Recruitment Attributes Important to New Nurse Graduates Employed on Adult Medical-Surgical Units

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Recruitment of registered nurses to a medical-surgical unit is often challenging. This study addresses attributes nurses consider when making decisions for employment on a medical-surgical unit.

Workforce data project a national shortage of 1 million nurses by 2025, with much of this occurring in medical-surgical nursing (U.S. Department of Health and Human Services, 2013). The aging registered nursing workforce is a major contributor (Hayward, Bungay, Wolff, & MacDonald, 2016), with one-third of nurses projected to retire by 2020 (Buerhaus, Auerbach, Staiger, & Muench, 2013). Recruitment and retention of medical-surgical nurses appear critical. As part of a larger study, the qualitative findings only are reported in this article.

Literature Review

Relevant literature for 2012-2017 was identified through a search of ProQuest, Medline, and CINAHL using the following key words: *registered nurse recruitment*, *nurse recruitment*, and *recruitment attributes*. Of 13 identified articles, seven non-research articles were eliminated. Several elements were identified as important attributes for nursing recruitment and are described here.

Compensation

Although hospital administrators may believe money recruits nurses to their facilities, there is limited research to support this position. In an electronic analysis of recruitment practices in Canada, Mathews and Ryan (2015) found financial incentives, such as salary, sign-on bonuses, and relocation expense reimbursement, were

viewed cautiously by the nursing workforce. While nurse turnover cost approximately one-half a nurse's salary to replace the position in a prospective quantitative study (*N*=156), the decision to leave a position rarely was based on salary (North et al., 2013). Thus, pay is not always a motivator.

Unit and Shift Preference

Unit and shift preference are cited in the literature as reasons nurse graduates select their first nursing positions, with specialty units often preferred (Mathews & Ryan, 2015; Phillips, Kenny, Esterman, & Smith, 2014; Pottinger, 2016). While nurse leaders may assume nurses prefer specialty units and day shift over other options, limited literature supports this belief. Pottinger (2016) conducted a pilot program to acclimate 12 nurse graduates to the intensive care set-

ting. While graduates worked rotating shifts with a nurse preceptor to acclimate them to critical care nursing, no one shift was cited as preferred. A National Workforce analysis in Australia determined new nurses preferred to work in primary care based on shift consistency (Gordon et al., 2014). There was no consistent support for the perception that nurses make initial employment decisions based on shift preference.

Nurse Orientation

Limited research has been published about hospital selection based on the availability of a residency or prolonged orientation. To prepare for succession planning, Jones and co-authors (2017) used the "valuable expert knowledge and wisdom of retiring nurses" (p. 64) to facilitate new nurse orientation in a new graduate residency program.

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Background

Attributes inherent to a nurse's initial employment decision to work on a medical-surgical unit are not understood.

Purpose

Elucidate the factors new nurse graduates consider when making their first employment decisions.

Methods

Nurses from five acute care facilities participated. Results from the quantitative survey, not reported here, were used to construct interview questions to provide a deeper understanding of recruitment attributes.

Findings

Recruitment attributes inherently important to new nurses included a supportive manager, feeling valued, and work-life balance. While equitable pay and benefits were important, nurses were more concerned with workload, scheduling, and the hospital's reputation.

Limitations and Implications

The sample was limited to five acute care facilities located in the South. Findings from this study supported transcendence to a transformational leadership style with a strong emphasis on work/life balance. Further, selecting staff who complement the nurses already in place is critical to creating a positive work relationship.

Conclusion

Position acceptance may be predicated on nurses' belief the manager cares about them.

This pilot project began with 17 nurse graduates. It combined traditional orientation practices with simulation-based education. After the 12-week orientation, ongoing support continued for the first year of employment. New graduate nurse turnover decreased from 6.4% to 2% (*n*=1). In a secondary analysis of two qualitative data sets (eight focus group interviews [*N*=67]) and participant responses to open-ended questions from an electronic survey (*N*=392), Phillips and co-authors (2014) found nurse satisfaction resulted when new nurse orientation was thorough, sustained, and well organized. These authors also determined initial career placement on a specialty unit was beyond nurses' skill set and required prolonged orientation.

