

Doctor of Nursing Practice Project Influencing Turnover Intention by Addressing Perceived Stress in Nursing Charity Furcsik MSN, RN, CNE Project Advisor: Dr. Kathryn Gilreath



Background

- 203,000 registered nurse job openings annually, many resulting from turnover (U.S. Bureau of Labor Statistics, 2022).
- 66% of nurses surveyed considered leaving the profession (American Association of Critical Care Nurses, 2021).
- Registered nurse turnover rate is 27.1% (NSI Solutions, 2022).
- Job-related stress positively correlates with nurses' turnover intention rate (Lee & Kim, 2020; Mirzaei et al., 2020).
- Persistent high-stress results in burnout, compassion fatigue, lower job satisfaction, high workplace turnover, and inferior patient care quality (ANA, 2017; Hoedl et al., 2021; Martin et al., 2023; Mehta et al., 2020; Yang & Chen, 2020; Young et al., 2018)
- Stress management programs in healthcare reduce job-related stress and improve nurses' stress coping strategies (Alkhawaldeh et al., 2020; Lee, 2020).
- Project hospital 2021 data:
- o 21.32% turnover rate for all staff
- o 34% of turnovers were nursing staff
- o Exit interviews identified stress as a contributing factor

Purpose

To design and implement a program to impact turnover intention by addressing perceived stress in nursing.

Method

- Designed and implemented perceived stress project on 3 units in an urban hospital.
- Posted project outline and stress management resources on a bulletin board in each unit.
- Participants (registered nurses, licensed practical nurses, and patient care technicians)
- Completed a demographic survey, the Perceived Stress Scale
 (Cohen et al., 1983) & the Turnover Intention Scale (Cohen, 1988) (n=25)
- O Performed a stress self-assessment based on the stress continuum model (Nash, 2011) definitions at shift start
- Linked stress levels to relevant stress management action
- Could reflect on action effectiveness at the end of the shift
- Repeated the Perceived Stress Scale & the Turnover Intention Scale after 3 months (*n*=11)

Stress Continuum Model Self-Assessment

Thriving

• Functioning optimally; A sense of well being; Feeling at one's best; Physically, mentally, and spiritually fit; Motivated; Calm and steady; Enjoying life; Having fun

Surviving

- Experiencing mild stress that goes away; Feeling irritable, anxious, down; Less motivated; Less focused; Difficulty sleeping; Muscle tension and other physical changes; Life feels neutral
- Caused by any stress/trigger

Struggling

- More severe and persistent stress; Sense of loss of control; Persistent fear, panic, anger, sadness; Experience extensive guilt, shame, or blame
- Often caused by a major stressor/stress injury such as life threat, loss, moral injury, inner conflict, wear and tear

In Crisis

• Symptoms persistent and worsen over time (30+ days); Severe stress causing social or occupational impairment; clinical mental health disorder; Feeling numb, lost or out of control; Easily angered or aggressive; Thought of suicide or self harm; Withdrawal from relationships

Stress Management Actions

Thriving Actions

- Maintain healthy lifestyle
- Stay organized, don't overcommit
- Focus on the task at hand
- Break tasks into manageable chunks
- Gratitude
- Mindfulness
- Controlled, deep breathing
- 10 Positive statements
- Laugh out loud
- Involve yourself in a hobby

Surviving Actions

- Utilize Spiritual Care
- Aromatherapy
- Get adequate sleep, food, exercise
- Recognize limits
- Relaxation room
- Take your breaksCheck in with a peer
- Leave unit on break if possible – go outside
- Coloring therapy
- Breath box method
- Meditation
- Massage
- Visit the chapel Reflective journaling
- Engage in social interactions
- Music
- There's an app for that
- AHA Fight Stress Infographic

Struggling Actions

- Ask for help
- Schedule Paid-Time-Off (PTO)
- Code Lavender (team)
- Talk with someone
- Seek social support instead of withdrawing
- Colleague Well-being Services flyer
- Behavioral Health sessions

Crisis Actions

- Check in with manager for resources
- Seek consultation as needed
- Follow health care provider's recommendations

Results

Fisher-Freeman-Halton Exact Test

N=36	Value	Exact Significance (2-sided)
Perceived Stress	6.351	0.041
Turnover Intention # 3 "As soon as possible, I will leave the organization.	7.104	0.041

Perceived Stress

• The perceived stress level score for the pre-group was higher (m = 19.84, SD = 6.29) than the perceived stress level score for the post-group (m = 14.36, SD = 6.23). Statistically significant at the 0.05 level (t = 2.413, df = 34). (Independent samples t-test).

Turnover Intention

• Slight decrease in overall turnover intention.

Discussion

- An independent samples t-test was completed to determine the significance of the perceived stress data. Since the sample was small and the chi-square assumption was violated, Fisher's exact test was used to examine the categorical data.
- Participants noted he stress continuum model was effective in assessing stress and easily aligned with the stress management actions.
- Limitations:
- Small sample size
- Limited time
- Inability to link data pre and post implementation
- Lack of manager involvement
- Unable to evaluate number of self-assessments and stress management actions

Conclusion

- Project facility plans to implement project framework in all nursing units.
- Goal is to address perceived stress to decrease turnover intention and actual turnover rates.
- Recommend
 - Increased manager involvement
 - Replicating project with larger sample sizes
 - Address mental health needs

References available upon request