

Further Evidence on the Magnet Recognition Program

Implications for Nursing Leaders

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Growing evidence indicates that the Magnet Recognition program fosters excellence in nursing services through the development of a professional nursing practice environment. This study of 470 staff nurses from both Magnet and non-Magnet settings supports other recent evidence that nurses in Magnet hospitals demonstrate significantly higher levels of job satisfaction. Findings in this study suggest that this degree of job satisfaction, along with higher levels of satisfaction with key elements in the Magnet work environment, have a positive link to retention. The findings of this study, along with recommendations for developing a professional nursing practice environment through use of the 14 Forces of Magnetism, are timely and applicable to nursing leaders seeking remedies to the national nursing shortage.

The most recent report issued by the US Department of Labor projects that employment of registered nurses (RNs) will grow more rapidly than for any other occupation through 2012. It is anticipated that the number of new jobs that are open to RNs will increase by 27.3% from 2,284,000 to 2,908,000. Reasons for these newly created positions are related to an increasing need for RNs in a highly technological healthcare environment, insufficient nursing school enrollments, the aging RN work force, an increasingly aging patient population, and new job opportunities for experienced nurses in a variety of nonhospital settings.¹

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The Labor Department report mirrors an earlier report issued in 2002 by the US Department of Health and Human Services, in which it was projected that on the basis of what is known about trends in RN supply and demand, nursing vacancies would escalate from 6% in 2000, to 20% in 2015 and 29% in 2020.² Faced with this escalating problem, nursing leaders across the country are actively working to identify programs and practices that will have a positive impact on recruiting nurses into the profession and to retain experienced RNs in all settings.

The Magnet Recognition Program

The Magnet Recognition Program: Recognizing Excellence in Nursing Services offers one potential remedy to the escalating nursing shortage. Sponsored by the American Nurses Credentialing Center (ANCC) in Washington, DC, the program provides a coveted, nationally recognized designation for long-term or acute care nursing services that have demonstrated excellent outcomes in patient care as well as the ability to recruit and retain RNs.

The Magnet program originated in the early 1980s as the nation faced another significant shortage of nurses. At that time, the American Academy of Nurses conducted a study of 163 hospitals that despite the nursing shortage, maintained the ability to recruit and retain nurses. Forty-one of these hospitals were eventually identified as “Magnets” because of their ability to create positive work environment for professional nurses. The characteristics associated with these work environments were eventually coined the “Forces of Magnetism.”³

The result of the study in the early 80s led to a proposal to create the ANCC, whose responsibility would be to develop a national program to address nursing recruitment and retention. Hospitals seeking “Magnet” designation would need to demonstrate excellent patient outcomes, the ability to recruit and retain nurses, and support for professional nursing practice within the organization.

The University of Washington Medical Center in Seattle was the first hospital to receive the coveted Magnet designation in 1994. Since that time, the program has experienced incredible growth, both nationally and internationally. As of early 2005, more than 120 US hospitals have been successful in achieving Magnet designation, with hundreds in the application process.

In 1999, the ANCC established Credentialing International to address the growing global interest in the Magnet program, as well as interest in credentialing nursing specialists and advanced practice nurses. To date, one facility in Australia has achieved Magnet designation.⁴

The Magnet nursing services recognition program has outlined specific requirements with which hospitals must comply to achieve Magnet designation. Prior to 2005, the program was grounded in the concepts and practices contained within the American Nurses Association scope and standards for nurse administrators, with emphasis placed on operationalizing the Forces of Magnetism in the hospital work environment.

In 2005, the conceptual framework for the Magnet program became focused on the “14 Forces of Magnetism.” It is believed that these forces represent the key elements that foster a professional nursing practice environment. The forces include the quality of nursing leadership in the organization, organizational structure, leadership management style, personnel policies and programs, autonomy in the work environment, professional models of care, quality of care and quality improvement, the role of the nurse as a teacher, opportunities for professional development, the presence of consultation and resources through advanced practice nurses, relationships between the hospital and their community, interdisciplinary relationships, and the image of nurses in the organization and community.

The Magnet designation process involves a rigorous self-assessment, including the need to meet the program’s eligibility criteria, submission of written documentation that demonstrates that the organization has integrated the 14 Forces across all settings within the organization, and an on-site evaluation by expert nurse appraisers. Upon completion of the site survey, Magnet appraisers submit their

report to the Commission on Magnet Recognition. It is the Commission’s decision to grant Magnet designation. Usually, hospitals that demonstrate compliance with all standards and are successful during their site survey are awarded Magnet designation for a 4-year period, after which they must reapply to maintain Magnet status. The process for redesignation is the same as for the original designation process.⁵

Evidence-based Outcomes

Although limited, recent studies demonstrate positive findings related to the Magnet hospital work environment. Several studies have examined the relationship of job satisfaction among nurses working at Magnet facilities compared with perceptions of job satisfaction among nurses in non-Magnet facilities. These studies demonstrated higher levels of job satisfaction among nurses in Magnet facilities.

