

**FACTORS THAT IMPACT REGISTERED NURSES' DECISIONS TO
CONTINUE PROVIDING CARE TO OLDER ADULTS**

A Doctoral Dissertation Research

Submitted to the
Faculty of Argosy University, Orange County
College of Education

In Partial Fulfillment of
the Requirements for the Degree of

Doctor of Education

by

Saundra Bosfield

June 2013

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ABSTRACT

The need for registered nurses to practice in areas where the main focus is care of older adults is a major healthcare challenge. The increasing number of older adults with chronic health problems and the shortage of nurses have a profound impact on the nursing profession. Although nurses tend to specialize in areas other than geriatrics, there are those who practice in geriatric settings. The purpose of this quantitative, correlation study was to investigate factors that impact nurses' decisions to continue providing care to older adults. The study investigated if there a significant difference in the following: (a) nurses' likelihood to remain in geriatrics between age groups (those over 40 years of age and those under 40 years of age); (b) nurses' likelihood to remain in geriatrics and personality traits; (c) nurses' likelihood to remain in geriatrics related to geriatric course content, the number of geriatric related courses or continuing education units taken, and familiarity with seven geriatric issues impacting the nursing profession. Data collection took place over 30 days. One hundred questionnaires were provided to participants, who worked in a hospital in Los Angeles County. Forty-four females and 4 males responded. Questionnaires were collected by the researcher over 2 months. An independent sample *t* test showed that the *t* tests for personality traits of being extraverted, enthusiastic; dependable, self-disciplined; open to new experiences, complex; disorganized, careless; and conventional were significant at the .05 level of significance.

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DEDICATION

I thank the Lord for the blessings received to help me complete this study. This work is dedicated to my mother, Emma Jane Pulphus Enghram Conner; my father, Howard Enghram; and my step-father, Delmar Conner, for their love, nurturing spirit, and for lifelong lessons I learned from them, one of which was to always be kind and helpful to others. Your memories are in my heart.

I also dedicate this work to my loving children, Dennis, Brian, Carolyn, William Jr., and Gail; to my loving and inspiring grandchildren; to my sisters, Leatrice, Uyvonne, Uylaine, Emma, and Charlotte Steen; and to my nieces and nephews. I am thankful for the prayers and warm wishes received from my church family. Without support from family, friends, and professors, this academic journey would not have been completed.

This work is also dedicated to older adults, registered nurses, and student nurses. It is my hope that this research study will elevate the status of geriatric care, promote quality nursing care provided to older adults, and enhance geriatric curricula content that will benefit students, nurses, and older adults.

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CHAPTER ONE: THE PROBLEM

The American healthcare system is challenged with providing nursing services for an increasing population of older adults. According to the Institute of Medicine (IOM, 2008), trained healthcare professionals in geriatrics are needed to care for an aging population, and even though opportunities exist to provide service, few providers choose this career path. The declining number of registered nurses is the problem limiting the number of nurses practicing in geriatrics. Many nurses prefer to care for younger patients with acute illnesses, and nurses' negative views about old age are reflected in their attitudes (Higgins, van der Riet, Slater, & Peek, 2007).

The California Board of Registered Nursing's 2006 survey (Spetz, Keane, & Hailer, 2007) and the Bureau of Labor Statistics (2011) found that approximately 60% of registered nurse jobs are in hospitals. In the meantime, employment in nursing care facilities is expected to grow. The financial pressure on hospitals to discharge patients as soon as possible produces more admissions to nursing homes and residential care facilities. Furthermore, nursing services are needed in settings other than hospitals because many older adults prefer to be treated at home or in residential care facilities (Bureau of Labor Statistics, 2011).

There is not only the need for more registered nurses to practice in geriatrics but also the need to retain those already working in geriatric settings. The National Institute of Nursing Research (NINR, 1994) noted, "The overall nursing personnel turnover rates in nursing homes are frequently as high as 100 percent per year" (Chapter 10, p. 4). The retention of registered nurses in nursing homes over a one-year period is similar to that of hospitals. Furthermore, "the effects of differential levels of employee turnover rates on

the quality of . . . care and outcomes . . . need to be examined in future research” (NINR, 1994, Chapter 10, p. 4).

Nursing services are needed to care for an aging population that is living longer. LeMone, Burke, and Bauldoff (2011) stated that from 1900 to 2006, the number of adults in the United States age 65 or older increased from 4% to 12.4%. By the year 2030 it is estimated that the older population will amount to 71.5 million, which is approximately twice the number in 2005. The demand for registered nurses, those who are able to meet the needs of the geriatric population, is expected to increase due to the growing number of older adults with functional disabilities, consumer preference for home care nursing services, and advances in medical technology (Bureau of Labor Statistics, 2011).

Projections for the national supply, demand, and shortages of registered nurses were reported by the U.S. Department of Health and Human Services (HHS, 2002). The report indicated that the need for full-time registered nurses between the years 2000 and 2020 is expected to increase from 6% to 29%. The HHS (2002) reported that each state’s projected supply, demand, and nursing shortages need to be assessed carefully; the “demand may be underestimated for States that are rural and mountainous, have higher than average elderly populations,” and use the services of registered nurses more “than the national average in their health care systems” (p. 13; see Appendix A).

Vincent and Velkoff (2010) reported that in 2008 the U.S. Census Bureau predicted that the United States’ older population will experience rapid growth, and by the year 2050 the number of older Americans is expected to increase to 40.2 million (see Appendix B). The increased number of older Americans is driven by trends in immigration and aging baby boomers, who will be 65 years of age by 2011. By 2030, all

baby boomers will have reached the age of 65 (Vincent & Velkoff, 2010). The U.S. Census Bureau reported that as baby boomers become the older age group beginning in 2011, the proportion aged 65-74 is projected to increase (Vincent & Velkoff, 2010). The age composition in the United States within the older ages is projected to change between 2010 and 2050 (Vincent & Velkoff, 2010). Furthermore, Vincent and Velkoff stated the majority of the country's older population is projected to be relatively young, aged 65-74, until around 2034, when baby boomers will be over 70 years of age (see Appendix C). The projected growth of the older population will continue to "present challenges to policy makers . . . , Social Security and Medicare, . . . families, businesses, and health care providers" (Vincent & Velkoff, 2010, p. 1).

This growth rate does not match the number of nurses needed to promote patients' quality of life. The healthcare industry lacks "appropriately trained personnel" to address healthcare needs of the older population and delivery of services (Hudson, 2003, p. 1). Kovner, Mezey, and Harrington (2002) stated that there are not adequate numbers of registered nurses to meet the needs of the older population. Despite the need for a proven efficacy of geriatric care, there remains a critical shortage of registered nurses prepared to care for older adults. By 2030, there will be approximately one pediatrician for every 1,000 children but only one geriatrician for every 2,000 elderly people (Kovner et al., 2002).

In addition to the well-documented expected increase in older adults in need of care, nursing students' negative attitude toward the elderly is also a concern. Their attitude may be affected by personal beliefs, values, culture, experiences, or observations, yet these future nurses will be faced with the challenging task of caring for the elderly

population (Lovell, 2006). Additionally, students' perceived attitudes toward older adults will make it difficult to recruit nurses to meet the requirements in this area of care (Lovell, 2006).

Problem Background

Limited Nursing Knowledge About the Needs of Older Adults

Although registered nurses currently play important roles in patient teaching, providing services, and acting as case managers for older adults and their caregivers, their roles also require that they identify high-risk clients, using major intervention strategies such as counseling, education, and support groups to care for older adults (NINR, 1994). Speaking directly to this point, Evans (2008) noted,

Most health professionals who care for older adults are not geriatric nurse specialists but primary providers. Some may never have had a formal course in geriatrics. In many cases, the health care provider is much younger than the patient and may be from a different racial or ethnic background. This makes patient-provided communication challenging but it also offers an opportunity for mutual learning. (p. 1)

Advances in medical technology, therapies, and medications, as well as an increase in medical education and the promotion of health, have contributed to an increased life expectancy. The 2008 National Center Interview Survey found the most prevalent chronic conditions among persons 45 years old and over are asthma, cancer, cardiac disease, chronic pulmonary disease, and diabetes (Dreiling, 2009). Women are more likely than men to have chronic diseases (Dreiling, 2009). The life expectancy of older adults and the limited number of gerontological clinical nurse specialists to care for them is a major healthcare challenge (Lovell, 2006).

Gerontology Nurses Needed

Biles, Burke, McCloskey, and Fitzler (2005) investigated high school students' intent to consider a nursing career specializing in geriatrics. Almost half did not show an interest in specializing in the field of gerontology. However, 87% reported having an interest in pediatric nursing. In order to provide the best nursing care for older adults, an increased number of registered nurses specializing in geriatrics is needed. This is a problem because most nurses do not choose to work in geriatrics or long-term care settings (Biles et al., 2005).

The John A. Hartford Foundation (JAHF) was founded in 1929 to support programs in aging and health. The JAHF (2006) stated that while there is a shortage of nurses in the United States in general, there is a greater shortage of nurses specializing in the care of older adults. Of the nation's 2.2 million practicing registered nurses, less than 1% (21,500) are certified in geriatric nursing (Kovner et al., 2002). The JAHF (2010) continues to support programs in aging and health, and provides grants focusing on increasing geriatric nursing capacity by recruiting and training doctoral nursing students.

Healthcare settings that serve older adults appear to be more negatively affected by the nursing shortage than other work areas (Kovner et al., 2002). Studies show that there is a need for increased registered nurse staff levels instead of an increase in nursing assistants (NAs). Kovner et al. (2002) stated that staff levels below 2.0 NA hours per resident day and 0.75 hours per resident day from licensed nurses places older adults at high risk for serious quality-of-care problems and negative outcomes. Ninety-seven percent of nursing facilities do not meet the minimum staff level of 4.55 hours per

resident day of total nursing time, providing direct or indirect nursing care (Kovner et al., 2002).

Doctor of Education Degree in Instructional Leadership Facilitating Nursing Care

A Doctor of Education in Instructional Leadership provides registered nurses with the knowledge and skills to increase their ability to meet the challenges of a changing healthcare environment. A Doctor of Education in Instructional Leadership offers students the ability to utilize “core skills including comprehensive planning and implementation, curriculum theory and design, and comprehensive planning and implementation” (Argosy University, 2012, para. 4).

A key issue that may be challenging to doctoral-prepared registered nurses is the development of a curriculum to prepare nurses for tomorrow’s nursing practice. The education and training of the healthcare workforce with respect to the range of needs of older adults is inadequate (Eldercare Workforce Alliance, 2013). There is a need for a more diverse population of faculty and students to meet the health needs of the older population (IOM, 2011b). The American Association of Colleges of Nursing (AACN, 2010) stated that nurses should evaluate the need for improvement, redesign the healthcare delivery system, and disseminate expert knowledge. Nurses need to identify areas of inquiry relevant to the older adult population, and utilize data collection research tools and consents that are appropriate for the older adult population (AACN, 2010).

This study attempted to research a topic relevant to the nursing profession and the increasing number of older adults. The literature review showed that the factors that impact registered nurses’ decisions to continue providing care to older adults have not generated much inquiry. Pursuing a Doctor of Education in Instructional Leadership

allowed the researcher the opportunity to conduct research relevant to the nursing profession to facilitate nursing care for older adults. The degree also allowed the researcher the opportunity to identify the education and training needed to form partnerships with other professionals in order to develop nursing education programs to meet the needs of future nurses and older adults. The AACN (n.d.) stated, “The future healthcare system must include high-quality, cost-effective care that is delivered by a team of qualified health professionals who are utilized to the full scope of their education and training” (p. 3).

The AACN (2010) stated that nurses should conduct research, identify relevant questions and research tools for research, evaluate the need for improvement, redesign the nursing curriculum, conduct literature reviews, study design and implementation, collect data, analyze data, and disseminate findings to make necessary changes. To some degree, healthcare workers care for older adults; yet the number of qualified healthcare professionals with adequate training and knowledge is inadequate (Eldercare Workforce Alliance, 2013). The problem is not limited to the insufficient number of registered nurses practicing in the field of geriatrics. Other areas of concern include the revision of nursing curricula to include a geriatric component and the retention of registered nurses already practicing in a geriatric setting. The study investigated factors that impact registered nurses’ decisions to continue providing care to older adults.

The older adult population is increasing and needs registered nurses who are familiar with health problems of older adults and are able to provide appropriate interventions. Nurses need higher levels of academic preparation, and nursing programs

should be structured to enable students to progress from basic to advanced education with minimal disruption (IOM, 2011b).

Another key issue doctoral-prepared registered nurses need to address is curriculum modification to ensure that student nurses receive education that promotes leadership roles, process, outcomes, nursing practice that emphasizes lifelong learning, and supports changes that will ensure health, patient safety, and quality patient care (IOM, 2011b). Nursing faculty need to foster positive attitudes about aging and institute positive changes in order to integrate geriatric concepts into the nursing curriculum (Thornlow, Latimer, Kingsborough, & Arietti, 2006). The first of 30 core competencies for providing high-quality nursing care is to “recognize one’s own and others’ attitudes, values, and expectations about aging and their impact on care of older adults and their families” (St. Pierre & Conley, 2009, p. 15). The IOM (2011b) report on the future of nursing stated that a curriculum that emphasizes the way something is always done is not necessarily adequate to prepare nurses for practicing in the future.

Nurse Recruitment and Retention

Sherrod (as cited in MedZilla, 2002) stated that one solution to the nursing shortage crisis is to focus on strategies to retain nurses in the workplace and that retention is the best recruiting strategy. Sherrod went on to say that retention involves having knowledge about people, and employers and managers need to see retention as long term (as cited in MedZilla, 2002). To improve retention, employers need to offer incentives such as a decent salary, flexible staffing hours, and workable workloads (Sherrod, as cited in MedZilla, 2002).

To support recruitment and retention, hospitals need to strengthen mentoring programs (Duclos-Miller, 2002). Connecticut hospitals have identified the need to mentor new nurses in an environment of trust, respect, diversity, openness, and values (Duclos-Miller, 2002). Nurse preceptors help empower new nurses in their role as registered nurses. After the initial 4 months with preceptors, new graduates transition to assigned units, and the preceptors continue to meet with the new nurses to lend support and discuss skill development (Duclos-Miller, 2002). Duclos-Miller (2002) went on to say that the preceptor model (a) promotes expert nurses, (b) assists in recruitment and retention, and (c) promotes recognition and status for the preceptor/mentor program.

Job Fit and Retention

While the shortage of nurses continues to have an impact on the care of older adults, there is also the concern of job fit, which promotes job retention. Being fit for the job as a registered nurse is critical because within the nursing and care practices, anyone who is looked upon as an authority (e.g., a nurse at the patient's bedside providing care) or who is responsible for giving assistance to others is considered a leader (Zydzianaite, 2012). According to IOM (2011), nurses are needed in leadership roles to promote safe practice and to support changes that promote health and positive patient outcomes.

Personality tests have been used to assess job fit. Holtom and O'Neil (2004) stated that employees' personal values and the organization's culture must fit. This fit promotes retention, job satisfaction, and the likelihood that an employee will feel professionally and personally tied to the organization (Holtom & O'Neil, 2004). Personality organizational scholars have become increasingly interested in applicants' personality, and several studies show that occupational interests overlap personality

dimensions, such as those seen in the Big Five personality dimensions, which have been used to assess job fit (Lounsbury, Steel, Gibson, & Drost, 2008).

