

# **Supporting Changes in Ambulatory Nursing Through the Use of Exit and Stay Interviews**

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## **Abstract**

The nation's nursing shortage is a widely acknowledged issue within healthcare delivery, but as healthcare in the U. S. shifts from inpatient care into the outpatient care setting, shortages may increase disproportionately. Demand for inpatient nursing will still increase, but as organizations expand outpatient services and facilities to meet demand, there will be greater need for nurses in the ambulatory setting. The newly created nursing positions will compete with existing positions to be filled in both inpatient and outpatient care (Haddad et al., 2020). This essay will focus specifically on the changing landscape of ambulatory healthcare delivery, the unique challenges it faces, and the root causes of dissatisfaction for nursing staff in the ambulatory setting that lead to difficulties with nursing turnover. Through a review of the literature, this essay will demonstrate the critical role that exit and stay interviews can have on engagement, retention, and recruitment strategies by helping to identify areas for improvement. Putting data to use through targeted strategies may be more effective than broad-based strategies, especially in larger healthcare systems that have varied levels of autonomy amongst their different ambulatory care facilities. Nurses are the backbone to healthcare delivery and patient care. While the health and well-being of our nursing workforce is important, nursing engagement and retention is also important because of its direct ties to quality of care, patient outcomes, patient safety and financial costs. By reviewing current literature focused on research related to the ambulatory care setting,

nursing turnover, and exit and stay interviews, targeted interventions can be developed that meet the unique needs of ambulatory care facilities to improve nursing workforce engagement and retention, and, ultimately, healthcare delivery.

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## 1.0 Introduction

The healthcare industry relies on a robust workforce to meet patient needs and expectations. Without that workforce, the healthcare system would weaken and put patients and communities at risk for harm (World Health Organization, 2016). Nursing is an important component of any healthcare organization because nursing staff tend to have the most connection and interaction with patients. The World Health Organization (2016) predicted a global nursing workforce shortage of around 7.6 million by 2030.

In the United States, the shortage of nurses has an especially greater impact on the delivery of healthcare services within the ambulatory care setting because this is where most patients are receiving their care (Rondinelli, 2014). Patient demand is only expected to increase in the future as outpatient care will drive most of how healthcare is delivered. With this, it is likely that ambulatory care nurses will contribute meaningfully to supporting delivery through their care of patients and coordination of services (Cavanaugh et al., 2021). Nurse staffing has significant impacts on quality of care, patient outcomes and patient safety. By specifically focusing on nursing turnover in the ambulatory setting, we can gain a clearer understanding of root causes to nursing turnover. Broad insights into general nursing turnover suggest job satisfaction, generational expectations, and organizational or leadership decision making impacts to be common tension areas (Wisotzkey, 2011).

However, this literature review will examine factors more closely associated with ambulatory nursing to demonstrate how they are connected more extensively to the changing healthcare landscape and how the use of exit and stay interviews can support not only in the

identification of those causes, but also in the creation of effective, targeted strategies to address site-specific issues that lead to higher turnover.

Processes or initiatives that work to address turnover with retention and engagement strategies can build more positive relationships and create foundation for recruitment initiatives that will create a more sustainable model for attracting new talent as established nurses naturally age out of the ambulatory care setting (Wisotzkey, 2011).



## **2.0 Literature Review**

Primary sources of information for the following background material and discussion were sourced through PubMed and various professional nursing and nursing research organizations like the American Nursing Association, the Collaborative Alliance for Nursing Outcomes, and the American Academy of Ambulatory Care Nursing. Key terms and phrases that were used for PubMed searches were “Ambulatory Nursing”, "Outpatient Nursing”, “Ambulatory versus Inpatient Nursing”, “Exit and Stay Interview Surveys”, "Nursing Exit Interviews”, and “Ambulatory Nursing Turnover”. Excluding factors that were used to filter potentially useable papers and articles included location of studies, department specificity, and content that was not relevant. Due to the limited amount of research being done in some of these areas, papers with excluding factors were considered if the information provided contributed to broader knowledge base or could be generalized to the context of this essay’s focus. The following information is the synthetization and integration of literature reviewed through PubMed and through professional healthcare organizations dedicated to areas related to nursing and ambulatory healthcare delivery.

### **3.0 The Changing Landscape of Ambulatory Healthcare and Nursing**

Inpatient and outpatient care generally refer to the setting in which healthcare services are being delivered. However, they can also refer to the type of service or procedure that is being performed. With inpatient care, this requires admittance into a hospital, usually requiring multiple days to monitor the patient while he or she is in recovery. Outpatient care, also known as ambulatory care, consists of services and procedures that do not require overnight stays and extensive monitoring. These services can be accessed in facilities outside of the hospital setting, too (Yuen & Knauss, 2018).