In one such study, the perceptions of staff nurses working in 13 of the original 41 hospitals first identified as Magnet hospitals in the 1980s were compared with perceptions of staff nurses working in hospitals who received Magnet accreditation in more recent years. This study examined staff nurse burnout, perception of the practice environment, and job satisfaction. The findings of this study indicated that nurses working in more currently designated Magnet hospitals demonstrated lower burnout, higher perceived job satisfaction, and more positive perceptions of work environment than did nurses who worked in Magnet hospitals that received this accreditation in the 1980s.⁶

Eight thousand nurses participated in another study to explore the relationship of job satisfaction, perception of quality of care, burnout, and hospital environment. The findings of the study suggested that features of the Magnet work environment, such as control over practice, and opportunities for collaboration with physicians had a positive relationship with job satisfaction, perception of quality of care, and trust in management.⁷

Another study examined a model linking nurses’ perceptions of workplace empowerment, Magnet hospital characteristics, and job satisfaction in 3 independent studies of nurses working in a variety of clinical settings. Findings supported a strong relationship between job satisfaction and characteristics commonly associated with a Magnet hospital environment, including autonomy, control over practice, and positive nurse-physician relationships.⁸

One hundred forty-four RNs working in Magnet hospitals participated in a study to compare their perceptions of job satisfaction against the

perceptions of job satisfaction for 161 nurses from non-Magnet hospitals. Findings indicated that nurses working in Magnet hospitals consistently demonstrated higher average job satisfaction.⁹

An additional study of the Magnet hospital work environment was conducted among 289 staff nurses from 14 Magnet hospitals. Staff nurses were interviewed regarding their perceptions of those elements in the work environment that were essential to a Magnet hospital culture. Nurses ranked autonomy, support for education, and positive nurse-physician relationships as key elements that influenced their overall job satisfaction.^{10,11}

These recent studies provide evidence that there are positive findings relating the characteristics associated with Magnet hospitals and enhanced staff nurse job satisfaction. This relationship may provide some remedy for nurse executives seeking to recruit and retain nurses during a period of a national nursing shortage. It is also evident that additional studies are needed to further solidify the evidence supporting the outcomes of the Magnet program.

Furthering the Evidence

As a former nurse executive of a Magnet-designated facility in New Jersey, I had firsthand experience with the Magnet recognition program and the positive outcomes a “Magnet culture” promotes for professional nursing practice. When my hospital achieved Magnet designation, it had enjoyed a less than 3% vacancy rate and an average length of employment for RN of more than 8 years, with many nurses working in the hospital for more than 20 years. We had excellent patient outcomes along with high levels of staff nurse job satisfaction when compared to state and national databases.

At that time, I did not have the opportunity to validate my belief that attributes in our work environment contributed to higher levels of job satisfaction among members of our nursing staff. I also felt strongly that staff nurse job satisfaction influenced our nurses’ decision on whether or not they chose to stay working in our hospital. After leaving this facility, I pursued doctoral studies. When the time came to conduct my dissertation study, there was no question that I would examine the outcomes of the Magnet recognition program and focus on the relationship of job satisfaction and retention.

A Comparison of Staff Nurses in Magnet and Non-Magnet Hospitals

This recent study was conducted using a quantitative, descriptive correlational design. The purpose of

the study was to explore the relationship of perceived satisfaction with hospital organizational characteristics, overall job satisfaction, and the intent to leave current nursing positions among staff nurses who worked at Magnet-designated hospitals and those employed in nondesignated facilities.

Four hundred seventy RNs participated in the study; 173 RNs who worked in Magnet-designated hospitals and 297 from non-Magnet hospitals. Inclusion criteria for participation in the study were RNs, any age or gender, direct care providers in any nursing specialty, and employed in their current position for more than 6 months. Participants also had to agree to participate in the study on an anonymous and voluntary basis.

To recruit participants, random invitations to join the study were mailed to both Magnet and non-Magnet hospitals. Hospitals were invited to participate on the basis of their Magnet status, not-for-profit status, bed capacity of more than 200, nongovernmental status, and also that they provided a full range of services, including medicine-surgery, critical care, and obstetrical services. A total of 6 hospitals agreed to participate in the study; 3 were Magnet designated and 3 had not achieved this designation. All hospitals in the study were located in the Northeast and Southeast.