Although studies indicate that most registered nurses do not choose to work in geriatrics, there are registered nurses who have chosen to focus on the care of older adults. Consequently, a study identifying factors associated with registered nurses' likelihood to remain in geriatrics may (a) lead to the integration of geriatric content into nursing schools' curricula, (b) increase nursing faculty's knowledge on the care of older adults, (c) promote more positive attitudes toward older adults, (d) increase the retention rate of nurses working in geriatrics, and (e) contribute to the existing knowledge in the field.

Purpose of the Study

The main purpose of this quantitative, correlational study was to determine factors significantly related to registered nurses' decisions to continue providing care to older adults. The factors that impact registered nurses' decisions to continue providing care to older adults are worth researching since more nurses are needed in this area but choose other nursing careers (Higgins et al., 2007). This is troublesome because the increasing number of older adults will have an impact on the healthcare system along with the decreasing number of registered nurses (Mion, 2003). According to the Administration on Aging (as cited in Mion, 2003), "By the year 2030 the older U.S. population will double to [approximately] 70 million and account for 20% of the population" (p. 1). This is compounded by older adults who have complex chronic health problems; "older adults account for over 60% of all adult ambulatory visits, 80% of home visits, 49% of all

hospital days, and comprise 85% of all long-term care residents” (Centers for Disease Control and Prevention, as cited in Mion, 2003, p. 1).

Registered nurses who have been educated about the needs of older adults will be able to provide the best care (Mion, 2003). The best general nursing practices have been shown to improve care and outcomes of older adults, but the diffusion of knowledge about the care of older adults has been slow, which is compounded by the nursing shortage (Mion, 2003).

Another factor that impacts registered nurses’ decisions to continue providing care to older adults is an understanding of self (Udoudoh, 2012). It is important for registered nurses to have some knowledge of their own values and feelings. The first core competencies outlined by the AACN (2010) stated that nurses are needed to provide high-quality care to older adults and must first “recognize [their] own and others’ attitudes, values, and expectations about aging and their impact on care of older adults and their families” (St. Pierre & Conley, 2009, p. 15).

Understanding one’s own personality type will improve career choices and enhance performance at work, but more importantly, it will improve one’s life (Udoudoh, 2012). Personality is also linked to organizational behaviors such as job satisfaction, motivation, and leadership (Ones, Viswesvaran, & Dilchert, 2005). These attributes are also linked to behaviors of registered nurses. Personality tests can be used for a variety of purposes, not just for determining job decisions. Personality scores can help managers train and coach employees as well as provide important information to employees and provide opportunities for career development (Udoudoh, 2012).

Currently, there is a shortage of nurses, and knowledgeable registered nurses can help attrition, develop leadership skills that contribute to the success of the organization, and help to accomplish the organization's mission and objectives (Ones et al., 2005; Tsai, 2011). Registered nurses are needed to help in efforts to prevent disease and promote health (Centers for Disease Control and Prevention, 2010).

Although there is a need for more nurses to work in geriatrics, most choose other areas of nursing. This presents a healthcare problem because of the increasing number of older adults and the insufficient number of nurses working in geriatrics. Spetz (2009) found that California's supply of registered nurses is on a trajectory to end the shortage if the current levels of nursing program graduations and international migration remain stable. Forecasts presented in this report focused on long-term trends in supply and demand of registered nurses in geriatric settings (Spetz, 2009). In the short term, the current recession may change demand and supply as the economy recovers; however, the projected trends in supply and demand for registered nurses may revert to long-run expectations, and the shortage of registered nurses that has persisted for many years is likely to continue over the next decade. This shortage may depend on the extent to which demand for healthcare services grows with the economic recovery and the aging of the population (Spetz, 2009).

Along with the shortage of nurses, there are specific geriatric issues impacting the nursing profession: (a) the continuing need for a healthcare delivery system to meet the demands of an increasing number of older adults, (b) many older adults having multiple chronic conditions, and (c) an aging nursing workforce (most registered nurses are 55 years of age or older; Mion, 2003). Older registered nurses are more likely to have back,

neck, and foot injuries, and have a reduced capacity to perform patient care as compared to younger registered nurses (Mion, 2003). Other challenging issues facing the nursing profession are the lack of interest in geriatric care and the lack of knowledge on care of the older adult; “only 23% of baccalaureate nursing programs nationwide have a required course in geriatric nursing” (Mion, 2003, p. 4). Furthermore, the problem is compounded by a “lack of qualified faculty to teach geriatrics” (Mion, 2003, p. 4). Another factor is job dissatisfaction. Job dissatisfaction is a primary reason for nurse retention problems in hospitals and nursing homes (Mion, 2003).

This study used a convenience sample of registered nurses because they make up a group that is naturally formed. Creswell (2009) stated, “A convenience sample is possible because the investigator must use naturally formed groups (e.g., a classroom, an organization, a family unit) or volunteers” (p. 155). A questionnaire was used to collect data from the sample.

Data from the questionnaire were compared among participants. The first section of the questionnaire consisted of sociodemographic information, including gender, age, ethnicity, highest nursing degree completed, number of years as a registered nurse, years employed at the setting, and if respondents planned to continue working in a geriatric setting.

The second section of the questionnaire investigated if there was a significant correlation between nurses’ personality traits identified on the Ten-Item Personality Inventory (TIPI) and their decision to continue working in geriatrics. The following personality traits were investigated: (a) extraverted, enthusiastic; (b) critical, quarrelsome; (c) dependable, self-disciplined; (d) anxious, easily upset; (e) open to new

experiences, complex; (f) reserved, quiet; (g) sympathetic, warm; (h) disorganized, careless; (i) calm, emotionally stable; and (j) conventional, uncreative (Gosling, Rentfrow, & Swann, 2003).

The TIPI was derived from the more comprehensive 44-item five-factor model, also known as the Big Five Inventory (BFI), a term coined by Goldberg in 1971; the names are used interchangeably (Srivastava, 2011). The five personality traits identified by the BFI are (a) openness, (b) conscientiousness, (c) extraversion, (d) agreeableness, and (e) neuroticism (John, Naumann, & Soto, 2008; Schinka, Dye, & Curtiss, 1997).

This survey section was relevant to the study. Personality is the set of characteristics within an individual influencing cognition and behavior in different contexts (Hussain, Abbas, Shahzad, & Bukhari, 2012). Personality tests have been used to determine job fit (Holtom & O'Neil, 2004). Job fit promotes retention, job satisfaction, and the likelihood that employees will feel personally tied to the organization (Holtom & O'Neil, 2004). The Big Five personality dimensions have been used to assess job fit (Lounsbury et al., 2008). The study used the TIPI, which is a shorter version of the BFI. The level of significance for the study was set at .05. The researcher had 95% probability of making a Type 1 error (Ouyang, n.d.).

The third section of the questionnaire investigated if there was a significant difference in nurses' likelihood to remain in geriatrics related to the geriatric content they were exposed to in their nursing curriculum. A Likert scale of 1 (*disagree strongly*) to 7 (*agree strongly*) provided data to be analyzed for this question.

This survey question was relevant to the study. Geriatric content in the nursing curriculum and nurses' training "varies across health professions' disciplines" (Bardach

& Rowles, 2012, para. 3). Although nurse educators recognize “the unique needs of older [adults]” and value nursing care, they are aware of the “shortage of time in packed curricula,” lack of nurse educators’ knowledge about geriatric care, low financial incentives to work in geriatrics, “and low student demand (resulting from limited exposure to older adults and . . . stereotyping [of geriatric patients]) as barriers to improving geriatric training” (Bardach & Rowles, 2012, para. 3). Including geriatric content in the nursing curricula continues to be problematic. There is an ongoing “need for institutional commitment to enhance geriatric education as a component of health professions curricula” (Bardach & Rowles, 2012, para. 4).

The third section of the questionnaire also investigated if there was a significant difference between the number of geriatric-related courses and/or continuing education units taken and registered nurses’ interest to continue working in geriatrics. A Likert scale of 0 (*none*) to 6 (*over 54*) provided analytical data to be analyzed for this question.

This survey question was relevant to the study. There is a critical need for a nursing workforce generally knowledgeable in the care of older adults (Grady, 2011). Nurses with specialized expertise in gerontology nursing are needed to provide care to an increasing number of older adults. Almost 50% of patients in hospitals and ambulatory settings are over 65 years of age; nurses must be prepared to manage the increasing number of older adults while addressing complex healthcare needs in an increasingly diverse population (Grady, 2011).

The fourth section of the questionnaire investigated if there was a correlation between nurses’ familiarity with seven geriatric issues facing the nursing profession and registered nurses’ interest to continue working in geriatrics. A Likert scale of 1 (*not at*

all familiar) to 5 (*extremely familiar*) provided analytical data related to the question.

The following issues were investigated to determine registered nurses' familiarity: (a) the increasing number of older adults will have a profound impact on the healthcare industry and the nursing profession, (b) older adults utilize a large proportion of the healthcare services because of multiple chronic conditions, (c) the shortage of nurses is one factor impacting the delivery of care to older adults, (d) an aging nursing workforce is one factor impacting the delivery of care to older adults, (e) nursing leadership is needed to assist in faculty development to enhance geriatric content in the nursing curriculum, (f) registered nurses usually do not choose a career in geriatrics, and (g) job dissatisfaction is a primary reason for nurse retention problems in hospitals and nursing homes. Job dissatisfaction may be linked to several issues and to job fit, career choice, and personality (Udoudoh, 2012).

This survey question was relevant to the study. Registered nurses must be knowledgeable about issues affecting older adults, and to promote "life-long learning[,] nurses must keep up with new knowledge and new technology to ensure quality patient care" ("Visioning the Future," 2011, "The Future," para. 3). Today, people are living longer and continue to have chronic health issues. To meet the needs of an aging population, registered nurses need to identify strategies to ensure that older adults in long-term facilities receive high-quality care and to provide support for family members and friends who care for older adults (Grady, 2011). Nurse educators and those in leadership positions need to train future nurses in the field of geriatrics. They need to also think creatively about ways to make geriatric nursing more appealing to student nurses (Grady, 2011). Too often when student nurses encounter older adults, the care is

focused on basic nursing skills and the complexity of care required is often overlooked (Grady, 2011). This can leave students with negative impressions about the care of older adults and may influence their career decisions (Grady, 2011).

The main purpose of this study was to investigate factors that impact registered nurses' decisions to continue providing care to older adults. There is an increasing number of older adults and a shortage of nurses. Knowledgeable and caring registered nurses can help attrition, develop leadership skills that contribute to the success of the organization, and help to accomplish the organization's mission and objectives (Ones et al., 2005; Tsai, 2011). Registered nurses are needed to help in efforts to prevent disease and promote health (Centers for Disease Control and Prevention, 2010). Furthermore, it is important for them to have some knowledge of their own values and feelings. The first core competencies outlined by the AACN (2010) stated that nurses are needed to provide high-quality care to older adults and must first "recognize [their] own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families" (St. Pierre & Conley, 2009, p. 15).

Research Questions

This study investigated the following research questions in order to identify factors that influence registered nurses' decisions to remain working in the field of geriatrics and to provide nurse educators with knowledge on how to improve the care of older adults through evidence-based knowledge. Incorporating geriatric content into the curriculum will provide the students with knowledge and skills to meet the needs of older adults with complex health problems (Sofaer, Shire, & Fortin, 2012).

Research Question 1

Research Question 1 asked, “Is there a significant difference in nurses’ likelihood to remain in geriatrics between age groups (those over 40 years of age and those under 40 years of age 40)?” The related hypothesis was, “There is a significant difference in nurses’ likelihood to remain in geriatrics between age groups (under age 40 and over age 40).”

Research Question 2

Research Question 2 asked, “Is there a significant correlation between nurses’ personality traits (extraverted, enthusiastic; critical, quarrelsome; dependable, self-disciplined; anxious, easily upset; open to new experiences, complex; reserved, quiet; sympathetic, warm; disorganized, careless; calm, emotionally stable; and conventional, uncreative) and their decisions to continue working in geriatrics?” The related hypotheses were as follows:

H_{2a}. *Extraverted, enthusiastic* is positively related to registered nurses’ decisions to continue working in geriatrics.

H_{2b}. *Critical, quarrelsome* is negatively related to registered nurses’ decisions to continue working in geriatrics.

H_{2c}. *Dependable, self-disciplined* is positively related to registered nurses’ decisions to continue working in geriatrics.

H_{2d}. *Anxious, easily upset* is negatively related to registered nurses’ decisions to continue working in geriatrics.

H_{2e}. *Open to new experiences, complex* is positively related to registered nurses’ decisions to continue working in geriatrics.

H_{2f}. *Reserved, quiet* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2g}. *Sympathetic, warm* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2h}. *Disorganized, careless* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2i}. *Calm, emotionally stable* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2j}. *Conventional, uncreative* is negatively related to registered nurses' decisions to continue working in geriatrics.

Personality is the set of characteristics within an individual influencing cognition and behavior in different contexts (Hussain et al., 2012). The level of significance for the study was set at .05. The researcher had 95% probability of making a Type 1 error (Ouyang, n.d.).

Research Question 3

Research Question 3 asked, "Is there a significant difference in nurses' decisions to continue working in geriatrics related to receiving course content on geriatric care in the nursing curriculum, number of geriatric-related courses/continuing education units taken, and nurses' familiarity with seven geriatric issues?" The related hypotheses were as follows:

H_{3a}. Geriatric course content positively affects registered nurses' decisions to continue working in geriatrics.

- H_{3b}. The number of geriatric-related courses and/or continuing education courses positively affects registered nurses' decisions to continue working in geriatrics.
- H_{3c}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with seven geriatric issues facing the nursing profession.
- H_{3d}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the increasing number of older adults having a profound impact on the healthcare industry and the nursing profession.
- H_{3e}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with older adults' utilizing a large proportion of the healthcare services because of multiple chronic conditions.
- H_{3f}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the nursing shortage and how this impacts the delivery of care to older adults.
- H_{3g}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with an aging nursing workforce and how this impacts the delivery of care to older adults.
- H_{3h}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the need for nursing leadership to assist faculty development to enhance geriatric content in the nursing curriculum.
- H_{3i}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with nurses' career choice.

H_{3j}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with job dissatisfaction as the primary reason for nurse retention problems in hospitals and nursing homes.

Limitations and Delimitations

Limitations of the Study

The limitations of this study included the selection of participants. The sample population, which was not randomly selected, included practicing registered nurses whose major focus was the care of older adults. A convenience sample was used because of the purpose of the study and the naturally formed group of registered nurses who work in geriatrics. In many experiments the researcher must use naturally formed groups (Creswell, 2009). Additionally, the time during which the facility allowed registered nurses to be contacted and the time allowed for the study to be conducted were determined by the hospital nursing chief executive officer (CEO) and the hospital nurse educator. The charge nurse of the unit determined where the collection box, questionnaires, and consent forms were placed.

Creswell (2007) stated that limitations of the study are possible weaknesses and are out of the researcher's control. Administrators at 20 nursing homes, six long-term care facilities, and four acute-care hospitals in Los Angeles County expressed no interest in participating. The CEO at one acute-care hospital in Los Angeles County did permit the study to be conducted. The duration of data collection was from December 15, 2012, to January 21, 2013.

