

Rising Up to Embrace Multi-Faceted and Dynamic Retention Challenges

This issue is the last of the three-part series focused on the critically important challenge of nurse retention. The articles that we have selected span a range of topics from the personal to political with implications for readers in leadership positions across nursing practice, policy and education. What we are learning is that retention is as multi-faceted and dynamic as the times we are living in. There is no one-size-fits-all solution, no Holy Grail – if we could only find it – that will turn the tide of exodus from the profession. Retention is fundamentally about valuing nurses and demonstrating that worth in concrete tangible ways that are meaningful to nurses as a group and as individuals. It is a tall order that can only be achieved with leadership that embraces the unprecedented challenges we are living through as windows of opportunity to lean into and make transformative changes that will engage nurses and benefit local and global health.

Achieving this transformation does not mean that we all need to be doing the same thing. As leaders, we are called upon to be aware of what is being done and what needs to be done. Perhaps most importantly, we need to be doing all we can do from where we are located. That said, the world is getting smaller with each passing day – leading us to new understandings about our connections with people around the world.

In This Issue

Chiu (2023) starts this issue off by reminding us that we live in a global community that is confronted with big challenges and for which nurses could contribute novel perspectives for change and innovation. Examples include aging, big data, climate change, gender equality and migration. Chiu (2023) points out that the world will never benefit from what a nursing perspective could contribute if we are not discussants at the tables that shape change. He explains the mandate of the United Nations and a set of practical pathways that provide direction to how nurse leaders can explore involvement.

Perspectives on Nursing Retention

This issue's take on retention begins with an article that focuses on advanced practice nurses. Splane et al. (2023) discuss the important contributions of clinical nurse specialists and nurse practitioners in meeting patient and population health needs for access to high-quality primary and specialty care in rural, remote

and underserved communities. Solutions to long-standing barriers to retention include scope of practice optimization, implementation of a credentialing process for clinical nurse specialists, development of standardized compensation and funding models and healthy work environments that include high-quality working relationships with organizational leaders who value and engage them in planning and implementing innovations to address nursing workforce challenges.

Duncan et al. (2023) describe the development of a Transformative Practice Education Model and a Collaborative Learning Unit – two initiatives that fostered retention by building learning cultures through the use of collaborative governance processes, supports for new graduate transitions and the implementation of advanced practice nurse leader and educator roles. Calling for “deep policy solutions with lasting impact” (Duncan et al. 2023: 33), they discuss the importance of planning for the future.

Wang et al. (2023) explain the core components and the use of “stay interviews” (p. 46), which are structured discussions that leaders have with staff nurses. The purpose of stay interviews is for nurse leaders to listen and learn about the perspectives that staff nurses have about the specific actions the organization can implement to strengthen their sense of belonging and engagement with the organization. Stay interviews are described as practical tools for developing a supportive and engaging healthy workplace where nurses feel valued.

Nursing Research

Jokiniemi et al. (2023) present research findings that differentiate specialized and advanced nursing roles. This is important because role clarity is needed for role valuing and role optimization. This includes the ability to better match patient population needs and nursing roles. Both are linked to role satisfaction and role outcomes of advanced practice nurses and specialized registered nurses. Their research has implications for decisions and policies related to workforce planning, regulation and credentialing more broadly.

Finally, the research by Stajduhar et al. (2023) has a focus on home care and, more specifically, palliative care. They argue that older and frail homecare clients are less likely to have timely access to needed homecare nursing services because the management of acute and/or complex chronic illness takes priority. The authors identify health system changes that have adversely impacted the provision of relationship-focused, preventive and principled palliative care, along with implications for nurse leaders.

Conclusion

Although this issue concludes our formal focus on nurse retention, we know that there are more layers of complexity to be unearthed to fully understand the nature of the contributing factors as to why nurses leave the profession and, just as importantly, why they stay. We invite ongoing contributions to the journal that shed new layers of understanding on this unprecedented challenge.

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