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The Identification and Description of the Reasons Provided by Soldiers for Reenlisting in the U. S. Army Medical Department

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To the Graduate Council:

I am submitting herewith a dissertation written by Thomas Ray Coe entitled "The Identification and Description of the Reasons Provided by Soldiers for Reenlisting in the U. S. Army Medical Department." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

Mary Gunther, Major Professor

We have read this dissertation and recommend its acceptance:

Joanne Hall, Charles Hamilton, Linda Mefford, Johnie Mozingo

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

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Accepted for the Council:

Carolyn R. Hodges

Vice Provost and
Dean of the Graduate School

(Original signatures are on file with the office of student records.)

**The Identification and Description of the Reasons
Provided by Soldiers for Reenlisting in the
U. S. Army Medical Department.**

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Thomas Ray Coe
May 2008

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Abstract

The retention of healthcare personnel, especially in the profession of nursing, continues to remain a critical issue. The ability to adequately and safely staff healthcare facilities to provide inpatient and outpatient care and emergency services is dependent on maintaining a well trained and experienced professional and paraprofessional workforce. This issue is of particular importance to the enlisted members of United States Army Medical Department (AMEDD) and the United States Army Nurse Corps. This qualitative descriptive research study identified many topics influencing the retention of enlisted personnel in the AMEDD.

The work environment, economic factors, personal and professional issues were identified as influencing decisions regarding reenlistment. Additionally, the findings of this study indicate that the decision to reenlist was often made as a result of the individual's perceptions and evaluation of the importance and interactions of the topics. Finally, this study identified that retention can also include the possibility of staff returning to a previous employer. The development of a better understanding of the topics identified and described as important when making the decision to reenlist should support the AMEDD as it continues to assess and refine current reenlistment incentives as well as the identification and development of additional options to improve enlisted soldier retention.

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CHAPTER ONE

INTRODUCTION

The primary mission of the U.S. military is to fight and win an armed conflict or war against opposing forces. This mission requires an appropriate number of personnel, in all military specialties, who are properly trained and equipped to decisively fight and win an armed conflict or war. There are several issues that have the potential to impact the ability of the U. S. military to provide appropriate manpower for current military operations, both abroad and in the United States. These issues include the evolving mission of the U. S. military from war into operations other than war, as well as current military operations in support of the global war on terrorism (GWOT). Additional issues include assessing the strategic goals of the military as well as balancing both the short and long term objectives associated with the growth and development of the force structure. Finally, issues surrounding the growth and development of the individual military member as well as support services for family members are increasing in importance to the military.

The March 22, 2006, *Knoxville News-Sentinel* published an article from the Associated Press (AP) quoting President George W. Bush “that American forces will remain in Iraq for years...” (Hunt, 2006, A1). The October 11, 2006 edition reported that the U. S. Army announced it “has plans to keep the current level of soldiers in Iraq through 2010” (Baldor, 2006, A6). Additionally, the June 10, 2007, edition reported that currently “U. S. military officials increasingly are

envisioning a 'post – occupation' troop presence in Iraq . . . that aims for a smaller, longer-term force that would remain in the country for years” (Hurst, 2007, A4).

In January of 2006, The National Security Advisory Group, issued a report titled *The U.S. Military: Under Strain and At Risk* which concluded that “the Army and Marine Corps are meeting their overall retention goals, for the moment, but some fear a major retention crisis may be looming for the Army” (p 2). Lubold (2006) reinforced this point when describing the change in U. S. Army retention rates for fiscal year 2005 to 2006 as declining nine percentage points for mid-career enlisted soldiers and 21 percentage points for career enlisted soldiers. He also reported that the U.S. Marine Corps, the other major ground combat force in the U. S. Military, was experiencing a 15 percentage point decrease for subsequent enlistments during the same time period. These shortages were noted in spite of an almost six-fold increase, from 2003 to 2006, in the use of reenlistment bonuses. During this period, the U. S. Military has paid reenlistment bonuses to soldiers and marines in excess of one billion dollars (MSNBC, 2007; Tice, 2007).

Additionally, the United States Government Accountability Office (GAO, 2005b) released a report dated November 17, 2005, calling for the Department of Defense (DoD) to develop an action plan dealing with the retention of enlisted troops. This report emphasized the issues previously noted in a United States GAO report dated March 16, 2005, which identified “A common retention concern is that too few people with the needed skills and experience will stay in the

military, thereby creating a shortage of experienced personnel, decreased military efficiency, and lower job satisfaction” (GAO, 2005a, p 4). The second GAO report (GAO, 2005b) also contained a table titled the “Army’s Consistently Underfilled Occupational Specialties” (pp. 52 – 55). This table documented the the positions of Health Care Specialist (General Duty Medics, Emergency Medical Technicians, and Licensed Practical/Vocational Nurses), Operating Room Specialist (OR Technicians), and Respiratory Specialist (Respiratory Technicians and Therapist), as well as Special Forces Medical Sergeants, who perform in the field as physician assistants, as being consistently underfilled.

The shortage or underfill documented in the GAO report was also described in an article entitled *Military Looking for a Few Good Medics* (Moran, 2005). The article described a shortage of medical personnel in the United States Army Medical Department (AMEDD) and compared it to the shortage of healthcare workers, especially physicians, registered nurses (RNs) and medical support personnel in the civilian sector. In a report on the unavailability of medical and rehabilitation care appointments at a military facility, Zoroya (2007b) documented this shortage of military healthcare personnel. He concluded that this personnel shortage, as exemplified by the unavailability of care, is further intensified by demands for healthcare personnel in support of overseas and deployment operations.

Finally, Army Regulation 40 – 1 (1983) describes the mission of the AMEDD as follows: to maintain the health and conserve the fighting strength of the Army, support Army operations during war, conflict or disaster relief and

provide healthcare for eligible personnel during times of peace. It is my contention that these dual missions routinely strain the AMEDD force. For example, many military medical treatment facilities reported that 25 to 30 % of some categories of patients were being referred to the TriCare network of providers before 2003. This strain is intensified by the current military conflict and the demands for AMEDD personnel to deploy in support of current operations as well as to be available for care and other services outside the theater of operations. For example, the Department of Defense Office of Health Affairs reports that up to 70% of some categories of patients, at some medical treatment facilities, are currently being referred to the TriCare network (personal communication, Department of Defense, Health Affairs, January 3, 2008).

Study Rationale

In summary, there are four primary reasons that make research with the goal of improving the retention of enlisted personnel a priority of the AMEDD and the entire military: (1) Army forces may be deployed for years, (2) the potential retention crisis and the call for an action plan, (3) the shortage or “underfill” of medical personnel, and (4) the dual peacetime and war missions to provide healthcare to eligible personnel is a valid rationale for a study regarding enlisted retention. Therefore, it was the purpose of this project to begin to develop this area of research by conducting a content analysis identifying and providing a brief description of the reasons that individual enlisted soldiers cite for reenlisting in the AMEDD.

The Congressional Budget Office (CBO, 2005) reports that enlisted troops compose approximately 82% of the Active Duty Army. In comparison, enlisted personnel make up approximately 70% of the AMEDD (Colonel M. Custer, personal communication, April 14, 2006). Yet, it can be estimated that the percentage of deployed forces in the AMEDD is similar to the composition of the Active Duty Army, approximately 82% of the deployment force. The nucleus of the enlisted personnel issue is that while the enlisted workforce is necessary to the peacetime mission of the AMEDD, it is essential to the operation of deployed AMEDD facilities. The Army Medical Department Regimental Insignia emphasizes a mission component of the AMEDD by containing the phrase *to conserve fighting strength*. To be able to conserve the fighting strength for the Army, the AMEDD must be able to conserve itself. Therefore, retaining an experienced, well trained and functional enlisted staff should be considered as a requirement for the continued operation of a safe, effective, efficient and economical AMEDD.

The need to support retaining an experienced and well trained enlisted medical force was re-enforced by Colonel R. Briggs MC (MD) in the November 13, 2006 *Knoxville News-Sentinel* (Nelson, 2006). Dr. Briggs reported that only 10% of soldiers are dying from combat related wounds in the current conflict, less than any previous large scale U.S. military action. He attributed this success to better trained and more experienced combat medics. Gawande (2004) described the decrease in combat related deaths from 42% in the American Revolution to the current 10% for combat related wounds received in military

operations in Iraq and Afghanistan. He also credited the decline in the death rate to the operational improvements in emergency medical care provided immediately on the battlefield as well as at military healthcare facilities located within the area of operations.

Colonel Briggs said “the Army changed the way it trains its combat medics” (Nelson, 2006, p. 4). He also said “that formerly, they (medics) got the standard training civilian emergency medical technicians, or EMTs, receive. But the EMT routine . . . isn’t always practical on the battlefield” (Nelson, 2006, p. 4). Colonel Briggs continued by saying “field medics now treat what is likely to *kill* a soldier (italics in original): controlling bleeding, assuring the airway is working, treating collapsed-lung or chest-wall injuries, and preparing the soldier to be evacuated to the hospital” (Nelson, 2006, p. 4). The increase in survival of soldiers (especially soldiers with significant and severe disabilities related to traumatic amputation or traumatic brain injury) due to the intense and extensive training and experience of field medics is also a very important reason that the AMEDD should focus on retaining well trained, experienced, and fully functional field medics. Cavallaro (2006b) documented many of these changes, including the overarching rationale, in combat medic training as conducted by the AMEDD at Fort Sam Houston, Texas.

Thus the dual AMEDD missions, providing care to the soldier on the battlefield as well as providing care to eligible personnel in peacetime, can be viewed as including the provision of rehabilitation health services required by injured military personnel. Rehabilitation services are becoming increasingly

important in today's AMEDD due to the high number of injured soldiers in the current conflict. As of June 7, 2007, the *Army Times* (Editor, June 2007) reported that 25,830 military personnel have been wounded in action in Operation Iraqi Freedom (OIF) while an additional 1,292 have been wounded in action in Operation Enduring Freedom (OEF) in Afghanistan. An additional 52,933 troops are reported to have disease or non battle related injuries as of June 7, 2007 (Marchione, 2007).

The number of military personnel that have been wounded as of January 21, 2008, has grown to 28, 870 in OIF and 1,851 in OEF (Editor, 2008). This represents approximately a 13% increase in the number of combat wounded compared to June, 2007. If the numbers of disease or non battle related injuries have increased at the same rate, then there are approximately 58,957 troops requiring services. This revised total of 90,678 service members requiring treatment or rehabilitation may not have been considered when plans for the current healthcare force were developed. Additionally, this number does not include the approximately 100,850 individuals seeking care for Post Traumatic Stress Disorder (PTSD) (Zoroya, 2007c). Therefore, the treatment and rehabilitation needs of these ill and injured soldiers, in addition to the demands for healthcare services for military beneficiaries such as family members of soldiers (Zoroya, 2007b), intensify the need for qualified medical personnel. This need is further magnified as the number of injured soldiers who are remaining on active duty increases, placing rehabilitation demands on the AMEDD that were the responsibility of the Veterans Affairs healthcare system (Lenz, 2006; Soldiers

return, 2007). Therefore, the AMEDD must begin to identify potential means of retaining qualified medical personnel, including enlisted soldiers.

Military Culture

The purpose of this research study is to begin to identify and provide a brief description of the reasons that enlisted soldiers provided in regard to their individual reasons for reenlisting in the AMEDD. The unique culture of the military may be viewed as a potential reason that a soldier would choose to reenlist. An in-depth discussion of military culture exceeds the scope of this research project. Yet, a brief description of military culture, especially if it may potentially influence reenlistment decisions, may be of benefit.

Breslin (2000) describes military culture as different from civilian culture due to its focus on fighting and winning wars. Cassidy (2005) defined military culture as “the beliefs and attitudes within a military organization that shape its collective preferences” (p. 53). These beliefs and attitudes shape the written and understood policies of the military as well as its customs and traditions.

The unique focus of the military can be found during a review of the specific mission statements located on the websites of the major components of the military, the U. S. Air Force, the U. S. Army, the U. S. Marine Corps, and the U. S. Navy. Each mission statement highlights the collective focus on the defense of the United States, yet each branch of the military responds with a different method or technique to defend the United States. These service specific methods of operation helped to shape the specific culture and traditions of each branch of the military. Service specific beliefs and attitudes are

described by Breslin (2000) for the Army, Ricks (1998) for the Marines, Hattendorf (2003) for the Navy, and Thomas (2004) for the Air Force. Trainor (1994) focused on the development of joint operations and joint commands to stress the need for cooperation among the services to accomplish the overarching mission to defend the United States of America.

Casscells (2007) highlighted the concerns of the military community regarding joint commands during the discussion of the potential development of a joint medical command to serve the entire military. This new joint command would replace the current service specific medical commands and their operations. This development is being opposed by members of the military due to the fear that the unique mission and features of the service specific healthcare would be lost within a unified or joint medical command.

This research study population was the AMEDD enlisted soldier, therefore the focus of this discussion is the Army. The mission of the Army is to gain and maintain control of the land comprising the battlefield or theater of operations (Army, 2007). This level of control requires that the Army have a physical presence on the land. This presence is the soldier. The Army has numerous regulations, field manuals, and operation guides to ensure that communication within and between units is based on a common understanding of the mission and procedures required to succeed. Breslin (2000) provides examples of Army specific cultural components, including traditions, customs, and command hierarchy. The Army has seven official core values: 1) Loyalty, 2) Duty, 3)

Respect, 4) Selfless Service, 5) Honor, 6) Integrity, 7) Personal Courage, that serve to guide both the training and daily actions of the soldier (Go Army, 2007).

Additionally, public examples of the Army culture, especially of units based at Fort Campbell, Kentucky, appear in such publications as *Black Hawk Down* regarding the 160th Special Operations Aviation Regiment (Bowden, 1999), and *Band of Brothers*, regarding the 101st Airborne Division (Ambrose, 2001). The culture of the Marine Corps, the other ground force in the military, is described in *Flags of Our Fathers* (Bradley & Powers, 2000). The movies that were based on each of these books also serve as public examples of military culture. These include certain understood cultural components such as *no one leaves until the job is done* and *leave no one behind* as well as the tradition of playing *Taps* at a memorial service that may be considered to be unique to the military.

Finally, the book *M*A*S*H* (Hooker, 1968) as well as the film and television series based on the book, may be the most common public example of military culture, especially of the culture of the AMEDD. The book *The House of God* (Shem, 1978) presents to the public a perspective on the culture of a hospital and by extension the medical community. Each book may be viewed as informative, but biased, depictions of the healthcare community. Thus, while the depiction of the military and operational accuracy presented in *M*A*S*H*, as well as the subsequent film and television series is open for debate, the core concept of saving the life of the soldier is still the mission of the AMEDD. AMEDD personnel respond to save the life, limb, and eyesight of soldiers 24 hours a day, 365 days a year, in any location and under any circumstance. That is why the

ability, training, and experience of the medic are so highly valued by soldiers and need to be retained.

Purpose of the Study

The goal of this research project was to perform a content analysis identifying and providing a brief description of the reasons that individual enlisted soldiers cited for reenlisting in the AMEDD.

Philosophical Framework

Directed content analysis is a qualitative research technique or methodology that is also guided by current theory as it seeks to develop or refine knowledge regarding a specific topic (Hsieh & Shannon, 2005). Therefore, the selection of an appropriate theoretical framework and conceptual model to guide this study is essential to both the development and implementation of a successful research plan, including the literature review and appropriate research methodology. The use of such a theoretical framework provides assistance with organizing both the literature review and the potential findings as well as reducing the risk of discovering what has already been discovered (Kolata, 2006). Additionally, if the potential findings are consistent with the guiding theory, it would support both the reliability and credibility of the research findings (Hsien & Shannon, 2005).

The philosophical foundation for this study is pragmatism. Doane and Varcoe (2005) described the use of pragmatism as a means of nursing theory development that is based on current nursing practice. Similarly, the purpose of this study is to identify and describe retention tools based on current offers and

practices that have enticed different servicemen to reenlist in the AMEDD. As noted by Johnson and Onwuegbuzie (2004), pragmatism focuses on “workable solutions” based on “human experiences” as a form of “practical theory” (p. 18). Additionally, pragmatism acknowledges that research findings, or knowledge, is unique and “is always open for revision” (Mounce, 2000, p. 81). Ultimately the goal of pragmatism is to identify *what works* as a foundation for developing solutions to problems. By being open to revision, pragmatism also allows for change by acknowledging that *what once worked may not always work*.

The stated goal of this research project was to identify and describe the reasons why enlisted soldiers choose to reenlist in the AMEDD. Pragmatism suggests that the best way of answering the research question would be to ask individuals why they made the choice to reenlist. Stevenson (2005) suggests that pragmatism or practical inquiry seeks not only to identify but also to develop both a description and potential understanding of the topic being studied. Therefore, the philosophical framework of pragmatism was deemed best to achieve the stated goal of this research project.

Pragmatism can be viewed as a philosophic basis as well as a method for conducting research that focuses on knowledge development (Johnson & Onwuegbuzie, 2004). It may identify essential details regarding intent, action, and consequences that are sometimes overlooked (Lee, 2003; Warms & Schroeder, 1999). Information regarding intent and actions is important to develop a better description and understanding of the topics identified by soldiers as being important to them when making the decision to reenlist. This method of human

inquiry may be guided by current theory, but it is “explicitly a value-oriented approach to research” (Johnson & Onwueguzie, p. 18).

Theoretical Framework

There are several theoretical frameworks that have been used to frame studies regarding nursing staff retention. A partial list of the many published studies regarding nursing retention, including the different theoretical foundations, may be found in Appendix A. This is not a comprehensive listing of the many retention studies because several omitted the theoretical component in their published report. Upon reflection, there are two theoretical frameworks currently identified in the nursing literature that could be used to guide this research study: job embeddedness and the causal model of turnover for nurses. These two theories are similar; yet they are distinct enough that they should be assessed to determine which theory is most congruent with the research project.

Job embeddedness

Job embeddedness is a theory used by Mitchell, Holtom, Lee, Sablinski, and Erez (2001) to predict voluntary turnover. It is focused on the individual employees, their perception of links to others in the community as well as others at the job site, and non-work related commitments within the community. A driving force of the theory is the level of sacrifice regarding money, friends, and community that the employee and family members would have to make if the employee left the job. The theory is conceptualized in regard to the forces that constrain or prevent people from leaving their job (Mitchell et al., 2001).

However, the sacrifice commonly associated with military service is related to staying in the military, not leaving the military as conceptualized by the theory of job embeddedness (Mitchell et al., 2001). The focus of this research is on identifying the factors identified by a soldier as important when considering whether to remain in the service and by extension to continue to sacrifice by reenlisting in the military. There are numerous examples of personal and family sacrifice associated with serving in the U.S. Armed Forces that would support the decision not to use the theory of job embeddedness.

One of the most publicized examples of sacrifice to perform military service in this current period in time is the story of Pat Tillman (Smith, 2004). Tillman's concept of personal duty and patriotism led him to leave a three year \$3.6 million dollar contract with the Arizona Cardinals of the National Football League to enlist in the United States Army for a yearly salary of \$17,316, a 98.6% pay cut, a significant financial sacrifice (Smith, 2004). Tillman was killed in combat in Afghanistan in April 2004, the ultimate sacrifice that one soldier can make. This is a sacrifice that as of January 21, 2008, has been made by 3,904 military personnel during Operation Iraqi Freedom and by an additional 474 military personnel during Operation Enduring Freedom in Afghanistan (Editor, 2008).

Other stories may not be as publicized as Tillman's but are just as demonstrative of the sacrifice associated with military service. Lenz (2006) reported on the members of the 502nd Infantry Regiment of the 101st Airborne Division at Fort Campbell, Kentucky as examples of the nearly 18,000 military

personnel who have been wounded in combat since March, 2003; the “vast majority have remained in Iraq or returned later” (p 13A), even with wounds that qualify the soldier for a medical discharge. He reported on the numbness and searing pain caused by nerve damage to one soldier who has returned to Iraq after six surgeries to repair the damage done to his foot because he “felt guilty because I wasn’t sharing the same hardships that they were” (p 13A). Other examples of injured soldiers who returned to the battle include a soldier with 70% hearing loss and frequent headaches associated with injuries from a roadside bomb and another soldier who was shot three times and suffered shrapnel wounds in the back and leg from a grenade. Finally, another Fort Campbell soldier, with damage to both eyes from a bomb blast also asked, but will likely not be sent back to Iraq.

This sacrifice of life, limb, and sight is one that any soldier, sailor, airman, or marine may be asked to make at any time of day or night anywhere in the world. As noted, this sacrifice previously resulted in the service member receiving a medical discharge due to disability. This medical discharge not only ended their military career, but may have limited their options for future employment and financial earnings. However, a recent AP article (Soldiers return, 2007) reported that U. S. Army Sgt. T. Williamson will remain on active duty as a job counselor and affirmative action officer as a result of a change in Pentagon policy that is allowing more amputees to remain on active duty. This policy change is of note because it may further intensify the demand on the

AMEDD for healthcare and rehabilitation services, reinforcing the need for experienced personnel and supporting this research study.

Kinship responsibility, a responsibility felt by the employee toward family members in the local area as a reason to remain with the current employer, is another component of the theory of job embeddedness (Mitchell et al. 2001). Sinor (2003) discussed the impact of military service on the family, especially the children of service members. The primary issues cited were fear of death or severe injury and separation that results in lost or damaged family relationships related to deployments. Stone (2007) reported on the experiences of children of injured service members as they learn to cope with the changes in their own lives as well as in their family life. She described the frustration as well as the expanding, and often increasingly demanding care-taker role, of the children as they adjust to a parent who is now different, either physically or mentally, than the parent who deployed to combat. Finally, Jowers (2007) also reported that stress related to the deployment of a family member was associated with decreases in growth and development of the child when compared to pediatric standards.