Internal validity threats that had the potential to prevent the researcher from drawing correct inferences from the data about the population included (a) participants

not answering the questionnaire truthfully or not completing it, (b) the mood of the participants when they responded to the research questionnaire, (c) participants not understanding the questions, (d) the condition of the unit when participants were completing the questionnaire, and (e) participants dropping out of the study and their responses not being known. To reduce internal validity threats, the researcher did the following: (a) kept all information confidential, (b) provided oral and written instructions about not placing names on the questionnaires, (c) communicated that participation in the study was voluntary and no harm would come from participating or from not participating, (d) provided research consent forms and collected questionnaires and research consent forms, (e) typed all information on the questionnaires, (f) included the same information on all questionnaires, (g) made her contact information available to all participants, (h) made herself available to respond to questions and concerns about the study.

External validity threats arise when researchers “draw incorrect inferences from the sample data to other settings and the past or future situations” (Creswell, 2009, p. 162). Due to the narrow characteristics of the participants (they were all registered nurses), the researcher cannot generalize to individuals who do not have the same characteristics as the sample. The characteristics of the setting of nurses who work in the areas focusing on geriatric care cannot be generalized to other nurses in other settings.

External validity threats may arise because of the uniqueness of settings and the time at which subjects participate in the study. Threats to the study may include “statistical conclusion validity that arises when experimenters draw inaccurate inferences from the data because of inadequate statistical power or the violation of statistical

assumptions” (Creswell, 2009, pp. 162-165). The researcher restricted claims about groups to “which the results cannot be generalized” (Creswell, 2009, p. 165). The researcher used adequate “definitions and measures of variables” to restrict threats of construct validity (Creswell, 2009, p. 164).

Delimitations of the Study

Delimitations of this study are related to the sample size and the boundary of the study. Due to refusal from administrators of nursing homes, long-term care facilities, and hospitals to allow the study to be performed at their facilities, the study was conducted at one facility. In order to continue with the study and address the research topic, namely factors that impact registered nurses’ decisions to continue providing care to older adults, the study was conducted at one hospital. Delimitations are restrictions to the extent to which the results can be generalized and are possible threats to the study’s internal validity (Creswell, 2007). Internal validity threats are treatments or experiences of participants that threaten the researcher’s ability to “draw correct inferences” from data about the population in a research study (Creswell, 2009, p. 230).

Definitions of Terms

The concepts concerned with the discussion on factors that may influence nurses’ decisions to continue caring for older adults may be unfamiliar to some readers. The following definitions of terms are important to understanding this study:

Baby boomers. People who were 65 years old by 2011 (Vincent & Velkoff, 2010).

Culture change. A movement that was started by the National Citizens’ Coalition for Nursing Home Reform (Rader & Lavelle, 2008).

Diverse population. Describes the population in the United States as a whole; as the population becomes “more diverse, so does the population aged 65 and older”

(National Institutes of Health, 2006, para. 9). According to the National Institutes of Health (2006),

In 2003, older Americans were 83 percent non-Hispanic White, 8 percent Black, 6 percent Hispanic and 3 percent Asian. By 2030, an estimated 72 percent of older Americans will be non-Hispanic White, 11 percent Hispanic, 10 percent Black and 5 percent Asian. (para. 9)

Evidence-based nursing. The application of valid, relevant, research-based information that helps guide decisions related to specific circumstances (LeMone et al., 2011).

Geriatrics. The branch of medicine that focuses on care of the older adult (65 years of age or older).

Geriatric nursing. Nursing care of people 65 years of age or older.

Gerontology. The study of people who are 55 years of age or older, regardless of their health status.

Gerontological clinical nurse specialist (GCNS). Registered nurses who specialize in the care of older adults in a variety of settings: adult healthcare facilities, home healthcare, hospitals, skilled nursing homes, long-term care facilities, and private offices. They participate in research and are managers or consultants.

Long-term healthcare facilities. Healthcare facilities where the focus of care is the older adult. Facilities are also known as nursing homes (NH) and skilled nursing facilities (SNF).

Normal aging. Normal physiological changes that occur during the lifespan in the absence of disease.

Nursing Home Reform Act of 1987 (Omnibus Budget Reconciliation Act

[OBRA]). According to Rader and Lavelle (2008),

The Act is the first major revision of federal standards for nursing homes since 1965. The Act requires facilities to provide services such that each resident can “attain and maintain her highest practicable level of physical, mental and psychosocial well being” and encourages a resident-centered approach to care. (p. 2)

Nursing. “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (American Nurses Association, 2011, para. 2).

The nursing process. The series of critical thinking and clinical reasoning activities nurses use to provide care to patients. The five phases in the nursing process are assessment, diagnosis, planning, implementation, and evaluation (LeMone et al., 2011).

Older adult. People 65 years of age and older. LeMone et al. (2011) stated the older adult can be divided into three periods: the young-old (ages 65 to 74), the middle-old (ages 75 to 84), and the old-old (age 85 and older).

Personality traits. The TIPI identifies 10 personality traits that were measured for this study: (a) extraverted, enthusiastic; (b) critical, quarrelsome; (c) dependable, self-disciplined; (d) anxious, easily upset; (e) open to new experiences, complex; (f) reserved, quiet; (g) sympathetic, warm; (h) disorganized, careless; (i) calm, emotionally stable; and (j) conventional, uncreative (Gosling et al., 2003). The TIPI is a shorter version of the BFI, which is also known as the Five Factor Inventory (FFI). According to the National Institute on Aging (2010a), “Personality traits are dimensions of individual differences in

the tendencies to show consistent patterns of thoughts, feelings, and actions. . . . They affect personal interactions and social support, health habits . . . , attitudes and values, ways of coping, occupational and recreational interests” (para. 2). The personality traits measured by the FFI are (a) openness to experience, which describes individuals who are curious, imaginative, original, independent, and accepting of diversity; (b) conscientiousness, which describes individuals who are organized, thorough, responsible, disciplined, motivated, and ambitious; (c) extraversion, which refers to the extent to which individuals are sociable, energetic, and adventurous; (d) agreeableness, which refers to the extent to which individuals are compassionate, altruistic, cooperative, compliant, forgiving, and trusting; and (e) neuroticism, which describes individuals who are irritable, anxious, vulnerable, erratic, and unstable (Costa & McCrae, 1998; John & Srivastava, 1999).

Quality of life. Quality that is relative to what the individual perceives as meaningful to his or her own life.

Registered nurse. A person who possesses a valid registered nursing license.

Subacute. From a report prepared under contract between the HHS, Office of Disability, Aging and Long-Term Care Policy (DALTCP) and the Lewin Group, it was found that there is no agreed-upon definition of subacute (Lewin-VHI, Inc., 1995). The term has been used to describe patients who longer meet the criteria of acute care and has been used almost exclusively to define care to patients treated in settings other than acute-care facilities (Lewin-VHI, Inc., 1995).

Vulnerable elderly. People 85 years of age and older, living alone, the infirmed and frail, low income, and living on a fixed income.

Significance of the Study

There is not an adequate number of registered nurses to meet the needs of older adults (Kovner et al., 2002). In 2009, the U.S. Bureau of Labor Statistics found the employment rate for registered nurses is expected to grow faster than any other occupation through 2011, and the projected increase in the number of nurses is not an indicator to determine if older adults will receive quality nursing care (Vincent & Velkoff, 2010). Bedridden and vulnerable older adults trying to maintain their health and quality of life are at risk for not receiving quality nursing care.

The inadequate number of registered nurses practicing in geriatrics places older adults at risk for not receiving professional nursing care. The inadequate number is not due entirely to the employment rate for registered nurses. This problem may be due to the lack of education and training of professionals in the area of geriatrics, a scarcity of faculty, inadequate and variable academic curricula, lack of clinical experiences, and a lack of opportunities for advanced training (National Research Council, 2010; Organization of Nurse Executives of New Jersey [ONE/NJ], n.d.).

Nursing education and training needs to include the diversity of healthcare needs among older adults and prepare professionals for the coming new models of care (National Research Council, 2010; ONE/NJ, n.d.). Furthermore, the National Research Council (2010) and ONE/NJ (n.d.) stated that the training of geriatric healthcare professionals is often limited in scope and needs to be expanded; many healthcare professionals will be required to expand their roles.

A study by Fajemilehin (2004) examined the conceptions and misconceptions students in health professions have regarding older people. The study revealed that

students had a high degree of stereotypic misconceptions and had poor knowledge about older people. Findings also revealed a significant difference in conceptions and misconceptions about older people between Bachelor of Science nursing students and medical degree students. The study also revealed the reluctance among students to specialize in any areas related to gerontology or geriatrics (Fajemilehin, 2004).

Biles et al. (2005) found that the need for nurses specializing in geriatric care is a problem since most nurses do not choose to work in geriatrics or long-term settings. In addition, the expanded role of registered nurses is not limited to providing personal care and performing skilled procedures. Nurses implement the nursing process that includes assessment, nursing diagnosis, planning care, implementation of the plan, and evaluation of outcomes to assess patients' needs and care to be provided (LeMone et al., 2011). The American Nurses Association (2011) defined nursing as follows: "Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (para. 2). Nursing care of older patients is not practiced in isolation. Nurses need to collaborate with other healthcare members, such as physicians, respiratory therapists, physical therapists, dieticians, and leaders in healthcare, to provide and promote the best possible healthcare for older adults (ONE/NJ, n.d.).

In order to provide the best possible care for older adults, it is important to find ways to view older adults more favorably. It is also important to improve attitudes toward older adults because health professionals may not see the value in serving them (Intrier, von Eye, & Kelly, 1995).

Higgins et al. (2007) studied nurses' attitudes toward older patients in their care; results of the study revealed negative attitudes toward older adults. Additionally, the study found that marginalization and oppression of the older person showed the ways in which nurses perceived older adults and relegated them to a lower status in the acute-care setting (Higgins et al., 2007).

Although some nurses may relegate care of older adults as low status or have negative attitudes toward older adults, there are nurses who have chosen a career in geriatrics. An investigation of the factors that influence registered nurses to continue caring for older adults is worth considering. Providing care to older adults remains a challenge to the healthcare industry, to policymakers, Medicare, Social Security, families, businesses, other healthcare providers, and the nursing profession (Vincent & Velkoff, 2010). In order to meet the challenges of providing care to older adults, shortening the gap between older adults' healthcare needs and care provided to them, and the shortage of qualified nurses knowledgeable about geriatric care, a transformation is needed in nursing (National League for Nursing, 2010). The transformation includes working collaboratively with other healthcare professionals, developing new models of healthcare delivery, exploring ways to broaden the duties of healthcare workers at various levels of training, and educating healthcare professionals in geriatric principles (National League for Nursing, 2010; ONE/NJ, n.d.).

Overview of the Study

This study investigated factors that impact registered nurses' decisions to continue providing care to older adults. Literature shows that most registered nurses do not consider working in geriatrics (JAHF, 2006; Kovner et al., 2002). The inadequate

number of registered nurses providing care to older adults is a major healthcare concern due to the increasing number of older adults and their need for professional nursing care (Kovner et al., 2002; ONE/NJ, n. d.). The study focused on the following topics:

(a) significant difference between nurses in different age groups (those over 40 years of age and those under 40 years of age) in terms of their decisions to remain in geriatrics, (b) a significant correlation between nurses' personality traits and decisions to continue working in geriatrics, (c) nurses' decisions to work in geriatrics after receiving geriatric-related course content during nursing school, (d) continuing education courses related to geriatric care and nurses' decisions to continue in geriatrics, and (e) nurses' familiarity with seven issues related to geriatrics that impact the nursing profession. Data were collected using a questionnaire that included sociodemographic data, research questions, and the research instrument, the TIPI.

A causal-comparative research design was utilized to explore participants' responses to the questionnaire using a single-stage sampling procedure. A single-stage sampling procedure is used when the researcher has access to names in a population and can sample participants directly (Creswell, 2009; Tsuladze, n.d.).

The sample for the study consisted of registered nurses who wrote responses on the 26-item research questionnaire. The questionnaire took no longer than 10 minutes to complete (see Appendix D).

CHAPTER TWO: REVIEW OF THE LITERATURE

This chapter begins with a review of issues related to nursing leadership and factors that impact registered nurses' decisions to continue providing care to older adults. The increased number of older adults presents challenges to the American healthcare system, and this will affect healthcare policymakers and programs, such as Medicare and Social Security, funding, families, nursing education, research, and nursing practice (Vincent & Velkoff, 2010). Other challenges for the healthcare system are the shortage of nurses, the reluctance of nurses to focus on providing care to older adults, and negative attitudes toward older adults. By 2015, the nursing shortage will be approximately 20%, or about 50,700 fewer registered nurses than demanded (Vincent & Velkoff, 2010).

According to Thornlow et al. (2006),

Our nation's health care industry, significantly in need of more gerontologically trained nursing faculty and registered nurses, remains woefully unprepared to address the complex health care needs of its older citizens, whose numbers continue to grow at an unprecedented rate. (p. iii)

Educating nursing students to care for older adults in all healthcare settings and recruitment and retention of geriatric nurses have become healthcare concerns (Barba & Gendler, 2006). Nursing students have misconceptions about older adults and the care they require. Furthermore, nursing students' lack of enthusiasm for gerontological nursing is especially unfortunate given the importance of nursing care for this population (Barba & Gendler, 2006). Factors that may benefit the nursing profession and the healthcare industry are registered nurses' practicing leadership at the doctoral level; collaboration with organizations to provide more education to student nurses and registered nurses; the enhancement of nursing education through curriculum revision to include geriatric content and faculty training on how to include the content in the

curriculum; knowledge of special care needed for older adults; nurse recruitment/fit testing; registered nurse retention; quality nursing care for an aging population; knowledge of chronic conditions older adults have, knowledge on how to help them stay as healthy as possible and how to promote healthy living through education, and knowledge on how to assist them in health maintenance.

Doctor of Education Degree in Instructional Leadership:

Contribution to the Nursing Profession

A Doctor of Education in Instructional Leadership (Argosy University, 2012) provides nurses with skills to investigate strategies needed to respond to problems due to the nursing shortage and an increasing number of older adults. Nurses and nurse educators have been leaders in the care of older adults, and their leadership skills are challenged to meet the healthcare needs of an aging population (Grady, 2011). To best respond to the health needs of older adults, nurses must identify strategies to provide “front line” healthcare for older adults in a variety of settings, develop students to become safe caregivers, and increase the number of faculty experienced in geriatric care (Grady, 2011, p. 1).

An example of nurse leadership responding to the needs of older adults is demonstrated by the collaborative efforts of the American Association of Colleges of Nursing (AACN) and the John A. Hartford Foundation (JAHF). They formed the Geriatric Nursing Education Consortium (GNEC), “a national initiative of AACN . . . to enhance geriatric content in senior-level undergraduate nursing courses” (AACN, 2012, para. 1). Their initial goal was to train 700 faculty nationwide. They were able to train 808 nursing faculty; involved 418 schools of nursing; and included Puerto Rico, Mexico,

and Canada. The program empowered the faculty to revise the nursing curriculum to include geriatric content, become more knowledgeable about older adults, and promote “positive attitudes about aging” (AACN, 2012, para. 3). The GNEC provided a model curriculum that included “nine evidence-based modules each reflecting the State of the Science approach to care for older adults with complex care needs” (AACN, 2012, para. 4).