The Measures

The McCloskey Mueller Satisfaction Scale (MMSS) was used as a measure of satisfaction with organizational characteristics and job satisfaction. The MMSS contains 31 items that capture 8 subscales of job satisfaction. The 8 subscales are dimensions of organizational characteristics that are present in the hospital work environment. They include extrinsic rewards, scheduling, family/work balance, coworkers, interaction, professional opportunities, praise and recognition, and control/responsibility. The total MMSS score was used as a measure of overall job satisfaction. Each item in this tool is rated on a 5-point Likert-type scale. The scale range was 1 to 5, with 1 indicating very dissatisfied and 5 indicating very satisfied. The possible score range for the MMSS was 31 to 155.

The reliability of the MMSS has been reported. The Chronbach α for the global scale is .89. Alphas for the subscales were reported as .52 for extrinsic rewards, .84 for scheduling satisfaction, .57 for family and work balance, .72 for interaction, .64 for professional opportunities, .80 for praise and recognition, and .80 for control and responsibility. A Pearson r was reported as 0.54 for coworkers as there are only 2 items in this subscale.^{12,13}

The Anticipated Turnover Scale (ATS) was used to measure anticipated turnover among participants. The ATS is an index to measure an employee's perception of the possibility of voluntarily terminating his or her current job along with the timing for his or her intent to leave. The ATS is a self-report instrument that contains 12 items in a Likert-type Scale with 7 response options. Responses of agree strongly were scored at 1 and disagree strongly were scored as 7. The total score was obtained by calculating the sum of all items in the scale divided by the number of items in the scale. It must be noted that the ATS is reversed scored. A lower score suggest a higher intent to remain in a position. Conversely, a higher ATS score may be associated with a higher intent to leave a position. The authors estimated internal consistency reliability at standardized α at .84. The authors established moderate construct validity using predictive modeling.^{14,15}

Four demographic variables were included in the survey instrument. They included age, type of nursing specialty, gender, and level of nursing education. In total, participants responded to a total of 44 items in the survey questionnaire.

Data Collection and Analysis

Over a 6-month period, 1,150 questionnaires were mailed to the 6 facilities that agreed to participate in the study. A convenience sampling methodology was used to recruit participants. Survey questionnaires were distributed to staff nurses who met inclusion criteria either through random distribution or distribution at various meetings. A total of 508 (44%) surveys were returned by mail directly to the researcher. Thirty-eight of the returns contained missing data and were not used in the study analysis. The study produced a 44% response rate, which is quite positive in comparison to many of the survey studies in the literature that received a 20% to 40% rate of return. All analyses were conducted using Minitab version 12.1. Cronbach α was calculated for both for the 31 MMSS statements and 12 ATS statements. The Cronbach α for the 31 MMSS questions (470 cases) was found to be .9193, and .8615 for the 12 ATS statements (470) cases. This indicated strong evidence of support for the internal consistency of the scales.

Demographics

The demographic characteristics of the study sample were summarized using descriptive statistics. Of the total 470 participants, 420 (89%) were women.

Table 1. Study Demographics

	n (%)		
	Overall (N = 470)	Magnet (n = 173)	Non-Magnet (n = 297)
Gender			
Male	50 (11)	16 (9)	34 (11)
Female	420 (89)	157 (91)	263 (89)
Age, y			
19–29	72 (15)	31 (18)	41 (14)
30–39	144 (31)	50 (29)	94 (32)
40–49	155 (33)	48 (28)	107 (36)
50–59	87 (19)	40 (23)	47 (16)
60+	12 (3)	4 (2)	8 (3)
Education			
Diploma	42 (9)	11 (6)	31 (10)
Associate degree	210 (45)	85 (49)	125 (42)
Bachelor's degree	192 (41)	69 (40)	123 (41)
Master's degree	26 (6)	8 (5)	18 (6)
Doctoral degree	0 (0)	0 (0)	0 (0)
Nursing specialty			
Critical care	69 (15)	32 (18)	37 (12)
Obstetrics	39 (8)	9 (5)	30 (10)
Medical surgical	122 (26)	48 (28)	74 (25)
Emergency department	26 (6)	15 (9)	11 (4)
Operating room	24 (5)	9 (5)	15 (5)
Pediatrics	45 (10)	5 (3)	40 (13)
Postanesthesia	21 (4)	9 (5)	12 (4)
Pain management	0 (0)	0 (0)	0 (0)
Step-down	15 (3)	8 (5)	7 (2)
Psychiatry	21 (4)	5 (3)	16 (5)
Same day surgery	20 (4)	7 (4)	13 (4)
None of the above	68 (14)	26 (15)	42 (14)