Johnson (2006) described the stress of multiple tours of duty on military families, while Jowers (2006) and Zoroya (2007a) have documented the impact of the stress associated with extended deployments on soldiers and family members. Each reported varying increases in the number of separations and divorces experienced in military families as well as increasing numbers of reports among soldiers and family members regarding medical conditions related to or

aggravated by stress. As current deployments are being extended (Flaherty, 2007; Raum, 2007) it is clear that military service and the resulting impact of family separation increases the stress on the soldier and the family. Thus, kinship responsibility would appear to drive people out of the military, in opposition to the use of the concept in job embeddedness (Mitchell et al., 2001).

In conclusion, it is clear that both the sacrifice made by a soldier as well as the family of the soldier and the kinship responsibility felt by the soldier toward family members could cause the soldier to leave the service. As noted, this is in opposition to the impact of kinship responsibility as conceptualized by Mitchell et al. (2001). Therefore, the theory of job embeddedness does not appear to be theoretically, conceptually, or operationally appropriate for this study regarding enlisted soldier retention or reenlistment.

Causal Model of Turnover for Nurses

The Causal Model of Turnover for Nurses was first proposed by Price and Mueller (1981). In the theory and the accompanying conceptual model, Price and Mueller identified various factors that either directly or indirectly influenced staff turnover. This initial work, similar to that of Mitchell et al. (2001) included, but was not limited to, nursing staff. The theory identified one factor, opportunity, which directly influences turnover. Three additional factors: (1) professionalism, (2) generalized training, and (3) kinship responsibility, were proposed to influence, either positively or negatively, intent to stay and thus turnover. Finally, seven factors, (1) routinization, (2) participation, (3) instrumental communication, (4) integration, (5) pay, (6) distributive justice, and (7) promotional opportunity,

were recognized as influencing job satisfaction, and through that conduit influencing decisions regarding the intent to stay and eventually influencing turnover.

This theory has been referenced by over 30 researchers studying staff turnover (Price, 2004). These studies have been reported over a period of 25 years and include studies from at least five countries, numerous work settings and care environments and two studies of military personnel (Kim, Price, Mueller, & Watson, 1996; Kocher & Thomas, 1994). Price (2004) described how these extensive research studies drive the ongoing development or refinement and expansion of the initial causal model of turnover for nurses. It should be noted that even though the work of Nichols (1971) regarding military nurses was completed before the Price and Mueller (1981) model was introduced, the concepts and findings of the Nichols study closely parallel the initial Price and Mueller model. Additional studies, especially military specific studies by Kocher and Thomas (1994) and Kim et al. (1996), regarding staff retention also support the use of theory of the causal model of turnover for nurses as the guiding theory for this research study regarding reenlistment in the AMEDD.

The use of this theory is further supported by a recent revision of the Price and Mueller (1981) model (Wilson, 2006). The revised model entitled *Variables Associated with Nursing Retention and Turnover*, lists numerous variables and demonstrates the associations by diagramming the direct and potentially various mediating and moderating relationships among the increasing numbers of variables influencing staff retention and turnover. The revised model has a focus

on both retention and turnover and the impact of each on the organization. The Wilson model appears complex but clearly represents the variety of factors that should be considered in any decision regarding employment changes. Upon closer examination, the same variables are present in Wilson's model that were found in Price and Mueller's original model.

Wilson's (2006) revised model expanded the Price and Mueller (1981) model to include 39 factors that can influence, either directly or indirectly, the individual's decision to leave or stay within an organization. Wilson based the new model on information obtained from semi-structured interviews with 10 nurses in the United Kingdom. The opening question during the interviews was "What are your reasons for staying in nursing?" (p. 26). Probing questions were used to clarify and develop a mutual understanding of the topic and comments between the interviewer and participant. Wilson's content analysis of the interview data identified five reasons that were responsible for the nurse's decision to remain in nursing: (1) Job satisfaction, (2) Work environment, (3) Personal life, (4) Professional recognition, and (5) Economic incentives.

Job satisfaction or enjoyment of providing nursing care was the most often described reason to stay in nursing (Wilson, 2006). Job satisfaction was described by participants as related to providing direct patient care and patient education. It also included providing nursing care to a variety of patients and an assortment of associated medical conditions. Finally, opportunities for career or professional progression were also discussed as part of job satisfaction. However, Wilson (2006) noted that participants in the study voiced a concern that

patient contact should remain as the core essence or heart and soul of nursing practice, no matter the career path that the individual nurse elects to pursue.

The work environment was the second most often discussed topic of interest described by Wilson (2006). This topic included such traditional factors as workload or patient census and acuity as well as staffing patterns. Nurses expressed a desire to provide high quality patient care in a safe environment for both staff and patients. Group cohesion, professional colleagues and supportive management were also described as components of a positive work environment, thus supporting retention of the nursing staff.

The third topic described by Wilson (2006) was the ability of the individual staff nurse, with management support, to balance both the responsibilities of work and the individual's personal life. The fourth topic described was professional recognition for successful job performance. This recognition could come as public or private positive feedback from patients, peers, and management or professional colleagues. Recognition could also be provided in the form of a promotion, additional or increased educational opportunities, and increases in pay or other economic incentives. Two of the participants described increasing economic incentives as a separate or fifth topic. They suggested that economic incentives were potential reasons for looking at careers outside of the nursing profession.

Wilson's conceptual model identifies four broad themes: work environment, economic incentives, as well as professional and personal concerns (Wilson, 2006). The model illustrates that these themes, or specific

topic within a theme, can potentially influence the employee's retention decision at any point on a three step, straight path beginning with job satisfaction, followed by behavior intentions, and culminating in either retention or turnover. The behavior intentions are expressed as either a desire or intent to stay or leave the organization. An example of such an intention would be job seeking behaviors. These behavior intentions or actions result in either the retention of the employee or employee turnover, the third and final step on the path. This final step functionally operationalized the outcomes associated with the goal of this study.

Wilson's (2006) model depicts a wide variety of factors that can influence, either directly or indirectly, retention decisions. Reenlistment or retention is operationalized as the individual stays with the organization and turnover as the person leaving the organization. The model depicts a simple, straightforward path to retention and turnover. However, it also depicts a complex decision influenced by multiple variables. Thus, it serves to demonstrate that the decision to stay with an organization or leave the organization is a complex decision, often made over time and through consideration of many variables to reach a final decision (Kocher & Thomas, 1994).

In summary, the core concepts and relationships of the Price and Mueller model appear to withstand the test of time. These concepts are also contained in the 14 Forces of Magnetism promoted by the American Nurses Association (ANA) and the American Nurses Credentialing Center (ANCC) as a means of improving nursing care and patient outcomes (ANCC, 2007; Lash & Monroe, 2005). The core concepts of job satisfaction, economic incentives, work

environment, professionalism, personal issues and retention are found in the many revisions of the model. The concept of retention or intent to stay is easily related to the research question regarding why enlisted soldiers reenlist in the AMEDD. The Wilson (2006) update, Variables Associated with Nursing Retention and Turnover, of the Price and Mueller (1981) original Causal Model of Turnover builds on the core concepts of the original model while expanding to include new information regarding nurse retention. Therefore, Variables Associated with Nursing Retention and Turnover was selected for use as the sensitizing theoretical framework, as visualized in the accompanying conceptual model, for this research study.

Research Question

The purpose of this initial study regarding the retention of personnel in the U. S. Army Medical Department was to identify and provide a brief description of the reasons that individual enlisted soldiers provided for reenlisting in the AMEDD. The primary research question was 'Why did you decide to reenlist in the Army Medical Department'? Supplemental questions were used to clarify understanding and context. Additional information was also obtained during this research project regarding: (1) whether the decision was made individually or in consultation with someone; (2) the timeframe associated with making the decision; (3) the weight the individual placed on the various variables that were considered when making the decision to reenlist and; and (4) any factors outside of the military (such as personal objectives, professional goals, family obligations

or family members) that influenced the decision of the service member to reenlist?

Limitations of the Study

The data collection for this study was limited to enlisted soldiers in the U.S. Army Medical Department stationed in the Southeast United States. The enlisted soldiers were assigned to a single unit in which one component or detachment had either recently completed a deployment or is currently preparing for a deployment overseas. Therefore, the results of the study may or may not be relevant to other units in the U.S. Army Medical Department, the U.S. Army in general or to other branches of the Department of Defense. Additionally, the results of the study may not be relevant to officers and civilian employees in the U.S. Army Medical Department, the U.S. Army, or to other branches of the Department of Defense. This qualitative descriptive study was exploratory in nature and is expected to be the beginning of a continued program of research regarding staff retention in healthcare administration, especially nursing administration. A list of definitions associated with this study are contained in Appendix B

Significance of the Study

Ernsberger (2003) noted that the cost of replacing an employee often exceeded twice the salary of the individual. Beerman (2006) reported that “the cost to train a new soldier is approximately \$300,000” (p 9). This figure does not include the cost associated with providing additional medical training, such as medic or paramedic, licensed practical nurse, operating room technician, or

respiratory therapist to the soldier entering the AMEDD. Therefore, the cost of replacing an enlisted soldier in the AMEDD may be considerably higher. Thus the total cost of training an AMEDD soldier is a factor that must be considered as a rationale for increasing AMEDD enlisted soldier retention.

Longo and Urander (1987) stated that “A nurse retained is a nurse recruited” (p 78) and further suggested that nurse retention is an investment by the healthcare organization in the nurse. Wall (1998) called for a long term focus on retention as a strategic goal for the organization. As noted, enlisted personnel compose approximately 70% of the U.S. Army Medical Department, retention of enlisted personnel (such as licensed practical nurses, emergency medical technicians, respiratory therapists, and operating room technicians) would serve to retain skill and experience that can benefit the AMEDD in achieving their mission. Additionally, the experience and skills of combat medics should prove to be invaluable during the training of additional personnel.

Cavanagh (1990) described the economic factors associated with turnover and suggested that organizations work to decrease turnover as a means to decrease operating cost. This view of nurse retention as a direct investment is best exemplified by the work of Atencio, Cohen and Gorenberg (2003) who reported that in 2002, in the non-military job market, the average national cost to replace one general nurse was estimated at \$92,442 and to replace a nurse in a specialty area could be as high as \$145,000. The authors compounded this cost when they reported that a hospital with only 100 nurses, using an average nurse turnover rate of 21.3%, could incur expenditures as high as \$1,969,015 per year

due to nurse turnover among general medical-surgical nurses. Using the same method it was estimated that a facility could incur expenses as high as \$3,088,500 per year to replace nurses in specialty areas.

The significance of the study to the military begins to build when the cost of replacing an individual civilian specialty service nurse, \$145,000 is considered to be equal to the cost of professional training of an enlisted soldier. This assumption is based on the cost of the pay and benefits paid the soldier and instructors over the course of initial and specialty training, such as the year long licensed practical nurse course as well as the cost of supplies, equipment and operations of a training facility. In addition, consider the estimated initial training cost per soldier of \$300,000 (Beerman, 2006). Thus, the cost of training new enlisted medical personnel could be as high as \$445,000.

There are approximately 47,000 soldiers in the AMEDD (Army Medicine, 2007). Estimate that the AMEDD brings in at least 1,000 new enlisted soldiers a year, a 2.1% replacement rate, for a total cost of \$445,000,000, before the soldier provides any independent patient care. Yet, 2.1% is only a tenth of the reported 21.3% civilian replacement rate but, it may be established as a benchmark for performance of new retention initiatives (Atencio et al., 2003). This initial goal, the retention of 1,000 enlisted soldiers in the AMEDD may result in an estimated \$445 million dollar cost avoidance. This is approximately 5% of the annual AMEDD operating budget (AMEDD, 2007). Because military healthcare facilities operate on an appropriated budget subject to change during the year, and earn less than 5% of operating cost in direct reimbursement, cost

savings of this magnitude could potentially have a significant impact on the ability of the AMEDD to offer healthcare services.

Additionally, nurse retention has an indirect cost component. In a study of long-term care facilities, Riggs and Rantz (2001) concluded that “high staff turnover significantly and negatively impacts a nursing home’s ability to provide high-quality care” (p 43). This study is of note because of the current extended hospitalizations of military personnel for burn care and orthopedic rehabilitation and psychiatric care. Aiken, Clarke, Sloane, Sochalski, and Silber (2002) found that for each hospitalized surgery patient over four per individual nurse the risk of failure to rescue (any negative outcome, including death, related to the inability of a nurse to accurately assess a patient) increased by 7.1% as well as increasing the odds of nurse burnout by 23% and decreasing job satisfaction by 15%. Atencio et al. (2003) suggested that increasing burnout and decreasing job satisfaction also increased nurse turnover and decreased nurse retention, highlighting the impact that the indirect cost of staff turnover has on the direct cost of nurse staffing.

Therefore, the findings of this research may ultimately result in both organizational and facility cost savings. The cost savings could be used to increase staffing levels as well as provide additional services to improve job satisfaction, thus improving enlisted staff retention. Finally, while the study population was enlisted personnel in the U.S. Army Medical Department, the findings could potentially be used to improve officer and civilian retention.

CHAPTER TWO

LITERATURE REVIEW

Methodology

The goal of this research project was to perform a content analysis identifying and providing a brief description of the reasons that individual enlisted soldiers cited for reenlisting in the AMEDD. A computer database search was initially conducted using Medline, OVID and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) search engines. Key words included, “healthcare,” “nurses,” “military,” as well as key words from the conceptual framework “job satisfaction,” “work environment,” “professionalism,” “personal factors,” “pay,” “retention,” and “turnover”. An additional electronic search with these key words was conducted using the Business Source Primer (BSP) database for articles in the business literature. This process resulted in an initial total of 881 citations in Medline, OVID, and CINAHL, as well as 492 in the BSP.

Each title and abstract was electronically reviewed, duplicate references as well as references dealing with fluid retention, urinary incontinence, retention of nursing home residents, satisfaction with nursing care as a cause of patient retention, commentary regarding works in progress, and non English language references were eliminated. A total of 135 articles were initially selected for review. This list was expanded by the retrieval and reading of these articles and reviewing their reference lists. Referenced articles of interest were identified and citations obtained from the reference lists. This information was then used to

further expand the literature review. Finally, a Google Scholar and Amazon website search using the key words identified several reference books; including the previously cited work in which Price (2004) discussed the historical development of the causal model of voluntary turnover.

This purpose of this chapter is to review several selected references regarding turnover or intent to stay in nursing, business, and the military. In accordance with the directed content analysis methodology of Hsieh and Shannon (2005), information in this chapter will be aligned with the theoretical framework and the conceptual model Variables Associated with Nursing Retention and Turnover (Wilson, 2006). The initial focus will be on the historical background of nurse retention. Additional areas to be reviewed include the impact of work environment, economic factors, professional issues, personal issues, and turnover. The chapter will conclude with the identification of reoccurring findings and significant gaps noted within the published research.

The literature review regarding nursing turnover covered a timeframe from 1945 to 2007. The greater part of the research has been published since 1990. The majority of the references dealt with why individuals leave employment and recommendations regarding changes that need to be made to prevent such losses. Very few research studies focused on why individuals remain with an organization and how the use of that information could improve employee retention within the organization.

Finally, there were only six studies initially identified that included more than Registered Nurse (RN) staff. The body of nursing literature available to

review was almost exclusively focused on why RNs leave positions. Selected RN studies are reviewed because of the conclusions by Price and Mueller (1981) and Mitchell et al. (2001) that their theories were applicable to all hospital staff. There were 12 studies initially identified regarding military personnel. Only three of the studies focus on enlisted personnel, and none dealt with AMEDD enlisted personnel.

The literature review process regarding staff nurse retention was tedious and occasionally confusing. While it was the rare study that appeared to be lacking sufficient detail to justify the recommendations, many studies presented contradictory findings, and on occasion the research methodology did not seem to match the stated research question. Therefore, the literature was often frustrating in trying to determine what was known and what was unclear or not known. There are numerous studies regarding the impact of the work environment, including staffing and administrative support, professional relations with other healthcare professionals, personal issues regarding the impact of working nights and weekends and pay on staff retention. Meanwhile, the organizational websites for the Army Medical Department, Army Nurse Corps, American Nurse Association, and The Association of Nurse Executives and numerous state nurse associations and professional or specialty organizations list staff retention as a priority. This may be in part due to the often confusing nature of the extensive body of literature regarding nurse staff retention.

Historical Background

According to Bowman, Carlson, Colvin, and Green (2006) research regarding employee turnover was first published in 1910. They reported that the work of March and Simon regarding the process of turnover led to the development of at least 12 different models of employee turnover in the business and public administration literature. Lu, While and Barribal (2005) reported that Maslow's Human Needs Theory and Herzberg and Mausner's Motivation-Hygiene Theory were also the foundation of the various models of job satisfaction and staff turnover and their subsequent revisions.

The earliest documentation of the individual reasons or justifications regarding why nurses leave the profession was published in 1945. Jose (1945) reported that "every nurse" in a military hospital unit that was deployed overseas reportedly said "no" when asked if they "intended to remain in the nursing profession" (p 596). The reasons cited included a perceived lack of professional respect, lack of autonomy, and decreased morale reported by civilian nurses (Jose, 1945). This information was reported to have been accessed through an American Red Cross (ARC) compiled report of a survey of 31,100 Army nurses regarding postwar plans (ARC, 1945). It somehow seems poetic, and yet foreboding, that a study regarding retention in the United States Army Medical Department should begin with a study about Army nurses and the Army Nurse Corps.

In response, Branigan (1946) wrote a letter to the editor entitled 'Why Army Nurses Leave Nursing'. In the letter she cites "undesirable working

conditions, pay, a lack of benefits (including, at the time, Social Security benefits), being unappreciated, outmoded nursing traditions, and little respect for working women” (p 56). She also reported that these “gripes are falling on deaf ears” (p 56). This is the earliest document obtained regarding the impact of management on retention.

Over sixty years later, Wilson (2006) identified the work environment as the most common factor affecting nurse retention and turnover. Additional issues cited separately by Wilson included economic factors, the lack of professional respect (especially from physicians and hospital administrations) and the desire to have a personal life in addition to demands of having a family. Have these reasons, which Wilson discussed as being components of or contributing to overall job satisfaction, been studied and recommendations made to improve the conditions? Have the recommendations been implemented and assessed to determine their impact on nursing staff retention? If so, why are these reasons still problematic in retention and turnover among nurses? Are there other reasons, either professional or individual, associated with employee retention and turnover in healthcare, especially nursing, that should be considered when establishing policies to improve retention and decrease turnover of employees?

Work Environment

The body of research regarding work environment is extensive and occasionally contradictory. It has been a major topic of commentary, theory development, and research in nursing, healthcare in general, as well as the

military, education and the business environment. Once again, with this volume of research, why is the topic still an issue, why hasn't it been resolved?

A summary table of nursing research studies regarding work environment can be found in Appendix C. Wandelt, Pierce and Widdowson (1981) focused on nurses who are currently practicing as well as nurses who have left the profession. They reported that the qualitative data suggested that a lack of adequate staffing, professional respect (especially from other members of the healthcare team), professional autonomy, as well as feedback and recognition were some of the reasons that nurses considered leaving or left the profession. They concluded that improvements in these areas, as well as other areas such as part time schedules and improved pay and benefits, could bring nurses back into the profession. Finally, Wandelt et al. (1981) recommended that nurses perform nursing and not other jobs within the facility and for nurses to receive the same recognition and personnel benefits as other healthcare professionals.

Sigardson (1982) surveyed former nurses in Illinois and asked them why they left nursing. She identified the most common reason that nurses left the profession as the work environment. Among work environment factors, she reported that the most frequent reason given for leaving nursing was a combination of long hours and understaffing. The second most common reason given was the poor treatment that the nurses received from both the physicians and hospital (including nursing) administrators. She issued a call for administration to assess the work environment for ways to improve working

conditions as a means of retaining current nurses and attracting inactive nurses back to the profession.

Of note is the fact that separate studies, conducted in separate states and using both quantitative and qualitative research methods found the same results regarding work environment. These findings strongly suggest that these issues are not only consistent but widespread. As discussed in each study, the issues discussed as part of the work environment can often lead to staff turnover. Finally, since these issues were first reported in 1946, why were they an issue in 1982 and why are they still an issue in 2008?

The answer may be found in the writings of Hinshaw and Atwood (1983). They conducted a meta-analysis of research studies regarding the impact of job stress and satisfaction on staff turnover. They concluded that “much of the literature is theoretical in nature, advancing substantive recommendations without presenting data to evaluate nursing staff, cost, or client outcomes” (p 147). They suggested that the professional practice of nursing demands that research studies not only identify personal and professional factors that influence nursing turnover but also develop research based strategies to address these factors.

Hinshaw and Atwood (1983) as well as Cavanagh and Coffin (1992) described several conceptual and methodological issues that can lead to measurement difficulties as a possible reason for the lack of research based retention strategies. For example, if the concept being studied cannot be measured with both accuracy and reliability, the ability to use the results may be

severely limited. Finally, the findings from small, single site studies also may be severely limited in both content and generalizability. Therefore, the authors called for large sample size studies that allow for better testing of the impact of interventions on personnel, patients, and the cost of care so as to increase the reliability and generalizability of the findings.

As a possible response to these recommendations, several tools have been developed to study and measure the work environment of nurses. The work of Aiken and Patrician (2000) focused on the identification of characteristics of a professional work environment and the development of the Revised Nursing Work Index as a tool for measuring these characteristics. The four characteristics measured by the tool are (1) autonomy, (2) control over practice setting, (3) nurse – physician relationships, and (4) organizational support. Hayhurst, Saylor and Stuenkel (2005) used the Moos' Work Environment Survey to assess (1) peer cohesion, (2) supervisor support, (3) autonomy, and (4) work pressure. Other assessment tools exist, yet the assessment guide used during a site survey to determine the presence of the 14 Forces of Magnetism noted by the ANCC (2007) as being characteristic of Magnet Hospitals appears to offer the most comprehensive view of the work environment. The comprehensive nature of such an assessment is obvious when the 14 Forces of Magnetism are named. The 14 forces are (1) quality of nursing leadership, (2) organizational structure, (3) management style, (4) personnel policies, (5) professional models of care, (6) quality of care, (7) quality improvement, (8) consultation and resources, (9) autonomy, (10) community and the healthcare organization, (11) nurses as

teachers, (12) image of nursing, (13) interdisciplinary relationships, and (14) professional development.