Hospital Reputation

In a slightly older study, positive word-of-mouth employment information received early in the recruitment process positively influenced the employment decision more than any other recruitment process (*N*=612; r2=0.396; *p*<0.01) (Van Hoye & Lievens, 2009). In a secondary analysis by Phillips and associates (2014), qualitative data from eight focus groups were analyzed to identify transitions that impacted new graduate transition. This study identified the importance of a supportive institutional environment that fostered mutual respect as well as a fair, equitable patient care assignment. Hayward and co-authors (2016) interviewed 12 medical-surgical registered nurses concerning factors related to turnover. Using a qualitative inductive analytic approach, authors determined nurse-patient ratio was a main reason nurses left their positions. Further, the work relationship with others and lack of leadership support left them ill-equipped to perform their jobs.

These studies were not conducted with medical-surgical nurses, and findings were inconclusive and conflicting. Thus, the purpose of this study was to elucidate the attributes important to new nurse graduates when making the decision to begin their careers on a medical-surgical unit.

Sample Selection

Of 20 nurses who volunteered to participate in the interviews, 10 scheduled an appointment. Two participants were African-American females, one an African-American male, one an Asian female, and one a White male; the remaining five nurses were White females (age range 23-59). Participants represented five hospitals, worked on a medical-surgical unit, and had been nurses for no more than 1 year.

Ethics

The study was approved by Institutional Review Boards from Franciscan Missionaries of Our Lady University (study number 1527) and Southeastern Louisiana University (study number 16-077). Interviews were conducted in a private conference room away from the nursing units. Written informed consent was obtained by the researcher from each nurse before the interview commenced, and only the investigator knew who participated.

Qualitative Framework, Design, and Methods

A descriptive qualitative framework was used for the second phase of the study, appropriate when no specific qualitative tradition is followed (Polit & Beck, 2014). Semi-structured interviews guided the data collection phase to allow flexibility and clarity during the interview process.

Data Collection

Lunch was provided and each participant received a $25.00 honorarium at the completion of the interview. Interviews were audio-recorded, lasted approximately 1 hour, and were transcribed verbatim. Anecdotal notes of the researcher's initial thoughts and impressions of the participant's demeanor were written following each interview. Saturation was achieved and no new themes emerged after 10 interviews were completed.

Data Analysis

Qualitative content analysis was used to analyze the data (Houser, 2015; Polit & Beck, 2014). As the semi-structured interview responses were transcribed, the primary researcher compared recorded interviews with transcripts to ensure accuracy of wording and authentic representation of participants' words and experiences. Subsequently, three co-researchers independently read the transcripts to identify words or sentences that were especially salient. Once identified, these words and sentences were analyzed for patterns and categories were named. Individual interviews were compared to the whole to analyze how each interview fit with the other, and how each interview fit within the whole.

Trustworthiness criteria were used to assure the rigor of data analysis (Lincoln & Guba, 1985). Credibility was addressed through careful review for accuracy of participant voice in verbatim transcriptions, completing data analysis triangulation with three researchers, and interviewing until data saturation was reached. Dependability and confirmability were ensured through a detailed audit trail outlining each researcher's decisions and then consensus decisions about final themes. This audit (memo) kept during data analysis included notes on how themes were chosen, researchers' thoughts on themes, and alternative speculations. Thick, vivid description in participants' words were used to facilitate transferability (Lincoln & Guba, 1985).

Results

Two main themes emerged from analysis of nurses' interviews: *Get on the Purple Bus* and *Word on the Street*. These themes were related to new nurses' impressions of the support provided by facility administrators and other nurses, and reputation of the facility.