The Geropsychiatric Nursing Collaborative (GPNC) was formed through the collaborative efforts of nursing leadership and the JAHF (2011). Although nurses are the largest group of healthcare professionals, most nurses lack knowledge and skills regarding mental health in older adults (JAHF, 2011). This is significant because at some point in nurses’ careers, they will encounter and care for older adults with mental health issues (JAHF, 2011). Of the 40 million Americans age 65 and over, approximately 7.5 million have some type of mental health disorder, such as schizophrenia, depression, anxiety disorder, or bipolar disorder (JAHF, 2011).

The collaboration of healthcare professionals can have positive effects on the lives of older adults. Nurse leaders need to continue to work with organizations to make changes that will benefit the nursing profession and older adults (JAHF, 2011).

Wakefield (2008) stated that the education for healthcare professionals is due for an overhaul; there is a “lack of an educational foundation in informatics” (p. 12). The author went on to say that there needs to be more collaboration among health professionals to meet the needs of the population (Wakefield, 2008).

Since 1929, the JAHF, a leading organization in philanthropy, has been “committed to improving the health care of older adults” (Sofaer et al., 2012, p. 1). In

2005 it presented the AACN with a \$2.48 million grant to implement the GNEC “to fill a troubling gap in undergraduate nursing education” (Sofaer et al., 2012, p. 1). The JAHF also reached “out to nursing faculty across the country and [offered] them a unique series of six Faculty Development Institutes (FDIs) that would enable [faculty] to incorporate evidence-based content into . . . senior-level nursing courses” (Sofaer et al., 2012, p. 1). Goals of the GNEC include (a) “increase geriatric content in senior-level undergraduate courses,” (b) “educate faculty at baccalaureate schools of nursing,” (c) “support and empower trained faculty as they . . . train colleagues and oversee curriculum revision,” and (d) “provide faculty with [various] innovative resources to prepare baccalaureate-educated nurses . . . and [nurture] their enthusiasm to care for older adults” (Sofaer et al., 2012, p. 1).

Sometimes nurses feel uncomfortable taking on leadership roles (e.g., director of nurses [DON]) or are not prepared for the responsibilities of nurse leaders. This leads to a high rate of turnover of those in leadership positions (Tellis-Nayak, 2005). In 2002, 16,317 nursing homes appeared in a “gloomy light. In 2002, U.S. nursing homes suffered a DON turnover of 49.7 percent, a 3.1 percent increase from 2001” (Tellis-Nayak, 2005, p. 37). In 2005, the Virginia Health Care Association collaborated with MyInnerView, Inc., a consulting firm, to determine the root causes of the high DON turnover rate in that state (Tellis-Nayak, 2005). They conducted a comprehensive survey completed by 103 current DONs and 15 past DONs; the return rate was 40%. Results of the study found that DONs affirmed their role and agreed that they were satisfied, but a majority stated they would not take on that leadership role again (Tellis-Nayak, 2005). According to Tellis-Nayak (2005), some leading causes of their frustration were low

retention rates, increasing administrative responsibilities, growing regulatory and legal constraints, and unrealistic time commitments. Some felt prepared as a nurse to care for residents but were not prepared for the nonclinical responsibilities attached to the job (Tellis-Nayak, 2005). They were not all adequately prepared for the role. One DON stated she “learned the hard way,” had been in the DON role for 3 years, had a Master of Business Administration (MBA) when she was hired, had been out of nursing for 15 years, did not have any long-term care experience, and would not repeat her actions (Tellis-Nayak, 2005, p. 42).

Analysis showed that better educated DONs were better prepared to handle the position, and when they were in difficult situations, they weighed their options and planned their interventions. Younger DONs tend to leave, and the average age of nurses in that leadership role keeps increasing (Tellis-Nayak, 2005). The study also found that education not only increases skills, but it also builds self-image and opens opportunities for advancement. However, employers find themselves in a dilemma; they speculate if they should “empower staff members—only to see the younger and better educated ones leave?” (Tellis-Nayak, 2005, p. 42). Tellis-Nayak (2005) stated, “Alternatively, should the employer [strive for] staff retention by pursuing what is inelegantly labeled the ‘mushroom philosophy’ of management (‘Keep them in the dark, and feed them manure’)?” (p. 42).

The DONs reported that they continue in the role because it is rewarding to add quality to the life of frail older adults and others who need care (Tellis-Nayak, 2005). They felt their nursing care made a difference in people’s lives. However, they

recommended revising the curricula, qualifications, and standards for DON positions (Tellis-Nayak, 2005)

Tellis-Nayak (2005) suggested that “long-term care owners and managers . . . ‘Reconfigure the DON role. Reassign the DON’s HR and bureaucratic functions to other [responsible] employees’” (p. 43). The DON message to legislatures is, “Bring reason, humanity, and customer service back into the state survey system. Support a process that affirms excellence, rewards achievement, mentors the underachievers” (Tellis-Nayak, 2005, p. 43). Researchers should promote more “visibility—through research, seminars, workshops,” promote best practices, offer initiatives, and “publicize the innovative ideas” (Tellis-Nayak, 2005, p. 43). In addition, there should be uncomplicated “effective ways to track across long-term care the satisfaction, turnover, stability, and length of service among DONs [since] these constitute the nation’s barometer of quality in long-term care” (Tellis-Nayak, 2005, p. 43).

Using Research to Improve Nursing Care

The AACN (2010) stated that nurses should conduct research, identify questions relevant to the care of older adults, evaluate the need for improvement, develop research tools, identify questions for clinical inquiry, conduct literature reviews, study design and implementation, perform data collection, analyze data, and disseminate findings. In order to respond appropriately to the needs of an increasing number of older adults, nurses need to use leadership skills to evaluate their own progress and “identify gaps in data and analyses specific to age related outcomes of care” (AACN, 2010, p. 23).

Higher Levels of Education Needed

The older adult population is increasing in number and needs registered nurses who are familiar with health problems of older adults (IOM, 2011b). In order to provide appropriate nursing interventions, nurses need higher levels of academic preparation (IOM, 2011b). The Institute of Medicine (IOM, 2011b) went on to state that nursing programs should be structured to enable students to progress from basic to advanced education with minimal disruption.

Advancing health through education is a key issue that doctoral-prepared registered nurses need to address. The nurse leaders can work in collaboration with other healthcare professionals to modify curriculum to ensure that nurses receive education that promotes leadership roles, process, outcomes, nursing practice that emphasizes lifelong learning, and supports changes that will ensure health, patient safety, and quality patient care (IOM, 2011b).

The IOM (2011b) stated that the education system will need to be updated and expanded to ensure that nurses are taught the skills and have the competencies to provide care to an increasing aging population that is also culturally diverse. The nursing profession needs to use technologies such as online education and simulation laboratories to create pathways from the Associate Degree in Nursing to the Bachelor of Science in Nursing degree, and from the Associate Degree in Nursing to the Master of Science in Nursing degree (IOM, 2011b).

Nursing faculty need to foster positive attitudes about aging and institute positive changes in order to integrate geriatric concepts into the nursing curriculum (Thornlow et al., 2006). The first of 30 core competencies for providing high-quality nursing care is to

“recognize one’s own and others’ attitudes, values, and expectations about aging and their impact on care of older adults and their families” (St. Pierre & Conley, 2009, p. 15). An attitude of doing something just because it has always been done a certain way is not adequate to prepare nurses for the future practice (IOM, 2011b).

According to the IOM (2011b), all nurses might not begin their career with thoughts of becoming a leader, although leadership is key to advancing in the nursing profession. To ensure that nurses are able to assume leadership roles, it is important to embed leadership-related competencies throughout nursing education (IOM, 2011b).

Competent Workforce Needed for Long-Term Care

There is a critical need for more healthcare professionals knowledgeable in geriatric principles, and even though opportunities exist for geriatric specialization, few providers choose that career (Harahan, Stone, & Shah, 2009). According to a report prepared for the Office of Disability, Aging and Long-Term Policy, within the U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Planning and Evaluation, there are approximately 7,000 practicing physicians in the field of geriatrics; this accounts for less than 1% of all physicians (Harahan et al., 2009). The report went on to state that by 2030, the United States will need 36,000 physicians to provide healthcare to the aging baby boomer population.

To improve the quality of nursing home care, it is important to identify competencies needed by licensed staff. After the skills have been identified, the question of how to administer competency training remains (Harahan et al., 2009). There need to be modifications to the educational curricula and clinical training, and the creation of continuing education programs to supplement professional qualifications due to the

insufficient number of geriatric specialists with the broad-based knowledge to provide care for older adults (Harahan et al., 2009).

Once healthcare professionals have completed their formal classroom training, they are required to participate in clinical experiences, rotations, internships, and residencies. Their inability to provide competent care may be due to a geriatric curriculum rooted in knowledge of aging processes but that does not include specific long-term care issues (Harahan et al., 2009). Long-term care may be based on a medical management process for patients of any age, not just older adults. Multiple studies of the readiness of healthcare workers to provide care to those in long-term care suggested that the education of these workers needs reforms such as more experience in geriatric care and more educators with expertise in geriatric care (Harahan et al., 2009).

The educational infrastructure for nurses needs reform. Only one third of baccalaureate nursing programs have a required course in geriatrics (Harahan et al., 2009). Fifty-eight percent of nursing programs do not have full-time faculty certified in geriatric nursing; also, students in baccalaureate-level programs are rarely exposed to patients in long-term care settings (Harahan et al., 2009).

Financial incentives to recruit nurses to work in the field of geriatrics need to be reformed. In 2004, the average annual income for registered nurses working full time in a hospital was \$59,963; “this was the highest of any employment setting,” in contrast to the average annual income for registered nurses working in nursing homes, which was \$53,796 (Harahan et al., 2009, p. 9). Physicians and nurses have similar problems related to education, recruitment, and financial incentives related to the care of older adults.

According to Harahan et al. (2009), training for physicians in geriatrics in long-term care is inconsistent across medical schools. Less than 10% of medical schools require a geriatric course; this limits students' education or experience in the care of older adults. Challenges to recruiting physicians to specialize in geriatrics are (a) a clinical rotation in geriatrics is not required, (b) there is a decline in medical students pursuing practice in geriatrics, and (c) the salary is lower for geriatricians compared to other areas of medicine (Harahan et al., 2009).

The Harahan et al. (2009) report went on to state that despite these statistics, self-perceived preparation to care for older adults in long-term care is improving. Seventy percent of graduating medical students in 2007 reported being exposed to expert geriatric care by attending faculty (Harahan et al., 2009).

Nevertheless, the number of physicians providing geriatric healthcare continues to “lag behind acute and ambulatory care by 14 and 19 percentage points respectively” (Harahan et al., 2009, p. 9). Harahan et al. (2009) went on to state that it is not clear whether a new physician's self-assessment reflects actual expertise.

Barriers to Improving Geriatric Training

Despite 30 years of advocacy and efforts, “the number of providers with specialized training in geriatrics is still not commensurate with the [increasing number] of older adults” (Bardach & Rowles, 2012, para. 1). A study by Bardach and Rowles (2012) explored “how geriatric competence is defined,” evaluation of students “for geriatric competencies,” and “how geriatric coverage is valued” (para. 1). The researchers used “semi-structured interviews . . . conducted with curriculum representatives from 7 health

profession disciplines in a case study of one academic medical center” (Bardach & Rowles, 2012, para. 2).

The study found that “geriatric training varies across health . . . disciplines” (Bardach & Rowles, 2012, para. 3). According to Bardach and Rowles (2012), “Participants recognized the unique needs of older [adults]” (para. 3). In addition, “They identified shortage of time in packed curricula, lack of geriatrics-trained educators, [lack] of financial incentive, and low student demand (resulting from limited exposure to older adults and gerontological stereotyping) as barriers to improving geriatric training” (Bardach & Rowles, 2012, para. 3).

Findings from the study indicated that “geriatric training within curricula across health professions continues to lag behind” due to “barriers [recognized] . . . decades ago” (Bardach & Rowles, 2012, para. 4). Bardach and Rowles (2012) stated, “There [is] an urgent need for [educators] to enhance geriatric education as a component of health professions curricula” (para. 4).

Conclusion

The review of the literature showed that the problems of educating health professionals to consider a career in geriatrics, sparse geriatric content in nursing and medical schools’ curricula, an insufficient number of qualified nurse leaders in the field of geriatrics, a lack of clinical exposure to older adults, and low financial incentives to work in geriatrics have been recognized for years. A Doctor of Education in Instructional Leadership offers registered nurses the opportunities, knowledge, and skills to work in collaboration with other healthcare professionals to make quality improvements. Collaboration among members of the healthcare team improves the quality of patient care

(IOM, 2011b). The degree also provides registered nurses with opportunities to do research. For example, through research, registered nurses will be able to use leadership skills to implement strategies to improve geriatric content within the curricula with a focus on promotion and maintenance of health instead of diseases and illnesses. Registered nurses will be able to integrate research evidence into clinical nursing practice to deliver high-quality nursing care (Zydzunaite, 2012).

Recruitment/Employee-Fit Personality Testing

Healthcare organizations are not only struggling with the retention of registered nurses, but they are also challenged with recruiting them. Human resource staff and hiring managers want to select the most qualified candidates to fill vacancies (Carrigan, 2007). Human resource managers do not want to waste funds; recruitment and hiring costs are high for some organizations, and negligent hiring practices may lead to unnecessary lawsuits (Carrigan, 2007).

Organizations use a variety of preemployment processes that require the candidates to complete an application pertinent to the job they are seeking. Preemployment processes can narrow down the skill sets, qualities, values, and cognitive abilities necessary for the job (Carrigan, 2007). One preemployment strategy is to use personality tests, which have been used to determine job fit (Holtom & O'Neil, 2004). It is important to match applicants' goals and values with the organization's goals and values (Holtom & O'Neil, 2004).

Recruitment of Registered Nurses

The Joint Commission on Accreditation of Healthcare Organizations (Joint Commission, 2001) published a report about nurse staffing issues. Recommendations

were made to address the nation's growing nursing shortage, and the report recognized that aging right along with their baby boomer peers are the nurses themselves. The report stated that the average working nurse is 43.3 years of age; "only 12 percent of registered nurses . . . are under the age of 30, a decline of 41 percent compared to a one percent decline for all other occupations since 1983" (Joint Commission, 2001, p. 5). By 2010, the average age of registered nurses will be 50 (Joint Commission, 2001). As the number of registered nurses retiring increases, too few nurses are replacing them (Joint Commission, 2001). The report recommended more funding for "faculty positions and student scholarships"; "fast-track, low-cost opportunities for nurses" to attend school; emphasized "team-training in undergraduate and post-graduate" nursing programs; providing nursing education in the clinical setting; and assistance for new nurses as they transition into the profession (Joint Commission, 2001, p. 33). The *Chicago Tribune* reported that "half of all hospitals have reduced orientation programs for newly graduated nurses. Once hired, new nurses receive an average 30 days of training, in contrast with the three months of hands-on training provided five years ago" (as cited in Joint Commission, 2001, p. 29).