The average age ranged from 40 to 49 (33%). One hundred twenty-two (26%) of the sample consisted of nurses working in medicine-surgery units. Two hundred ten (45%) of participants were educated at the associate degree level. It is of interest to note that the demographic characteristics for both the Magnet and non-Magnet sample were similar (Table 1). This sample also mirrors demographic findings in a recent Registered Nurse Survey Study (RNSS).¹⁶

Overall Job Satisfaction

A 2-sample *t* test demonstrated that Magnet nurses demonstrated significantly higher levels of overall job satisfaction than nurses from non-Magnet facilities ($P < .001$). The mean of the total MMSS score for the Magnet group was 3.54, with a standard deviation of 0.52. The mean of the total MMSS score for the non-Magnet group was 3.33, with a standard deviation of 0.56. The Magnet group scored a 0.21 higher average than the non-Magnet group, which was significant at ($P < .001$).

Table 2. McCloskey/Mueller Satisfaction Scale® Subscale Comparison Mean Scores of Magnet and Non-Magnet Staff Nurses

Subscale/components	Magnet Hospitals (n = 173)		Non-Magnet Hospitals (n = 297)		t test	P
	Mean	SD	Mean	SD		
Professional opportunities	3.21	0.63	2.92	0.6	4.74	<.001
Interaction with faculty						
Belonging to departmental and institutional committees						
Participation in research						
Writing and publishing						
Praise and recognition	3.52	0.89	3.39	0.91	1.52	.064
Immediate supervisor						
Recognition from superiors						
Recognition from peers						
Encouragement and positive feedback						
Control and responsibility	3.35	0.86	2.99	0.87	4.42	<.001
Control in work setting						
Opportunities for career advancement						
Amount of responsibility						
Participation in organizational decision making						
Extrinsic rewards	3.5	0.72	3.13	0.92	4.79	<.001
Salary						
Vacation						
Benefits package						
Scheduling	3.73	0.68	3.62	0.83	2.1	.036
Hours worked						
Scheduling flexibility						
Straight day assignment						
Weekends off per month						
Weekend compensation						
Flexibility in scheduling weekends off						
Balance of family and worklife	3.31	0.54	3.25	0.54	1.18	.24
Opportunity for part-time work						
Maternity leave time						
Child care facilities						
Coworkers	3.99	0.63	3.87	0.71	1.91	.56
Your nursing peers						
Physicians you work with						
Interaction opportunities	3.75	0.61	3.64	0.71	1.8	.73
Care delivery method						
Opportunities for social contact at work						
Opportunities for social contact after work						
Interaction with other disciplines						

Satisfaction With Organizational Characteristics

Nurses at Magnet hospitals demonstrated higher mean scores in all 8 MMSS subscales. *t* tests were conducted to examine the significance of these scores. Staff nurses at Magnet-designated hospitals demonstrated significantly higher levels of perceived satisfaction in the MMSS subscales for professional opportunities in the work environment ($P < .001$), control and responsibility ($P < .001$), and extrinsic rewards ($P < .001$). Findings did not suggest a significant relationship in the remaining 5 subscales (Table 2).

Relationship of Job Satisfaction and Anticipated Turnover

Correlation analysis was conducted on the relationships between the ATS score and the total MMSS score using the MMSS score as the independent variable. The Pearson correlation of ATS score and MMSS score was computed as $r = -0.498$, indicating that the ATS scores and MMSS scores are negatively correlated. Otherwise stated, the higher scores in the MMSS job satisfaction tool tended to yield higher ATS scores. These higher ATS scores indicated that nurses in Magnet hospitals who demonstrated higher levels of job satisfaction were more likely to

remain in their current positions. The magnitude of approximate 0.50 indicated a substantial relationship. Additional analysis using linear regression and analysis of variance supported these findings.