Over the past few decades, healthcare delivery has been moving more procedures and services from inpatient to ambulatory care settings. Acumen Research and Consulting (2019) notes that this transformation has had numerous benefits for both patient and provider. With the advancement of new technologies, procedures, and medications, procedures that were once confined to hospitals can now be performed in outpatient facilities. Patients can access a wider variety of services without the worry of extensive hospital stays or complicated procedures. These services also tend to be more cost effective and reduce risk of quality and safety issues.

While this transition has been decades in the making, changes have become significantly more noticeable due to shifts in societal attitudes, lawmaking and policy, and health trends and awareness. Some of the more specific driving factors include more urgent need to address cost and quality issues, deepening healthcare disparities in minority groups, and managing care for a rapidly aging population (Salmond & Echevarria, 2017)

One of the most perceptible shifts came after the passing of the Patient Protection and Affordable Healthcare Act (PPACA) in 2010. With the intention of improving community health

and healthcare access, this piece of healthcare reform legislation has impacted ambulatory care by influencing changes in private and public insurance. As health insurance reimbursement models transition from Fee-for-Service to patient-centric, Value-for-Service models, care management and coordination between inpatient and ambulatory care settings is a necessity for optimal payment and cost savings (Start, et. al., 2016). Healthcare industry leaders recognize the importance of focusing on the delivery of quality healthcare services to improve patient outcomes, not only because it is in the best interest of the patient, but also because there are substantial financial implications to how patient care is managed. The American Hospital Association (2020) continues to note this shift in its annual trend report where it observes that revenues generated from outpatient services were starting to close the gap with only a 2% difference with inpatient services.

Ambulatory healthcare delivery has evolved largely through newly developed procedures and technologies that allow for more diverse services. This evolution will not stop anytime soon, especially as outpatient facilities work to incorporate the use of data and technology to increase access and better manage their patient populations. The introduction of mobile healthcare applications, electronic medical records (EHRs), and telemedicine are just a few examples of more recent advancements that seek to prevent health issues from even starting and keeping patients healthy in their homes as much as possible (Beans, 2016).

Just as ambulatory healthcare delivery has evolved, so have the roles and expectations for nursing professionals in this setting. The American Academy of Ambulatory Care Nursing, or AAACN, (2017) describes the changing landscape as “sophisticated, highly complex organizations and systems” where nursing is critical in supporting patient outcomes by ensuring quality of care, appropriate care coordination, and management of patient health outcomes.

One of the biggest challenges that leadership faces is defining specific job roles and functions for ambulatory nursing. The diverse nature of services offered under ambulatory care and differences in scope of care from state to state add further complexity to the challenge because, depending on the organization and geographic region, ambulatory nurses may need to take on roles related to healthcare navigation, facilitation, and advocacy on top of their expected patient care duties and care coordination efforts (*The Role of the Registered Nurse in Ambulatory Care Position Statement*, 2010).

To address this challenge, ambulatory care models can be useful resources to give clarity about roles and expectations for nurses. These ‘models’ are graphic descriptions of how an organization operates. They can also help to create a clear image about how organizations envision relationships between care providers, patients, and the community. Additionally, these care models can also highlight priorities that will have the biggest impact on quality of care and patient experience. The ambulatory care models that exist to date vary from broad-based, organizational models to models that are specific to certain specialties. These models demonstrate how ambulatory healthcare has changed, and, for some, highlight how nursing impacts the delivery of care.

The AAACN’s current conceptual model of ambulatory nursing helps to visualize the influential factors that impact healthcare organizations, patients, and the processes needed to deliver quality healthcare services. These factors exist in both the internal and external environments, and both environments impact the relationship between nursing care and the patient. While no specific roles or expectations are defined, the model emphasizes the fact that ambulatory care nursing is inclusive of clinical duties, professional expectations, and roles in the existing system (Mastal, 2018).

As healthcare continues to shift into ambulatory care settings, it will be important to develop more standardization of activities and processes that more clearly define roles and expectations of ambulatory care staff, especially in nursing. Sharing knowledge and best practices between ambulatory care providers will lead to improvements that will be reflected in patient outcomes with the increase in quality and care opportunities (Rondinelli, 2014).

The future of ambulatory healthcare delivery will focus on improvements in patient and family centered processes, care coordination, and data analysis as healthcare delivery moves from “sick care” to true patient wellness. Changes specifically to ambulatory nursing will include training and education on population health issues, data analytics, and quality improvement processes. For systematic change to take hold, it will be up to ambulatory nursing to lead or play key roles in the development and operationalizing of innovative new practices (Salmond & Echevarria, 2017).