Job Fit and Retention

While the shortage of nurses continues to have an impact on the care of older adults, there is also the concern of job fit, which promotes job retention. Personality tests have been used to assess job fit. Holtom and O'Neil (2004) stated that employees' personal values and the organization's culture must fit. This fit promotes retention, job satisfaction, and the likelihood that an employee will feel professionally and personally embedded in the organization (Holtom & O'Neil, 2004).

Employee-Fit Personality Testing

A study by Lounsbury et al. (2008) investigated 1,059 information technology (IT) employees' personality traits in relation to their job and career satisfaction. A persistent problem in the IT field is related to turnover. Eight personality traits related to job satisfaction were examined: "Assertiveness, Emotional Resilience, Extraversion, Openness, Teamwork Disposition, Customer Service Orientation, Optimism, and Work Drive" (Lounsbury et al., 2008, p. 1). According to Lounsbury et al., "Regression analyses indicated that sets of three and four traits accounted for 17% and 25%, respectively, of job and career satisfaction variance" (p. 1). The authors added, "Career satisfaction correlations were of generally higher magnitude than [reported] job satisfaction correlations" (Lounsbury et al., 2008, p. 1). Findings indicated that "Extraversion and Teamwork Disposition were related to job and career satisfaction contravenes job descriptions and career planning advice suggesting that independent, introverts are better suited for IT work," and the authors suggested future research on work-related factors and personality traits (Lounsbury et al., 2008, p. 1).

Cooper and Coleman (2001) stated there is reluctance among nurses to enter elderly care, and recruitment of nurses into geriatric nursing is a major challenge. Previous research shows that there is reluctance among nurses to work with older people and geriatric nursing is usually devalued in the health industry (Cooper & Coleman, 2001). Cooper and Coleman selected 26 nurses from two elderly care rehabilitation hospitals to discover nurses' perceptions of the elderly patients in their care. The authors investigated interpersonal perceptions using personal construct theory. They elicited personal constructs, produced repertory grids, and rated patients according to their

popularity. The study found that society and nurses have negative perceptions of older people; caring for older people is seen as an unpopular choice for some nurses, and this could lead to problems in delivery of care (Cooper & Coleman, 2001). Nurses in the study “showed a tendency to perceive older patients in standardized ways using a limited number of psychological constructs to describe them and not perceiving differences between patients,” and “the most popular patients were always those perceived as being mentally intact” (Cooper & Coleman, 2001, pp. 399-402).

Kovach, Simpson, Reitmaier, Johnson, and Kelber (2010) studied 177 certified nurse assistants (CNAs) to explore the relationship between their personality traits, job satisfaction, and job performance. All participants were employed at nursing homes. The study found the following traits among the participants: adjustive, prudence, likeable, excitable, and dutiful. The researchers found that information from the study might be useful in hiring the appropriate person for direct care in nursing home positions (Kovach et al., 2010).

A field study examined the effect of two selected personality traits, conscientiousness and extraversion, to show how they relate to one’s intent to leave the company (Judeh, 2012). According to Judeh (2012), “The retention of efficient employees in insurance companies has always been a challenge since employee turnover is a critical issue for them. . . . [T]here are many difficulties for [numerous] human resources departments in retaining employees” (p. 88). Judeh explained, “High turnover rates increase human resource replacement costs, and affect the sustainability of [the organization’s] development” (p. 88). The researcher went on to state that “studying

employee turnover phenomena of enterprise could help organizations predict and control employees' turnover behaviors, and reduce their consequences" (Judeh, 2012, p. 88).

For Judeh's (2012) study, "500 questionnaires [were] distributed, [and] 331 valid responses were received, [which resulted] in a 66.2% response rate" (p. 88). The study was designed to address the following topics: (a) "the influence of conscientiousness and turnover intentions," and (b) "the influence of extraversion on turnover intentions" (Judeh, 2012, p. 88). The study also asked if "the intent to leave or stay differ[ed] among employees due to demographic factors, such as gender, marital status, and age" (Judeh, 2012, p. 88).

According to Judeh (2012), "both conscientiousness and extraversion were negatively related to intent to leave" (p. 88). Other findings showed that "there were significant differences in intent to leave based on gender and age, while there were no significant differences [related to] marital status" (Judeh, 2012, p. 88). Finally, the study "suggested that [managers] should adopt appropriate strategies and enhance . . . practices that lead to positive personality traits which lead to increased [employee] retention" (Judeh, 2012, p. 88).

The Five Factor Model/The Big Five

Some personality researchers promote the idea that the most important individual differences in adults' personality characteristics can be organized in five broad trait domains known as the Big Five: openness, conscientiousness, extraversion, agreeableness, and neuroticism. Openness is related to individuals who have a broad range of interests, are imaginative, and have insight (John et al., 2008; Schinka et al., 1997). Individuals who exhibit the trait of conscientiousness have high levels of

thoughtfulness, good impulse control, goal-directed behaviors, and are highly organized and mindful of details (John et al., 2008; Schinka et al., 1997). Extraversion describes those who have characteristics such as excitability, sociability, talkativeness, assertiveness, and high amounts of emotional expressiveness (John et al., 2008; Schinka et al., 1997). Agreeableness is positively related to attributes such as trust, altruism, kindness, affection, and other prosocial behaviors (John et al., 2008; Schinka et al., 1997). Neuroticism is related to individuals who are anxious, tense, and nervous (John et al., 2008). Since the 1990s, this consensus has led to the construction of several dedicated Big Five measures. Some are the “NEO Personality Inventory (Costa & McCrae, 1985, 1992; McCrae, Costa, & Martin, 2005), the Big Five Inventory (John, Donahue, & Kentle, 1991; see John, Naumann, & Soto, 2008), and sets of trait-descriptive marker adjectives (Goldberg, 1992; Saucier, 1994)” (Soto & John, 2009, p. 25). These measures have allowed researchers to collect new data to address research questions ranging from how the Big Five affect job performance to “how they are expressed in people’s living spaces” (Soto & John, 2009, p. 25).

Soto and John (2009) used the California Psychological Inventory (CPI) to assess the Big Five personality domains using a hierarchical approach. To assess the Big Five personality domains, the researchers used a multistep approach from a large and diverse pool of existing questionnaire items from the CPI. Results of the study found the CPI-Big Five “demonstrated strong reliability, convergence with self- and peer-reports, and discriminant validity” (Soto & John, 2009, p. 25).

A study to assess job burnout in workers from Tehran Atiyeh Hospital also used the Big Five (Anvari, Kalali, & Gholipour, 2011). The 248 participants were not

identified by their job duties. The study's five hypotheses were as follows: (a) Openness has a negative and significant impact on job burnout, (b) conscientiousness has a negative and significant impact on job burnout, (c) extraversion has a negative and significant impact on job burnout, (d) agreeableness has a negative and significant impact on job burnout, and (e) neuroticism has a negative and significant impact on job burnout. The assumption about conscientiousness was rejected. Authors of the research stated the more conscientiousness one exhibits, the more likely one is to experience job burnout, probably because it does not allow a person to be indifferent toward his or her job, and he or she is therefore more exposed to job stress and burnout (Anvari et al., 2011).

Managers can use information from the study to implement strategies to decrease job burnout and prevent mental and/or physical harm to employees (Anvari et al., 2011).

The Ten-Item Personality Inventory

To provide a measure of the Big Five for contexts in which time is severely limited, researchers abbreviated the Big Five Inventory (BFI-44) to a 10-item version (Rammstedt & John, 2006). The 10-item version, the Ten-Item Personality Inventory (TIPI), can be used in cross-cultural research (see Appendix D). Results focus on the psychometric characteristics of the two-item scales on the BFI-10, including their part-whole correlations with the BFI-44 scales. Test-retest validity, structural validity, and convergent validity with the Neuroticism-Extraversion-Openness Personality Inventory Revised (NEO-PI-R) and its facets, and external validity using peer ratings were established. Overall, results indicated that the BFI-10 scales retain significant levels of reliability and validity (Rammstedt & John, 2006).

The BFI-10 is useful when participants' time is limited, and when personality assessment would be otherwise impossible (e.g., telephone surveys), the BFI-10 offers an adequate assessment of personality (Rammstedt & John, 2006).

Conclusion

The review of the literature covered recruitment and employee-fit personality testing. The increased number of older adults and the limited number of registered nurses available to provide quality care is a major healthcare concern. Preemployment testing methods are important to employers. Employee-fit personality testing has become one of the fastest growing strategies used to select successful candidates because it can measure not only learning aptitude but the applicant's ability to apply learned concepts to new situations within the workforce (Carrigan, 2007).

A review of the literature showed there is not a vast amount of research on the subject of personality testing to improve employee fit for a job, and more research is needed in that area. The literature review discussed how the BFI personality instrument and other personality instruments have been used to assess personality traits, job stress, and burnout.

This research utilized the TIPI, modeled after the 44-item BFI. The questionnaire is appropriate to the research to determine if there is a significant relationship between nurses' decisions to work in geriatrics and their personality traits, particularly conscientiousness because this trait has emerged as a general predictor of job performance across a vast range of jobs (John et al., 2008).

Registered Nurse Retention

The failure of the healthcare industry to attract large numbers of nurses and the failure to provide nurses to care for older adults are major healthcare concerns for families, healthcare policymakers, healthcare providers, and nurse leaders (Vincent & Velkoff, 2010). Americans reaching old age are making up a large share of the U.S. population. According to Hayutin, Dietz, and Mitchell (2010), “The number of Americans age 65 and over will double over the next 30 years to 80 million and their share of the population will increase from 13% today to 20% in 2030” (p. 3).

Furthermore,

In less than one century, life expectancy has increased an average of 30 years in developing regions of the world. This added longevity is . . . [one of] the most remarkable achievements in all human history and one of [America’s] greatest challenges. (Carstensen, 2010, Preface).

By 2032, the population age 65 and over will exceed the number of children (Hayutin et al., 2010). The increasing number of older adults and the inadequate number of registered nurses to care for them is intensifying. The shortage of nurses “is expected to triple over the next 13 years, leaving a shortfall of 340,000 nurses in 2020” (Grace, 2008, para. 1). The older population will continue to grow and “will burgeon between . . . 2010 and 2030 when the ‘baby boom’ generation reaches age 65” (U.S. Department of Health and Human Services, Administration on Aging [HHS, AOA], 2011, para. 1).

Retaining Registered Nurses

Banks and Bailey (2010) studied career motivation of 14 newly licensed registered nurses and identified factors that influenced their decision to stay in nursing. They noted, “A qualitative, naturalistic design with a phenomenological approach was chosen for this study” (Banks & Bailey, 2010, p. 1492). A purposeful sampling strategy

was used. “Data were collected from [14] newly licensed registered nurses through in-depth, face-to-face interviews” and semistructured interviews (Banks & Bailey, 2010, p. 1489). Findings indicated that “job satisfaction, the most significant factor emerging from the literature,” played “a significant role” in the participants’ “decisions to remain in their current” position (Banks & Bailey, 2010, p. 1489). Participants’ decisions to remain in nursing were influenced by four factors: “altruism, self-fulfillment, challenging career, and the influence of role models as determining factors for nurses staying in the field” (Banks & Bailey, 2010, p. 1489).

Kettle (2002) investigated job satisfaction, burnout, turnover rates, empowerment, and productivity in registered nurses. Of the 5,192 questionnaires mailed to registered nurses, 1,780 were returned (Kettle, 2002). The questionnaires were evaluated using several methods. Job satisfaction was measured by profits for the hospital, job performance, intrinsic values, work values, and patient care issues (Kettle, 2002). The study revealed that nurses felt devalued, wanted more flexible work schedules, and felt guilty about not being able to give patients all that they needed (Kettle, 2002). The researcher concluded that recognition of factors affecting job satisfaction creates high group cohesiveness and low turnover rates (Kettle, 2002).

The Robert Wood Johnson Foundation supported a research study, *Wisdom at Work*, from 2006 to 2010. The study grew out of a need to address retention and recruitment of registered nurses. As the population increases in age, registered nurses also age. The study focused on the importance of retaining experienced nurses. Researchers stated that policymakers and employers must take urgent action to retain older experienced nurses in the workforce (Geisz, 2010; Hatcher et al., 2006). Through a

review of existing research, the research team found that (a) many older nurses prefer to stay in their field and feel they have much to offer to the nursing profession; (b) they remain calm during emergencies and are able to project that calmness to others; (c) they are dedicated, experienced, and committed to safe, quality nursing care; (d) they have good decision-making skills and are reliable team players; and (e) they are ready to mentor newer nurses (Geisz, 2010; Hatcher et al., 2006). The research team found that the benefits are more important in retaining nurses than in recruiting them. The study found noneconomic factors that help retain older nurses were (a) build a sense of community, (b) redesign staff and workload, (c) offer perks, and (d) create a workplace environment that can accommodate an aging workforce (Geisz, 2010; Hatcher et al., 2006).

The study by Roberge (2009) explored factors that influence rural nurses' retention. Literature from 1996 to 2006 was reviewed. The researcher used Google Scholar, Pub Med, and Ovid to conduct the search (Roberge, 2009). The literature search suggested rural nurses' retention was influenced by their level of job satisfaction as well as personal characteristics and job experiences. The researcher recommended further research and offered recommendations for rural retention strategies (Roberge, 2009).

The Social Security Administration (SSA, 2012) requires healthcare facilities to remain transparent to the public about the care older adults receive. The Secretary of the U.S. Department of Health and Human Services (HHS) "shall ensure that . . . information provided . . . on nursing homes" is offered on an "Internet website of the Federal Government for Medicare beneficiaries," known as "Nursing Home Compare," with updated information that is "understandable to consumers of long-term care services"

(SSA, 2012, sec. 1819[i][1][A]). One of the issues that must be made transparent is “staffing data for each facility” to include “resident census data” (SSA, 2012, sec. 1819[i][1][A][i]). This information is “submitted under section 1128I(g)” (SSA, 2012, sec. 1819[i][1][A][i]). “Staffing turnover and tenure, in a format . . . clearly understandable to consumers of long term care services” must be reported (SSA, 2012, sec. 1819[i][1][A][i]). The Secretary of the HHS shall ensure that information includes (a) “concise explanations” of “nursing home staff hours per resident day,” (b) differences in type of staff, (c) “relationship between nurse staffing levels and quality of care,” and (d) “an explanation that . . . staffing levels vary based on patient case mix” (SSA, 2012, sec. 1819[i][1][A][i]).

Conclusion

More research is needed to determine factors that impact registered nurses’ decisions to continue providing care to older adults. The increasing number of older adults and the inadequate number of registered nurses to care for them continues to be a major healthcare challenge.

A Doctor of Education in Instructional Leadership offers nurses opportunities to use leadership skills to improve the delivery of care to older adults through nursing and research. Other problems that deserve study are recruitment, retention, and job fit. Personality tests are being used by human resource staff to match the applicant with the job.

Administrators need to focus not only on recruitment of registered nurses but also on retaining those who are already working. The shortage of nurses “is expected to triple over the next 13 years, leaving a shortfall of 340,000 nurses in 2020” (Grace, 2008,

para. 1), while the older population will continue to grow and “will burgeon between . . . 2010 and 2030” (HHS, AOA, 2011, para. 1; Geisz, 2010; Hatcher et al., 2006). The Robert Wood Johnson Foundation is interested in recruitment and retention of registered nurses and supports nursing research. The retention and turnover rate of nurses is also a concern to the Secretary of the HHS. Under the Social Security Act, healthcare facilities must report the turnover rate and tenure of nurses. This information and type of caregivers and services provided must be made available to the public (SSA, 2012).