Limitations

Although the findings of this study should be of interest to nursing leaders who are seeking solutions to the current nursing shortage, the limitations of

the study should be considered. Of the 26 Magnet hospitals that were invited to join the study, only 3 agreed to participate. Nursing leaders from Magnet facilities who declined to participate in the study cited concerns that staff and managers were overwhelmed with current workload and an overwhelming amount of requests for staff nurse participation in research studies related to the Magnet program. The method of sampling may also have had influence on participant responses. Convenience sampling was

- Support educational advancement for nurses at all levels of the organization through alignment with local colleges and accredited online nursing programs. Provide tuition support for advanced degrees either through tuition reimbursement or grant and endowment funding. Reward and recognize nurses who achieve advanced degrees.
- Encourage professional certifications for all levels of nurses. Provide reimbursement for certification exams and recognize certified nurses in hospital marketing activities. Encourage participation in professional organizations.
- Include nurses across the organization, not just those reporting to the chief nursing executive, in all programs and activities that impact on nursing practice and patient care.
- Use data-driven approaches in developing and monitoring personnel and supply and expense budgets. Include staff nurses as well as managers, in all appropriate aspects of the budgeting process.
- Measure staff nurse satisfaction on a regular basis. Include staff nurses in developing action plans to improve job satisfaction. Use staff nurse feedback in making change.
- Implement decentralized decision making through unit-based and service line committees and councils.
- Ensure that senior nursing leaders represent nursing at the highest levels of the organization and that they are seen as advocates for nurses and patient care.
- Be visible and accessible to all levels of nurses. Create opportunities for communicating with staff through rounds, meetings, e-mail, and other means.
- Institute formal and informal performance appraisal processes that include peer review for all levels of nurses.
- Identify diversity needs in the community and within the organization. Develop programs to meet diversity needs. Ensure nurses are culturally competent in patient care.
- Develop a recruitment and retention strategic plan and include staff nurses in recruitment and retention activities. Measure outcomes and celebrate achievements.
- Use the *ANA Principles of Nurse Staffing* in staffing plans and practices. Measure patient acuity and respond to changes in volume and acuity with adequate staffing.
- Support career development and advancement through creative and innovative programs and practices. Including career ladders, internships, and externships.
- Employ an evidence-based approach in developing models of care and include staff nurses in the process. Examine outcomes of models of care.
- Ensure that there is a strong participation of nurses at all levels of the organization in performance improvement activities, including at the unit level. Use national databases to compare clinical outcome data for all practice specialties.
- Institute rigorous patient and staff safety programs.
- Ensure nurses are prepared to manage ethical issues in their work environment and that the *ANA Code for Ethics for Nurses* is implemented in all settings.
- Develop a nursing research program appropriate to the organizational setting. Collaborate with expert nurses in the community to support research and evidence-based practice. Educate nurses at all levels in evidence-based practices and basic concepts in research. Encourage nurses within and outside the organization to conduct research and provide resources for this process.
- Develop a strong mentoring program for new nurses or nurses transitioning into other practice settings. Develop succession planning processes for all levels of nurses.
- Provide expert advanced practice nurses to support nurses in providing quality patient care either through consultation or as employees of the organization.
- Ensure that all levels of nurses practice autonomously, yet consistent with professional standards of nursing practice.
- Educate nurses in teaching processes and support their role as a teacher.
- Develop a strong relationship with community agencies and programs and include all levels of nurses in community activities.
- Support all levels of nurses to participate with other disciplines in patient care activities and decisions.
- Create a learning environment with emphasis on orientation, continuing education, and career advancement.
- Recognize, reward, and celebrate accomplishments and achievements for all levels of nurses.

Figure 1. Implementing the 14 Forces of Magnetism.

used in 4 of the 6 participating hospitals. This was due to the intensity of work that would be required if random sampling was conducted. The convenience sampling methodology provided little opportunity to control for bias on the part of study subjects. This factor may limit the ability of the study findings to be generalized to all nurses who worked in that facility, or to the larger population of RNs.

Implications for Nursing Leaders

Despite the limitations of this study, the findings have implications for nursing leaders who are seeking creative solutions to the many issues that surround staff nurse recruitment and retention. This study supports other recent evidence that the Magnet recognition program has a positive influence on staff nurse job satisfaction and retention. This and other studies can be used by nursing leaders to provide evidence for pursuing Magnet designation for their facilities. Although there are costs involved in achieving Magnet designation, there are also significant costs associated with recruitment and retention. These costs and

benefits must be taken into account in the decision of whether or not to seek Magnet status.

While it may not be practical for all organizations to pursue Magnet designation, it is beneficial for nursing leaders to be knowledgeable regarding the concepts and practices that are associated with a Magnet work environment. As a former nurse executive of a Magnet facility, I know that nursing leaders can institute many of the innovative practices and strategies outlined in the 14 Forces of Magnetism cost-effectively. The strategies in Figure 1 can and will assist nursing leaders to build a positive work environment for staff that fosters increased job satisfaction and retention.

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