#### **4.0 Factors Contributing to Ambulatory Nursing Turnover**

Nursing turnover can generally be defined as the action of nursing staff leaving or transferring within their organizations (Kovner, 2014). Assessing nursing turnover through available research and literature can be difficult because there are different types of turnover that are not always clearly defined. For instance, turnover can be the result of voluntary or involuntary termination. As stated in the given definition, it can be internal movement within the organization or external movement to a different organization. Finally, some turnover reporting does not include certain types of losses like those related to nurses going back to school or retiring, as these are beyond the control of the organization and can be interpreted as either voluntary or involuntary. In any form of its definition, nursing turnover is important to understand because it is often used as a key performance indicator (KPI) to help evaluate the job market, open job positions, and the work environment of healthcare organizations (Kovner, 2014).

Nursing turnover has considerable impact on delivery of care in the ambulatory setting as a significant number of people in the United States receive most of their healthcare services in the ambulatory settings. With more and more care being diverted to ambulatory facilities, the field of ambulatory nursing is a dramatically growing field of practice in healthcare delivery (Rondinelli, 2014). In fact, estimations forecasted using research indicates there will be “serious workforce shortages, with a projected deficit of over 500,000 nurses by the year 2025.” This shortage is not only caused by the increasing demands for ambulatory healthcare services. An exodus of aging nursing professionals leaving the field of nursing is also having a major impact to the ever-increasing nursing deficit (American Academy of Ambulatory Care Nursing, 2014).

However, the pandemic caused by the novel coronavirus disease 2019 (COVID-19) has affected nursing retirement trends. While it may be expected that the pandemic would increase retirement numbers, that is not the case. In fact, in some regions, nurses were encouraged to come out of retirement to help support healthcare operations and vaccination efforts. Older nurses are seen as important resources for their knowledge and experience, which are much needed as both inpatient and outpatient settings address healthcare needs in the ongoing effort to treat and eradicate COVID-19 (Buerhaus, et al., 2020). The long-term impacts of older nurse delaying retirement or coming out of retirement in the face of this crisis has yet to be fully researched as data continues to be gathered.

Despite this anomaly, it is still important to consider how ambulatory nursing affected by age-related turnover because, characteristically, much of the workforce is older and more experienced than nurses in the inpatient setting (American Academy of Ambulatory Care Nursing, 2014). It can be more difficult for these positions to be filled by newer nurses because many nursing programs have little to no clinical exposure to ambulatory care in their education curriculum. New nurses are more likely to find positions in inpatient care settings. Those that do make it into ambulatory care right away are more likely to leave their position within a year because their education and lack of experience cannot prepare them for the demands of working with a more complex patient population who are not necessarily trying to address only acute medical problems, but also the management of their chronic conditions that require extensive coordination of care between primary care, specialists, and any other supporting agencies (American Academy of Ambulatory Care Nursing, 2014).

Job satisfaction can be an insightful metric to use when anticipating nursing turnover because it can be a predictive indicator of imminent turnover risk. Looking at more specific job

satisfaction indicators gives awareness about what factors support positive, position engagement and what factors put positions at risk for higher dissatisfaction (Kaunonen, et al., 2015).

Nursing engagement is often tied to job satisfaction because it addresses the emotional, physical, and cognitive needs of employees who play critical caregiving roles. In 2015, Press Ganey polled over 1,000 clinicians and caregivers to understand how they viewed compassion and care through a caregiver's perspective. "Compassionate Connected Care for the Caregiver" explains the six themes that they found in hopes that leadership could use such insights to develop more effective engagement strategies. The themes included: acknowledging the work that is being done, providing support from leadership, fostering an environment of empathy and trust, supporting teamwork, encouraging balance between home life and work, and ensuring communication at all levels. Nursing engagement not only impacts job satisfaction. It can have broader influence on patient experience, health outcomes, and quality of care (Dempsey & Reilly, 2016).

Satisfaction can be classified into two categories, professional and organizational. Professional job satisfaction includes the fostering of a professional environment where tools or resources are available to nursing that support or empower skilled decision making and appropriate clinical conduct. Organizational job satisfaction is comprised of how nursing staff are rewarded for their performance, which includes payment structures and any additional benefits (Kaunonen, et al., 2015).

Within these two categories, there are a series of intrapersonal, interpersonal, and extrapersonal factors that uniquely combine to influence overall job satisfaction. Intrapersonal factors encompass anything related to the nurse as an individual. His or her age, background,



experience, and how they cope with stress or negativity would be categorized in this group (Al Maqbali, 2015).

Interpersonal factors are the interactions between the individual nurse and co-workers or patients. Examples include being able to work autonomously, interactions with co-workers, and caregiving activities with patients. Given the dynamic nature of ambulatory care, it is important that nurses have the professional autonomy to make decisions, but still have the support of team members for assistance when needed, especially when patient care or safety is at risk (Al Maqbali, 2015).

Extrapersonal factors include environmental or organizational impacts that affect work done by nurses or that affect their interactions. These can include patient schedules, level of staff, educational opportunities, and promotions. Organizational factors like staffing can be particularly stressful to nursing staff, so it is important for leadership to monitor and mitigate these types of risks to enhance job satisfaction (Al Maqbali, 2015).