The 14 Forces of Magnetism are associated with improved nursing outcomes, including staff retention (Lash & Munroe, 2005). Specifically, Havens (2001) documented the increased levels of autonomy, control over practice and nurse-physician collaboration among magnet hospitals vs. non-magnet facilities and their positive impact on staff retention in Magnet facilities. Studies by Hayhurst, Saylor and Stuenkel (2005) and Kowalski, Bradley and Pappas (2006) reported that there was a positive correlation between autonomy and respectful relationships between medical and nursing staff, components of the model, to measures of job satisfaction and thus, theoretically, to improved staff retention. Additional studies that support the link between the magnet hospital model and staff retention can be found in Appendix D.

Another component of the work environment is the relationships among members of the nursing staff. An example of this relationship that can negatively impact staff retention is work place bullying (Jackson, Clare & Mannix, 2002; Stevens, 2002). Additionally, Cheung (2004) reported the results of 28 interviews in which either physical or emotional abuse, as well as a combination of the two, were described by nurses as the reasons that they left not only their job, but the profession. Miracle and Miracle (2004) documented the lack of respect for nurses by doctors and hospital administrators. They suggested that this lack of staff camaraderie and the physical and emotional abuse reported by nurses are reflective of a poor work environment and lead to job dissatisfaction

and turnover. Miracle and Miracle (2004) also suggested that this type of work environment is physically and emotionally draining and the staff appear to “take their frustration out on each other” (p 236) leading to increased dissatisfaction and turnover. Are nurses misdirecting their frustration with other healthcare professionals toward each other and creating an atmosphere of negativity and a poor work environment?

In contrast, Coile (2001) documented the impact of a positive or supportive unit culture as positively influencing nurse staff retention. Sumner and Townsend-Rocchiccioli (2003) suggested that increasing an organization expression of respect for the work of nurses created a positive work environment resulting in increased staff retention. However, this increase in expressions of respect must be accompanied by actions, including intolerance of physical and emotional abuse of nursing staff by other healthcare professionals. In addition, Armstrong and Laschinger (2006) documented a link between a positive work environment and empowered staff nurses with increased staff retention as well as improvements in patient safety related outcomes.

Communication and support of staff had been a focus of research from Elder’s (1958) survey of managers and staff nurses at 47 work sites to Kleinman’s (2004a) more recent study of 10 sites. Martin (2003) and magnet hospital research have all reported that a positive, supporting relationship between a staff nurse and the immediate supervisor was important to staff retention. Ernsberger (2003) concluded that managers in any profession, who

are professionally trained and able to support the professional development of employees, were associated with reduced staff turnover.

The evidence continues to build in support of the position that positive perceptions regarding the various components of the nurse's work environment leads to increased staff retention. The application of this research to nursing is appropriate when considering that Annadale-Steiner (1979) reported that over 30% of hospital nursing turnover was related to perceptions regarding the inability to provide safe nursing care and dissatisfaction with nursing management. The importance of a good manager was stressed by Westcott (2006), who concluded that "people typically don't leave a company – they leave a manager" (p. 42).

This quote further both demonstrates and supports the relationship between poor management behavior and increased staff turnover. This conclusion is supported by the work of Kramer and Schmalenberg (2003) and Swearingen and Liberman (2004) who each reported that caring managers who are familiar with and supportive of employees' personal requirements could improve retention. This is in contrast to the anecdotal stories repeated among staff nurses of insensitive nurse managers telling employees to ignore issues at home and demand that the staff work mandatory overtime or face the potential lose of licenses and thus the ability to work as nurses due to charges of patient abandonment. The president of the American Nurses Association, Mary Foley, RN, documented such incidents during congressional testimony in March 2002 (Steinbrook, 2002).

These research studies and commentary suggest that one means of improving the work environment and staff retention is to invest in management training. In 2003, while citing the high cost associated with staff turnover and that 50% of the individuals who left a facility cited poor management, Cline et al. (2003) repeated the call for additional management training in healthcare to improve the work environment and thus, staff retention. Swearingen and Liberman (2004) concluded that quality managers, possessing effective communication skills, would not only decrease turnover, but improve the quality of patient care. The cost avoidance of decreased turnover and improved quality should be enough to support management training.

Shirey (2006) and Wilson (2006) reported that improvement in nurse retention could be tied to a holistic management approach focusing on the job or work environment. Burns (2001) noted that healthcare was complex and healthcare leaders, including nursing leaders, must be prepared to develop positive working environments. Therefore, nurse managers and administrators need to become familiar with the human resource literature. This familiarization would allow them to identify successful business practices focusing on improving the work environment from the literature of both general business and especially service industries. This information could then serve as a means of identifying possible methods of improving the healthcare work environment and potentially improving staff retention (Irvine & Evans, 1995).

These conclusions are repeated in a report by Upenieks (2003). She surveyed over 300 RNs and LPNs who worked on general medical-surgical units

in both Magnet and non-Magnet hospitals. She found that autonomy, control, empowerment, and organizational structure, including management support, were perceived to be higher by the nurses working in Magnet facilities. She concluded that an organizational culture which values the work of the nurse as well as adequately rewards the work, psychologically and financially, was strongly associated with job satisfaction. The inclusion of LPNs in this study, as well as the previously cited work of Price and Mueller (1981) and Mitchell et al. (2001) continue to support the evaluation of studies of RNs to identify topics of concern to LPNs, the equivalent of enlisted personnel.

In summary, a poor work environment including mandatory overtime, shift work, lack of sufficient staffing to provide safe and adequate patient care, and the treatment of nursing staff by management as well as by other staff members, including physicians and other healthcare professionals, has been identified as one of the major reasons associated with why nurses do not remain in nursing. In contrast, Hinshaw, Smeltzer and Atwood (1987), Longo and Uranker (1987), Humphris and Turner (1989) as well as the previously cited commentary and research regarding the use of the ANCC magnet model all found that a positive work environment served to increase staff retention.

The work environment for nurses was also the major topic of Herwitz's (1959) report regarding a multinational summit focusing on nursing care that was conducted by the World Health Organization and the International Labor Organization. Topics of discussion included a call for a forty hour week, improved professional and social status and improved economic rewards for

performance of nursing care. It must be noted that these issues, almost 50 years later, are still problematic internationally within the nursing profession. Sochalski, Aiken and Fagin (1997) described the similarities among various nations regarding the negative impact of the redesign of hospitals and nursing work environments on patient outcomes, nurse satisfaction and nurse retention. The association between poor working environment and poor patient outcomes and decreased staff retention was again a major finding of an international research study by Aiken, Clarke, and Sloan (2002).

In contrast to specific studies, literature reviews and meta-analysis regarding nurse staffing were unable to document a consistent, statistically significant link between nurse staffing and nurse and patient outcomes. Lang, Hodge, Olson, Romano, and Kravitz (2004) concluded that while increased nurse staffing was associated with improved patient outcomes, the research definitions and methodology varied so that they were unable to offer specific nurse staffing recommendations. Tourangeau, Cranley and Jeffs (2006) also concluded that research findings between studies possessed high variability and were occasionally conflicting. They cited the variations in methodologies and definitions of research variables as the cause of the inconsistency.

Numata et al. (2006) determined that there was no “consistent inverse association between nurse staffing levels and mortality” (p 444). They also concluded that the lack of consistent findings or high variability was related to “no standardized operational definition for nurse staffing levels” (p 444). These comments are very similar to the conclusions of Hinshaw and Atwood (1983) and

Cavanagh and Coffin (1992) regarding research methodology. They are echoed in Mark's (2006) discussion of the methodological issues nursing research regarding nurse staffing. It has been over 20 years since these methodology issues regarding inconsistent terminology and definitions were first identified. Therefore, why has this methodology inconsistency not been resolved?

Overall, it appears that there exists some link between nurse staffing and nurse and patient outcomes. However, the lack of consistent definitions and a clear understanding of the various processes that link staffing to outcomes, limits the ability to utilize the findings. A research methodology that seeks to identify and develop a basic definition of a topic of interest that links the soldier's perceptions of the work environment to the decision to reenlist may also be of benefit in developing better retention programs. Additionally, identification and descriptions of the topics that link staff perceptions regarding work environment in one sample population may benefit additional studies regarding retention in other populations.

Economic Factors

Economic incentives for nursing care have been another topic of research and commentary for an extended period of time. As early as 1946, Schwartz and Sharritt, each concluded that the current nursing shortage was related to economics factors. Sharritt (1946) suggested then that "times have changed and it is no longer possible to work for 'the love of nursing and the profession'" (p. 851). Over twenty years later, Kelly (1967) and Kramer (1969) also described the impact of low economic incentives on the nursing shortage of that period.

Finally, sixty years after first being documented, the impact of low or even the lack of economic incentives on the current nursing shortage was once again documented by Lynn and Redman (2004), Khowaja, Merchant, and Hirani (2005), and Nelson and Folbre (2006). Why does the topic of economic incentives for nurses remain a variable in the discussion of nurse retention?

As noted, Kelly (1967) and Kramer (1969), citing the influence of economic factors, issued a call for nurses to begin to demand competitive salaries to support the nursing profession and safe patient care. Kelly even suggested that it was unethical for the nursing profession to allow the lack of competitive salaries to diminish the ability of the members of the nursing profession to provide safe patient care as well as to diminish the general image of nursing. Kelly suggested that this would result in a decrease in the actual number of nurses performing nursing care services as well as decrease the potential number of individuals entering the profession.

Collins (1987) focused on nurse wages as a representation of the value of the work of nurses. She presented the concept of comparable worth as a means to gain pay equity for nurses. She presented the findings of a study comparing specific jobs and pay to demonstrate that “women’s jobs paid anywhere from 29% to 56% less than jobs held mostly by men” (p 21). She concluded that hospital administrators were “not eager to pay up” (Collins, 1987, p 23) and reported that administrators felt that they had a limited budget for nurses and suggested that higher wages would result in fewer jobs for nurses. Nowak and Preston (2001) concluded that human capital theory could not explain why

nursing knowledge was not valued and why nurses were so poorly paid. They suggested that a perception of nursing as 'women's work' may be a factor (p. 240). There appears to be a focus on nursing as a profession for women and therefore the pay does not have to be equal to the knowledge and skills required to perform successfully.

This topic is addressed in an article titled "The economics of vocation or 'Why is a badly paid nurse a good nurse'?", Heyes (2005) reported that vocations such as nursing and teaching are related to a *calling* and that increasing the pay would draw individuals into the field who did not have a *personal calling* but just entered the field for the money. Heyes (2005) also reported on the "good soldier syndrome" and "going beyond expectations ... and those measured on formal job evaluation" (p 562) as a method of documenting the association between vocational calling and performance. This comparison also serves to strengthen the ties between research regarding nursing staff retention and military retention or reenlistment.

Nelson and Folbre (2006) disagreed in a rebuttal article titled "Why a well-paid nurse is a better nurse" suggesting that Heyes (2005) assertions regarding pay were flawed and that increasing pay would help retain *called* nurses, especially those with financial responsibilities. This assertion echoed the earlier comments of Sharritt (1946) as well as Lynn and Redman (2004) and Takase, Maude, and Manias (2005) regarding the need for a higher salary for staff members who are also the primary financial support for the family. This finding is reflected in the research of other service professions. Currall, Towler, Judge and

Kohn (2005) concluded that school employees who were satisfied with their pay were less likely to have intentions to quit. Acknowledging the relationship between the professions of education, nursing, and the military as described by Heyes (2005), this relationship among professions suggests that nurses, especially military nurses, who are satisfied with their pay, would be less likely to quit their job or leave the profession.

The importance of economic incentives, such as pay and benefits, has been documented to impact nursing, and especially military nursing, retention for generations. Sharritt (1946) reported that pay, management and respect were important but benefits such as vacation and sick pay, and health care benefits also drove nurses out of the profession. Twenty-five years later, Nichols (1971) reported that 76% of military nurses planned on leaving the military due to perceptions of increased job opportunities including higher potential earnings and higher perceptions of job satisfaction in the civilian market. Approximately 30 years later, military retention rates were also found to decrease the more income the service member lost due to mobilization (Kirby & Naftel, 2000).

Commentary regarding the implications of the nursing shortage on military healthcare by Cooper and Parsons (2002) as well as a survey of almost 40,000 enlisted service members by Moore (2002) concluded that low pay and a perception of better job opportunities outside the military decreased retention, while education assistance and healthcare benefits increased retention. In comparison, Bowman et al. (2006) reported that turnover among law enforcement professionals was linked to a perception that pay, benefits and

respect were inadequate. Among information technology workers money was a major driver, but other economic benefits, such as health insurance and retirement plans, were viewed as a necessary and fundamental part of the basic pay package (Lockwood & Ansari, 1999). Brown, Dawson, and Levine (2003) reported that pay, benefits (such as health insurance and retirement plans) and professional respect were perceived by emergency medical technicians (EMTs) to be inadequate and associated with individuals leaving the profession.

Stagnant wages were reported to be a major barrier to the recruitment and retention of nurses (Sochalski, 2002) and law enforcement personnel (Bowman et al, 2006). These reports further suggest that economic incentives, such as pay, are not just a nursing topic, but a topic impacting all public service professions. Low pay was considered to represent an attitude of indifference or lack of concern for the employee (Bowman et al, 2006).

Brown et al, (2003), and Bowman et al. (2006) called for increased pay as a means of demonstrating appreciation of the work of the staff and retaining employees, especially public service employees. It is not inconceivable to include both nurses and military personnel in the category of service employees. Alspach (2007), echoing the work of Lockwood and Ansari (1999), concluded that not only pay, but also the entire benefit package (including health and dental insurance as well as retirement and education benefits) was a necessary component of a successful employee retention program. Additionally, tuition reimbursement was reported to be positively associated with employee retention,

especially if the employee receives a promotion, increase in salary, or other benefit (Benson, 2006; Hannay & Northam, 2000).

MacDonald (2002) reported that bonus payments are a positive incentive for staff retention. Robinson, Jagim and Ray (2004) stressed that the payment of bonuses must be perceived as fair for them to be effective tools for retention. However, as noted by Tyson (2005) and Tice (2007), bonus payments can financially overwhelm an organization, may have a limited appeal and not be financially sustainable over time.

Neuberger (2005) noted that providing pensions as a benefit was a means of retaining employees. Lloyd (2001) also noted the positive impact of pension benefits as well as flexible hours and other benefits as retention tools. Taylor (2000) reviewed and studied the impact of pensions and concluded that they had a varying impact related to the professional occupation and type of employee. He concluded "that there are grounds for questioning the extent and significance of the link between occupation pensions and employee turnover" (p 257). However, Taylor concluded that pensions appear to increase in importance as an individual approaches retirement. This conclusion was also found to be true among nurses (Ma, Samuels, & Alexander, 2003; Nogueras, 2006).

Asch and Warner (2001) studied the impact of personnel policy and compensation on military retention. They reported that the army did not want a high retention rate for initial enlistees. Therefore, initial entry pay was low and did not begin to rise until individuals achieved both rank and experience. This trend was also noted in several public service professions (Bowman et al. 2006;

Currall, et al, 2005; Ma, et al, 2003). Asch and Warner identified the impact of the lifetime pay stream, especially as associated with an expected higher pay grade at retirement, as a significant factor in the retention decision of military members. Thus, it is clear that economic incentives, either direct such as pay and benefits, or indirect such as retirement pay, are important considerations in decisions to remain employed, whether it be in healthcare, the military or other professions.

Professionalism

Professionalism is defined as the specific goals, conduct, skills, or qualities that are associated with a field of work or occupation (Merriam Webster, 1997). Kelly (1967) asserted that the nursing profession must “no longer ... tolerate (individuals) who do not live up to professional standards” (p 1645). Kramer (1969) repeated the call for the nursing profession to police itself and remove “incompetent people” (p. 1907). This call for professionalism can be viewed as a desire to improve the conduct and quality or image of nursing, therefore increasing the number of individuals who view the profession favorably and desire to enter and remain in the profession. It is also an example of the interdependence of the work environment, economics and professionalism. Quality nursing care, by skilled professionals who are appropriately compensated and conducted in positive work environment, is expected to lead to both improved patient and staff outcomes (Jones & Gates, 2007).

The personal perceptions of professional, clinical and operational competence, as well as military readiness, was the focus of a study of military

nursing staff (Rivers, 2006). This study determined that the self assessed levels professional, clinical and operational competence did not vary significantly among RNs, LPNs, and other nursing staff, such as medics. The findings of this study further supports the use of research focused on the retention of RNs as being able to guide research focused on the retention of other nursing staff, especially military nursing staff.

Cary (2001) suggested that professional certification, when viewed as representative of professional development, improved individual nursing practice and professional commitment. Professionalism, as exhibited by membership and participation in professional organizations, was positively associated with nurse staff retention and with decreased intent to leave the profession (Lynn & Redman 2004, Nedd 2006). Therefore, as recommended by the ANCC (2007), increasing organizational support for professional certification and membership may be viewed as a retention tool.

Davidson, Folcarelli, Crawfore, Duprat, and Clifford (1997) determined that a nurse's perception of time restraints which limited the ability of the nurse to provide a high level of nursing care were a significant predictor of staff turnover. Reeves, West and Barron (2005) reported that dissatisfaction with the ability to deliver quality patient care is not only a cause of staff turnover but a potential reason that nurses leave the profession altogether. Finally, Shindul-Rothschild, Berry, and Long-Middleton (1996) reported that almost 40% of the Nurses perceived the quality of care did not measure up to their professional standards. They also reported that almost 25% of those nurses reported that they were

unlikely to remain in nursing, becoming a loss not only to the facility but to the profession and society in general. Each report concluded that employers who want to retain nurses need to develop patient care delivery methods that support the delivery of high quality professional nursing care.

Hart (2005) identified a link between the perceived ethical climate and environment of care among the hospital nursing staff to nursing staff turnover. She reported that the lower the perceived ethical climate the higher the actual turnover rate. Additionally, Elpern, Covert, and Kleinpell (2005) described moral distress in the intensive care unit as a potential factor influencing nurse turnover. Gutierrez (2005) also found a positive correlation between moral distress and absenteeism. The study found that if a request by a nurse to not be assigned a patient was not granted then that nurse would rather not report for work than be placed into a patient care situation that created individual moral distress.

The use of mentoring and residency programs as methods of socializing a new nurse to the work environment is recommended by Lindsey and Kleiner (2005) and Kanaskie (2006). They suggested that this process would ease the transition from school or student status to employed professional and improve staff retention. MacDonald (2002) suggested that mentoring relationships were also important for retaining experienced employees. Marcum and West (2004) determined that a structured orientation program, potentially including assigned mentors, improved retention. Baggot et al. (2005) determined that a preceptor was a cost effective strategy to improve retention.

The desire for additional training as a means of providing better nursing care as well as improved or different job opportunities was documented by McGuire and Conrad (1946). The lack of such training was cited by Maloney, Allanach, Bartz, and Peterson (1993) as a job dissatisfier among nurses at military facilities with the potential to increase staff turnover. Patterson, Probst, Leith, Corwin and Powell (2005) determined that the lack of training to improve job performance was a job dissatisfier for Emergency Medical Technicians (EMTs), the equivalent of military medics.

Hannay and Northam (2000), Hart (2005) and Benson (2006) described the use of education reimbursements as a positive tool to retain employees. The research of Bielski (2002) suggested that professional growth and development training for bank tellers was important due to the interpersonal contact that tellers have with bank customers. This analogy could also be applied to nurses, especially nurses who provide patient care, a high level of interpersonal contact. Nursing personnel are the face of the facility to the patient and the family and as such they should exhibit a well trained, professional appearance to the public. The lack of such training has also been reported to be associated with lower job satisfactions and potentially lower staff retention (Reeves et al. 2005). In summary, there is significant documentation regarding the impact of professionalism, including practice environments, training, as well as organizational and professional support on the decision of an individual to remain with an employer.

Personal Factors

Various personal factors such as age, race, gender, family status as well as experience and education are contained in Wilson's model. Nogueras (2006) documented the associations between increased age, experience and higher education level with positive perceptions of job satisfaction and increased retention. Kocher and Thomas (1994) and Moore (2002) reported that race influenced military retention, especially for African Americans who reported a perception of greater opportunities in the military. Andrews (2003) cited the discrepancy between the percentages of nurses who are African American in comparison to the percentage of the general population as a reason to increase the number of African Americans in nursing programs. However, racial diversity was determined by Chang, Hughes and Mark (2006) to have little effect on the performance of nursing workgroups. Finally, with regard to the previous comments regarding nursing being the face of the facility to the community, it is a goal of the ANCC magnet program that the ethnic or racial diversity of the community is reflected in the facility staff (ANCC, 2007). Thus, community relations and public trust may be concerns that shift the discussion regarding diversity to focusing efforts on improving diversity among to nursing workforce to resemble the community population.

Ruth (1946) referenced the shortage of nurses as well as the topic of nursing in the military as part of a discussion about men in nursing. He cited the "lack of opportunity for men in nursing education" (p 528) as one cause of the lack of men in nursing. He suggested that more male role models would

increase the interest of male students in the profession. He also questioned the perceptions regarding the “moral-building qualities of women” as the excuse for the lack of such education as well as for not providing men equal opportunity for officer commissions as compared to women in the Army and Navy Nurse Corps. He concluded that the general public could find many examples of men providing comfort in medicine and the ministry and that this social misconception should be corrected. Garvin (1976, p 356) documented that men possessed the “high social values” associated with nursing and called for increasing the number of men in nursing. Andrews (2003) repeated the call for increasing the number of men serving as nurse educators to serve as role models and attract more men into the profession.

Yang, Gau, Shiau, Hu, and Shis (2004) reported that men in nursing were more likely to recommend nursing to other men as an introduction to other careers. Duffield and Franks (2002) also reported that nurses were likely to use their education and experience as a means of transitioning to other positions. Kleinman (2004b) reported that nursing was not a career liability for men and that men even have some advantages in the nursing profession. She noted that men potentially have a more direct and more rapid rise to the executive level. Men who choose to remain in direct patient care often choose specialty services such as intensive care and emergency services (Yang et al., 2004). Regarding retention, Barron and West (2005) reported that men were more likely to leave nursing for another career, while Hart (2005) found that women had a greater intention to remain in the profession.