Theme 1: *Get on the Purple Bus*

This theme referred to being fully present, embracing the work of the facility in a positive manner, and being part of the team (Gordon, 2007). A past nurse administrator at one of the study facilities had coined the phrase "get on the purple bus" to indicate to employees they needed to be committed wholly to the work of the facility, giving the best possible care to patients, and being supportive of each other. Interviewee 9 said the purple bus was a place where people showed "the love of human life and love of patients."

> If you're on the purple bus, it means you want to be here. You want to be here with a smile on your face. You want to be here to take care of your patients. You want to be here to work with your co-workers. You want to be here as a family.

This main theme included two subthemes: *Just Culture* and *See Me as a Person*.

Just culture: This is defined as a,
> …process where mistakes or errors do not result in automatic punishment, but rather a process to uncover the source of the error. Errors that are not deliberate or malicious result in coaching, counseling, and education around the error, ultimately decreasing likelihood of a repeated error. (American Nurses Association, 2010, para 1)

This subtheme was manifested through new nurses' stories about being treated in a manner they considered "supportive." They indicated they could ask for and would receive help, or they were offered help before even having to ask; they were allowed to make a mistake, but were not judged harshly for the mistake. Specific examples included comments from interviewee 3: "people ask me and they help me … I always feel like they help me… like a sense of teamwork." Interviewee 6 said her peers and nurse manager gave her "the opportunity to learn without feeling as if you're doing something wrong and you're going to be reprimanded for it … everyone's willing to let you learn." As interviewee 7 expressed, "You're looking for everyone to like, embrace you, and take you in … knowing someone is there to help you and teamwork … being patient … understanding that you are new and … still learning."

Finally, interviewees 9 and 10 indicated they felt supported by their managers. Interviewee 9 said her supervisor was "someone I can go to when I have a problem … she was my mentor." Interviewee 10 noted, "My first manager … pulled me into the office weekly to ask how things were going. She made me feel like I can easily open up to her and come to her with my problems."

See me as a person. In this subtheme, new nurses voiced how their supervisors saw them as more than a nurse (employee). They felt seen as *persons* with needs outside the workplace. New nurses said the supervisors and peers recognized their needs for time for school, family, and personal needs. Interviewee 1 said,

> If you have something come up with family, they support you. If you want to go on different ventures, they support you and they let you grow … when somebody meets you, they know you by name the second time they see you.

Interviewee 2 stated, "…someone who works with your schedule … and understands your life." Interviewee 4 said she felt an "instant connection" when she and the supervisor "…talked about South Florida … talked about, you know, life in general and had a nice common ground." Interviewee 2

also told the researcher she had a medical condition and the willingness of supervisors to see her as a person with special physical needs caused her to feel "blessed" to work where she worked.

Theme 2: *Word on the Street*

The second main theme related to one reason the new nurses decided to take their first nursing positions and to remain in those positions within 1 year of hire. The new nurses researched the facilities' reputation in the community. They all mentioned having asked nurses who worked at the facility or other nursing students and faculty who had clinical experiences at the facility about the work culture/environment.

In the original quantitative questionnaire, the primary researcher intended the question to address the hospital's reputation for quality of care as exemplified through measures such as Magnet® designation or Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) scores. However, the interviewees instead defined the reputation of the facility based on testimonials about how welcoming, nice, and supportive the nurses and other staff at the facility were toward each other.

Interviewees 1 and 7 said they followed their instructors' advice about picking a medical-surgical unit as their first position. Faculty for interviewee 1 reportedly told her to, "...work on a med-surg unit for the first year." The interviewee also said she got "insider information" and "you start to hear things ... you're gonna like working there, they're great, or they're not" when she went to different facilities as a student nurse. Interviewees 5 and 10 described experiences as student nurses that influenced their first position decisions. According to interviewee 5, "...they [the nurses on the unit] weren't very nice to me at all" and ... they were actually nicer to me than some of the girls. They [the nurses on the unit] acted like we were in the way" and "the nurses were bothered."