Across inpatient and outpatient nursing settings, recent literature agrees that defining specific indicators can be difficult due to the complexity of job satisfaction, the varied approaches to healthcare delivery, and the variability across healthcare specializations and their patient populations (Al Maqbali, 2015).

However, attempts to identify indicators leading to turnover explicitly in ambulatory nursing focus on the consideration of age and years of experience. In a study conducted by Press Ganey (2019), 33,044 ambulatory nurses from 3,642 ambulatory units and 545 hospitals within the United States were surveyed about their job plans and intent to stay in their current positions. The types of ambulatory units surveyed were comprised of “outpatient clinics, interventional cardiology/radiology, endoscopy, cancer care, cardiac services, short stay/observation, and other

procedural units” (Potter and Colleton, 2019). Based on the results, they found that age and years of practice, or tenure, have the greatest effect on intent to leave after one year and three years in a position.

After one year, nurses who had less than two years of experience were more likely to leave their positions. After three years, nurses who had two to four years of experience were more likely to leave. However, after this point, as years of experience increase, nursing staff is more likely to stay in their current positions. Reasons for leaving related to job dissatisfaction decrease as well, and turnover attributes relate more to home life or personal reasons (Potter and Colleton, 2019).

Age was shown to be a significant indicator for nurses 65 years or older and for nurses less than 30 years old after both the first and third years. Again, trends indicated that individuals leaving after the first year are more likely to leave due to job dissatisfaction, but this risk decreases with experience and time spent in a position (Potter and Colleton, 2019).

Both age and tenure indicators support observations made earlier about the current concerns for the ambulatory nursing workforce. Younger or less experienced nurses may be less equipped with the knowledge and skills to navigate the intricacies of ambulatory care delivery. As nursing roles in this setting evolve to include more complex patient care coordination, advocacy, and healthcare navigation knowledge, younger nurses may struggle by not having the skills or experience to effectively guide their patients. This frustration could lead to greater dissatisfaction, leading to voluntary termination for a different care setting where they can get more experience or to continue formal education (Al Maqbali, 2015).

The Robert Woodward Johnson Foundation conducted a study in 2006 focusing on strategies to retain older nurses in the healthcare workforce. This study found many concerns that could lead to voluntary termination or early retirement. High patient loads, low staffing levels, the

physically demanding nature of the work, emotional stressors, undesirable work hours, and underappreciation by leadership were all cited as reasons a nurse would consider leaving his or her position. Older, more experienced nurses may be more attracted to the ambulatory care setting because, generally, the level of care patients need in outpatient care is less intensive and more manageable as services are usually confined to a set period, unlike inpatient services that demand care twenty-four hours a day. In ambulatory care, nurses can reduce these concerns and have more opportunities for a reasonable work life balance (Hatcher, et. al., 2006).

The American Academy of Ambulatory Nurses (2014) also believes that nursing education is partially to blame. As new nurses rotate through clinicals, many of them fail to get any ambulatory care experience because a high proportion of nursing programs do not include ambulatory nursing in their clinical rotations. These outpatient care settings do not get the same opportunity as inpatient settings to train and recruit newly certified nurses. The AAACN also worries that if an ambulatory care facility is successful at recruiting, they may not be successful at retaining because leadership fails to properly transition young nurses into their new roles and expectations. In either case, ambulatory care organizations are at higher risk for turnover related to retirement or other personal reasons because of the older population of nurses that stay on the workforce in this setting.

Leadership can still make improvements to decrease likelihood of turnover no matter the age or level of experience in their workforce, especially if they are changes that can delay early retirement or other avoidable losses. Improvements in management style can better integrate nurses in their roles by allowing them to give input about their positions and responsibilities within the organization that can help to manage extrapersonal factors. For interpersonal factors, focus can

be given to conflict management that resolves issues effectively and acts upon feedback given by nursing staff that may be otherwise overlooked (Kaunonen, 2015).

Author Amy C. Edmondson (2018) created a framework where leaders can follow three steps to “create psychological safety”, which can help organizations grow and operate more innovatively. “Psychological safety” is the perception that whatever environment a person is in (work, school, home, etc.), that person can safely take interpersonal risks because an environment of trust has been created. Being able to speak openly and honestly in the workplace without fear is an example.

To create this environment, leadership must start by “setting the stage” (Edmondson, 2018). In this first stage, leadership sets context for the work that needs to be done and supports it with a specific purpose, or a “why?” This is an important step because it gets everyone on the same page as far as expectations for deliverables and the meaning behind the work that is being done.

Secondly, leadership must “invite participation” (Edmondson, 2018). This step is all about creating a foundation of trust, which means acknowledging previous leadership shortfalls with sincere humility. Leadership must then model good practices where questions get asked and active listening is applied. More formal process and structures are put into place where workers can participate in organized discussions and forums. The acknowledgement, modeling, and structuring all give assurance that everyone’s voices are welcome to be heard.

