 2015). Results from this study and the supporting literature consistently demonstrate improved retention of specialty nurses when there is strong effective nursing leadership. Hospital administrators who want to retain experienced emergency and critical care nurses must be accountable to invest in and support the development of leaders at every level to enact behaviours important to keeping staff and promoting a practice environment that fosters places where nurses want to stay.

Another key influencing factor in the retention of specialty trained nurses was the interpersonal relationships between the nurse, physicians and other nursing colleagues in the workplace in that nurses may have "come for the job but stayed for the people." Central to this was the unique camaraderie between specialty nurses and physicians that were not highlighted in previous research conducted in general areas of practice. Interprofessional practice espouses the collaboration that occurs when working relationships are developed and maintained among care providers to enable optimal patient health outcomes (Canadian Interprofessional Health Collaborative 2010).

In this study, teamwork was valued especially when staff addressed each other on a first name basis, experienced trust and respect, were listened to and appreciated for their knowledge, skills and abilities. The studies by Redknap et al. (2015), and Sawatzky et al. (2015) which focused on mental health and critical care specialty areas highlighted similar findings where collegial relationships between physicians and nurses promoted a sense of value and satisfaction in the care nurses provide which impacted their intent to stay. Based on our findings, and those of others noted above, we conclude that organizations wanting to promote the retention of specialty nurses must ensure the concepts of feeling valued, respected and acknowledgement are threaded into the culture of the workplace. Moreover, creating a collaborative and teamwork environment that allows for camaraderie is important to retaining nurses.

Closely associated with leadership and interprofessional relationships is the practice environment. Robust international evidence has documented the effects of nurse work environments on nurse outcomes (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Cummings, 2011). Much of the recent literature focuses on the negative impacts

of a practice environment including inadequate patient–staff ratios, lack of qualified skilled nurses, heavy workloads, low involvement in decision-making and stress levels causing nurses to feel undervalued and disempowered as reasons nurses left their areas of employment (Dawson et al., 2014; Hayward et al., 2016; Redknap et al., 2015). Those who voluntarily leave a unit thus point to issues related to burnout and job stress (Brewer et al., 2012; Dawson et al., 2014; Galletta et al., 2012; Hayward et al., 2016). Contrary to what was found in recent literature, results of this study made no mention of these negative factors when exploring retention from the perspective of those who stay rather than those who leave. Engaging experienced nurses and inquiring about their reasons for staying rather than leaving provided results focused on the more positive aspects of the practice environment. Based on these findings, it seems that factors such as effective leadership, interprofessional relationships, the ability to mentor new nurses and the nature of work in emergency or critical care settings might well offset the negative aspects of a practice environment.

5.1 | Limitations

Limitations of this study include the sample size ($N = 13$) and the distribution of the sample with a greater percentage of emergency versus critical care nurses. Although there are no firm limits to sample size in interpretive description, it is understood that studies with a smaller sample size can still produce sufficient findings to inform the development of recommendations (Thorne, 2016). The recommendations made in this study were developed from consistent findings present in all three focus groups.

6 | CONCLUSION

Based on the findings of this study, and supported by related literature, we conclude that common factors influencing nurses' intent to stay in their positions in specialty areas are unit leadership, interprofessional relationships with other members of the team, the practice environment and characteristics of the job that are important to the nurse themselves. Remarkably, factors often associated with nurse attrition such burnout and job stresses were not emphasised by the respondents in our study as critical to their intent to stay in their area of practice. This study has highlighted positive aspects that motivate nurses to stay in their specialty areas.

7 | RELEVANCE FOR CLINICAL PRACTICE

These findings carry important relevance for clinical practice and health leaders and lend to the following recommendations:

1. Invest in the professional development of clinical leaders to develop behaviours necessary to create workplaces where nurses will stay (e.g., communicating clearly, building teams, engaging

and empowering employees through shared decision-making and other methods).

2. Foster interprofessional collaborative practice in the provision of patient care.

3. Promote practice environments where nurses are valued, respected and acknowledged.

4. Promote practices that encourage work/life balance (e.g., flexible scheduling options).

CONTRIBUTION

Study design: MVO, KS, SC, AW, SRK; data analysis: MVO, KS, SC, AW, SRK and manuscript preparation: MVO, KS, SC, AW, SRK.

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