Heidgerkem (1969) described the removal of the term 'women only' in nursing recruitment literature. Like Ruth (1946) over twenty years earlier, she suggested that attracting men to the profession may help change the image of nursing as 'women's work' (p 1219). Fottler (1976) also repeated the call for increasing the number of men in nursing as a means of improving the professional recognition and working conditions as well as potentially increasing salaries. Yet, in 2005 Sherrod, Sherrod and Rasch were still repeating the call for the recruitment of men into the nursing profession while Nelson and Folbre (2006) continued to call for the changing of gender norms in nursing and other service vocations such as education.

Elder (1958) reported that single nurses were more likely to leave the nursing profession than married nurses. In contrast, Nichols (1971) determined that single nurses in the military were more likely to remain in the military. However, Reese, Siegel, and Testoff (1964), Heidgerken (1969), and Gulack (1983) all documented that family obligations was a major reason for individuals leaving the nursing profession. Rosen, Maghadam and Vitkus (1988) determined that family obligations were increasingly important to the morale of soldiers, especially enlisted soldiers. Rosen and Durand (1995) determined that the dissatisfaction of the spouse significantly impacted the decision of the service member not to reenlist. This finding suggests a need to determine the current impact of family status and family obligations on reenlistment.

Gould and Fontenla (2006) concluded that family friendly policies and flexible work hours are expected to improve nurse retention. Langan, Tadych

and Kao (2007) concluded that family friendly policies and flexible work hours would serve to draw inactive RNs back into the workforce. Application of these conclusions to the military would suggest that family friendly policies and flexible work hours when possible would also improve military healthcare recruitment and retention.

Ricks (2004) estimated that family stress associated with military service and deployment resulted in the departure of approximately 3,000 experienced soldiers per year. The influence of operation tempo, or time away from home, was also identified by Huffman, Adler, Dolan and Castro (2005) as negatively impacting retention if the time away was extensive. However, they found that a brief time away for professional development positively impacted staff retention. Bowman et al. (2006) also echoed the call for a better balance between work and family life for public servants as a means of improving job satisfaction, organizational commitment and reducing staff turnover.

The timeframe and conflicting information regarding marriage and family impact on retention suggest potential generational differences that would need to be evaluated. Would family friendly policies draw individuals back into the work force? More importantly, would family friendly policies overcome some of the dissatisfaction of spouses and improve military retention?

Martin (2003) documented that a supportive work environment would improve communication among staff members with a generational mix from the most experienced members of the workforce (the silent generation, born before 1946) to generation Y (the newest members of the nursing workforce who were

born between the years 1978 – 1986). Mion et al. (2006) described several different generational attitudes and discussed generational communication issues. Communication among various generations can be developed to assist with issues such as implementing electronic medical records to applying historical development and medical ethics into decision making.

Stewart (2006) suggests that generational mentoring can improve staff retention. She concluded that such mentoring relationships can better integrate new nurses. It may also more experienced nurses to teach less experienced nurses regarding practice issues while younger nurses may mentor more experienced nurses in technology issues. The communication avenues and bonds created among staff members by sharing experiences and knowledge may serve to improve not only professional practice but personal satisfaction with the job. Therefore, positive generational management practices could result in decreased turnover and improved patient outcomes (Jones & Gates, 2007; Martin, 2003; Stewart, 2006).

In addition, Hessen and Lewis (2001) reported that flexible work hours, respect for life outside of work, and skill development are factors to consider when managing multi-generational workers in the engineering field. They also reported that managers must “let your veteran (older) generation know that ‘it’s my way or the highway’ approach doesn’t fly anymore” (p 44). Mundy (2003) reported that flexible work hours, a balance between work and personal life, and opportunities for promotion are motivators among multiple generations of nurses. These studies further support the assertion that multigenerational mentorship

program, fostering communication regarding information, experience, and professional development may result in increased staff retention and improved patient outcomes.

Mion et al. (2006) also proposed the consideration of ergonomic factors to improve the retention of mature experienced staff members. Sherrod (2006) also called for flexible shifts and an increasing focus on ergonomics factors to reduce fatigue and injuries among nurses, especially older nurses. Robinson et al. (2004) reported that ergonomic designed work areas would improve staff satisfaction and decrease injuries in the emergency department and therefore potentially influence the retention of experienced nurses.

Citizenship as a benefit is unique to military service. This is due to a presidential executive order issued in July of 2002 (Whitehouse, 2002). This order authorized an expedited naturalization of service members while on active duty in any branch of the armed forces. Cavallaro (2006a) and Beiser (2007) have documented the ceremony of military members becoming naturalized citizens of the United States. Naturalized citizens have the option to sponsor their family members for U. S. citizenship. As noted in the case of Army Specialist Alex Jimenez (Missing Soldier, 2007) this becomes an important benefit of military service. Over 20,000 members of the military have become citizens of the United States since the order was implemented (Cavallaro, 2006a). In conclusion, there is clear that there are numerous personal issues that impact the decisions and individual makes regarding employment options.

Job Satisfaction

A single, comprehensive definition of job satisfaction is currently unavailable (Cavanagh, 1992; Lu et al, 2005). Lu et al. (2005) reported the results of a literature review regarding job satisfaction among nurses, while Coomber and Barriball (2007) focused on nurse's job satisfaction and intent to leave. In total, over 100 references were reviewed for the two reports, and while the complex concept of job satisfaction did not allow for a single comprehensive definition, many components were identified. Thus, job satisfaction can be viewed as the perception of the individual employees' regarding their total feeling of both satisfaction and dissatisfaction with factors of their job.

Each factor reported by Lu et al. (2005) and Coomber and Barriball (2007) can be easily associated with topics such as work environment, economic compensation, professional issues and personal factors. Albaugh (2003) suggest that job dissatisfaction in the result of a multitude of interrelated factors. Therefore, job satisfaction should also be viewed as a combination of various interrelated factors. These factors are expected to be associated with the categories of the conceptual model including work environment, economic rewards, as well as professional and personal factors.

Maryo and Lasky (1959) documented a link between personnel shortages, unacceptable working conditions and poor management, and their total impact on job satisfaction and staff turnover. Kirby and Naftel (2000) and Gade, Tiggle and Schumm (2003) identified dissatisfaction with the military and mobilization combined to produce the lowest military reserve retention rate reported to date.

Munson and Heda (1974) concluded that personal and professional satisfactions, as well as working conditions and financial rewards were all components of job satisfaction. Job satisfaction needs to be considered as a whole and not as individual factors or items, due to the inability of statistical testing of individual factors to approximate the total job satisfaction score (Mueller & McCloskey, 1990; Lum, Kervin, Clark, Reid, & Sirola, 1998). These findings support the earlier conclusion that job satisfaction, like dissatisfaction, is composed of multiple interrelated factors.

Brady-Schwartz (2005) and Lake and Friese (2006) determined that nurses in magnet hospitals have higher job satisfaction scores and that they had lower levels of intent to leave in comparison with nurses in non-magnet hospitals. Each concluded that higher perceptions of job satisfaction led to staff retention. Hayhurst et al. (2005) called for the development of a better understanding among healthcare administrators and managers regarding the interaction of the various factors that influence job satisfaction among nursing staff.

In a study that is particularly relevant to the proposed study of the AMEDD workforce, Shaver and Lacey (2003) determined that there was high rate of nursing turnover in the first year of practice and questioned if it was related to low job satisfaction. This finding could potentially relate actual job demands to perceived job expectations, with dissatisfaction being the result of not fulfilling job expectations. This study included both RNs and Licensed Practical Nurses (LPNs) and demonstrated that perceptions of short staffing were related to job and career dissatisfaction.

In summary, there is ample evidence that perceptions of job satisfaction are important considerations in the decision to remain employed. The LPN is a relatively large component of the enlisted AMEDD work force, and findings by Shaver and Lacey (2003) suggest that LPNs will leave if they perceive that they are short staffed and unable to provide a comfortable level of care. These findings reinforce the need to study the relationship between job satisfaction and retention among the enlisted AMEDD workforce.

Turnover Intentions and Actions

Mobley, Griffeth, Hand, and Melgino (1979) expanded on the influential work of March and Simon regarding the perceptions of ease of movement and desirability of another position. Their meta-analysis of employee turnover research concluded that a lack of multivariate and longitudinal research studies hinders the understanding of employee turnover. They suggested that future research needs to be expanded to cover current and alternate positions or roles, contract barriers, and family factors. Humphris and Turner (1989) also found that actual retention was directly influenced by intent to stay while intent to leave influenced actual turnover.

Irvine and Evans (1995) concluded that nurses, who have decided to leave a position, do in fact leave the position. Borda and Norman (1997) reported that the intent to stay with an organization was the strongest factor associated with organizational turnover. Castle and Engberg (2005) found that organizational shocks, such as a perception of low quality of care, led to increased turnover among RNs, LPNs, and nursing aides. This finding further

supports the use of research on RN actions to guide research regarding the actions of other healthcare workers. Additionally, Huffman, Adler, Dolan, and Castro (2005) noted that “intentions to stay were more accurate than intentions to leave” as a predictor of retention (p. 195).

Aiken, Clarke, Sloane et al. (2002) determined that 43% of nurses who were dissatisfied with their job planned to leave their position, and potentially the nursing profession, within the year. Price (2001) and Trevor (2001) stressed the positive relationship between job satisfaction and employment opportunity to search behavior and turnover. Price (2001) called for increased research regarding staff turnover by separating voluntary turnover (a person who chooses to leave) from involuntary turnover (associated with transfers, promotions, relocation, disability, retirement, and discharge or termination for cause). He suggested that this new research should focus on the interactive effects of various components regarding job satisfaction and turnover, have a more diverse population sample, and call for longitudinal research as well as cross sectional research within an organization to improve the understanding of the reasons for voluntary turnover and therefore, on retention.

Nichols (1971) concluded that military nurses who perceived greater opportunity for job satisfaction elsewhere were more likely to leave. Trevor (2001) reported that the ease with which a person can find other employment can increase the number of staff turnovers. In contrast, Armstrong-Stassen and Cameron (2003) determined that difficulty or a lack of alternative opportunities may decrease the number of staff turnovers. Tallman and Bruning (2005)

concluded that the “availability and attractiveness of alternatives are the two primary factors that affect voluntary turnover” (p 32). Currently, scanning the classified sections of any of the nursing journals are large newspapers demonstrated the availability of nursing employment outside the military.

Thus, there is a strong potential for service members to leave the military for civilian employment. Therefore, this study regarding reasons that individuals stay in the military is increasing in importance as the number of civilian vacancies continue to increase. How can the military overcome the growing number of employment opportunities in the civilian market to become the employer of choice for military service members?

Shen, Cox and McBride (2004) described the actions that individuals undertake in association with their turnover intentions. They included the previously mentioned internal and external factors described as ‘push’ factors that cause people to leave and ‘pull’ factors that attract people to organizations. Lee and Mitchell (1994) and Lee et al. (1999) referred to these factors as ‘shocks’. Both studies described a negative shock as one that caused a person to leave, or be pushed out of employment where a positive factor such as a perceived better offer from another employer would pull the individual to the new employer.

Ellenbecker, Boylan, and Samia (2006) identified issues regarding flexibility, autonomy, and independence as being frequently cited as job satisfiers. They also reported that stress and workload was the most common source of job dissatisfaction. Issues regarding salary and benefits, relationship

with peers and the organization, autonomy and independence were determined to be reasons why they would consider leaving their job. These results are consistent with findings from Aiken, Clarke, Sloan et al. (2002) regarding hospital staff nurses. This similarity suggests that the components of job satisfaction as well as dissatisfaction are similar and not related to a specific facility or clinical area of practice.

Robinson, Rodriguez, Sammons, and Keim (1993) studied military and civilian nurses and determined that military nurse's experienced greater satisfaction with military benefits and pay, while civilian nurses had greater satisfaction with other components of job satisfaction such as autonomy, group cohesion and management. Cooper and Parsons (2002) discussed the potential implications of the nursing shortage on the military. In contrast, they concluded that pay, work schedules, and the work environment, and better job opportunities have a negative impact on military retention. They also concluded that benefits such as education assistance, tax free allowances, and other benefits, such as healthcare, have a positive impact on military retention. Once again, these contrasting findings demonstrate that personal perceptions may change over time.

Finally, Custer (2006) reported that family issues, pay and benefits, work environment, career and promotions, quality of life and operation tempo were associated with intent to leave the Army Nurse Corps. He reported that there was a difference in the ranking of the topics before and after the 2003 invasion of Iraq. He concluded the report with a call to begin to study why officers stay in the

Army Nurse Corps. This call was expanded during a personal telephone conversation on April 14, 2006, between the researcher and COL Custer in which he encouraged the researcher to include, and potentially even to focus on the factors associated with retention among the enlisted ranks of the AMEDD.

Summary and Significant Gaps

The focus of this study was on the reasons why medics reenlisted in the AMEDD. There is significant body of research on why people leave nursing, but very little on why they stay and how can that information be used to improve retention. The volume of citations in Appendix B demonstrates that the focus of the majority of research and commentary have been on turnover and not on retention

As discussed, the first nursing reference regarding why nurses were exiting the workplace was a letter by Branigan (1946). Therefore, it may be viewed as a sign of futility that the topic is still of concern to the military (Custer, 2006). There is a small number of studies focusing on retention of military nurse; even fewer on retention of enlisted personnel, and none that focused on retention of enlisted personnel in the AMEDD. The goal of this study is to begin to fill this research gap regarding the AMEDD enlisted population.

The work environment impacts nurse retention. Inconsistent research methodology has diminished the ability of supervisors, managers, administrators, and executives to implement evidence based practices to improve nurse retention. Personal issues such as the need to balance work and family lives for staff also impacts retention. It serves to demonstrate the difficulty with

separating retention issues into single categories and suggest the need to study the individual issue and well as the interaction of the issues on the retention decision of the individual nurse. Economic incentives appear to be both a job satisfier and dissatisfier regarding employee retention. This stresses the need for additional research regarding the appropriate means of utilizing these economic incentives. In summary, there appears to be a clear understanding that the work environment, economic incentives, as well as professional and personal issues impact job satisfaction and thus staff retention. What is not clear is the specific topic and level of influence as well as the process by which such topics interact to have an impact on job satisfaction and staff retention. Thus, additional research needs be conducted to develop a better understanding of the issues that impact staff retention. As stated, the goal of this initial, exploratory qualitative descriptive study is to identify the topics that impact retention among AMEDD enlisted personnel.

The increasing number of men who work as nurses suggest that the intentional elimination of data related to men in studies by Blegen and Mueller (1987), Cavanagh (1990), and Cavanagh and Coffin (1992) is a significant shortfall in the nursing research literature. If the profession desires to improve diversity of the nursing workforce it should encourage studies that include: the entire workforce (licensed practical/vocational nurses and nursing assistants); men; and various ethnic minorities, not just African-Americans. The conflicting findings regarding issues such as workforce diversity and pay suggest the need for additional studies that report not only a broader array of initial cross sectional

demographic and operational data; but trace the impact of interventions on the perception of nursing job satisfaction and retention among various groups over the course of time.

Finally, because of the shortage or underfill of other medical personnel, the inclusion of other disciplines may also serve to further expand the knowledge base regarding staff retention. The limited number of studies that did include such populations and the similarities to the findings associated with RNs suggest that RN focus retention studies, as well as service personnel such as law enforcement and education, can successfully be used to guide the development of a research study focusing on AMEDD enlisted personnel.

CHAPTER THREE

RESEARCH DESIGN

The goal of this research project was to perform a content analysis identifying and providing a brief description of the reasons that individual enlisted soldiers cited for reenlisting in the U. S. Army Medical Department (AMEDD). The research methodology is determined by the research question (Ploeg, 1999; Whittemore, Chase & Mandle, 2001). Therefore, what is the best method to identify and describe the reasons or rationales regarding reenlistment?

In this case, the research question was *Why did you decide to reenlist in the Army Medical Department?* Pragmatism is a philosophical approach that suggests that the research method to use is the method that provides the best answer (Johnson & Onwuegbuzie, 2004; Morgan, 2007; Whittemore et al.; 2001). The best answer to this question may be determined by the simple process of asking this question of several enlisted soldiers who have decided to reenlist in the AMEDD. Additional insight may be gained by asking them to describe the reason they identify for reenlisting and to briefly discuss the process they used to make the decision to reenlist.

The focus of this research project was to identify and briefly describe the factors important to the reenlistment decision. Therefore, a qualitative descriptive exploration of the topics considered when making the decision to reenlist in the AMEDD was conducted. The researcher began by using directed content analysis to review the literature and develop the research question

format. The purpose of the directed content analysis of the literature was to gain background information for the study and identify potential themes contained in the current literature. A directed content analysis was then used to examine the manifest data collected through the semi-structured interviews of the study participants. Directed content analysis of manifest data is the process of the examination of communication data, such as specific words or phrases, at the surface level while using the literature to direct or help sort the data into categories (Kondracki, Wellmand & Mundson, 2002).

Once the interview data were collected, identified and sorted using the process of manifest content analysis, the themes or categories identified by the directed content analysis of the review of the literature were used to begin to sort the interview data to seek answers to the research question. This research study focused on the identification and a brief description of the topics that impacted the decision to reenlist as provided by AMEDD soldiers. Unlike the majority of literature in the field, this study focused on why enlisted or support personnel (including licensed practical/vocational nurses, nursing assistants, emergency medical technicians, operating room technicians, respiratory therapist, laboratory technicians, and healthcare administrative support staff) chose to stay in the AMEDD.

Pragmatism as the Philosophical Foundation

The nature of this research project is specific to the situation of reenlisting in the AMEDD. This study is situational; meaning it is limited in scope and addresses a specific topic or subject (Im and Meleis, 1999). However, the topic

of reenlistment is complex and may be influenced by many issues, often of varying importance among participants. Therefore, any findings that may be associated with theory, research, practice, or their interactions should remain focused on the concept of retention as operationalized by the reenlistment of the soldier.

The answer to the ontologic question *what is reality* regarding the experience of soldiers choosing to reenlist in the AMEDD is contextually different for each individual and is determined by the individual (McEvoy & Richards, 2006). Thus, the potential for multiple answers, contextually tied to the individual, suggested the need for a pragmatic based inquiry (Pryjmachuk, 1996). As discussed earlier, the pragmatist philosophy focuses on identifying and understanding what works to improve the outcome under consideration. In this case, it was to identify and build on what was already working to improving reenlistment or retention of AMEDD staff (Johnson & Onwuegbuzie, 2004).

Therefore, the pragmatic researcher assigns credibility to the reality experienced by each soldier who chose to reenlist. The epistemologic question regarding the relationship between the researcher and the subject relies on developing a mutual understanding of the reality experienced by the subject. Qualitative descriptive research questions that are limited and focused on individual decisions or actions with probing questions to ensure mutual understanding should result in an initial understanding of the topic and identify opportunities for further development of the topic (Sandelowski, 2000). Future

research builds on this initial information to develop a better, more in-depth understanding of the issues that surround the individual decision to reenlist.

Research Methodology

The specific research method used was a qualitative descriptive, directed content analysis of the answers to the semi-structured interview questions.

Baker (2006) stressed the use of qualitative research methodology to develop a better understanding of both the *why* and *how* regarding participant actions. In this study the how and why were focused on the individual soldier's reasons for reenlistment. Sandelowski (2000) further suggested that a qualitative descriptive study is the best method to produce a "comprehensive summary of an event in the everyday terms of those events" (p. 336). Finally, Polit and Beck (2004) advocate a content analysis of semi-structured interview data as the method of choice when the purpose of the research is to seek answers regarding a specific topic or question. Leech (2002) stressed the use of semi-structured interviews to gain an "insider perspective" (p 665) of the topic as experienced by the participant.

Interview Process

Interview data can be obtained in at least three different formats (Broom, 2005). First, structured interviews stress exact, fixed questions with a fixed range of responses. These types of interview are similar to a true/false or fill in the blank type of test question, or to basic nursing assessment questions such as age, weight, are you experiencing any pain right now, and please rate your pain on a scale of one to ten.

The second type of interview is the semi-structured interview with a formatted topic or question guide focused on a specific topic and probing questions to ensure mutual understanding. The responses to the questions contained in a semi-structure interview are more conversation focus, allowing for freedom to discuss the specific topic. This type of interview is similar to a short answer type test question or nursing assessment questions such as reason for visit, chief complaint, how long have you been experiencing these symptoms, and can you describe the type of pain. The response range is not as fixed as with structured interviews, but the responses are direct and focused answers to the specific questions.

Finally, there is the unstructured interview. This is an interview focused on a topic, but with a flexible, open dialogue that may exceed the initial interview topic. This type of interview is similar to an essay test question or a nursing question such as can you describe to me the steps that you are taking to manage your diabetes.

Therefore, I expected that the responses to the semi-structured interview questions would be brief focused responses to the questions and not long, detail oriented, potentially rambling discussions of unrelated issues. Because this topic has not been studied in this population, the focus of this study was to identify and briefly describe the reason for reenlisting. Thus, the semi-structured interview appeared to be an excellent starting point for expanding current knowledge about this new population.

Hannabuss (1996) stressed the need to use interviews as a method of qualitative research to develop an understanding of the issue. Additionally, he recommended the use of an interview schedule or guide to support “comparability between respondents” (p 27). This recommendation is echoed by Barriball and While (1994) and Polit and Beck (2004). These authors recommend the use of follow-up or probing questions to gather more complete, detailed information, to allow for better understanding of the topic as well as a comparison of data among participants. Directed content analysis allows for the use of theory and prior research regarding a topic to be used to guide additional research (Hsieh & Shannon, 2005). Thus, the interview guide was developed based on the conceptual model and information found during the literature review. The interview guide information is located in Appendix E.