Finally, Edmondson’s (2018) last step is “responding productively.” This means that leadership should be sure to give positive feedback that encourages the safe environment. Failures can still be acknowledged without punishment. Improve the situation by discussion options for help or productive next steps. Finally, those that violate the safe environment should be held accountable for their actions. With this last step, the organization should be in a better place to

accept new ideas that allow for continuous learning and improvement through the sharing of ideas (Edmondson, 2018).

Even though Edmondson's framework is not specific to healthcare, there are some common themes that seem to emerge as we look at more specific recruitment and retention strategies that are recommended to reduce nursing turnover. Job dissatisfaction, burnout, pay, patient load, and personal reasons are the top referenced reasons for nursing turnover (Perrine, 2009).

In James Perrine's *Recruitment & Retention Report: Strategies to Boost RN Retention* (2009), the implementation of four key strategies is recommended: shared governance and decision making, fostering an environment of trust and respect, improving communication, and acknowledging diversity between the different generations of nurses.

Shared governance and decision-making give nursing staff an opportunity to engage with leadership and have input on how issues, practice concerns and work conditions are solved or improved. Examples of specific initiatives is the formation of practice councils, project improvement teams, and facilitated discussions about specific issues (Perrine, 2009).

To foster an environment of trust and respect, leadership needs to ensure that all nursing staff feel valued in the work that they do so that they know their dignity and worth is respected at all levels. Ways that this can be implemented include, practicing active listening and genuinely responding to concerns. It is important to recognize staff for the work that they do so that they know that their time appreciated. Leadership should take opportunities to celebrate achievements and awards. Some ideas include, sending emails, publishing recognitions in organizational newsletters, personal notes or cards, and award ceremonies. Acknowledgement can be done publicly or privately. No matter what the mode of celebration, accomplishments or jobs well done should be praised and encouraged (Perrine, 2009).

Additionally, leadership should consider implementing professional ladder programs to help nursing staff develop and achieve higher professional aspirations. Coaching and teaching opportunities can be organized to help develop competencies or improve clinical excellence. Providing mentorship can also give further support to increase confidence, hone public presentation skills, and guide potential research projects (Perrine, 2009).

It is important for nursing staff to feel that they are connected to the organization and they know what is going on. Leadership must acknowledge the importance of communication and implement strategies that can help to facilitate communication at all levels. For example, appointing staff nurses to participate in inter-disciplinary meetings at the department or organizational level, team huddles, rounding, and regularly scheduled meetings between nursing staff and nursing leadership are ways to encourage communication across the organization (Perrine, 2009).

Finally, leadership needs to acknowledge that generational diversity affects interpersonal relationships between nursing staff members. In any healthcare institution, there could be three to four generations of nurses on a team, and each of them have been influenced by the eras that they grew up in, and thus may respond differently to different types of communication and engagement. It is up to leadership to facilitate awareness and conversations around these differences so that nursing staff can gain a better mutual understanding of their co-workers and the different perspectives they may have (Perrine, 2009).

Specific strategies to improve retention for older nurses to avoid unnecessary, early retirement are making sure the environment is safe and accessible, developing modified or adjusted schedules to alleviate workload concerns, and encourage work life balance strategies. For younger nurses, make sure that they have the proper information and training to transition smoothly to

ambulatory nursing, engage with them about possible technology implementation plans, offer mentorships and guidance to help with career goals, regularly provide feedback, and give opportunities to take on more responsibility (Perrine, 2009).

In 2012, the Seattle Cancer Care Alliance implemented a dedicated education unit (DEU) and a novel resident nurse transition-to-practice program in their ambulatory oncology unit. By giving student nurses the opportunity to rotate through their DEU they subsequently ensured a recruitment pipeline for their transition-to-practice residency program. Since starting the DEU, data that they have collected show that their residency program retention rates are significantly above the national average. In eight years, the Cancer Care Alliance recruited 25 nurses from their residency program and has retained 98% of them, many of whom have continued to obtain additional certifications while still in the organization. The Cancer Care Alliance attributes this to the additional supporting mentorship program they provide that have also led to high rates of nursing promotion into leadership positions each year (Kidd, 2020).

Examining factors that lead to ambulatory nursing turnover helps us to envision the risk to ambulatory healthcare delivery transformation if these issues are not addressed. The AACN notes that ambulatory nursing is becoming a hugely collaborative environment. This collaboration fosters innovative thinking for better coordination of care to improve patient outcomes. As population and community health have become more important to take into consideration, the collaboration of ambulatory has had to extend to other health organizations and community partnerships as well to develop a more holistic model of care (American Academy of Ambulatory Care Nursing, 2017).