The healthcare industry is trying to meet the needs of Americans. The population gravely affected by the shortage of nurses is the older adults. The numerous problems associated with this population and healthcare will not subside soon. It is hoped that this study will be instrumental in providing some insight and solutions to the problems associated with older adults and nurses.

This research study may provide insight to healthcare facility nurses, administrators, private foundations, and government agencies regarding recruitment and retention of registered nurses willing to practice in the field of geriatrics. Results of the study may provide information about nurses who are willing to continue to provide care to older adults.

Registered Nurses’ Attitudes Toward Older Adults and Career Choice

The number of registered nurses practicing in geriatric settings is not sufficient to meet the health needs of older adults. Complexities associated with this problem and the declining number of registered nurses are vast (Vincent & Velkoff, 2010). Numerous studies have focused on the shortage of registered nurses, their reluctance to work in the

field of geriatrics, their negative attitudes toward older adults, and the impact these issues have on the quality of care provided to older adults.

Attitudes and Career Choice

Coren, Andreassi, Blood, and Kent (1987) studied factors related to physical therapy students' decisions to work with elderly patients. The study stated that despite the consensus that additional manpower is needed to meet the needs of older adults, surveys show that healthcare providers are reluctant to care for this rapidly growing sector of the population. A total of 357 questionnaires were returned by physical therapy student participants. The 20 questions within the questionnaire were related to biographical, experimental, perceived socioeconomic, and attitudinal factors, and one question determined whether students intended to work with older adults. According to the authors, they had not found research related to these attitudinal factors, nor how biographical, experimental, and perceived socioeconomic factors affect career choices among physical therapy students (Coren et al., 1987). The study further stated that some physical therapy students believed that negative societal attitudes toward older adults, and consequently the low status accorded the geriatric nursing specialty, decreased its appeal. The study also stated an issue that requires investigation is whether certain attitudinal factors affect healthcare professionals' decisions to work with elderly people (Coren et al., 1987). The first of 30 core competencies needed to provide high-quality care is to "recognize one's own and others' attitudes, values, and expectations about aging and their impact on care of older adults and their families" (St. Pierre & Conley, 2009, p. 15).

A study by Brooks (1993) conducted at the King/Drew Medical Center in Los Angeles, California, was selected as one of the winners in a nationwide competition for

the Family Practice Section of the National Medical Association. The study was presented at the 96th Annual Convention and Scientific Assembly of the National Medical Association in 1991. Medical students were given a 50-item true-or-false questionnaire, modeled on the Facts on Aging Questionnaire (Brooks, 1993). Seventy-nine questionnaires were completed. The “data indicate that the more training and exposure the medical students and residents had to the elderly, the more they disliked them, even though the students may have known more facts about their social, economic, medical, and psychological states” (Brooks, 1993, p. 63). The study further stated that “a number of people,” including “teachers, role models, [and] paramedical personnel,” influenced the study’s outcome (Brooks, 1993, p. 63). Some of these people had negative and positive attitudes regarding the elderly. The outcome may have been influenced by experiences students “had with relatives in their homes,” while “some may . . . believe in existing myths about the aged, and some suffer from ‘ageism’” (Brooks, 1993, p. 63). The study concluded that improved attitudes toward the elderly may not last if negative attitudes are reinforced by the students’ peers, faculty, and role models.

In their review of literature, Pearson, Nay, Koch, and Ward (2001) noted,

Barron (2000) discusses the implications of the integration of gerontological nursing in undergraduate curriculum, indicating that “It suffers the risks all integration does: When everybody is expected to do it, then nobody may do it well. But if it is not done well at the undergraduate level, then graduates are not likely to work with elderly individuals in life after graduation, nor are they likely to pursue advanced degrees in that area.” Barron identified several suggestions for the education setting to improve [nursing] recruitment in aged care:

- Increasing the minimum standards for the number of Registered Nurses in nursing homes.
- Providing more opportunities for formal gerontological nursing education.
- Development of further teaching about nursing homes.
- Highlighting gerontological nursing as a positive field and career choice.
- Increasing support for gerontological advanced practice nursing.
- Promotion of collaborative gerontologic research. (p. 33)

Pearson et al. (2001) further described another study: “A longitudinal study by Fagerberg, Winbald and Elkman (2000) followed students through the duration of their nursing course” to investigate their choices for work after graduating (p. 32). Students were interviewed “at the end of each year about their experiences in residential aged care” (Pearson et al., 2001, p. 32). Pearson et al. noted, “Factors likely to encourage students to choose to work in residential aged care after graduating include: a positive clinical experience; a positive experience with a preceptor; and [interacting with] residents with many different conditions,” which provided “opportunities to learn . . . and provide individualised care” (p. 32). They added, “In contrast, the factors likely to discourage students from selecting residential aged care settings as their workplace include: caring for residents with the same care needs over a long period of time;” a slow workplace; “working alone without support;” and practicing nursing care “in a workplace with poor resources and staffing levels” (Pearson et al., 2001, pp. 32-33). Fagerberg et al. (as cited in Pearson et al., 2001) stated “the importance of undergraduate learning and practical exposure” to older adults (p. 33). The researchers “found that students receive contradictory messages during the education in elder care” (Pearson et al., 2001, p. 33). They also “found that nurses working in this field were often isolated with no support system, which in turn reinforced their own ambivalence and reluctance towards future work in” caring for older adults (Pearson et al., 2001, p. 33).

Menz, Stewart, and Oates (2003) surveyed podiatric medical students in Australia “to evaluate their reasons for entering podiatric medicine, knowledge of aging, attitudes toward older people, perceptions of treatment efficacy, and desire to specialize in geriatrics” (para. 1). Results of the study revealed that “few students plan to specialize in

geriatrics upon graduation (4%), with most preferring general practice (25%) or sports medicine (21%)” (Menz et al., 2003, para. 1). Students gained knowledge about aging and “had favorable attitudes toward older people” (Menz et al., 2003, para. 1). The study found that “students’ lack of desire to specialize in geriatrics may be due not to unfavorable perceptions of older people but rather to the low profile and limited development of geriatrics as a specialty area within the podiatric medical profession” (Menz et al., 2003, para. 1).

A 2-year study, from 2005 to 2007, by the World Health Organization and the International Federation of Medical Students’ Associations (WHO & IFMSA, 2007), titled *Teaching Geriatrics in Medical Education II (TeGeMe II)*, studied 8,761 medical students to determine their attitudes about older persons and their intent to practice in geriatrics after completing medical school. The researchers “designed a questionnaire incorporating the Age Semantic Differential Scale developed by Rosencranz and McNevin (1969)” (WHO & IFMSA, 2007, p. 11). Nineteen countries participated in the study, “countries from the Americas, Asia and Europe: Bolivia, Bulgaria, Chile, China (Hong Kong SAR), Finland, Germany, Lebanon, Malaysia, Malta, Norway, Pakistan, Panama, Peru, Portugal, Spain, Switzerland, Thailand, the Czech Republic and the United Kingdom and Northern Ireland” (WHO, n.d., para. 6).

The study found the need for “a new paradigm, one that views older people as active participants in an age-integrated society and as active contributors as well as beneficiaries of development” (WHO & IFMSA, 2007, p. 2). The WHO promotes “active ageing” through “a life course perspective that focuses on health promotion, disease prevention and equitable access to quality primary health care and long-term

care” (WHO & IFMSA, 2007, p. 2). The study found that three factors “were specifically considered as possible contributions to medical students’ attitudes, namely, cohabitation with grandparents for more than 5 years, having undergone training in geriatrics during the . . . undergraduate medical course, and having considered geriatrics as a specialty” (WHO & IFMSA, 2007, p. 51). The study also asked if students considered choosing geriatrics as a specialty. Responses from American students indicated that female students were more likely to choose geriatrics as a specialty than males (WHO & IFMSA, 2007).

The study also found,

Neither training in Geriatrics nor living with grandparents was hugely instrumental in influencing students’ wishes to specialise in the field. In total, only 39% of students who had trained in Geriatrics and 33% of students who had lived with their grandparents expressed a wish to specialize. (WHO & IFMSA, 2007, p. 54)

The study noted that literature revealed that “training in geriatrics does not significantly increase interest in clinical geriatrics or geriatric research, even among students who alter their views to become more positive . . . and this [finding] was consistent with the findings of this study” (WHO & IFMSA, 2007, p. 54). Even though students gained knowledge about aging and had favorable attitudes toward older people, students still did not choose geriatrics as a career. Literature promotes more student contact with older adults and geriatric courses in schools’ curricula (WHO & IFMSA, 2007).

Winzelberg, Williams, Preisser, Zimmerman, and Sloan (2005) identified “resident, nursing assistants, and facility factors associated with nursing assistant quality-of-life ratings for residents with dementia in long-term” facilities (para. 1). The participants in the cross-sectional survey were 143 nursing assistants (NAs). They

provided care to “335 residents in 38 residential care/assisted living (RC/AL) facilities and nursing homes in four states” (Winzelberg et al., 2005, para. 2). The Quality of Life–Alzheimer’s Disease Scale (QOL-AD) was used to assess quality-of-life ratings. The researchers found,

Scores on the quality-of-life scale were most strongly associated with resident clinical conditions, including severity of cognitive and functional impairments, depression, and behavioral symptoms of dementia. There was also an independent positive association between nursing assistants’ ratings of resident quality of life and their own attitudes regarding dementia-person-centered care and training. However, the results of hierarchical linear modeling suggest that some sources of nursing assistant variability in quality-of-life ratings remain unidentified. (Winzelberg et al., 2005, para. 3)

The study found that quality-of-life ratings by the participants “may be influenced by their attitudes about dementia and their confidence in addressing residents’ fundamental care needs” (Winzelberg et al., 2005, para. 4).

Projecting employment trends to 2016, Dohm and Shniper (2007) stated that the “demand for registered nurses will be greater in offices of physicians and home health care service providers” (p. 96). Also,

A projected slowdown in labor force growth is expected to generate fewer new jobs during 2006-16 than in 1996-2006; replacement needs are anticipated to produce almost twice as many job openings as growth in the economy will, and occupations that provide services to the elderly are expected to be among the fastest growing. (Dohm & Shniper, 2007, p. 86)

The two fastest growing occupations, personal and home care aides and home health aides, are expected to grow by 50% each (Dohm & Shniper, 2007).

Ferrario, Freeman, Nellett, and Scheel (2008) studied attitudes toward aging before and after curriculum changes. The researchers found that clinical experiences with humanistic role models are associated with students’ positive attitudes toward older adults, nursing faculty can transmit negative attitudes to students, and working with older

adults after graduation continues to be students' least preferred career choice. The research found that by

including positive aspects of aging and using evidence-based organizing frameworks, such as successful aging, throughout the curriculums, researcher may foster a paradigm shift whereby students will choose to work with older adults as part of their own journeys as successful agers. (Ferrario et al., 2008, p. 51)
Harahan et al. (2009) cited a report that "identified critical gaps in the way the

health care workforce in the United States is educated and trained to care for older

adults" (p. 28). Of the numerous "long-term care professionals, . . . the most

geriatric/long-term care competency activity is related to nursing" (Harahan et al., 2009,

p. 17). Harahan et al. stated,

More specialized education in all areas, including long-term care, is needed to ensure the highest quality care possible. . . . As life expectancy increases and the baby boom generation ages, these initiatives provide a foundation and a framework to improve quality of care for our aging population. (p. 28)

The Robert Wood Johnson Foundation launched a program, *Better Jobs Better Care*, in

2002 to provide organizations and policymakers in many states with "initiatives to attract

and retain qualified direct-care workers" (Hannay, 2011, p. 4). However, many states

have not been evaluated (Hannay, 2011).

Conclusion

The review of the literature focused on healthcare professionals' attitudes toward older adults and career choice. A review of the literature found that no single factor influences the decision to seek employment in geriatrics or to continue working in geriatrics. WHO and IFMSA (2007) found, "Training in geriatrics does not significantly increase interest in clinical geriatrics" (p. 54). Birks, Al-Motlaq, and Mills (2010) examined career choices of nursing students. They stated, "Demographic findings from this study demonstrate that most of participants were female, aged between 18 and 50

years” (Birks et al., 2010, para. 1). The study found that “participants indicated their preferred areas” for future employment “to be in midwifery, emergency” care and pediatrics (Birks et al., 2010, para. 1). Even though students gained knowledge about aging and had favorable attitudes toward older people, students still did not choose geriatrics as a career. Literature promotes more student contact with older adults and geriatric courses in schools’ curricula.

The increased number of older adults and the limited number of registered nurses available to provide quality care continues to be a major healthcare concern. The literature review discussed literature addressing these problems. There are numerous studies indicating the need for more registered nurses to care for older adults, the benefits of having a more positive attitude toward older adults, and the vast body of research focusing on negative attitudes toward older adults.

In spite of the vast amount of research on negative attitudes toward older adults, there are healthcare personnel who are willing to work with older adults. Research focusing on factors that impact registered nurse’ decisions to continue to provide care to older adults is limited. This study helps to fill that gap.

Perhaps the study will be instrumental in promoting policy change in schools, public and private agencies, the healthcare industry, and government agencies affecting nursing and the care provided to older adults. More research is needed to determine factors that impact registered nurses’ decisions to continue providing care to older adults.

Quality Nursing Care for an Aging Population

According to the U.S. Census Bureau, as the population ages over the next decade, the population “will become more racially and ethnically diverse,” and whether

nursing students are aware of this or not, when they enter practice, older adults will likely constitute a large portion of their caseload (Vincent & Velkoff, 2010, p. 1). According to Vincent and Velkoff (2010), “Between 2010 and 2050, the U.S. population is projected to grow from 310 million to 439 million,” and “the population is also expected to become much older” (p. 1). The U.S. Census Bureau has been reporting on the U.S. census since 1790. The 2010 report found that “approximately 1.3 million people 65 years and [older] were in skilled-nursing” homes (Werner, 2011, p. 18). The report also stated that in 2010 “there were 53,364 centenarians, defined as people 100 years and older. This is [an] . . . increase from 2000 when there were 50,454” centenarians (Werner, 2011, p. 18). The U.S. Census Bureau stated, “Of the total population in 2010, 1 out of every 5,786 people was a centenarian” (Werner, 2011, p. 18). The projected growth of the older population presents “challenges to policy makers and programs, such as Social Security and Medicare, . . . families, businesses, and health care providers” (Vincent & Velkoff, 2010, p. 1).

The Need to Enhance Healthcare

The JAHF recognized that the nursing curricular content was not adequately preparing students to care for older adults (Thornlow et al., 2006). To improve nursing education and assist nursing schools to integrate geriatrics throughout their curricula, the JAHF provided the AACN with a \$3.99 million grant (Thornlow et al., 2006). The AACN has funded 20 baccalaureate and 10 advanced-practice nursing programs to develop freestanding geriatric courses and to integrate geriatrics throughout their curricula. The JAHF continues to provide grants to nursing schools to improve geriatric content in the curriculum (Thornlow et al., 2006).