Content Analysis

The research method of content analysis of feedback resulting from semi-structured interviews has an extensive history in the fields of marketing, management, and political science (Duriau, Reger, & Pfarrer; 2007; Howland, Becker & Prelli, 2006; Lombard, Snyder-Duch, & Bracken, 2002; McTavish, & Pirro, 1990; Montgomery, Wernerfelt, & Balakrishnan, 1989). This methodology has also been used in nursing administration by McNeese-Smith (1999) and Wilson (2006) when studying staff nurse job satisfaction and dissatisfaction and staff retention. Additionally, Patterson et al. (2005) used semi-structured interviews to study the recruitment and retention of emergency medical technicians, comparable to military medics. Finally, Gould and Fontenla (2006)

used semi-structured interviews to study the personal commitment to the profession of nursing by the individual nurse, similar to the commitment of the service member to the AMEDD. Thus, this method is not new to research focusing on staff retention and appears to have a successful history of obtaining useful answers to specific questions.

Therefore, content analysis of the responses to semi-structured interviews was the research method selected to identify and describe the reasons and rationales that soldiers considered when making their decision to reenlist in the AMEDD. Directed content analysis of the literature was used to gain an understanding of the topic as well as to refine the initial research question. However, because no documents regarding studies of the AMEDD enlisted population could be found manifest content analysis was selected as a means of examining the interview data. This method was selected because this was an initial study regarding the topic in this sample population. Kondracki et al (2002) recommend this process of using directed content analysis of manifest data with predetermined themes identified by directed content analysis to help establish the validity of the initial results. The comparison of initial answers in a new sample to established categories determined by previous research regarding the identified topic demonstrates that the research does indeed begin to answer the specific research question.

Target Population

The target population comprised enlisted soldiers who chose to reenlist within the Army Medical Department after March 2003, a timeframe associated

with deployments in support of the current conflict (Custer, 2006). The purposeful, convenience sample was obtained from a population of enlisted soldiers located at a selected military facility in the southeastern United States. Initial contact was made with the facility executive officer; that individual was asked to forward the request for an interview to all individuals who met the inclusion criteria. Contact with each member of the target population was ensured because each member had access to electronic mail and was required by the organization to have an individual account and to access it weekly for information.

Sample Size Determination

The decision to interview a purposeful, convenience sample was made based on the writings of Morse (1991). She suggested a sample size that is adequate to both represent the population and answer the research question. The sample population should be focused on the issue as opposed to a predetermined size. Morse also recommends purposeful sampling to ensure that the sample population is appropriate to answer the question. For this research study regarding reenlistment, the target population was soldiers who reenlisted.

Regarding adequate sample size, Guest, Bunce and Johnson (2006) performed a secondary analysis on their own qualitative data set of sixty interviews. They determined that the initial six interviews were required to identify 94% of the research topics. The authors also noted in their retrospective analysis of data that 98% of the research topics were identified in the first 12 interviews. Tuckett (2004) suggested a minimal sample size of 10 to 12

participants and encourages purposeful sampling to ensure data regarding the actual study topic. Ayres (2007) recommended that qualitative studies have a minimal sample size of 10. However, she also acknowledged that the sample size is limited by the ability of the investigator to manage the data. She also recommends purposeful sampling because research is conducted for a purpose and purposeful sampling strengthens the ability of the participants to provide useful information.

Therefore, it was my decision, when planning the study, to seek a minimal of 10 but no more than 20 purposefully selected participants for this study. This number was thought to be sufficient to identify and briefly describe the topics that enlisted soldiers identify regarding reasons to reenlist (Guest et al, 2006; Tuckett, 2004). Finally, this number was thought to be appropriate to produce a volume of data manageable by a novice researcher (Ayers, 2007).

Data Collection Plan

As proposed, ethical conditions were addressed by initially obtaining the approval of the participating unit and the military research office for the unit and university institutional review board. Copies of these documents are attached as Appendix G. Additionally, the security of the tapes was maintained by use of a locked and secured storage cabinet. The neutrality or inability to identify a specific participant from the transcripts, including the lack of specific name identification and the use of demographic information as a consolidated variable, was documented as part of the proposal and the study information sheet. Thus, presentation of identifying data regarding the individual was avoided as a means

of both avoiding potentially identifying data and retaining the focus of the research on the decision to reenlist in the AMEDD.

Interested parties were asked to contact the researcher by electronic mail to schedule a time and place for an interview. Strong attempts were made to interview each respondent; however, scheduling conflicts related to training and personal factors, resulted in the inability to interview each willing participant. Initially, 20 soldiers agreed to participate. However, only 14 soldiers arrived for interviews, and two of the soldiers then refused to participate because they decided that they did not want to be recorded. As proposed, as approved by the facility, organization and university Institutional Review Boards, the interviews were conducted with individual and small focus groups. The focus groups became three separate pairs or dyads of soldiers.

Data Collection Process

The series of semi-structured interviews were conducted in a quiet, comfortable, neutral location, except for one interview that was conducted outdoors per participant request. Each interview was conducted by the researcher and was recorded using audiotape. These settings and the use of dual recorders supported accurate tape recordings of the conversation. The interviews were conducted away from the worksite in an attempt to facilitate an honest response that was not influenced by either the presence of an authority figure or the fear of reprisal. Finally, based on the suggestions of Wall (1988) and Baker (2006), verbal consent was included in the interview and transcript, rather than having participants sign a consent form.

Before each interview, the participant had the option to again review the study information form and consent to participate in the research project. The study information form, including instructions for verbal consent, is located in Appendix G. The process of verbal consent was followed to reduce both the potential identification of the participant as well as the risk of retaliation if the interview led to a disclosure that might have a negative impact on the work environment or career of the individual. During the soldier pair interviews, it was stressed that any comments or information shared during the interviews were confidential and should not be discussed or disclosed to anyone.

The semi-structured interviews began with a series of demographic questions regarding, but not limited to, such topics as age, gender, specialty, and family status, time in service and role in the work environment. This process served two purposes. First, it allowed for collection of limited demographic data to facilitate comparison of the study sample population to the general population of interest. Second, it served as a calming period for the participant and allowed for the initial establishment of a sense of ease and trust between participants and the researcher.

This introductory information gathering was followed with the questions: *Can you tell me why you decided to reenlist in the Army Medical Department?* and *Can you tell me how you reached your decision to reenlist in the Army Medical Department?* Each was followed by any probing questions that the researcher determined to be necessary to clarify and develop a mutual understanding of the answers. As noted in the proposal and on the study

information sheet, a participant was able to end the interview at any time and was not criticized or penalized for ending the interview. No participant ended the interview early. Four participants completed the interview and began to leave the room, stopped and came back to continue the discussion.

Finally, the interview closed with two questions. First, the participants were asked *Is there anything else you would like to say?* This was followed by *Is there anything that I did not ask that you think that I should have asked?* Interviews were not time restricted and lasted from approximately 15 minutes to over an hour. Field notes, including cues for probing questions, were recorded by the interviewer on the interview guide during the interviews. Interviews were conducted until no new information was obtained; data saturation was noted after the ninth interview. Three additional interviews provided no new information or insight regarding the research topic.

Researcher Bias

My presuppositions or biases were that the topic of retention has been studied, but the focus of why healthcare personnel choose to stay in a position or profession as opposed to leaving that position or profession has not yet been adequately studied. In addition, the focus on this specific population of enlisted personnel in the AMEDD is new and necessary. Secondly, all answers and comments were acceptable because they describe the working environment and perceptions as experienced by the individual. Third, the use of a semi-structured interview guide, would allow for open dialogue, but may not produce the volume or level of detail of interview data associated with an unstructured interview

(Broom, 2005). However, the information gathered was presumed to be sufficient for the initial identification and brief description of the topics of interest to individuals reenlisting in the AMEDD. Fourth, as a member of the organization, but not of the enlisted sub-culture, efforts, such as probing questions, were taken to ensure adequate understanding of the terminology as used by the enlisted staff.

Finally, per Army Regulation 360-1, The Army Public Affairs Program (2000); Army Regulation 530-1, Operations Security (2007); and AMEDD Regulation 360-1, Material for Publication or Presentation (1993), any responses which may be perceived as mission sensitive, negative or disrespectful of the military or the military chain of command, or detrimental to the good order and discipline of the armed forces were reviewed by higher authority for the determination of whether those responses should be excluded. Names, titles, and comments that could potentially identify a specific individual were removed. The ability of the military to restrict such information, and the associated free speech right of the individual soldier, was established as a matter of case law by the United States Supreme Court in 1974 and has been upheld in 35 subsequent Supreme Court cases and cited in hundreds of lower court cases (Parker v Levy, 1974).

Data Analysis

This was a research project conducted in three steps. The first step was data collection. This step included the initial interview and documentation of demographic data and other field notes. The second step involved the

transcription of the data and verification of the accuracy of the interview transcripts. The third step incorporated the directed content analysis of the manifest interview data to identify and briefly describe the reasons why soldiers reenlisted.

Interview and Transcription Process

First, there was the initial interview and transcription of the interview. No observation, except of behavior during the interview, was conducted. This information was recorded as part of the field notes on the interview guide. It was believed that work site observation might inhibit attaining true honest descriptions of the decision making process. Additionally, no artifacts or documents were collected from the unit. The verification of active duty status and unit assignment as well as participation criteria were initially obtained by the interviewer and verified with the executive officer.

The audio taped interviews were transcribed verbatim. The transcripts were reviewed and assessed for accuracy by the researcher and dissertation chairperson. The transcripts were again reviewed and reassessed and potentially identifying comments or physical characteristics were removed. Then the interview transcripts, audio tapes, and field notes were reviewed for accuracy and potential organizational specific language. Additionally, Creswell (2003) recommended the reading and re-reading of the transcripts, as well as comparison between the transcripts and field notes, to develop a sense of understanding of the entire research results. Once this was completed, the interview transcripts were reviewed again for accuracy.

The equipment required for this project was a tape recorder, as well as a back up recorder, interview guides with space for field notes, and a transcription device. In this study, the transcription device was a password protected laptop computer with voice recognition software. It was hoped that the voice recognition software would assist and reduce the time required for the transcription of the interview tapes. That was not found to be the case, and the interviews were transcribed by the researcher from the audio tapes.

As noted, interview data were collected until saturation or no new information was discovered. It was noted with interview nine that no new information was identified. An additional three interviews were conducted to ensure that an accurate identification and brief description of the issues or topics that were identified by soldiers as important to them when they decided to reenlist was obtained.

Content Analysis Process

The next step was to perform a directed content analysis on the interview transcript data. Hsieh and Shannon (2005) describe directed content analysis as being guided by existing theory and knowledge. Regarding the methodology for conducting the actual content analysis of data, Krippendorff (2004) and Kondracki, Wellman and Mundson (2002) describe the use of deductive approach to content analysis as using this prior information to identify specific comments, words, or slogans to initiate the content analysis process. However, they also noted that information that was not deductively present in the guiding model could then be categorized using an inductive reasoning process that

focused on the content. Thus, new information is not lost or ignored but can be identified and discussed. Therefore, much like assembling the edges of a puzzle first because of their content or shape, and then filling in the final picture, the use of either or both deductive and inductive reasoning to create clusters of pieces, or meaning units, for puzzle placement allows for a more complete view of the picture, in this case the issues important to reenlistment.

Kondracki, Wellman, and Mundson (2002), Lombard et al (2002), Krippendorff (2004), Graneheim and Lundman (2004) further describe the use of manifest content information as being focused on the information noted at the surface level of the data. The authors recommend a directed content analysis approach to examine manifest data for exploration or identification and description research, as opposed to analysis of latent content which is more detailed and involves interpretation of the implied or underlying meaning of the information being analyzed. The stated goal of this research project was to identify and describe the topic, incentive, or rationales described by enlisted members of the AMEDD who have chosen to reenlist. Therefore, analysis of the manifest content was determined to be the method of choice to identify the reasons for reenlistment.

The second step, the actual content analysis of the interview transcripts, was then conducted. Each interview transcript was read several times for manifest or surface content and any text, be it a single word, phrase or slogan that appeared to be related to reenlistment was identified by highlighting the content. Graneheim and Lundman (2004) referred to this content, be they words,

phrases or slogans, which focused on the topic of interest as *meaning units*. After it was felt that familiarization with the transcripts was obtained, the transcripts were again reviewed. If the previously identified meaning unit was determined to fall into one of the categories noted in the literature review, the word or phrase was further identified by being underlined. Different colored inks were used to underline each word or phrase based on the pre-identified category. A second reading was conducted to ensure that all words or phrases that had previously been identified, and any word or phrase that could not be categorized, but appeared related to the topic were also marked. This process resulted in the beginning of the identification of content that belonged in a new category, non-existent in the conceptual model, and not emphasized in the literature review.

Another reading of the data was conducted to determine in which category a word or phrase that appeared to fit two or more categories should be placed. This placement was based on the use of the word or phrase in the interview. This step was taken to ensure that words or phrases that were placed in pre-existent categories were actually relevant to the topic. The use of probing questions during the interview to ensure mutual understanding proved to be of great benefit in this step of the analysis. Similar words or phrases were determined to have different meaning for different participants based on the context in which the word or phrase was used. The different meanings of certain words or phrases were highlighted during the pairs interviews when each participant interviewed built on the answer of the other participant. The interview

transcripts read as if the participants were interviewing each other when they were questioning each other regarding comments that were just made. In this aspect, they served in the role of the interviewer, asking probing questions to clarify meaning among themselves.

Consistent with the qualitative research, content analysis methodology described by Graneheim and Lundman (2004), these meaning units, were grouped into categories of common meaning. These categories were then assessed and compared to pre-existent categories from the conceptual model or literature review. New categories were assessed for relevance to the research goal and a preliminary name was assigned to the collective information. These categories were then further refined or developed into overarching topics of interest or themes (Creswell, 2003; Graneheim & Lundman, 2004). Mackenzie (1993) described this methodology or analytic process as creating a “funnel structure” progressing from a large number of individual words and phrases that can be consolidated, focused or reduced into a limited number of general topics or themes.

In this study, a total of nine interviews with 12 participants were conducted. All but one theme identified from the data was noted to be part of the conceptual model that served to guide the literature review and research study development. The sample size was small, but it did meet the minimal number of individuals initially determined to be needed. In an attempt to increase the sample size a request to conduct interviews was sent to another unit on the instillation. However, no response to the request was received. Additionally,

since the participants were volunteers – all that could be asked of the members of the unit were to be interviewed, no directives or orders could be or should have been given and no undue influence should have been applied. Fear of such influence and or reprisals may have been why some participants backed out of the interviews.

Of note, a new topic or retention rationale (return to service) was identified during the second interview and confirmed in subsequent interviews. The goal of this initial research study was not the total number of people interviewed, but the identification and development of a basic description of the reasons that soldiers decide to reenlist in the AMEDD. While the sample size was small, I believe that it resulted in an initial identification and development of a basic definition of the reasons that soldiers reenlist.

Different variables have different importance to different individuals. The goal of this of study was to identify and describe the variables considered when deciding to reenlist. This is done by using the individuals own words to identify and describe the topics that they considered when they choose to reenlist. Thus, there is no right or wrong answer, only the individual answer (Running, 1996). The final research results may not be applicable to other units, but they should prove useful to anyone seeking to develop a better understanding of the topics of interest to enlisted personnel when they are deciding to reenlist.

Design Rigor

Hope and Waterman (2003) suggest that the validity of a qualitative research study is assessed, by the reader, as well as its credibility, plausibility,

conformability, authenticity, and transferability. The individual reader assesses each study based on their reading and interpretation of the written research report. Accurate explanation of the research process and familiarity with the topic will assist the reader in their ability to assess the study. The ability to produce generalizable knowledge will be assessed by the reader based on their understanding and perception of the information and their ability to use the information to change, improve or develop a new policy or practice within their specialty or organization.

Credibility can be described or defined as the willingness to accept the information as true (Merriam-Webster, 1997). Reliability and believability are two other words that can be used as synonyms for credibility. Credibility or believability may be established by the use of quotations that support either the conceptual model or theoretical perspective (Hope & Waterman, 2003). Additionally, the use of quotations that both support and do not support previous finding may also serve to increase the believability of the results. Not everyone will experience the same thing and presentation of a variety of experiences, and documenting the expectations may also increase the believability of the results.

Plausibility is the potential for the information to be believed and accepted (Hope & Waterman, 2003; Merriam-Webster, 1997). The use of individual quotes as a means of enlisting the reader to share in the research project as well as the experience of the participant will help establish the credibility and plausibility of the study. Conformability suggests that the interview is consistent or similar to the experience of the reader (Hope & Waterman, 2003).

Therefore, the topics or categories identified in this study were compared to the theoretical model for conceptual agreement and consistency with the model.

The authenticity of the report refers to the ability of the report to describe the genuine experience of the participant (Hope & Waterman, 2003). Once again, the use of quotes when writing the report should serve to increase the authenticity of the research findings for the reader. Legitimacy, validity, dependability and accuracy are potential synonyms for authenticity (Merriam-Webster, 1997). The dependability and authenticity of the research may also be established by documenting the number of times or the percentage of participants who expressed the same factor and theoretical theme.

Jones and Bugge (2006) propose that the convergence of the results of interview data analysis with additional sources of information would support the researcher's analysis. Kondracki et al (2002) also referred to this comparison process as construct validity. They suggested that using established categories from prior research and distinguishing new material ensured that the information obtained answered or supported the answer to the research question. Thus, a comparison between the ANCC forces of magnetism and Wilson's (2006) conceptual model may also support the researcher analysis of the information to answer the research question.

Finally, transferability is the ability of readers to transfer the accounts contained in the report into their own experiences (Hope & Waterman, 2003 Merriam-Webster, 1997). The individual reader should be able to develop a sense of self-identification with the participants and their experience. If these

conditions are determined by the reader to have been met, then the research report, and by extension the research itself, can be deemed to be not only valid, but reliable. In conclusion, the final assessment of the research rigor will ultimately be determined by the individual reader of the research report.

CHAPTER FOUR

STUDY FINDINGS

During the spring of 2007, a series of semi-structured interviews with enlisted soldiers was conducted with the purpose of identifying and briefly describing the reasons why individual soldiers choose to reenlist. Demographic data for the interview participants versus the general army enlisted population (DoD; 2005; DoD, 2006) are presented in Table 1. While there is variation, it should be noted that a variation of one or two personal characteristics would produce participant data very similar to the general population data. Therefore, the findings presented should be evaluated based on the content and utility of the information presented and not on the sample size or composition.

A review of the transcripts and field notes revealed that all of the major topics reviewed in the literature were discussed. A summary of the number of meaning units by participant and topic is included in Table 2. This table was developed to help establish the authenticity and dependability of the data as discussed by Hsien and Shannon (2005). The count of meaning units includes meaning units or terms such as bonus or bonus money which was mentioned by all 12 participants a total of 20 times, but only appears in the building of the economic themes process one time.

TABLE 1 DEMOGRAPHIC DATA

| | | | |
|-------------------------|---------|--------|--------------|
| Variable | Sample | Sample | General Army |
| Age < 30 | 5 | 41.7% | 46.2% |
| ≥30 | 7 | 58.3% | 53.8% |
| Gender – Male | 2 | 16.6% | 15.5% |
| Female | 10 | 83.4% | 84.5% |
| Dependents – Yes | 4 | 33.3% | 48.1% |
| No | 8 | 66.7% | 51.9% |
| Race – African | 5 | 41.7% | 22.2% |
| Caucasian | 6 | 50.0% | 59.9% |
| Hispanic | 1 | 8.3% | 11.6% |
| Average Time in Service | 8 years | | 7.9 years |

TABLE 2 DISTRIBUTION OF MEANING UNITS

| Participant | A | B | C | D | E | F | G | H | I | J | K | L | Totals |
|-------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Work Environment | 0 | 1 | 0 | 4 | 2 | 1 | 4 | 9 | 10 | 4 | 9 | 1 | 45 |
| Economic Factors | 1 | 4 | 9 | 6 | 6 | 2 | 2 | 14 | 6 | 6 | 5 | 3 | 64 |
| Professionalism | 7 | 4 | 2 | 0 | 3 | 1 | 3 | 2 | 7 | 7 | 1 | 3 | 40 |
| Personal Factors | 3 | 5 | 4 | 3 | 3 | 1 | 2 | 2 | 15 | 15 | 7 | 5 | 65 |
| Job Satisfaction | 1 | 0 | 3 | 5 | 4 | 0 | 2 | 7 | 7 | 8 | 5 | 0 | 42 |
| Decision Making | 2 | 3 | 1 | 4 | 5 | 8 | 2 | 7 | 16 | 16 | 7 | 6 | 77 |
| Return to Service | 0 | 0 | 3 | 2 | 0 | 0 | 0 | 4 | 3 | 0 | 2 | 0 | 14 |
| Totals | 14 | 17 | 22 | 24 | 23 | 13 | 15 | 45 | 64 | 56 | 36 | 18 | |

In addition to the topics and categories noted in the guiding conceptual model, two additional topics emerged from the data. While the topic of the decision making process contains comments or meaning units that may be associated with the previous theme of turnover intentions and actions, the importance of the decision making process to the outcome of retention suggest that it be considered both anew and separately. The decision making process regarding reenlistment was discussed by all 12 participants. The participants described not only their own process but also noted the information that they would encourage others to consider when making the decision whether or not to reenlist. Finally, the decision to return to military service emerged as a new topic when it was discussed by five participants who had exited the service and chose to return by reenlisting.

Work Environment

Comments regarding the work environment presented a wide variety of information and viewpoints. These included the desire to be able to change job specialty for the purpose of promotion or advancement opportunity, as expressed by the desire to have the ability to reclassify or change their Military Occupation Specialty (MOS) but remain with the organization. A higher level of organizational commitment was expressed by the statement "I look forward to deploying with the CSH" implying a strong bond to the unit. The CSH is a Combat Support Hospital that is fully transportable and able to be set up and be fully operational in 72 hours.

Structure, I like . . . I like the rules, it is a structured environment so everything makes sense – people do what they are suppose to do or else they get corrected you know but for the most part I just like that kind of environment.