If nursing staff are dissatisfied with their current positions in ambulatory nursing, they may not fully engage in the patient care process or they may not feel empowered to make suggestions

or contribute ideas that supports this innovative care model. Additionally, conflict management or communication issues between staff or leadership and staff may make it difficult to implement new processes. This type of change requires a solid foundation of trust between staff and leadership, and efforts to establish long-term, sustainable change will not take hold as they should. While there are many tools strategies that help to mitigate conflict management, communication issues, and dissatisfaction, it is important for healthcare organizations to have a system for collecting feedback on issues to make the right decision on what should be implemented.



## 5.0 Exit and Stay Interviews in Healthcare

The path to developing effective engagement and retention strategies to reduce turnover starts with collecting critical information. Exit and stay interviews are ideal for this because of how they differ from other information collecting processes, like engagement surveys. The interviews are targeted in their timing, and they also only focus on leaving employees or employees at high-risk for leaving, not the entire workforce (Health eCareers, 2019).

Exit interview surveys are generally administered after an employee leaves or has stated intentions on leaving. This is typically given by a third party, usually someone in HR, to give the employee freedom to speak openly about his or her experiences in the company and any contributing issues that may have led the employee to terminate the position (Health eCareers, 2019).

Stay interviews surveys are very similar, but they are conducted before the employee decides to leave, usually within the first year of employment. Conducted by someone in direct management, this type of interview can help identify strengths and weaknesses within a role and gives management an opportunity to correct any negative trajectories that could lead to employee turnover (Health eCareers, 2019).

Given that high nursing turnover is an issue in many ambulatory facilities, the use of exit interviews could be effective, evidence-based tools for organizations to utilize to detect areas for improvement and areas that should continue to be supported. Exit interviews provide a comprehensive process where data is collected using a set of standardized questions, baselines are established, and information can be drawn from subsequent analysis (Brooks, 2007).

It is also important to note that these types of surveys may help to identify trends that may be distinct to an organization. *Human Resource Management* (2012) suggests that there are complex pathways made up of unpredictable life events, internal events, external competition that may successfully draw employees away, job dissatisfaction stressors, or even different combinations of these, all of which can force an employee to terminate. Organizations should consider exit interviews as great starting point to address these trends and regularly alter and refine questions to pinpoint new areas of weakness (Kulik, 2012).

The implementation process may vary from organization to organization, but there are five main parts to that will help to ensure a successful execution: 1) define goals and objectives for what your organization hopes to accomplish with the information that is being gathered, 2) identify any constraints that might affect the implementation, including your budget, 3) create the format of your interview, 4) define the scope of who will be given the interviews and any other associated guidelines or policies, and 5) initiate the education and training of employees involved in the process (Health Care Compliance Association, 2015) .

In 2007, Cincinnati Children's Hospital Medical Center (CCHMC) was facing high nursing turnover rates that were driving up their human capital costs. Working with their human resources (HR) team, CCHMC leadership wanted to find a way to gather data that would help provide answers as to what was causing turnover rates that were well above 10.5%, the U. S. average at that time (Gard-Berterman, et al., 2015).

The HR team conduct yearly review for all the CCHMC employees, but they found that the information was not providing any real insights. CCHMC decided to move forward with a new approach by implementing the use of exit interviews. Instead of relying on the HR department to handle everything, they outsourced the interviews to a third-party company that

conducted the interviews and collected the data. The added benefit to this was that employees were more comfortable sharing their honest opinions with people not directly tied to CCHMC (Gard-Berterman, et al., 2015).

From the interviews, CCHMC targeted the critical areas and re-directed focus to areas where the most improvement was needed. They identified root causes and created action plans to address the issues. By 2009, CCHMC dramatically reduced turnover rates by as much as 70% in some areas of the organization. They continue to use a targeted approach to exit interviews and planned to expand the feedback process to share important information to leaders at all levels of CCHMC (Gard-Berterman, et al., 2015).

From a research perspective, it is difficult to tell if exit interviews are effective. In 2013, a team of researchers combed through thousands of research studies in multiple electronic databases to identify any research studies related to exit interview so that they could compile results. From their extensive search, they did not find any studies that met their criteria. After a year, they attempted again, and still did not find any research studies about the effectiveness of exit interviews that met their criteria (Webster & Flint, 2014).

The researchers of this study felt that it was not a direct indication that exit interviews are ineffective. It seemed to signal that more research needed to be done on exit interview strategies before any real conclusions could be drawn (Webster & Flint, 2014).

However, there are some healthcare leaders who feel strongly that exit interviews absolutely do not provide any added value with the information that is being collected for a few reasons. Firstly, depending on the timing of the interview and on who is conducting it, employees may not be giving honest answers during their exit interviews. Secondly, the retrospective nature of the information delays improvements that could be made much sooner.

Finally, some organizations do not have the capabilities to effectively implement and operationalize the use of exit surveys, especially if third-party interviewers are needed to get the most honest responses (Jakucs, 2018).

Instead, these leaders turn to stay interviews and engagement surveys to gain insights before employees even consider leaving. Scripps Health in San Diego, California switched to these options and made improvements from the insights that helped them drop their first-year turnover rate by more than 10% (Jakucs, 2018).