The U.S. Census Bureau reported that life expectancy has increased throughout the centuries (Shrestha & Heisler, 2011). During the Roman Empire, life expectancy was 22 years of age. During the Middle Ages, in England, life expectancy was 33 years of age. In the early 1900s, modernized countries' population life expectancy was 35 to 55 years of age. By 2003, life expectancy had reached 77.5 years of age. This was an increase from 49.5 years of age at the turn of the 20th century (Shrestha & Heisler, 2011). The Social Security Administration reported that life expectancy will increase to 83 years by year 2075 (Shrestha & Heisler, 2011). The rate of growth will increase in the next couple of years, with both overall numbers and proportions of older adults rising rapidly. The shift is due to a combination of the time-delayed impact of high fertility levels after the Second World War and more recent improvements in healthcare that are lowering the death rates of older adults (Shrestha & Heisler, 2011).

The *Baltimore Longitudinal Study of Aging*, which began in 1958, is "America's longest-running scientific study" on this topic (National Institute on Aging, 2010b, para. 1). It addressed special problems and needs of older adults (National Institute on Aging, 2010b). A 1980 *Baltimore Longitudinal Study of Aging* reported that "at the beginning of the twentieth century, 4 percent of all Americans (about 3 million) were 65" years of age or older (National Institute on Aging, 1980, para. 1). "That figure has now grown to more than 10 percent (23 million)," and "looking ahead 50 years," it can be expected that one in five Americans will be 65 years of age or older (National Institute on Aging, 1980, para. 1). Furthermore, the 1980 study stated, "These figures emphasize the need to plan now to deal with the serious social, economic, and personal consequences of this increase in the number of older" adults in society (National Institute on Aging, 1980,

para. 2). The 1980 study emphasized the need to know more “about the aging process and the diseases which beset” older adults (National Institute on Aging, 1980, para. 3). Additionally, the study suggested utilizing research findings to improve older adults’ “economic and social conditions,” and to “correct widespread negative attitudes toward older [adults]” (National Institute on Aging, 1980, para. 3).

The increased population of older adults and a more diverse population will challenge the healthcare industry to provide quality care. This will continue to be a problem because people are living longer even though they have chronic health problems. As the number of older adults rises, there are not enough registered nurses to provide quality care to them (National Institute on Aging, 1980).

Buerhaus et al. (2007) studied the impact of the nursing shortage on hospitalized patients. The study found that registered nurses believed the shortage has an impact on their ability to provide high-quality care to patients (Buerhaus et al., 2007).

Based on the literature review findings regarding “trends in the supply of RNs [registered nurses] and their anticipated demand, the shortage is expected to grow relatively slowly until 2010, by which time it will have reached 12 percent” (HHS, 2002, p. 2). The

demand will begin to exceed supply at an accelerated rate and by 2015 the shortage, a relatively modest 6 percent in the year 2000, will have almost quadrupled to 20 percent. If [this problem is] not addressed, and if current trends continue, the shortage is projected to [escalate] to 29 percent by 2020. (HHS, 2002, p. 2)

Research indicates that nurses are particularly critical in providing and coordinating care for high-risk, frail elderly adults and other patients with significant

healthcare needs (Dailey, 2011). The following strategies have been found effective in promoting the health of older adults:

- *Healthy lifestyles*: Research has shown that healthy lifestyles are more influential than genetic factors in helping older adults avoid deterioration. Registered nurses can play a vital role in early detection of diseases. Fifty percent of Americans over age 65 have not been screened for colorectal cancer, even though Medicare covers the cost (Centers for Disease Control and Prevention, 2010).
- *Immunizations*: According to the Centers for Disease Control and Prevention (2010), more than 50,000 people age 65 or older die from influenza each year.
- *Injury prevention*: Half of older adults hospitalized from hip fractures are not able to return home or live independently afterward, and one quarter die within the first year after the fracture. Registered nurses can play a vital role in teaching about falls and removing tripping hazards in the home (Centers for Disease Control and Prevention, 2010).
- *Self-management techniques*: Programs to teach older adults self-management techniques can reduce pain and costs of chronic disease. For example, the Arthritis Self-Help Course has been shown to reduce arthritis pain by 20% and visits to the physician by 40%. Only 1% of Americans with arthritis participated in the program, and some courses are not available in many areas (Centers for Disease Control and Prevention, 2010).

The shortage of registered nurses is having ill effects on the U.S. healthcare delivery system. Ninety percent of long-term care organizations lack sufficient nurse staffing to provide even the most basic nursing care, home healthcare agencies are being

forced to refuse new admissions, and there are 126,000 nursing positions currently unfilled in hospitals across the country (Joint Commission, 2001). Several recommendations and solutions have been presented to address the issues. A transformation in the workplace is needed to accommodate patients and staff, nursing education and clinical experiences should be aligned, and financial incentives should be provided to invest in high-quality nursing care. Federal and state governments, private industry, and foundations need to “fund nurse faculty positions and student scholarships for all levels of nursing education”; there needs to be an increase in “federal funding for nursing education”; and nurses should be able to “achieve higher levels of education” through “fast-track, low-cost opportunities for nurses” (Joint Commission, 2001, p. 33). The Joint Commission (2001) further reported that nursing schools, medical schools, allied health schools, and hospitals need to “emphasize team-training in undergraduate and post-graduate nurse education and training programs,” and hospitals need to “enhance hospital budgets for nursing orientation, in-service and continuing education” (p. 33).

According to Titler (2008), “The conscientious and judicious use of current [evidence-based practices (EBP)] in conjunction with clinical expertise and patient values . . . guide health care decisions” made by registered nurses (para. 3). People with chronic healthcare conditions, such as heart failure, diabetes, and asthma, can benefit from care provided by registered nurses who use EBP to guide their nursing interventions (Titler, 2008).

Conclusion

The demand to supply Americans with quality healthcare continues to be a problem. Older adults continue to have chronic health problems and are living longer. There is a critical need to provide education to nurses that will enable them to use EBP to provide quality care. Federal, state, and private funding are needed to help transform the education of nurses and the workplace. Nursing education needs to be reformed in order to accommodate patients, especially those with chronic health problems, and older adults. Nurse leaders and policymakers need to offer financial incentives to attract nurses to invest in high-quality nursing care (Joint Commission, 2001).

The Older Adult and Chronic Health Problems

Having poor health is not an inevitable consequence of aging (HHS, 2002). The HHS (2002) report stated that the aging of the American population will trigger a huge demand for more services from social services and nursing. Four common “modifiable health risk behaviors” have been identified by the Centers for Disease Control and Prevention (2010, para. 9).

Health Problems and Modifiable Risk Factors

The modifiable risk factors are as follows (Centers for Disease Control and Prevention, 2010):

1. *Lack of physical activity*: “More than one-third of all adults do not meet recommendations for aerobic physical activity based on the 2008 Physical Activity Guidelines for Americans” (para. 10).
2. *Poor nutrition*: “In 2007, less than 22% of high school students and only 24% of adults reported eating 5 or more servings of fruits and vegetables per day” (para. 11).

3. *Tobacco use*: “More than 43 million American adults (approximately 1 in 5) smoke. . . . Lung cancer is the leading cause of cancer death” (para. 12, 14).
4. *Alcohol use*: A vast number of studies provide strong evidence that drinking alcohol is a risk factor for primary liver cancer; it is also strongly related to breast and colorectal cancer.

Selected chronic conditions affecting adults age 70 and older are stroke, diabetes, cancer, heart disease, hypertension, and arthritis (Centers for Disease Control and Prevention, 2010). Each year, one out of seven deaths is from a chronic disease; “heart disease, cancer and stroke account for more than 50% of all deaths each year” (Centers for Disease Control and Prevention, 2010, para. 2). Obesity among adults has been accompanied by an increase in overweight children (Centers for Disease Control and Prevention, 2010). Cigarette smoking remains the nation’s leading cause of premature preventable death (Centers for Disease Control and Prevention, 2010).

In 2011 the National Center for Health Statistics provided a detailed report on national trends in health statistics. The report focused on death and dying. Data were also obtained from the National Health Interview. Some key findings of the report are as follows (National Center for Health Statistics, 2011):

- The prevalence rate of heart disease “overall showed little change, [but] age-adjusted death rates from heart disease declined by 28% from 1999 to 2007” (p. 12).
- “Cancer prevalence was three times as high among women 18-44 years of age as men in that age group and nearly twice as high among women 45-64 years of age as men in that age group” (p. 13).

- Although there was some decline in smoking between 1999 and 2004, little progress has been made in smoking cessation among adolescents and adults.
- Obesity in children “rose in the 1980s and 1990s”; “in 2007-2008, almost one in five children older than 5 years of age was obese” (p. 22).
- “In 2007-2008, about one-third of adults were obese and about two-thirds were overweight or obese” (p. 23).
- Elevated serum cholesterol level (240 mg/dL or higher) “is a major risk factor for heart disease,” which is “the leading cause of death in the United States” (p. 25).
- “Diabetes prevalence among adults 20 years of age and over was 11% in 2005-2008, up from 8% in 1988-1994” (p. 14).
- “Between 1999 and 2009, influenza vaccination increased among adults 50-64 years of age and those 85 years and over” (p. 27).
- Between 1999 and 2000, the overall level was low for those participating in the 2008 federal government guidelines for aerobic activity and muscle-strengthening exercises.
- Hypertension (systolic pressure above 140 mm Hg or diastolic pressure of at least 90 mm Hg) “prevalence [rose] among all age groups” (p. 24).
- “Knee, back, and hip pain are common chronic conditions among middle-aged and older persons” (p. 17).

Importance of Nursing Interventions

The 2011 National Center on Health Statistics report presented the prevalence of chronic conditions, which presents challenges for the healthcare industry and registered nurses. Many older adults have chronic health problems such as heart failure, diabetes, and hypertension and could benefit from care provided by registered nurses (see

Appendix E). Government reports on healthcare trends show the importance of nursing interventions and how registered nurses play a pivotal role in addressing modifiable risk factors such as smoking cessation and exercise. Patients with chronic health problems can benefit from nursing interventions to maintain and promote their health.

Conclusion

A review of literature provided the conceptual framework for this causal-comparative research study. The study investigated factors related to registered nurses' decisions to continue providing care to older adults. Literature on this subject is sparse, although the healthcare industry, government agencies, and public and private foundations are aware of the increasing number of older adults, their healthcare needs, chronic health problems of older people, the shortage of registered nurses, and the reluctance of those nurses to care for older adults.

Summary

Registered nurses with a Doctor of Education in Instructional Leadership will have the knowledge and skills to address some of the numerous challenges in the healthcare system. The shortage of nurses, reluctance of nurses to practice in geriatrics, and nursing curricula that lack course content on the care of older adults contribute to gaps in care, especially where the gaps involve older adults. This does not cover all of the problems facing nurses and older adults.

Nurses feel that the shortage does affect the healthcare of the population, especially the older adults. Government agencies and leaders in the healthcare industry have offered initiatives to address the problem. Registered nurses need to utilize EBP to provide care for the frail elderly and others who need nursing services. Nurses should

use leadership skills to lead the way in providing quality care and safety to older adults and others (Titler, 2008).

Increases in life expectancy and the number of people living with chronic health problems, the continuing shortage of nurses, the reluctance of registered nurses to focus care on the needs of a vulnerable population, nursing curricula that lack sufficient content on the care of older adults, faculty who need more knowledge about curriculum revision to enhance geriatric content, nurses unfamiliar with the aging process, the need to retain those nurses who are already providing care to older adults, more research needed on employee fit, more nurse leaders needed to collaborate with other professionals to improve the healthcare of older adults, and the sparse literature and research focusing on registered nurses already providing care to older adults provide validity for this research. This study helps fill the gap in research about the topic.

CHAPTER THREE: METHODOLOGY

This section describes the methods used to investigate the questions of the study and is divided into the following sections: research design, research questions, level of significance, selection of subjects, methodological assumptions, procedures, instrumentation, and data processing and analysis.

This study investigated factors that impact registered nurses' decisions to continue providing care older adults. All participants were registered nurses who possessed a California registered nurse license and provided nursing services to older adults in an acute-care hospital in Los Angeles County, California. After the Argosy University Institutional Review Board (IRB) granted approval, data were collected over 30 days. A questionnaire was the primary source of data collection. The 26-item questionnaire could be completed by participants in approximately 10 minutes.

Research Design

A quantitative approach using a causal-comparative design was used in this study to answer the stated research questions. Causal-comparative designs are used when the research questions seek to understand differences in variables such as age group, sex, education level, ethnicity, and personality traits. Causal-comparative research is typically defined by independent variables that cannot be manipulated. For example, membership in an age group cannot be manipulated since age is a function of years since birth. Thus, the design is not a true experimental design, so cause and effect cannot be rigorously inferred (Creswell, 2009).

A causal-comparative research design was used in this study to explore participants' responses. Participants were chosen using a single-stage sampling

procedure. A single-stage sampling procedure is used when the researcher has access to names in a population and can sample them directly (Creswell, 2009; Tsuladze, n.d.).

The identifying population's name in this research was registered nurse. The researcher's interest was in the area of nurse retention and nurse recruitment in the field of geriatric nursing; therefore, it was logical to use the survey research design because it allowed data to be collected to answer the study's research questions.

The major strength of the causal-comparative research design is the focus on “determining if a cause-effect relationship exists between one factor or set of factors—the independent variable(s)—and a second factor or set of factors—the dependent variable(s)” (Ellis & Levy, 2009, p. 326). The survey was cross-sectional; the data collected provided a quantitative or numeric description of trends, attitudes, or opinions by examining a sample of a population (Creswell, 2009).

Upon review of the literature, it was determined that a quantitative approach was the most appropriate research method since the aim of this study was to validate theory rather than develop theory. Quantitative research focuses on numerical data gathered through primary or secondary sources. A central theme of quantitative research is to support or prove theory rather than develop it. Because testing theory was the goal of this research, quantitative data were collected and analyzed using appropriate statistical techniques (Creswell, 2009).

Specifically, quantitative research is a deductive process that is rigorously stated and analyzed to avoid bias or influence from other confounders. In this study, a quantitative research method was used to obtain data to answer the research questions. To assess personality traits, the Ten-Item Personality Inventory (TIPI) was used.

According to Creswell (2009), a quantitative method provides detailed analyses about the data to support theory. Unlike qualitative research, where the inquiry method provides opportunities for the researcher to achieve empathy and an empirical basis for describing the perspective of others (Patton, 2002), quantitative research is designed to remove bias so empirical facts can be inferred.

Research Questions and Level of Significance

Research Question 1

Research Question 1 asked, “Is there a significant difference in nurses’ likelihood to remain in geriatrics between age groups (those over 40 years of age and those under 40 years of age)?” The related hypothesis was, “There is a significant difference in nurses’ likelihood to remain in geriatrics between age groups (under age 40 and over age 40).”

The first research question was significant to the study. The nursing shortage in the United States is intensifying and “is expected to triple over the next 13 years, leaving” a deficit in the nursing population “of 340,000 nurses in 2020” (Grace, 2008, para. 1). The level of significance for the study was set at .05. The researcher had 95% probability of making a Type 1 error (Ouyang, n.d.).