The preceding quote and the identified meaning units ‘structured environment’ and ‘I just like that kind of environment’ as well as additional meaning units from other interviews can be viewed as representative of the category of workplace routine. Several meaning units such as the quotes “(the) Army is my passion”, “Volunteer to protect” and “Willing to sacrifice” were determined to express commitment, either to the unit or to the organization. Comments regarding unit camaraderie and quotes such as “I feel a sense of belonging” and “It is a close knit family” describe the group cohesion of the unit.

Additionally, topics or categories that emerged from specific comments in the data demonstrated both autonomy and a significant role conflict between training and actual operations downrange or in theater. Comments such as “Deployments (are) when we really get to do our jobs,” demonstrate the topic of autonomy of practice. The topic of role conflict also applies because it may describe the experience of many soldiers who operate under an expanded scope of practice in a combat environment. Finally, remarks regarding mentors and training others demonstrated the topic of leadership. A list of consolidated work environment meaning units, and the resultant categories for the work environment can be found in Table 3.

TABLE 3 WORK ENVIRONMENT MEANING UNITS

| Meaning Units | Categories |
|--|-------------------------|
| Army is my passion Pride Serve my county Use to the lifestyle Volunteer to protect Willing to sacrifice | Commitment |
| Close knit family Comradely I feel a sense of belonging I think that this unit is great I look forward to deploying with the CSH | Group Cohesion |
| Deployments (are) when we really get to do our jobs I can not wait to go back so that I can actually do my job | Autonomy/Role Conflict |
| Do what you are told to do with no question One thing is common – lifestyle Structured environment Right place in the right uniform at the right time | Routine |
| Mentors More knowledgeable, older soldier with a responsibility to train other soldiers Training people to take your place and do good | Leadership |
| Advancement Promotion | Advancement Opportunity |
| (Individual) Morale Unit morale | Morale |

Economic Factors

Economic factors or incentives were also discussed by all 12 participants. The meaning units were easily divided into three constructs or sub-themes. The first category identified was direct pay. This category centered around three topics, (1) bonus money (cited 20 times during the 12 interviews), (2) pay, and (3) special pay; such as hazard duty pay for serving in a combat zone or housing and substance or food allowances. Specific meaning units of interest were “Deployment bonus money”, “Reenlisted in Iraq for (the) bonus,” “Tax-free, lump sum bonus,” and “There was a good bonus while I was in Iraq”. These meaning units all centered around bonus pay, and were consolidated into the term bonus pay.

Pay wise; by the time you take money out of your check to pay insurance and all the dues and . . . that the military gives you without having to pay for it you know it comes out of your paycheck and health insurance is high.

This quote, and the meaning unit, “military gives you without having to pay”, is an example of indirect pay. Indirect pay refers to policies that serve to increase the buying power of military salaries. Other examples include benefits such as no cost to the service member for health insurance or the family, tax free shopping on military bases, and tuition assistance. Meaning units used to build this category or topic of health insurance include “The cost of healthcare on the outside is high,” “Medical and dental coverage” and “Insurance, the military gives

it to you without having to pay for it". These meaning units were consolidated into the term health insurance

"Tax free shopping" and "Downrange – tax free (pay)" demonstrate how the lack of paying specific sales or income tax increase the amount of disposable income of the soldier, thus becoming an indirect source of pay. The quotes "100% tuition assistance," and "School on the army dime" regarding tuition assistance, the military covering a bill so that the service member does not have to pay the cost, also exemplify indirect pay. The quote "Bonus paid in deployment was a lump sum that was tax free" may span both direct and indirect pay topics, but is still within the category of economic factors.

Delayed pay such as retirement pay and benefits was the final category. Retirement pay as "A steady paycheck for life" as well as low-cost to potentially no cost health care for the retired service member and family were additional topics of delayed pay. Also of note was the concern expressed by soldiers who had served for more than 10 years. They voiced a concern that they were not being offered the level of bonus money, if any was offered at all, that was being offered to junior enlisted soldiers. As noted by one soldier "there is no bonus for me with my time in my specialty, not unless I reenlist in Iraq". Another soldier stated, "They know they have us, why should they give us anything." These comments expressed the concerns of some experienced soldiers that nothing was being offered to them to reenlist because the Army had determined that they had a goal of retirement and that there was no need for reenlistment offers. A list of meaning units and categories for economic incentives is found in Table 4.

TABLE 4 ECONOMIC INCENTIVES

| Meaning Units | Categories |
|---|-------------------|
| Bonus Pay Pay Special Pay | Direct Pay |
| Health Insurance Tax Free Shopping Tuition Assistance | Indirect Pay |
| Retirement Pay Health Insurance | Delayed Pay |

Professionalism

Professionalism as a theme emerged with two distinct categories or topics. Each of these was related to the individual's career as either a military professional or a healthcare professional and occasionally, as a member of both professions. The first category was the improvement of professional practice or improved performance. It was described by individuals seeking education and training to better perform their mission. Of note was the comment "Education is the key" describing the ability of education (either via college, school, or training courses) to increase the soldier's individual value to the organization. It also served as a bridge to the second category, professional development, because of the perception among many participants of both increased employment opportunities and financial incentives post retirement for well educated and well trained professionals. Once again, this aspect of meaning units that can fit into many different categories, illustrated the difficulty in placing meaning units.

Tuition assistance was placed in economic incentives because of the description of the use of it by four of the 12 participants as a form of indirect pay. However, it could have been placed in professionalism because of the recognition of education as increasing professional skills or back into economic incentives because of increased retirement income as noted by one participant. Final placement was determined by the participant's use of the term.

The topic of training was discussed by 11 participants during the course of the 12 interviews. Training referred to military specific training such as air assault or airborne training, as well as medical training for skill review and reinforcement as well as training for new or additional skills. Specific meaning units "I just wish that there was more" and "the best training that you can get is to actually be doing it (your job)" were two of the meaning units used by participants to describe skill development. The desire for additional training and experience so as to improve job performance is expressed in the following quote.

There is some very good training and I have had a few (courses) myself, but I just wish that there was more. In the setting that we are in we give a lot of briefing but as far as keeping our skills up to par, we do not get a lot of the hospital training (and experience), intensive training unless you are actually in that area, but right now . . . we are not in the hospital but we are doing mostly routine (work) because we are not really in that setting and hands on – the best training you can get is to actually be doing it.

School, especially schools that would encourage promotion or career development, was mentioned nine times during the course of the interviews. Examples of such military focus programs included airborne and air assault schools as well as the paramedic and licensed practical nurse programs and warrant officer school. Additionally, the paramedic and licensed practical nurse programs served as examples of professional career development for employment after military retirement.

College was discussed by four individuals. Each time it was described as either a method of advancement, such as from enlisted to officer, or a 'stepping stone' or means of advancing into post service career. It was identified as a component of professionalism because of its use as a means of increasing professional knowledge. However, as noted with training, it could also have been economic not only due to tuition assistance as money not spent by the soldier but also as increasing the potential earnings while working after retirement.

Two example of such a plan are exemplified by senior NCO's who did not wish to be interviewed, but were willing to discuss retention options during their career. One senior NCO continued to work in the human resource area but had recently obtained a Master's Degree in Business Administration. A second NCO continued to work in the role of an LPN even after finishing an Associate Degree program and obtaining RN licensure. In both cases, the individual was within three years of retirement and chose to remain in their current position until retirement. The LPN NCO did occasionally work at a civilian facility as an RN,

and planned to use the academic degree and professional licensure as an RN when seeking post retirement employment.

Finally, professional practice issues were referenced by the previous work environment quote “I can not wait to go back so that I can actually do my job”. The soldier who made the comment continued to discuss the issue after the formal interview. During the interview, the issue had been addressed regarding the ability to perform autonomously in theater; however, after the interview the discussion centered on respect from peers for professional performance and practicing as a healthcare professional in theater versus out of theater.

The enlisted soldiers who participated in this study considered themselves to be both professional soldiers and healthcare professionals. This duality as well as interconnectivity of economic factors and professionalism is also represented by service members seeking training that could not only advance their military career but also their post military professional practice. Table 5 lists the meaning units, and the resultant categories regarding professionalism.

TABLE 5 PROFESSIONALISM MEANING UNITS

| Meaning Units | Categories |
|---|--------------------------------|
| Formal Education Professional Education Military Education Skill Development | Improve Performance |
| Post Service Employment Opportunity to Gain Marketable Skill | Increased Professional Options |

Personal Considerations

Issues regarding personal considerations were also some of the most frequently discussed topics. Personal considerations easily divided into kinship responsibilities, both positive and negative; and individual reasons and personal concerns. The comments made during the interviews remained remarkably similar throughout the course of interviews. At this time, I am unable to determine if this is an artifact associated with this particular population sample or if it is truly representative of the total AMEDD population. Additional research to expand on this specific topic is needed to determine if the similarity of the comments and information provided is consistent within the population. Examples of individual factors and family support are expressed by the following quotes and meaning units, “I want to serve my country” as an individual and “toll on my family”, “she supports me” and “if not for her and her support, I would be out” regarding family support or kinship responsibility.

I want to serve my country. It is tough in light of the war on terrorism and we are constantly doing rotations to Iraq and Afghanistan. It will take a toll on my family, but my wife is there for me, and she is supportive and this is all I need. She worries, but she supports me.

I would say yes, if you value your family, I would say yes. For me personally – without my wife – I would not be here if it were not for her and her support, I would be out.

Positive depictions of family or kinship responsibilities also included one half of a dual military couple (individuals married to each other while both are on active duty) who reenlisted together so as to be stationed together. Additionally, two participants described the “ability to take care of my family” as explaining why they continue to serve. Still other participants focused on location stability for the immediate family. Finally, a different participant described another reenlistment option by requesting to be moved to a unit near areas of immediate family as a means of increasing family support while deployed. In contrast, one soldier who did not participate in the formal interview process did discuss his reenlistment after being introduced to me by one of the participants. This soldier was not going to reenlist, not because he did not like serving in the military, but because he felt pressured to return home and help care for an ailing relative.

All participants with families described the benefits of service as helping the family while acknowledging the negatives. This balance of family and service is best summed up by one participant saying “You take the good with the bad.” Negative impacts associated with kinship responsibilities focused on time away from family with one participant saying “Of the five years that I have been in, three were away from the family” while another described the “toll on the family” of deployments. Additionally, one participant described the inability of the spouse to develop a career because of the moves made in support of his military career. Finally, after the formal interview, one participant introduced me to another soldier who had not reenlisted. This soldier explained that he wanted to stay but felt that he had to leave the service to care for an ill parent.

Positive individual factors included pride in being part of a tradition of a family of service as noted by one participant. Another participant made several references to relatives who had served in previous military operations including Korea and Vietnam. Another participant identified relatives who were also serving in current military operations as well as one participant who was part of a dual military couple. Other participants spoke of individual factors such as a general “pride in service” and performing a “noble job”.

As previously quoted, all married participants described the support of the spouse as being essential to continue military service. One participant noted that the reason for his return to service and subsequent reenlistment was the support received from his wife during his second marriage. Table 6 lists additional meaning units and categories within the topic of personal factors.

TABLE 6 PERSONAL MEANING UNITS

| Meaning Units | Categories |
|--|--------------------------|
| Enlisted together Family Support Good with the bad My wife ... her support Spouse's career Stabilization Take care of the Family | Kinship Responsibilities |
| Better myself Fit into my lifestyle Stepping Stone | Individual Reasons |

Job Satisfaction

Meaning units that dealt with job satisfaction were the most difficult to place. The transcripts were reviewed many times to ensure that the individual was referring to general job satisfaction. Even after initial placement, meaning units were realigned as a means of identifying and attempting to provide the best description of the reasons for reenlistment, the goal of this research, as opposed to the experience of serving in the military.

Positive job satisfaction was suggested by quotes such as “I do not plan on getting out again” and “I like the army”. The quote “I enjoy deploying” suggests a comfort or a level of satisfaction with the military service. Finally, the quote “Learn how the army works” suggest that an individual can easily adjust to being in the military and enjoy serving in the military. Table 7 contains meaning units and the resulting categories concerning job satisfaction.

TABLE 7 JOB SATISFACTION MEANING UNITS

| Meaning Units | Categories |
|--|--------------|
| I always wanted to be in the army I enjoy the medical field The army is my passion | Satisfaction |
| I enjoy deploying The army takes care of you | Comfort |
| The army is pretty much super easy Learn how the army works You take the good with the bad | Adjustment |

Decision Process

The decision process regarding reenlistment became the focus of many of the participants during the interviews. During the course of the interviews and especially during the content analysis phase of the research study, it became apparent that the topic identified in the conceptual map and literature as 'intent to remain' was becoming focused, by the participants, on the decision making process that they went through when they made the decision to reenlist. Therefore this theme was renamed the decision process.

The time frame required to make the decision to reenlist was the first category identified. It ranged from having already made decision as suggested by "Did not take me any time at all" through a short process as referenced by the timeframes of "An hour" to "A day". A lengthier, more drawn out decision making process taking "A couple of months" to "Probably a year" is suggestive of more contemplation.

The second category that emerged from the data described how the decision making process and the factors being considered can change over time. This process is represented by quotes such as "Affect someone's decision early in (their) career" and "It may depend on the soldier and where in his career he is". Family support for the decision to reenlist is the third category and is documented by comments including "Had to get the OK from my wife" and "I would not have done it (reenlist) if she had not agreed to it".

Finally, the fourth category is the multiple issues involved in the decision making process. It is described by quotes such as "Different needs and issues"

and “there may be answers – just not one answer” when discussing why individuals choose to reenlist. Another view of the multiple issues in the decision making process is the identification of “rubric’s cube of issues and reasons”. Finally, identification of a soldier’s “goals and dreams” in the development of “career plan” to “build for the long term” also support both the construct of multiple issues impacting the decision to reenlist as well as the changing impact of such issues during the life and career of the soldier on the decision to reenlist in the AMEDD.

The participants then shifted to a second aspect of the decision making process. This aspect dealt with the advice and information that interview participants would offer other personnel who were in the process of deciding whether to reenlist. Each participant suggested that they would advise the individual to consider their “personal life goals” and “develop a plan” of action or “career path” that would allow them to achieve that goal.

They would then ask the individual to talk to a well trained reenlistment NCO who “knows about the army and the options available” for the individual and to “consider the army benefits (and) incentives” to determine if “the army can help you reach your goal”. They stressed the need for the individual to talk it over with family and friends and make a decision that is the “best option for them”. The participants also acknowledged that the army is “not for everyone” and that the individual should “be comfortable with their decision”. Additional meaning units and emerging categories regarding the theme of the decision making process are located in Table 8.

TABLE 8 DECISION PROCESS MEANING UNITS

| Meaning Units | Category |
|--|-------------------------|
| <p>A lot of reasons Different needs and issues Increasing number of options It was a group of everything Many Army benefits Plan . . . for the long term Rubric's Cube There may be answers – just not one answer</p> | <p>Multifaceted</p> |
| <p>Best benefits, opportunities, options Decision early in career Develop a life plan It may depend on the soldier and where in their career they are at the time Time in Service</p> | <p>Change over Time</p> |
| <p>Day Did not take any time Hour I knew already Month Not long Year</p> | <p>Time Frame</p> |
| <p>Had to get the OK I would not have done it ... if she had not agreed My family supports me in my decision Second marriage ... my current wife, she support me</p> | <p>Family Support</p> |

Return to Service

The most unexpected and potentially the most beneficial finding from this study occurred when it was identified during the second interview that the individual had reenlisted to return to service after a break in service. Three different categories emerged from the data regarding such individuals. The first of these dealt with the desire to serve that was expressed by three individuals. It is demonstrated by quotes such as “I missed it,” “I wanted to get back into the fight” and “The Army – it is my passion”. The second category identified was the need to provide family support, not only to serve as previously mentioned, but to reenter to military and continue to serve. This category is supported by the quote “This is my second marriage, my (second) wife; she is very supportive of my decision”.

I did have a break and I was in the boat where I was out there trying to get my own insurance and this and that and you know it's expensive so I can appreciate that and those are all things that I considered when I thought about reenlisting.

Well that was already made, the decision to come back in, you know that part of why I came back in – I mean, I know that health insurance . . . the military will provide care for my kids in a way that can't be done outside, just knowing that you have to pay for healthcare as a factor, as far as reenlisting, it was a part, it was a factor.

The preceding quotes, and their meaning units, ‘insurance . . . it’s expensive’ and ‘care for my kids’ are examples of the third category of reasons that individuals return to the military after a break in service. This financial category focuses on the cost of insurance and ties back to the desire to provide for the family. Quotes supporting this construct include “Blue Cross Blue Shield is expensive”, “Cost of insurance is high on the outside”, and “Insurance is crazy now”. Finally, a listing of meaning units and resultant categories associated with a return to service is in Table 9.

TABLE 9 RETURN TO SERVICE MEANING UNITS

| Meaning Units | Categories |
|--|-------------------|
| Care for my family Care for my kids My family is supportive of my decision My second wife is supportive | Family |
| Cost of Healthcare Insurance is Expensive Pay on the outside . . . after everything is taken out . . . it wasn’t any better You can not find the same retirement pay and benefits outside the service | Financial |
| I do it for me I missed it I wanted to get back into the fight This is my second time in – I do not plan on getting out again. | Personal |

Summary of Findings

In summary the findings of this study consisted of numerous meaning units that were condensed into several categories and finally into six themes. The first topic, work environment, includes organizational commitment, group cohesion, role conflict, autonomy, workplace routine, leadership, advancement, and moral. The second topic, economic factors, includes direct, indirect and delayed pay. The third topic, professionalism, includes performance improvement and professional development. The fourth topic, personal factors, included individual issues as well as family or kinship responsibility.

The fifth topic, the decision to reenlist, is very similar to retention and turnover but was renamed to better reflect the content of both the meaning units and categories identified with the overarching theme. Finally, a new topic, the decision to return to the service, was identified. It included categories regarding care for the family, financial considerations and personal reasons. Additionally, the meaning units demonstrated a high degree of versatility or the ability to fit several topics or categories. This finding supported the determination that the decision to reenlist and especially the decision to return to military service is very complex and consisting of many variables.

Chapter 5

DISCUSSION

The findings of this study are congruent with the literature regarding the conceptual framework variables associated with nursing retention and turnover presented by Wilson (2006) and the 14 Forces of Magnetism as found in the ANCC Magnet Hospital literature (ANCC, 2007; Lash & Munroe, 2005).

However, there is some variation from the conceptual framework regarding the difficulty of being able to place specific concepts and incentives consistently within one major theme as well as the unidirectional depiction of the voluntary turnover model. These differences should not be viewed as diminishing the ability to compare the findings of this study with the conceptual framework.

There is a consistency of the majority of the findings with the conceptual framework and previous research, suggesting that the findings, while the sample size was small, are both trustworthy and repeatable (Jones & Bugge, 2006; Kondracki, et al, 2002). These differences should be viewed as potentially expanding the body of knowledge regarding retention of personnel.

The inability to consistently place topics or incentives within one theme and the changing impact of the same concepts or incentives among individuals was noted in the findings. This variability has also been discussed in the literature and should therefore not diminish the significance of the findings. Cavanagh and Coffin (1992) concluded that it was a combination of factors that influenced nursing turnover. This study repeated these findings, suggesting that

there is no one single issue that influences retention and that management must be aware of all issues and willing to deal with every issue.

Additionally, Cavanagh and Coffin (1992) noted that the findings of their study were different from previous studies and suggested that this variance could be due to the influence of time. As noted in the findings of this study, the reasons that individuals choose to reenlist may vary and change over time. Hinshaw et al. (1987) also noted that turnover decisions occurred over time. Finally, Humphris and Turner (1989) reported that satisfaction improved retention but that “satisfaction levels varied with time” (p. 304). These conclusions align with the philosophy of pragmatism. They suggest that the ability to determine ‘what works’ regarding staff retention is variable and could change over time, similar to the development of drug resistant microorganisms or the impact or severity of an individual’s allergic response to environmental triggers. Therefore, it is imperative that organizations consistently be aware of operating issues that influence retention. Additionally, managers should know their employees and the issues in their life that could impact retention. By offering a person time off or other support service to care for family or to deal with other issues, they may be able to keep or bring that employee back into service without the added expense of an extensive orientation and training program.

The work of both Parasuraman (1989) and Mueller and Price (1990) determined that nursing turnover was multi-faceted and not related to a single item or issue. Cavanagh (1990) found that multiple variables preceded staff turnover, but noted that the variables differed between profit and not for profit

facilities. Kocher and Thomas (1994) and Shen et al. (2004) also suggested that a significant portion of nursing turnover was not related to a single factor, but to a combination of several factors. This conclusion was also found in the interviews when several participants discussed the reasons for reenlisting as being related to various options and career goals. As one soldier said when discussing the reenlistment question “They have different needs and issues. I don’t know if there is an answer. There may be answers – just not one answer.”

As described, it is often a combination of factors that set the stage for the final decision, but it should be also noted that it is possible for one factor to ‘push’ the decision,. An example of such a single ‘push’ factor was discussed during the interviews when one participant described how his first wife forced him to leave the service. He returned to the military after receiving the agreement and support of his second wife. Cartledge (2001) offered another example of a push factor when describing the impact of stress on decision making by quoting one Intensive Care Unit nurse who responding “why should I put myself through that (stress)?” (p 351) when asked to provide a reason for leaving. As managers and employers we need to be aware of the influence of our actions and policies on our employees. If we determine that our actions or policies could potentially be the reason that employees are leaving, we should consider the impact of such actions and policies.

Additionally, Best and Thurston (2004) found that the impact of different satisfaction variables changed with individuals regarding satisfaction, while Crow and Hartman (2005) determined that variables associated with nursing

experience and career progression also changed over time, supporting the suggestion that there is not a single solution regarding staff retention. Adams and Bond (2000) concluded that it is the subjective assessment of the individual nurse that must be assessed when predicting turnover. Subjective assessments can and often do vary among individuals as well as over time for a specific individual. This assessment was often discussed during the study as noted by comments such as “consider what is best for them” and “the army is not for everyone”. Once again, this conclusion aligns with pragmatism and the understanding that the ability to determine *what works* regarding staff retention is variable and could change over time. The literature once again reinforces the findings of this study.