Some other organizations have found that the low response rate from exit interviews does not yield as much information as stay interviews and engagement surveys. These tools take a more proactive approach that also signals to employees that leadership cares about their opinions, which generates more positive feedback and useful information (Jakucs, 2018).

Though stay interviews have the same purpose of exit interviews, there are some key differences. Stay interviews are more proactive in their approach because it engages employees before they decide to terminate. Additionally, these interviews tend to be very conversational, where the interviewer presents open-ended questions for the employee to answer. This qualitative data can be more difficult to aggregate, but it still results in the collection of important information. Also, because these interviews are generally conducted by direct management, it strengthens relationships between leadership and staff (Robeano, 2017).

From the use of exit and stay interviews, healthcare leadership can expect to gain insights and understanding related to HR, employee perceptions of the organization, the effectiveness of managers and their leadership styles, competing organization offers, and ideas for improving the organization (Spain & Groysberg, 2016).

Most importantly, healthcare organizations can realize benefits to daily operations from best practices and initiatives formed from exit and stay interviews. Some examples include skill development for management, processes for identifying and addressing work environment issues, developing communications improvements, workforce planning, refining job roles and responsibilities, and research of competitive market for retention and rehire strategies (Brooks, 2007).

## 6.0 Discussion

Ambulatory nursing is facing greater pressures due to the changing landscape of healthcare. As the healthcare industry shifts patients from the inpatient to the outpatient settings, there is a lack of clearly defined roles and expectations that ambulatory nurses have as more and more patient care responsibilities are being given to them.

Unfortunately, these demands already add to the precarious situation the nursing workforce is in. Shortages in both the inpatient and outpatient settings are causing great concern, not only for the safety of patients, but the safety of nursing staff having to work in heightened stressful situation. As such, it is important to monitor turnover and implement mitigation strategies to reduce the added stress.

Interestingly, some turnover issues are tied to broader, institutional problems. The demographics of ambulatory nursing indicate that there may be issues with the current nursing education model and its lack of clinical exposure to ambulatory care settings. This disconnect makes it more difficult for younger or less experienced nurses to successfully transition into the ambulatory care setting, which also causes job dissatisfaction and increased likelihood of voluntary termination.

Available research shows job satisfaction to be an effective metric that can be used to predict nursing turnover, especially because defining more specific indicators can be very difficult when broadly analyzing ambulatory nursing turnover. More specialized sub-groups may easily identify better indicators that are specific to their areas of focus. It is important to recognize age and years of experience as important indicators because they support observations made about

potential weaknesses in ambulatory care nursing education, impacts on job satisfaction, and turnover risk.

One major limitation to this literature review is that the types of nursing professionals included under ‘ambulatory nursing’ were not always consistent across the various research papers and articles. Nursing can extend far beyond the traditional registered nurse (RN) role in either direction. On one side, nurses with advanced education can have degrees ranging from the bachelor’s level all the way to the doctoral level. On the other side, nursing professionals with less education, like licensed practical nurses (LPNs) and nursing assistants, provide critical patient care but in roles that are more supportive than their counterparts.

While all roles are important in ambulatory nursing, addressing nursing turnover in this paper is meant to focus on nurses without advanced degrees. Nurses with advanced education may function more as physicians do or may have a more leadership focused position. These types of roles may not have the same environmental stressors that traditional nursing roles have. Therefore, any research considerations or conclusions made in this essay are in the context of application to BSN, RN, LPN, and nursing assistant roles in the ambulatory care setting.

Even though these roles have very different educational paths and job responsibilities, they all work together as a team to provide quality patient care as a nursing unit. Because work is done as a team, issues can broadly generalize across the different job roles. The future of ambulatory nursing hinges on fostering a collaborative environment. However, high levels of job dissatisfaction or nursing turnover will erode the workforce foundation necessary to engage and collaborate internally and with external partners to create long-term, sustainable change. Therefore, any initiatives or mitigation strategies should focus on all of these roles unless there are indications of role specific issues that need to be addressed.

Solutions to address ambulatory nursing turnover cannot be a “one-size-fits-all” approach. The complexity of the industry makes that impossible. Therefore, management should consider the use of exit and stay interviews as tools that can help identify their unique areas for improvement and areas that should continue to be supported. More importantly, the use of exit and stay interviews can help develop targeted processes and initiatives across different functional areas that improve workforce engagement and retention. For larger healthcare organizations, this could be critical in addressing distinctive issues encountered by facilities that have more autonomy or cultural differences that are facility specific as opposed to trying to implement generalized solutions across the entire system.

Additionally, initiatives that are chosen should have defined attributes that clearly outline the motivation and purpose, assigned strategies, geographic or cultural contexts, and the goal or perceived benefit to the nursing workforce that is the target of the initiative (Efendi, 2019).