Interviewee 10 said, "One of the first things I looked at was reputation." She compared two experiences at two different facilities where she had completed clinical experiences, saying about one facility, "...they were catty toward us. Their attitude toward us was negative." Concerning the facility she chose for her first position, she received feedback from "...several people who work there and they were ... upbeat and very positive about the place." Interviewee 4 also said a nurse she knew had worked as a nursing assistant at the hospital she choose for her first job: "...he said positive things about the hospital as a whole, about the people, the nurses as a whole."

Interviewee 3 said a hospital's Magnet designation "...didn't cross my mind," but she noted, "[I've] ... always heard good things about [the facility she choose for her first job]." Interviewee 9 commented, "Well, people hear things ... we hear horror stories [about a named hospital] ... horror stories ... I would never even apply! They call it hell." Many participants also mentioned nurse-patient staffing ratios as a criterion they related to the hospital's reputation. The new nurses would hear from nurses who worked at a given facility or see the staffing ratios when they were students in the facility.

Both overarching themes related to the attitude, work culture and environment, and treatment of new nurses by their supervisors and peers. However, a broader picture emerged of courtesy, respect, civility, and a just culture supported by the facility administrators and all employees as integral factors to their decision regarding the first nursing position. New nurses wanted to be supported by work colleagues in a just culture that allowed them to learn and grow in a non-punitive, helping environment.

A factor that did not emerge as a theme but often is considered a recruitment tool was financial incentives (e.g., salary, hiring bonuses, tuition reimbursement, medical benefits). Participants indicated salary and benefits needed to be competitive with other facilities, but none of them identified this as the primary factor when choosing their first positions. They assumed salary and benefits would be similar and fair across facilities. Interviewee 8 said, "I can't say my decision was financially based. Pretty much throughout Louisiana the pay is the same. Tuition reimbursement's pretty much the same ... so I can't say that's why [facility name] was my first choice." Interviewee 6 summarized, "...is it really worth a couple extra dollars to not feel comfortable?" And she said the sign-on bonus "...locks you into a position for a year ... it's too long of a time if you dislike the place." Interviewee 3 explained her feelings towards a sign-on bonus this way, "I just didn't want to be committed for 2 years, because I'm just not sure where life was going to take me." Interviewee 4 concluded, "I didn't want to be tied down. I didn't want to sign any kind of contract."

Discussion

According to the interviewees in this study, of greatest importance to new graduates is a manager who sees them for what they bring to the organization and how they fit with the team. While equitable pay and benefits were viewed as important, nurses were more concerned with their anticipated workload, flexibility of their schedules, and reputation of the hospital, specifically their unit. Participants overwhelmingly chose a hospital based on what others told them or they had experienced personally. What nurses say about a hospital or unit, at work and in the community, thus is a stronger recruitment aid than any paid advertisement. Nurses seem to want to know that the facility leaders, and more importantly the manager, care about them.

Nurses want to feel valued and accepted in the work environment. Despite the stressors faced by the majority of new graduate nurses, graduate transition can be improved by supportive institutional practices that foster collegial respect (Chudyk, Klein, Mummery, & Keba,

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2016). Hospital leaders may consider a transformational leadership model with a strong emphasis on how each unit's manager cares about staff well-being, especially work/life balance.

Nursing Implications

An inherently important factor affecting recruitment for medical-surgical units is the leadership style of the manager. When managers work collaboratively with staff in a transformational leadership style, they are more successful in recruiting new nurse graduates. According to Lyons and Kuron (2014), younger nurses (ages 20-29) are interested specifically in work/life balance and see work as a means to an end, not their sole existence. These authors suggested managing a blended group of older, more experienced nurses and younger new graduates can be a challenge unless the strength of each is leveraged. The younger workforce seeks ever-changing tasks within their work environment and become easily bored without new challenges; however, work/life balance is their priority. Older, more experienced nurses may create tension between the groups because they are extremely hardworking and may criticize the younger generations for a lack of work ethic and commitment to the organization. To be successful, leaders must leverage the gifts and talents of all staff, identifying their motives and empowering them to succeed. Nurse managers also must remember they are always visible. What current and future nurses say about the nurse manager and the unit is critical to future decision making of nurse graduates.