Furthermore, McVicar (2003) performed a meta-analysis of over 65 research reports published from 1985 to 2003. His findings support the opinion that job stress and its relationship to job satisfaction and turnover is both multifaceted and the results of various interactions. Albaugh (2006) and Force (2005) concluded that the variety of reasons for entering and exiting the profession were complex, so any potential solution to retention would also be complex and multifaceted. Lake and Friese (2006) concluded that perceptions of the practice environment were not static and that periodic reassessments should be conducted to determine potential areas of dissatisfaction and potential improvements. As noted during the interviews, the reasons for reenlisting and even for reentry into service varied and changed over the life of the service member as each experienced career progression.

Finally, Patterson et al. (2005) identified the emotional paradox or stresses that paramedics experienced when trying to decide if they should remain an EMT. The paramedics reported that the overlap of their professional role and personal life created difficulties maintaining personal relationships. Of interest to both nursing and the military is the issue of “consistent readiness” as a primary source of personal and professional stress. It is emotionally stressful and physically draining to be consistently on alert, prepared to deal with whatever situation presents to the EMT at the accident scene. The same feeling is experienced by healthcare personnel during deployments and especially during deployments in combat zones. There is usually very little to no warning and often little information regarding exactly when, how many, or the nature and severity of injuries until patients arrive for stabilization and treatment. The family members of deployed service members also experience this state of constant readiness while awaiting word either from the service member or contact from the service member chain of command. While contact from the service member may offer both relief and comfort, it may also bring stress and worry. However, contact from the chain of command is often associated with stressful and even disastrous news.

However, the findings of this study differ from Wilson’s (2006) conceptual framework in two significant ways. First, while the information extracted from the interviews does fall into alignment with the major theme of the model, it also suggests that the concepts contained within the model may not always align or remain under a single theme. For example, tuition assistance was described as

an economic incentive because it reduced out of pocket expense to attend college and provided a means of increasing income potential after retirement. Yet, attending college was also discussed as a means of both personal and professional growth.

Depending on the intent in which it is used, tuition assistance could also fall into the work environment because increased training could result in a promotion and additional responsibilities. Additionally, the health care or insurance provided by the military was described as a factor that helped lure individuals back into the military as well as an economic incentive because there was no additional charge for services in the military system. It could also be described as a personal or kinship responsibility due to the availability of healthcare as a means of providing for the personal well being of the soldier and especially the soldier's family.

Finally, the Wilson model (2006), as well as other conceptual models illustrating voluntary turnover by Price and Mueller (1981), Lee and Mitchell (1994), Lum et al. (1998) and Ellenbecker (2004), have been presented as unidirectional. However, six of the individuals interviewed had returned to the service after a voluntary break in service, suggesting that retention is not a one way process. The multiple issues impacting the reenlistment decision as well as documenting the changing influence of various issues over time are consistent with the philosophy of pragmatism which seeks to discover *what works* and acknowledges that the underlying principle for decision making *varies* and that *what works* at one decision point may not work at a different point in time. In

summary, the findings suggest that voluntary turnover is not as easily categorized as presented in a majority of the research literature, and because it is not unidirectional, individuals may return to service.

Implications for Nursing Theory

The purpose of a theory and/or conceptual model is to guide current and future research and discussion regarding an area or topic of interest (Meleis, 2005). As noted during the review of the underlying theory as well as during the literature review regarding the similarities between RN and other staff, the theory and/or conceptual model regarding voluntary nurse turnover can serve as a roadmap to guide future research regarding employee retention. Wilson's (2006) conceptual model served as an adequate framework to organize the literature review and findings. However, the model is unidirectional and structured so as not to allow for variables of interest to be being present in more than one category or theme.

Brannon, Zinn, Mor, and Davis (2002) called for studies of turnover to stop using a linear model and separate factors or variables. Therefore, it is proposed that the Wilson (2006) model undergo a review and potentially be revised to better fit the data obtained during this research study. This proposed Retention Decision Process Model is presented in Figure 1.

Retention Decision Making Process

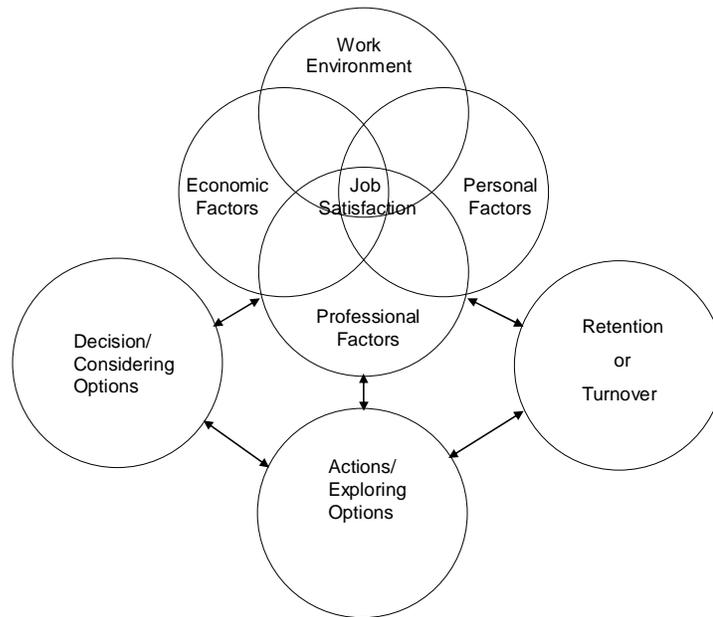


FIGURE 1. RETENTION DECISION PROCESS MODEL

This model reflects the concept that specific factors related to turnover could involve an individual or multiple themes associated with turnover. As discussed by Im and Chee (2003), this model allows for 'gray zones' or areas of complexity that require an acceptance of the complexity and ambiguousness of the relationships among factors. Thus, the model begins as four interlocking circles, with the overlapping areas representing the gray zones. Each of the interlocking circles represents one component from the literature and interviews. In this model the circles represent (1) the work environment, (2) economic factors, (3) professionalism, and (4) individual factors. The area where all four

circles overlap represents job satisfaction which is viewed as an individual assessment of the combination of all four factors.

The next component of the proposed model reflects the step of considering options and making a decision regarding the best option for the individual. This was expressed by the research participants as “assess your options” and “determine what you want to do”. The arrow connecting job satisfaction to the options/decision making step is bidirectional demonstrating that an individual may decide that the best option is to remain with their current employer, or in the case of a soldier, to reenlist.

The next step refers to the actions that an individual may take if they decide that they are not comfortable with or do not enjoy working in their current position. The arrow that connects these actions and options is once again bidirectional, demonstrating that the individual may choose to seek employment elsewhere or may seek a transfer within their current employer. This action is similar to the option discussed during the interviews regarding individuals who reenlisted with a clause either to reclassify or train for a new position or to move to a new unit or facility within the organization. They took an action that allowed them to remain in the service, but in a different position. The literature also reflects this concept with the use of tuition assistance as a means for advancement or a new position with a current employer.

The next component reflects the actual turnover or retention of an employee. Turnover can occur when an employee leaves for a new employer, while retention occurs when the employee remains with their current employer.

Additionally, employees may also remain with their current employer in a different form, such as part time, or in a new or different position. It is connected with a bidirectional arrow to once again reflect the data from the interviews that demonstrated that employees may return to a previous employer, in this case the soldier returned to active duty military service. Additionally, Westcott (2006) documented that some companies report the return of former employees who did not find better opportunities or jobs after leaving the company. These employees may be more productive. As noted in the interviews, they can also serve as mentors to other soldiers and serve to provide information regarding employment outside of the military.

The model also contains bidirectional arrows connecting job satisfaction to the concepts of action and retention or turnover concept. These arrows reflect the potential impact of the types of shocks on employee retention. Finally, the arrows are bidirectional, similar to a highway, representing movement back and forth within the model. Shocks to the employee may be reflected by the bidirectional arrows that bypass the first decision concept and move directly to actions or turnover/retention. This bidirectional shock can be viewed as an express lane on a roadmap, providing a direct link to the outcome. An example was noted during the interviews when one participant described a soldier who would like to reenlist but decided that he had to go home to take care of his elderly mother. Another example is the financial bonus paid to retain individuals in military service.

This model can be viewed as a board game. The tokens used to represent the movements of a player during the game can be compared to the actions of a soldier considering reenlisting. The factors that influence retention decisions as well as the options or pathways considered make up the game board. Just as tokens move around the game, they can also be sent in reverse. The movements of the tokens can be compared to the various factors considered by a soldier considering reenlisting or retention. As the game progresses tokens are moved from one area to another, just as an individual's career progress causes the individual to consider new factors regarding retention. The game board does not change, what does change is the position of the tokens, or the individual, as the game or the individual's career progresses. "Players" may sit out a turn and stay in one position, or the player may elect to advance several spaces at one time.

Implications for Nursing Practice

Regarding organizational interventions, Longo and Uranker (1987), Wall (1998) and McVicar (2003) all called for a strategic long-term focus on staffing and nurse retention. McVicar was able to determine that harassment from physicians and administration was a cause of both distress and absenteeism among nurses. Therefore, it is recommended that organizations implement policies that incorporate the 14 Forces of Magnetism, including efforts to improve management style, personnel policies and programs, increase autonomy and interdisciplinary relationships as well as focusing on the professional

development of nursing staff (Lash & Munroe, 2005) as a means of improving the work environment, job satisfaction and ultimately staff retention.

Regarding the individual nurse, Westcott (2006) reported that a reasonable counteroffer can be successful in retaining an employee, especially if there is a sense of connection to the company. McVicar (2003) suggested that job burnout and turnover could be decreased if new patterns of coping with the emotional demands of the work of providing care could be identified and implemented in the workplace. Newman, Maylor and Chansarkar (2002) echoed the concept when concluding that improvement in the balance between work and life would become the major challenge facing nursing in the future.

Individual staff nurses may also benefit from management training. Nurses are not mechanical parts; they are knowledge workers and must be treated with respect, especially if management expects the nurse to treat the patient with respect. Every nurse manager should be familiar with Arruda's (2005) recruitment and retention report: Better retention through nursing theory. In this brief two page document, she convincingly described theory-based interventions focused on staff retention.

Nurse managers must remember that the nurse they drive out today may be the nurse needed to take care of either them or their family members tomorrow. Put yourself in the position of the nurse manager who had told the nurse that "when or if you do come back, you'll work nights and every weekend" (Cline et al. 2003, p 52). Would you be comfortable with that nurse providing your nursing care, or more importantly, the nursing care of a family member?

Would you be more comfortable if the nurse taking care of you or your family was a nurse that you had successfully mentored through nursing school?

Implications for Nursing Policy

Nursing policy, at a local level, should focus on developing policies that reward retention at a level equal to or exceeding recruitment. This policy focus would acknowledge the impact of retaining an experienced nurse, familiar with the facility and its unique policies, equipment, staff, and patient populations. It is suggested that such a policy could be offset by a decreased staffing recruitment cost. Atencio et al (2003) reported that the national nurse turnover rate was 21.3% and that it cost approximately \$92,000 to replace a generalist nurse and approximately \$145,000 to replace a specialist nurse.

Hey, Rentsch and Rampton (2007) presented the results of their emergency department transition program which reduced turnover to 12.1%. The retention of eight emergency department nurses per year could equal a cost avoidance of over \$1.1 million per year. This represents money that could be applied elsewhere in the facility to further improve staff retention and clinical services.

Capuano, Sebastian and Geist (2007) discussed the options for retention of more experienced nurses while Williams et al. (2006) described the possibility of inactive nurses returning to clinical practice. Each reported that part time work, with flexibility and benefits would increase the available number of nurses. Capuano, Sebastian and Geist and Jones and Gates (2007) also stressed the value of retaining experienced nurses to improved patient outcomes. Each

reported that the cost of such a program would be easily offset by the operational savings and increased earnings associated with higher staffing. In summary, nursing policy, directed at the local level but supported by state and federal policies should focus on retaining experienced nurses at least equally if not more than recruiting new staff.

Additionally, state and federal policies should focus on increasing the number of nursing faculty so that the number of nursing students and therefore the number of practicing nurses can increase. This policy change can be accomplished with innovations such as the national nurse reinvestment Act (PL 107-205) as well as continued funding for such innovations (AACN, 2005). The implementation of such policies in Tennessee is described in the report Nursing and Allied Health Shortages: TBR Responds (Berryman, 2003).

Implications for Nursing Education

Continuing education programs, not just in-service education on new equipment, should be implemented in every facility providing nursing care to a patient population. This policy should reflect evidence based patient care and other information focusing on improving patient outcomes. Additionally, tuition reimbursement must be considered as a means of training new nurses, especially current employees who perform well and are willing to obligate to the facility or organization in return for the opportunity to attend school and become either a licensed practical nurse or especially, a registered nurse. Within the military this option, referred to as the green to gold program, already exists. It is used to identify exceptional enlisted soldiers and send them for further training to

become commissioned officers. While this policy may impact enlisted retention, it may also strengthen the AMEDD as a whole. The skills gained while as an enlisted medic would be invaluable to new military nurses adjusting to their first assignment.

An administration course, including the work of Arruda (2005) should be required for all nursing students in an undergraduate program. This course should focus on the direct supervision of employees and fundamentals of the business of healthcare. Development and continuation of graduate programs in nursing administration should focus on direct management as well as supervision of managers, organization operations including financial and human resource basics, as well as organization compliance with local, state and federal law and regulations. Retention of quality employees, both within the military and the civilian workforce, should be a focus of military nurse managers.

Finally, graduate programs for healthcare administrators, including military healthcare administrators, building on the comments of Collins (1987) and Nelson and Folbre (2006) should include an exercise in which administrators develop a means to legally, ethically, and morally provide safe, effective, and efficient patient care consistently for seven days without nursing staff. The difficulty, if not impossibility of such a task should stress to healthcare administrators the importance of nursing staff. A large majority of patient care organizations include in their mission statements comments regarding providing the best patient care and family support available. If the mission statement is truly representative of the goal or mission of the organization; this exercise

should demonstrate the value of the nursing staff in achieving the mission and to the overall success of the healthcare organization.

Nurses are not parts of a machine that can easily be replaced; they are experienced, knowledgeable healthcare professions who perform an amazing variety of tasks in support of positive patient and organization outcomes. Finally, all proposed exercise solutions should be evaluated regarding the amount of time available for patient care. If support personnel were eliminated with the assumption that nursing staff will assume the extra duties, then you still decrease the amount of time that nurses have to provide patient care and are not supporting the mission of the organization. Nurses, at all levels, should be able to focus on providing quality patient care; otherwise, as noted by Castle and Engberg (2005), staff will leave the organization.

Implications for Nursing Research

McVicar (2003) also determined that the possible interaction between personal and workplace sources of distress needs to be further researched. He called for the development of more predictive assessment tools as well as the development of preventative programs to address the needs of nurses before they lead to burnout and turnover. Therefore, the development of a large scale assessment program to identify factors and the potential interaction of various factors associated with nurse retention is encouraged. However, this program must also include a body of research focusing on the impact of intervention programs on the desired outcome of reduced nurse turnover. As noted in the literature review, there is a clear understanding that job satisfaction influences

retention, but the 'black box' representing the process by which this occurs must be opened and studied.

Therefore, it is proposed that the next phase of this program of research is to conduct a survey of personnel regarding their intention to remain and the factors impacting their decision. This step is congruent with the concept of mixed methods research supported by Johnson and Onwuegbuzie (2004) and McEvoy and Richards (2006). As described by Morgan (2007), it is also an example of pragmatism and the focus on finding the best available answer for the question. Finally, Berman, Ford-Gilboe and Campbell (1998) suggest that combining methods allows for the identification of the most compelling evidence.

The outcome of combining research methods is similar to a nursing assessment and should therefore be easily understood by nursing staff. For example, during a patient assessment, the nurse should ask the patient why they are seeking care and to describe any symptoms. The patient will be asked to describe the symptoms and possibly rank the symptoms, such as pain, in comparison to other symptoms or experiences. Vital signs will be gathered and assessed. Finally, the quantitative data provided by the vital signs and rankings will be combined with the qualitative data regarding onset and descriptions of symptoms to develop a total view of the patient. Another example of combining research methods is painting a picture. The quantitative data provides form, placement, shape, and structure while the qualitative data provides not only the color but the hue, shade, intensity and vividness of the colors. In each example, different information is considered together to provide a complete picture of the

topic. In the proposed future research, quantitative and qualitative data would be combined to describe methods to assess and improve staff retention.

The questions contained on the survey were derived from the literature review as well as the data obtained from the semi-structured interviews. The proposed survey is contained in Appendix G. It can be administered using Internet technology to increase the sample size and automated reminders to improve response rate. The use of an Internet survey site that is not associated with the military may also be used as a means of assuring the soldier that no names or other identifiers would be attached to the responses.

Data obtained from the survey can be analyzed using many techniques. Correlations could be determined between demographic data and retention variables to identify positive, negative, and even curvilinear relationships between demographic variables and retention incentives. For example, do married soldiers reenlist more often than single soldiers? Does the retention rate increase as the size of the family of the soldier increases?

The potential also exists to develop a regression equation between incentive variables, such as a bonus, and actual staff retention. Such an equation should be able to identify positive variables that *pull* people to the organization (thereby improve retention) as well as negative variables that *push* or drive individuals out of the organization. Finally, factor analysis, both exploratory and confirmatory, can be used to determine if the variable placement selections noted in the findings accurately reflect the much larger population sample that could be generated with an Internet based survey. Statistical

identification of variables that impact retention, positively or negatively, as well as the interactions among variables could then be used to guide the development of retention programs.

As with the nursing process, this initial research serves as an assessment of a situation, the plan to gather greater data using a survey would have to be implemented and the results evaluated and a retention program implemented based on the data analysis. An on going evaluation, similar to patient evaluation after a nursing intervention, would lead to the development of a longitudinal body of knowledge regarding retention. This information could be used to develop additional retention policies or plans focusing on the data analysis of incentive effectiveness of individuals at different points in their careers. This proposal would allow for development of a retention program focused on what works and when it works, a cornerstone of pragmatism.

An example of such a program in the food service industry is described by White (2007). The positive impact that the program has on both customer (patient) and employee satisfaction as well as on employee morale is credited with decreased staff turnover. Decreased staff turnover is correlated with higher productivity and more importantly, cost savings related to the training of new employees. This type of positive impact, and decreasing staff turnover should be the goal of any recommended retention program.

Implications for Military Policy

It is recommended that the U. S. military, especially the AMEDD, actively consider the policy recommendations of Beerman (2006). His report *Increasing*

Army Retention Through Incentives suggests offering programs such as college loan repayment, home loans, and small business loans. Each of these topics was discussed during the interviews. He also reports that current retention rates may have been artificially elevated by the current stop loss policy and that the military must be prepared to deal with retention issues after the policy is rescinded. Additionally, it can be expected that the current level of bonus money will not be available in the future; thus, the military must be prepared with a retention package once this extra bonus money disappears. Therefore, a policy of paying reenlistment bonuses, student loan payments, home mortgage payments, or small business loans should be considered, especially in light of the perceived impact on the national economy of home building and sales as well as employment of individuals in small businesses (Loten, 2007).

The decision to reenter the military appears to focus on the same issues as reenlistment. Therefore, any retention program or policy should include a reentry option. The cost of training a soldier who returns to active duty may be considerably less than that of training a new soldier. As noted during the introduction, these savings could equal five to ten percent of the organization's budget. For the AMEDD the savings could total \$445 million to \$890 million during the reenlistment timeframe. Additionally, the personal and professional experience gained outside of the military by the soldier returning to service may prove to be valuable, not only to current operations, but also to individuals attempting to decide whether or not to reenlist.

Another policy option that emerged from the interviews described the ability to use the funds in the G. I Bill for the education of the spouse. This was described as a potential, no cost option, for the military (the money is already set aside) as well as a tool to help the spouse develop a career and build family loyalty to the military. As discussed, it was an option that would be of more interest to a mid-career, careerist or married soldier as opposed to a soldier during their initial or first reenlistment.

The effect of race and gender variables on military retention was reported by Moore (2002). She reported that African-American men were significantly more likely to reenlist in the military than other race and gender groups. She also reported that Hispanic men and women were also more likely to reenlist than Caucasians. As noted by Kocher and Thomas (1994), race influences retention, especially for African Americans who are reported to perceive greater opportunities in the military as opposed to the civilian sector. One option for additional research should focus on the perceptions of opportunity within the service among races and gender.

Finally, this study was conducted to identify factors that influenced military retention, especially in light of the problem “that the services know too little about the underlying causes of attrition” (Moore, p. 259). This lack of knowledge is comparable to that reported by Elder (1958), and O’Brien-Pallas, Duffield, and Hayes (2006) who each reported that there are significant differences between the perceptions of nurse executives and staff nurses regarding the reasons that nurses voluntarily terminated their employment. Therefore, while the military

should develop a better understanding that enlisted personnel choose not to reenlist, the military should also begin to develop a better understanding of the reasons enlisted personnel choose to reenlist. Policy based on why soldiers reenlist may serve to increase retention rates.

Conclusion

Personnel retention in the nursing profession and healthcare in general as well as in the AMEDD is an issue that continues to be identified as requiring further research and additional recommendations and improvements. This initial study of staff retention, focused on enlisted reenlistment, determined that current research findings regarding work environment, economic factors, professionalism, personal factors, and job satisfaction also apply to the study population. Additionally, the findings of this study reinforced the need to consider the decision to reenlist or leave the service, similar to retention and turnover decisions in a civilian facility are multifaceted.

Therefore, one solution will not work. This conclusion may be one reason that retention is still a topic of discussion and research regarding nurse staffing and nursing administration. Multiple reasons for nurse turnover should lead to multiple solutions to improve retention. Many institutions may have placed implementing and tracking the impact of a nurse retention program focused on multiple solutions into the *too difficult* category and not followed through on either the development or the evaluation of such a program.