One key consideration that organizations need to think about when implementing the use of exit and stay interviews is the reporting process that will be followed after the information is collected and analyzed. A major risk with conducting these interviews is that the information will be collected, but nothing will happen with it.

During the implementation process, as guidelines and policies are being formed, organizations should assign responsibilities and establish a regular reporting cycles following interviews. Depending on the organizational resources and capabilities, there should be a team responsible for collecting, aggregating, and synthesizing data. This data should be reported at regular intervals to appropriate stakeholders such as administrative leaders and unit leaders.

However, just because information is being reported, does not mean it is being acted upon. Having an organized group or committee of stakeholders responsible for exit and stay interview



information may offer a level of accountability that ensures action. For example, this committee could have the established responsibilities of reviewing the statistical information and thematic trends synthesized from reporting, distributing relevant information to administrative departments, clinical units, and nurse leaders, suggesting possible actions or initiatives to address issues, and compiling information on implemented actions and initiatives and their effectiveness. Having a committee with this focus will not only help to make sure that information is shared, but it will also foster a better environment for the use of change management methods and tools to support actions and initiatives for retention, engagement, and recruitment.

This literature review highlights the fact that more research needs to be done on the effectiveness of exit and stay interviews in the healthcare setting. The literature available is largely anecdotal stories, both positive and negative. A conclusion drawn from this is that the effectiveness of exit interviews may depend on how the organization implemented the process or how the information is being collected.

Additionally, there are many papers about strategies to address nursing turnover and retention. However, very little research has been done that highlights interventions that have been implemented and their results. This demonstrates that healthcare leadership has a responsibility to do more to document and share best practices to contribute to evidence-based research on effective strategies to reduce nursing turnover.

The American Academy of Ambulatory Nursing Care recognizes the fact that ambulatory nursing is going through an important transition period. The complex nature of the work done by nurses in this field is difficult to model and define and is currently an ongoing issue that the organization is working to correct. Nevertheless, once the AAACN has finalized their work, the standardization of roles and key performance indicators (KPIs) in ambulatory nursing will lay an

important foundation that will bring clarity to the work that is expected of nurses in this field, which will help to better understand job satisfaction and its risks. Not only will this clarity reduce frustrations and misunderstanding by nursing staff trying to understand their roles, it may add to the use and effectiveness of exit and stay interviews. By having a set of standard practice expectations and KPI measures, the use of exit and stay interviews may further support standardization by helping to identify factors impacting the chosen KPIs which will help drive continuous change and improvement in ambulatory nursing and care delivery.

## **7.0 Conclusion**

Major societal, political, and organizational changes have led to significant transformation in the United States' healthcare delivery model as focus from inpatient care has been diverted to ambulatory care settings in outpatient facilities. The ambulatory care setting is changing, creating different needs and expectations of nursing professionals. Value-for-Service models will continue to drive clinical transformation where ambulatory nursing will be expected to play key roles in care management and coordination that will lead to improved patient health outcomes. While these specific roles and job functions need to be defined, it is expected that this transformation will lead to major financial savings and improved community health.

The complexity of ambulatory nursing is recognized throughout available research and by associated professional organizations. As the American Academy of Ambulatory Care Nursing works to define roles and responsibility of ambulatory nurses, ambulatory care models, and key performance indicators to help with practice standardization, it may become easier to lead innovative changes to address population health issues, improve the use of data analytics, and implement quality improvement processes.

While nursing deficits are an established issue across all sectors of healthcare, it is more relevant in the context of ambulatory nursing because of the complexity of the patient population and because of some of the unique features specific to the ambulatory nursing workforce. Increased demands for ambulatory care services combined with a rapidly aging workforce mean that ambulatory nursing deficits are increasing more rapidly than in the inpatient care settings. The tension that this shortage causes has impacts that extend into job dissatisfaction which is a major contributor to ambulatory nursing turnover.

Nursing turnover has impacts at every level starting with the individual, to the facility, to the larger healthcare organization, and all the way to the community that relies on that organization for care. Ambulatory nursing turnover has major public health considerations as the issue touches on keeping the nursing workforce healthy, both mentally and physically. This is important because these are the people who are engaging with patients the most. Issues in the work environment or issues with management will affect productivity and the level of care they are able to give, and subsequently affect the quality and safety of patients. Additionally, any costs due to nursing turnover or due to poor quality and engagement of nurses impacts the efficiency of the healthcare organization and may also have broader resource implications.

Ambulatory healthcare is the future of medicine with nurses being the leaders of collaborative, coordinated care models. For ambulatory care organizations to make that transition, they need to make more concentrated efforts to improve nursing deficits and turnover through evidence-based approaches. Exit and stay interviews offer adaptable formats to collect critical information, act with targeted solutions, and continue to modify surveys and solutions as their organizations continue to change and encounter new workforce recruitment, engagement, and retention issues.

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