Conclusion

Recruitment of qualified nurse graduates to fill open medical-surgical nursing positions is essential. Nurses want to work in a culture where it is safe to make mistakes and they are treated as individuals (Koloroutis & Abelson, 2017). Nurse graduates are attracted to institutions and nursing units with supportive managers and good reputations, where nurses speak favorably of the organization and the unit and nurses are genuinely happy. Impressions portrayed to nurse graduates by current employees may be the greatest recruitment impact factor. MSN

REFERENCES

American Nurses Association. (2010). *Position statement: Just culture.* Retrieved from https://www.nursing-world.org/practice-policy/nursing-excellence/official-position-statements/id/just-culture/

Buerhaus, P., Auerbach, D., Staiger, D., & Muench, U. (2013). Projections of the long-term growth of the registered nurse workforce: A regional analysis. *Nursing Economic$, 31*(1), 13-17.

Chudyk, R., Klein, K., Mummery, R., & Keba, C. (2016). The effect of a preceptor's attitude on a new graduate's transition into the intensive care unit. *Canadian Journal of Critical Care Nursing, 27*(2), 37-37.

New Nurse Graduates

Gordon, C.J., Aggar, C., Williams, A.M., Walker, L., Willcock, S.M., & Bloomfield, J. (2014). A transition program to primary health care for new graduate nurses: A strategy towards building a sustainable primary health care nurse workforce? *BMC Nursing, 13*(1), 1-13. doi:10.1186/s12912-014-0034-x

Gordon, J. (2007). *The energy bus: 10 rules to fuel your life, work, and team with positive energy*. Hoboken, NJ: John Wiley and Sons.

Hayward, D., Bungay, V., Wolff, A.C., & MacDonald, V. (2016). A qualitative study of experienced nurses' voluntary turnover: Learning from their perspectives. *Journal of Clinical Nursing, 25*(9/10), 1336-1345. doi:10.1111/jocn.13210

Houser, J. (2015). *Nursing research: Reading, using, and creating evidence* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Jones, S., Deckers, C.M., Strand, D., Bissmeyer, H., Bowman, W.J.W., & Mathe, D.G. (2017). Succession planning: Creating a case for hiring new graduates. *Nursing Economic$, 35*(2), 64-69, 87.

Koloroutis, M., & Abelson, D. (2017). *Advancing relationship based cultures.* Mineapolis, MN: Creative Healthcare Management.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.

Lyons, S., & Kuron, L. (2014). Generational differences in the workplace: A review of the evidence and directions for future research. *Journal of Organizational Behavior, 35*, 139-157.

Mathews, M., & Ryan, D. (2015). Financial recruitment incentive programs for nursing personnel in Canada. *Nursing Leadership, 28*(1), 41-52.

North, N., Leung, W., Ashton, T., Rasmussen, E., Hughes, F., & Finlayson, M. (2013). Nurse turnover in New Zealand: Costs and relationships with staffing practises and patient outcomes. *Journal of Nursing Management, 21*(3), 419-428. doi:10.1111/j.1365-2834.2012.01371.x

Phillips, C., Kenny, A., Esterman, A., & Smith, C. (2014). A secondary data analysis examining the needs of graduate nurses in their transition to a new role. *Nurse Education in Practice, 14*(2), 107-111. doi:10.1016/j.nepr.2013.07.007

Polit, D.F., & Beck, C.T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed.). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins.

Pottinger, L. (2016). Critical care transition program for newly graduated nurses. *Canadian Journal of Cardiovascular Nursing, 26*(3), 5-5.

U.S. Department of Health and Human Services. (2013). *The U.S. nursing workforce: Trends in supply and education.* Retrieved from https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/projections/nursingworkforcetrendsoct2013.pdf

Van Hoye, G., & Lievens, F. (2009). Tapping the grapevine: A closer look at word-of-mouth as a recruitment source. *Journal of Applied Psychology, 94*(2), 341-352.