Options to retain nurses with retention policies similar to recruitment policies were suggested by the findings of this study. Additionally, it was

documented that enlisted soldiers who have left the military may return. Therefore, it is suggested that retention or reenlistment models become less unidirectional in focus and become more adapt at dealing with a multifactor approach to retention. Additionally, administrators, supervisors, and managers should being to understand and accept that individuals who leave a work environment may return at a later date. Additional consideration should also be given to the assumption that the return of such individuals will have a much lower training or accessions cost, realized in a net savings to the organization. Thus, the development of a bidirectional, circular, or multifactor retention process may be the most important contribution of this research project to the retention of nursing and military staff.

There must be many options and a use of creativity to create an environment that support job satisfaction and retention, or reenlistment. As suggested, future research projects should build on this work to better describe and study the ongoing, continuously changing process that identifies the reasons why individuals choose to remain and builds a retention program on such evidence. This research program should identify not only factors associated with decisions regarding staff retention, but also on the interactions of such factors during the course of a professional career.

The identification and description of the variables considered by individuals as they decide to remain with an employer are many. The interactions of these variables further increased the variations needed to be understood if an accurate description of the decision making process regarding

retention is to be fulfilled. This study was the first of many steps that will need to be taken to develop such an understanding. The military, the nursing profession, healthcare administrators, and the general health and well being of the public are dependent on the successful identification and implementing of retention programs for military service members as well as healthcare professionals, especially personnel in the U. S. Army Medical Department.

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Appendices

Appendix A – Nurse Staff Retention Theories

| Year | Author | Theory |
|-------------|--|--------------------------------|
| 1981 | Price & Mueller | Causal Model of Turnover |
| 1982 | Sigardson | Motivation - Hygiene |
| 1990 | Cavanagh | Causal Model of Turnover |
| 1990 | Mueller & McCloskey | Causal Model of Turnover |
| 1992 | Cavanagh & Coffin | Causal Model of Turnover |
| 1994 | Kim, Price, Mueller & Watson | Causal Model of Turnover |
| 1996 | Kocher & Thomas | Causal Model of Turnover |
| 2001 | Mitchell, Holtom, Lee, Sablynski, & Erez | Job Embeddedness |
| 2003 | Ma, Samuels, Alexander | Hierarchy of Needs |
| 2003 | Upenieks | Organizational Behavior |
| 2004 | Best & Thurston | Job Satisfaction |
| 2004 | Ellenbecker | Job Embeddedness |
| 2005 | Lynn & Redman | Organizational Commitment |
| 2006 | Kanaskie | Synergy Model for Patient Care |
| 2006 | Kowalski, Bradley & Pappas | Toyota System Model |
| 2006 | Nedd | Organizational Behavior |
| 2006 | Nogueras | Occupational Commitment |

Appendix B - Glossary

Army – The Regular Army, Army of the United States, the Army National Guard of the United States, and the United States Army Reserve.

Careerist – A soldier on a second or subsequent enlistment who will have more than 10 years of active Federal service on their next reenlistment date.

Downrange – A slang term used to identify a state of being deployed to a theater of operations.

Initial Enlistment – The individual's voluntary agreement to enroll and serve in the Regular Army (RA) for a specific period of time as an enlisted member. This definition of initial enlistment is only appropriate for the first time that an individual with no prior RA service or with prior service only in other branches of the Armed Forces enters the RA. Initial enlistments are for a specific period of time and may vary from a two to four or six year obligation.

Reclassify – Reclassification – The process by which a soldier is trained and reclassified into a new job.

Reenlistments – All voluntary enrollments in the RA, after the initial enlistment. The obligation may vary from two to six years.

Service Member – An individual who is currently serving in the military. This study limited the definition to enlisted service members in the U.S. Army Medical Department. Enlisted service members in the AMEDD perform tasks similar in scope to technicians in the civilian healthcare sector. They possess significant training in their assigned tasks but are not required to possess a college degree to perform their assigned or required duties. Examples from the

civilian sector of individuals in enlisted service are licensed practical nurses, nursing assistants, emergency medical technicians, respiratory therapist, and operating room technicians.

Stop-Loss – Presidential authority, under Title 10, to suspend laws relating to promotion, retirement, or separation of any member of the U. S. military that is determined to be essential to the national security of the U. S.

Theater – The geographic area, outside of the continental U. S. which a commander of a combat command has been assigned responsibility.

United States Army Medical Department (AMEDD) – The component of the United States Army that is responsible for the medical care provided to members of the Army, Department of Defense, their contractors, and potentially the civilian population in the area when deployed for training and military operations.

Appendix C – Work Environment Studies

| Year | Author | Method | Sample (N) | Notes |
|------|-------------------------|---------------|--|---|
| 1946 | Sharritt | Survey | 114 | Not return due to poor management, adequate salary and benefits as determined by nurse, low pay & work load |
| 1958 | Elder | Survey | 4K staff nurses; 47 directors of nursing | Staff - older staff stay, Directors - Age no impact; Leave to raise family, work environment, shift work, pay & benefits. Director regarding quits - "often they come back to us" |
| 1959 | Maryo & Lasky | Survey | 36 | Nurses feared identification; felt overworked; Liked - cooperation, modern tech, personal rewards & benefits; dislike - lack of staff, trust in management, work situation; floating, lack of time to care for pt, schedules, need more staff, better management, clear role and responsibility |
| 1964 | Reese, Siegel & Testoff | Survey | 10141 | family care, part time options, child care, salary, shift work, can bring nurses back |
| 1969 | Levine | Meta analysis | 14 studies | 1950's - increased demand, decreased nurse output; low salary, high turnover, nursing role related to tasks questioned, cost of HC rising, "nursing should be made a more attractive profession by such measures as appropriate utilization of nursing skills, increased levels of professional responsibilities, improved salaries, more flexible hours for married women, and better retirement provisions" p294 Pay and benefits must improve, career ladders, |

| Year | Author | Method | Sample (N) | Notes |
|------|-----------------------------|------------|-------------------------------|---|
| | | | | professionalism will increase, rewards and incentives will increase |
| 1973 | White & Magurie | Interviews | 32 interviews with supervisor | pilot study to test survey was done; findings job sat - work, achievement, competence, recognition; dissat - pay lack of personal life, work responsibility, interpersonal relationships: |
| 1974 | McCloskey | Survey | 94 | Job sat - intent to stay - ed programs, career advancement, recognition, salary & benefits; part time & day care options |
| 1979 | Annadale-Steiner | Survey | 50 | Switch focus to retention; poor job sat - disillusionment, poor life outside facility; dissatisfaction with pt care, hierarchy, hours; feel inadequate, homesick |
| 1981 | Sigardson | Survey | 60 | Leave due to long hours, understaffing, lack of trust in mgt, physician abuse, low pay & inadequate benefits |
| 1981 | Wandelt, Pierce & Widdowson | Mixed | 3500 survey; 30 interviews | dissatisfaction - salary, paperwork, lack of support, no continuing ed, no benefits, lack of respect for family responsibilities, poor schedules, no emphasis on patient care |
| 1983 | Gulack | Survey | ~3k | Leave - family responsibilities, low pay, work pressure; Return - miss it, part time option |
| 1987 | Blegen & Mueller | Survey | 370 | job satisfaction - routine, age, day shift, workload, family, opportunity of promotion, outside job, w/ control day shift still impact |

| Year | Author | Method | Sample (N) | Notes |
|-------------|--|---------------------------|------------------------------|--|
| 1999 | McNeese-Smith | Interviews | 30 | job satisfaction - work environment, coworkers, personal & family needs; job dis - overloaded, poor care, poor coworkers, unfair treatments |
| 2001 | Cartledge | Interviews | 11 | Nurses leave due to work stress, inadequate professional development, recognition and respect of others shift work |
| 2002 | Aiken, Clarke, & Sloane | Survey | 10319 | Adequate staffing and organizational and managerial support are key to job satisfaction, improved retention & outcomes |
| 2002 | Aiken, Clarke, Sloane, Sochalski, & Silber | Correlation; Sec Analysis | 10184 staff; 232342 patients | nursing shortage lead to high workload, dissatisfaction, turnover, and poor patient outcomes |
| 2003 | Atencio, Cohen, Gorenberg | Survey | 256 | Cost of turnover; sat - autonomy, task and work pressures; dissat - OT, |
| 2003 | Cline, Reilly & Moore | Interviews | 7 | Nurses left due to poor management, inadequate staffing, long hours, family responsibilities |
| 2003 | Strachota, Normandin, O'Brien, Clary and Krudkow | Interviews | 84 | Work hours, shift work, family, poor pay & benefits, lack of mgt support, poor work environment, heavy stress & pt load, lack of promotion options, education & prof dev. |
| 2003 | Sumner & Townsend-Rocchiccioli | Meta analysis | 20 studies | Salary is less of an issue for those who leave; leave due to bureaucracy, lack of respect; emotional drain; lack of appreciation of nursing care causes nurses to leave; recommend magnet hospital goals |

| Year | Author | Method | Sample (N) | Notes |
|-------------|------------------------|--|---------------------------------|---|
| 2003 | Upenieks | Mixed | 305 Survey; 16 interviews | RN & LPN; job sat - financial rewards (Provisional) adequate compensation - professional climate, practice control, appreciation |
| 2004 | Miracle & Miracle | Case report | 2 | Stay - appreciation; Leave - work env., mandate OT, poor mgt, shift work |
| 2005 | Reeves, West, & Barron | Survey | 2880 | Leave due to pay, inability to provide quality care, work environment, poor mgt |
| 2006 | Gould & Fontenla | Interviews | 27 | Retention - job satisfaction, family friendly, flexible hours; mgt & staff support, professional and organization commitment. Leave - abuse, poor pay & resources, no work/life balance, heavy workload. Pay - variable issue, floor/base requirement |
| 2006 | Lake & Friese | Secondary Analysis of 3 previous studies | 11629; 1610; 1054 | Work environment influences staff and patient outcomes |
| 2006 | Nedd | Survey | 206 | Intent to stay - work environment - access to opportunity, information, support, resources |
| 2006 | Nogueras | Survey | 908 | Occupational commitment increases as ed increased, years in occ increased |
| 2006 | Stone, et al | Survey | 837 | Organization and options increase intent to leave; pay had not affect on intent; improve org work env to improve retention. |

Appendix D - Magnet Nursing Studies

| Year | Author | Method | Sample (N) | Notes |
|------|--------------------------------|-----------------------|------------------------------|--|
| 1999 | McNeese-Smith | Interviews | 30 | job satisfaction - work environment, coworkers, personal & family needs; job dis - overloaded, poor care, poor coworkers, unfair treatments |
| 2001 | Coile | Meta analysis | 9 Studies | Magnet culture improves retention more that salary alone |
| 2001 | Havens | Survey | 43 | Magnet hospitals had higher JCAHO scores, separate DON, PhD nurse researcher, autonomy |
| 2002 | Aiken, Clarke, & Sloane | Survey | 10319 | Adequate staffing and organizational and managerial support are key to job satisfaction, improved retention & outcomes |
| 2002 | Upenieks | Mixed | 305 Survey; 16 interviews | Magnet hospitals had higher work index job satisfaction scores; interviews showed higher nurse manager commitment to magnet characteristics including teamwork, compensation and support of nurses |
| 2003 | Bohinc, Gradisar | Interviews; Survey | 10; 175 | Good leaders, education, experience, and communication are important to staff retention and better patient outcomes |
| 2003 | Cline, Reilly & Moore | Interviews | 7 | Nurses left due to poor management, inadequate staffing, long hours, family responsibilities |
| 2003 | Sumner & Townsend-Rocchiccioli | Meta analysis | 20 studies | Salary is less of an issue for those who leave; leave due to bureaucracy, lack of respect; emotional drain; lack of appreciation of nursing care causes nurses to leave; recommend magnet hospital |

| Year | Author | Method | Sample (N) | Notes |
|------|----------------------------|---------------|------------|---|
| | | | | goals |
| 2005 | Brady-Schwartz | Survey | 470 | Magnet hospital staff more job satisfaction, including professional opportunities, control & responsibility, economic rewards, & schedule |
| 2005 | Friese | Survey | 1956 | Retention - adequate staff & resources; collaboration, unit leaders behavior |
| 2005 | Khowaja, Merchant & Hirani | Interviews | 45 | Dissatisfaction tied to high workload, stress, biased management, lack of appreciation, low monetary incentives, rigid management. Satisfaction due to positive feedback and available supplies. |
| 2005 | Wilson | Survey | 43 | Management training improves work environment; professionals status related to recognition, autonomy, advancement opportunities |
| 2006 | Gould & Fontenla | Interviews | 27 | Retention - job satisfaction, family friendly, flexible hours; mgt & staff support, professional and organization commitment. Leave - abuse, poor pay & resources, no work/life balance, heavy workload. Pay - variable issue, floor/base requirement |
| 2006 | Shirey | Meta analysis | 75 studies | work environment - communication, collaboration, decision making, appropriate staffing, recognition, held together by authentic leadership; good leaders improve work environment |

Appendix E – Interview Guide

Interview Guide

Demographic Data – Reenlistment date (Month, Year)

Age

Dependents

Medical Specialty

Time in Service

Time at location/duty station

Role at work site (Supervision, how many staff?)

Research Data – Can you tell me why you decided to reenlist in the AMEDD?
How long did it take you to make your decision?

Did you discuss your discussion with anyone else?

Tell me more about – (any term or word used to discuss the work environment, economic factors, professionalism, personal factors) mentioned as influencing their decision to reenlist.

The goal is to make sure that the interviewer and participant have a mutually agreed understanding of the meaning of the word, term, or phrase as used by the participant.

What does it mean to you?

How did it impact your decision?

Is there anything else that you would like to say?

Is there anything that I did not ask that you think I should have?

Appendix F – Institutional Review Forms



FORM 10
1-75 (10-02)

DEPARTMENT OF THE ARMY
86th Combat Support Hospital
6390 Desert Storm Avenue
Fort Campbell, KY 42223-5000

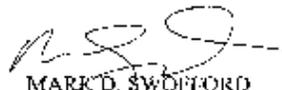
AFZB-CSH

25 January 2007

MEMORANDUM FOR Institutional Review Board

SUBJECT: Approval of Research Protocol for MAJ Thomas Ray Cioe

1. The protocol 'Why Do Enlisted Troops Reenlist in the Army Medical Department?' submitted by Thomas Ray Cioe has been reviewed by the staff members of the 86th Combat Support Hospital and the Commander, COL Donald West has given his permission for the study to be conducted among personnel assigned to the organization.
2. As noted in the protocol, members of the senior staff of the 86th Combat Support Hospital will help identify potential candidates and the researcher will arrange interview times to minimize disruption to the training and operation of the organization. For example, no interviews will be conducted with personnel conducting field training exercises.
3. The point of contact for this memorandum is MAJ Mark Swofford, at 270-956-2153.


MARK D. SWOFFORD
MAJ, MS
Executive Officer



DEPARTMENT OF THE ARMY
HEADQUARTERS DWIGHT DAVID EISENHOWER ARMY MEDICAL CENTER
FORT GORDON, GEORGIA 30905-5600

REPLY TO
ATTENTION:

MCHF-CI

15 March 2007

MEMORANDUM FOR: MAJ Thomas Ray Coe, AN, Ft. Campbell, KY

SUBJECT: Why Do Enlisted Troops Reenlist in the Army Medical Department?
DDEAMC 07-27X

The above cited study meets the exempt criteria of AR 40-38, (Appendix B2 Health Care Delivery and Epidemiology). Records to be reviewed must be anonymous and confidentiality must be maintained according to the HIPAA standards.

A handwritten signature in black ink, appearing to read "Joseph Wood".

JOSEPH WOOD
LTC/MC
Chairman, Institutional Review Board

THE UNIVERSITY OF TENNESSEE

Institutional Review Board

Office of Research
574 Dobbins Building
Knoxville, TN 37996-1529
Phone: 606/248-8945
Fax: 606/248-7900

March 13, 2007

IRB#: 7254 B

TITLE: Why Do Enlisted Troops Reenlist in the Army Medical Department?

Coc. Thomas Ray
Nursing
414 Forest Park Blvd. #717
Knoxville, TN 37919

Gunther, Mary
Nursing
Room 231 1200 Vountour Blvd
Campus

Your project listed above was reviewed and has been granted approval under Expedited review.

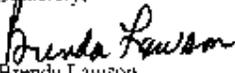
This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12 month or less intervals.

The Committee wishes you every success in your research endeavor. This office will send you a renewal notice (Form R) prior to the anniversary of your approval date.

Sincerely,


Brenda Lawson
Compliance

Appendix G – Study Information Form

Why Do Enlisted Troops Reenlist in the Army Medical Department?

INTRODUCTION

You are invited to participate in a research study. The purpose of the study is to identify the reasons that enlisted personnel provide regarding their decision to reenlist in the Army Medical Department.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

The study will involve the audiotaping of our discussion of your background, as well as the reasons or issues and the decision making process that led to you deciding to reenlist in the Army Medical Department.

It is expected that the interview may range from fifteen minutes to an hour or longer. The entire study is scheduled to last until December of 2007. You will be provided a copy of the research results if you so desire. Please contact the researcher at the number listed below.

RISKS

Risks to you are minimal and include the slight risk of discomfort, stress, and remorse. These feelings may be due to the interview process or content of the interview. If signs of any of these or other unidentified risk develop, the interview may be terminated and the participant will be referred or transported, at the discretion of the researcher, to the appropriate facility resources including but not limited to social worker, psychologist, chaplains, or urgent care.

Confidentiality of the data will be maintained by securing the audiotapes, limiting access to the audiotapes, and destruction of the audiotape, but not transcripts, after completing the dissertation defense. Real names will not appear on the transcript. A pseudonym will be assigned to any name mentioned in the interview when the tape is transcribed. No identifying information will appear in any reports associated with the study.

BENEFITS

The benefits of this research are to the organization, not to the individual. The results of this study may prove beneficial to the Army Medical Department as it continues to refine its retention efforts.

CONFIDENTIALITY

Confidentiality of the data will be maintained by securing the audiotapes, limiting access to the audiotapes to the investigator and dissertation committee chairperson, and destruction of the audiotape, but not transcripts, after completing the dissertation defense. No reference will be made in oral or written reports which could link participants to the study. Transcription will be done by the researcher with the assistance of voice software and a laptop computer.

CONTACT

If you have questions at any time about the study or the procedures, you may contact the researcher, Thomas Ray Coe, at The University of Tennessee College of Nursing, 1200 Volunteer Blvd. Knoxville, TN 37996 or (865) 974-4151. If you have questions about your rights as a participant, contact the Office of Research Compliance Officer at (865) 974-3466.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty. If you withdraw from the study before data collection is completed your data will be destroyed. Your verbal consent at the beginning of the tape constitutes your consent to participate.

First line of recording: I have read and understand the information sheet, Why do enlisted troops reenlist in the Army Medical Department, and I freely consent to participate in this study.

Appendix H – Proposed Research Questionnaire

Reenlistment Questionnaire

Demographic Questions

Age _____

Gender _____

Race _____

Number of Dependents _____

MOS _____

Time in Service _____

Time on Station _____

Rank _____

Please rate the importance of each topic to your decision to reenlist.

| | None | Important | Very Important | Extremely Important |
|--|------|-----------|----------------|---------------------|
|--|------|-----------|----------------|---------------------|

Ability to Reclassify MOS
Access to Health Care
Availability of Training
Bonus Pay
Duty Station of Choice
Education Benefits
Family Responsibilities
Frequency of Deployments
Length of Deployments
Military Benefits
Pride in Service
Promotion Opportunities
Quality of Health Care – Provided
Quality of Health Care – Received
Regular Pay
Relationship with Supervisors
Retirement Benefits
Retirement Healthcare
Retirement Pay
Stabilization
Time Off
Training
Tuition Assistance

Please answer the following questions

Do You Currently Plan on Reenlisting?

Is There a Potential for You to Change Your Mind?

Can You Find a Job Outside of the Military?

Will It Provide You With the Same Level of Take Home Pay?

Will It Provide You With the Same Level of Benefits?

Vita

Thomas Ray Coe was born in Livingston, TN, on September 10, 1958. He attended elementary school in Jamestown, TN. During his fifth grade year his family relocated to Kingsport, TN. He graduated from Sullivan Central High School in 1976. He then attended the University of Tennessee at Knoxville where he was employed as a Resident Assistant and served as a cheerleader for football and men's and women's basketball. He graduated in August 1982 with a Bachelor of Arts in Biology and a Bachelor of Science in Education. He taught school for three years in Georgia before returning to teach in Nashville, TN. He began his career in nursing due to health issues with his father. He graduated for the Licensed Practical Nursing program in Livingston, TN, in 1988 and from the Bachelor of Science in Nursing program at Tennessee Technological University in Cookeville, TN, in 1990.

He entered the U. S. Army Nurse Corps in 1991 and has been stationed at Walter Reed Army Medical Center, the 86th Combat Support Hospital with duty at Blanchfield Army Community Hospital at Fort Campbell, the AMEDD Center and School in San Antonio, and William Beaumont Army Medical Center in El Paso. He has held a variety of positions in the Nurse Corps, including staff nurse, head nurse, nurse methods analyst, the Chief of the Resource Management Division and special projects officer.

He earned the Master of Science degree from the University of Maryland at Baltimore with a concentration in Adult Medical-Surgical Nursing in 1994. He graduated from the U. S. Army – Baylor University Master of Healthcare

Administration program in 2001. He is currently enrolled in the University of Tennessee at Knoxville, College of Nursing, Doctor of Philosophy program with a concentration in Nursing Administration.

He is nationally certified in General Nursing Practice, Nursing Administration Advanced, and Healthcare Administration. He is a fellow of the American College of Healthcare Executives. He presently serves on the American Nurses Association's Congress of Nursing Practice and Economics. He is a member of several other professional and service organizations. Additionally, he currently serves on an as needed basis as an instructor for the Department of Defense Medical Readiness Training Institute in San Antonio TX for the Trauma Nursing Core Course and the Advance Burn Life Support course.