Research Question 2

Research Question 2 asked, “Is there a significant correlation between nurses’ personality traits (Extraverted, enthusiastic; Critical, quarrelsome; Dependable, self-disciplined; Anxious, easily upset; Open to new experiences, complex; Reserved, quiet; Sympathetic, warm; Disorganized, careless; Calm, emotionally stable; and Conventional, uncreative) and their decisions to continue working in geriatrics?” The related hypotheses were as follows:

H_{2a}. *Extraverted, enthusiastic* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2b}. *Critical, quarrelsome* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2c}. *Dependable, self-disciplined* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2d}. *Anxious, easily upset* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2e}. *Open to new experiences, complex* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2f}. *Reserved, quiet* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2g}. *Sympathetic, warm* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2h}. *Disorganized, careless* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2i}. *Calm, emotionally stable* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2j}. *Conventional, uncreative* is negatively related to registered nurses' decisions to continue working in geriatrics.

The second research question was relevant to the study. Personality is the set of characteristics within an individual influencing cognition and behavior in different contexts (Hussain et al., 2012). In 1997 Holland proposed that "people are attracted to

work environments that conform to their personality orientation” (as cited in Udoudoh, 2012, p. 1). Moore (1998) studied personality traits of student registered nurse anesthetists (SRNAs) and student family nurse practitioners (SFNPs) before they started their graduate programs. Moore found, “Personality types have been consistently linked to occupational choices” (p. 5). The level of significance for the present study was set at .05. The researcher had 95% probability of making a Type 1 error (Ouyang, n.d.).

Research Question 3

Research Question 3 asked, “Is there a significant difference in nurses’ decisions to continue working in geriatrics related to receiving course content on geriatric care in the nursing curriculum, number of geriatric-related courses/continuing education units taken, and nurses’ familiarity with seven geriatric issues?” The related hypotheses were as follows:

H_{3a}. Geriatric course content positively affects registered nurses’ decisions to continue working in geriatrics.

H_{3b}. The number of geriatric-related courses and/or continuing education courses positively affects registered nurses’ decisions to continue working in geriatrics.

H_{3c}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses’ familiarity with seven geriatric issues facing the nursing profession.

H_{3d}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses’ familiarity with the increasing number of older adults having a profound impact on the healthcare industry and the nursing profession.

- H_{3e}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with older adults' utilizing a large proportion of the healthcare services because of multiple chronic conditions.
- H_{3f}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the nursing shortage and how this impacts the delivery of care to older adults.
- H_{3g}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with an aging nursing workforce and how this impacts the delivery of care to older adults.
- H_{3h}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the need for nursing leadership to assist faculty development to enhance geriatric content in the nursing curriculum.
- H_{3i}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with nurses' career choice.
- H_{3j}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with job dissatisfaction as the primary reason for nurse retention problems in hospitals and nursing homes.

The third research question was relevant to the study. The increasing number of older adults requires health services provided by knowledgeable nurses. Only 23% of baccalaureate nursing programs nationwide require courses in geriatric nursing (Mion, 2003). Furthermore, nursing faculty who have extensive experience are needed to prepare nurses for nursing practice that will include providing nursing care to older adults (IOM, 2011b).

The Institute of Medicine (IOM, 2011b) recommended that registered nurses, student nurses, and faculty continue their education and engage in lifelong learning to develop a more highly educated workforce. Having enough registered nurses with the right kinds of skills contributes to quality nursing care, positive patient outcomes, and overall patient safety (IOM, 2011b). The level of significance for the study was set at .05. The researcher had 95% probability of making a Type 1 error (Ouyang, n.d.).

Selection of Subjects

A nonrandom sampling procedure was utilized in the study. The sample consisted of 48 registered nurses who provided care to older adults at an acute-care hospital in Los Angeles County, California. The facility where the study was conducted is a 172-bed hospital that has 103 acute-care beds and 69 subacute beds. It is a licensed provider for Medicare and Medi-Cal programs, along with Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), and managed care organizations. Some of the services provided by the hospital are emergency care, obstetrics, surgery, intensive cardiac care, medical surgical units, respiratory care, physical therapy, social services, and long-term care. The list is not inclusive. The hospital maintains affiliations with privately owned nursing schools and nursing schools in community colleges.

The study was not able to ensure stratification of the sample because participation in the study was voluntary. Stratification ensures that specific characteristics of individuals are represented in the sample and the sample reflects the true proportion in the population of individuals with certain characteristics (Creswell, 2009). The selected sample helped the researcher understand the problems in the study and answer the

research questions (Creswell, 2007). The researcher made all efforts to maintain anonymity of all participants and took the appropriate precautions to protect the confidentiality of the participants and data collected (American Educational Research Association, 2000; Kempthorne, 2006).

Methodological Assumptions

This research investigated factors that impact registered nurses' decisions to continue providing care to older adults. The researcher systematically followed the steps of the research process to address the research topic. The research questions and the hypotheses related to the research topic. The research will be instrumental in addressing critical healthcare issues related to older adults, chronic health problems, the nursing shortage, and the reluctance of registered nurses to seek careers in the field of geriatrics. The research helps to fill the gap in the literature because there is sparse research on the topic. The sociodemographic information and the TIPI were appropriate to obtain data needed for the study. The instrument assessed 10 personality traits: (a) Extraverted, enthusiastic; (b) Critical, quarrelsome; (c) Dependable, self-disciplined; (d) Anxious, easily upset; (e) Open to new experiences, complex; (f) Reserved, quiet; (g) Sympathetic, warm; (h) Disorganized, careless; (i) Calm, emotionally stable; and (j) Conventional, uncreative.

The subjects consisted of registered nurses who provided care to older adults. The IRB approved the study. All data were kept confidential and were released to the appropriate persons, including the dean of the School of Education, dissertation chair, dissertation committee members, and a statistician approved by Argosy University. Research data are presented truthfully and in a way that is easily understood. The

researcher completed the Collaborative Institutional Training Initiative (CITI) course. The researcher submitted the Application for IRB Review and Certification of Compliance: Expedited Application Form.

Data Collection Procedures

The researcher gained access to the sample for data collection through nursing administration. The chief nursing officer (CNO) at the acute-care hospital provided a letter of approval for the study to take place at the hospital. After approval from the IRB, the letter that informed respondents of their rights and the questionnaire was given to participants (see Appendix F).

The questionnaire was expected to provide data that would allow the researcher to extract information that may lead to generalizations to the larger population of registered nurses from participants' self-reported responses. Contact with subjects was through the CNO at the acute-care hospital. The CNO granted permission for site nurses to participate in the study.

The researcher met with participants in the nurses' lounge, and at that time participants asked questions. The meetings took place during the day shift and the evening shift on different days. Data collection took place over 30 days. Oral instructions, typed instructions, consent forms, the questionnaire, and written information about participants' rights were given to participants. Participants were advised that they had the right to drop out of the study at any time without any harm to them. The researcher encouraged participants to answer all items on the questionnaire to the best of their ability. Participants were asked to only complete one questionnaire and were asked to not place their name on the questionnaire. The researcher kept an accurate count of the

number of questionnaires and consent forms provided and returned. One hundred questionnaires and consent forms were provided. Forty-eight questionnaires were returned.

Participants were asked to sign two copies of the consent form and keep one copy for themselves. Most indicated they were willing to participate but had reservations about signing the consent form. Some wrote they were willing to participate and did not sign their name.

A collection box was placed in the nurses' lounge for those completing the questionnaire at a later time. The researcher collected responses weekly. All information was kept confidential and secure. To encourage participation from nurses working on the evening shift or night shift, instruction forms, consent to participate forms, and questionnaires were placed in a plastic sleeve taped to the bulletin board in the nurses' lounge. The researcher also met with some nurses who worked evening and night shifts. The researcher's contact information was available to them. Completed forms were placed in the same collection box used by the day-shift nurses. Pens were supplied.

Data collection occurred over 30 days. The researcher posted a cutoff date informing participants of the deadline for data collection. The researcher was responsible for collecting all data and removed the collection box, forms, and questionnaires not used. The researcher's contact information remained posted. To show appreciation for their participation, thank-you cards and baskets of fruit were given to the hospital's staff after data were collected.

The researcher kept the dean of the School of Education, the dissertation chair, and dissertation committee members informed about the progress of the research. All

data were kept in a secure place, analyzed, and disposed of according to the policy of Argosy University.

Instrumentation

Ten-Item Personality Inventory

Data for the study were collected by means of a questionnaire containing 26 items. The questionnaire consisted of four sections. The first section asked subjects to complete information about their age, gender, ethnicity, highest nursing degree completed, number of years as a registered nurse, years employed at the setting, and if they planned to continue working in a geriatric setting. The second section consisted of the TIPI modeled after the 44-item Big Five Inventory (BFI), developed by Oliver John and V. Benet-Martinez in 1998 (McConochie, 2011). The TIPI is in the public domain and has been used in research to provide a score for the personality traits identified on it (Srivastava, 2011). The third section of the questionnaire asked subjects to answer if course content on geriatric care throughout their nursing education influenced their decisions to continue working in geriatrics. This section also asked if geriatric-related courses or geriatric-related continuing education units influenced their decisions to continue working in geriatrics. The fourth section asked how familiar subjects were with seven issues facing the nursing profession.

Subjects may have very limited time to participate in a study, and the researcher may be faced with the choice of using an appropriate brief measure of the big-five personality dimensions or not using a measure at all (Gosling et al., 2003). The 10 items on the TIPI were rated on a Likert-type scale from 1 to 7 (1 = *strongly disagree*, 2 = *disagree moderately*, 3 = *disagree a little*, 4 = *neither agree nor disagree*, 5 = *agree a*

little, 6 = *agree moderately*, and 7 = *agree strongly*) (Gosling et al., 2003). The TIPI was appropriate for use in this study because it answered the second research question: “Is there a significant correlation between nurses’ personality traits (Extraverted, enthusiastic; Critical, quarrelsome; Dependable, self-disciplined; Anxious, easily upset; Open to new experiences, complex; Reserved, quiet; Sympathetic, warm; Disorganized, careless; Calm, emotionally stable; and Conventional, uncreative) and their decisions to continue working in geriatrics?” The TIPI has been used in previous studies where short measures were needed and when personality was not the primary topic of interest (Gosling et al., 2003). The researcher spoke to Dr. O. John via telephone to obtain permission to use the TIPI for this research and was told that it is in the public domain and permission was not needed to use it.

Reliability and Validity

Reliability and validity of the TIPI were established in a previous study using self-rating. The instrument was tested to assess test-retest reliability; a subsample of participants took the revised 10-item instrument a second time (Gosling et al., 2003).

Although the TIPI is “somewhat inferior” to the BFI instrument, it “reached adequate levels in each of the criteria against which it was evaluated: convergent and discriminant validity, test-retest reliability, patterns of external correlates” (Gosling et al., 2003, p. 523). One of the most important features of an instrument is its ability to measure the concept being studied in an unwavering and consistent way (Coughlan, Cronin, & Ryan, 2007).

In one study (Gosling et al., 2003), the goal was to develop and validate a 10-item inventory of the BFI’s personality dimensions. Three instruments were used to evaluate

the TIPI, each time comparing it to the BFI. To test for discriminant validity, the researchers used self-rating using the TIPI and the BFI (Gosling et al., 2003). The researchers tested for test-retest reliability. Participants in the study were 1,813 undergraduate students at the University of Texas, identified as samples C1 and C2 (Gosling et al., 2003). In the C1 sample, “1173 (65%) were women[,] . . . 633 (35%) were men, 333 (18.5%) were Asian, 229 (12.7%) were Hispanic, 1124 (62.3%) were White, and 117 (6.5%) were other ethnicities” (Gosling et al., 2003, p. 517). Participants were given a battery of questions. Researchers used the TIPI and the Neuroticism-Extraversion-Openness Personality Inventory Revised (NEO-PI-R) to determine correlations with the BFI. Correlations between the NEO-PI-R and the BFI were stronger than correlations to the 10-item TIPI. “The pattern and magnitude of the TIPI-NEO-PI-R and BFI-NEO-PI-R *facet* correlations were very similar, with only a few differences” (Gosling et al., 2003, p. 518). Overall results of the study provided “good evidence for the construct validity of the” TIPI (Gosling et al., 2003, p. 518).

According to Gosling et al. (2003), “A sub-sample of 180 . . . (sample C2) were tested again” 2 weeks after the initial test (p. 517). They were given the same battery of test as was given 2 weeks prior. The C2 group’s participation was “in exchange for partial fulfillment of an introductory psychology course requirement” (Gosling et al., 2003, p. 517). In the subset, “121 (69.9%) were women[,] . . . 52 (30.1%) were men, 30 (17.3%) were Asian, 19 (11%) were Hispanic, 110 (63.6%) were White, and 14 (8.1%) were of other ethnicities” (Gosling et al., 2003, p. 517). Results of the study showed that convergence correlation for the BFI and the TIPI “(mean $r = .77$) far exceeded the discriminant correlations (absolute mean $r = .20$) and none of the discriminant

correlations exceeded .36” (Gosling et al., 2003, pp. 517-518). Finally, to examine patterns of external correlates, researchers obtained self-ratings on several other measures (Gosling et al., 2003).

Limitations and Threats

Despite the value of the TIPI, the instrument is “less reliable and correlates less strongly with other variables” (Gosling et al., 2003, p. 523). The TIPI lacks the ability “to measure individual facets of multi-faceted constructs” (Gosling et al., 2003, p. 523). It does not “provide scores for the narrower facet-level constructs” (Gosling et al., 2003, p. 523). “Other widely used short measures of the Big Five (e.g., the 44-item BFI and the 60-item NEO-FFI) do not provide facet scores either” (Gosling et al., 2003, p. 524).

The TIPI was used to investigate if there is a correlation between nurses’ decisions to continue working in geriatrics and the following personality traits: (a) extraverted, enthusiastic; (b) critical, quarrelsome; (c) dependable, self-disciplined; (d) anxious, easily upset; (e) open to new experiences, complex; (f) reserved, quiet; (g) sympathetic, warm; (h) disorganized, careless; (i) calm, emotionally stable; and (j) conventional, uncreative. Threats to reliability for this study included the TIPI’s ability to (a) collect data on the type of subjects the study targeted, (b) accurately measure the outcome or constructs of the study, and (c) consistently generate the same results in similar circumstances.

Benefits

According to Gosling et al. (2003), “The central benefit of the TIPI is that it extends the scope of studies in which the Big Five can be measured” (p. 524). The TIPI

allows the researcher to assess for bias and check for error, and it takes less than 10 minutes to complete. Gosling et al. stated,

A second potential benefit of [using] the TIPI is that by providing a standard instrument for . . . research . . . , knowledge about its psychometric properties and its external correlates can accumulate. Without a standard instrument [for use], researchers would be forced to create their own [instrument]. (p. 524)

The authors went on to state that a third benefit of the TIPI is that it is brief, reduces participant boredom, eliminates redundancy, and can be answered in less than 10 minutes.

Conclusion

The personality traits measured by the TIPI “were identified through lexical analysis,” which “involves gathering a set of descriptors that might be used to describe enduring personality characteristics. Individuals are then asked to rate how well each trait describes” them or how it describes a peer (Gerber, Huber, Doherty, Dowling, & Ha, 2010, pp. 112-113). The self-reported “ratings are then factor-analyzed to identify clusters of descriptors that tap the same underlying dimensions of personality” (Gerber et al., 2010, p. 113).

There is an increasing interest in developing short, nonproprietary personality trait scales that are valid in different languages and cultures (Romero, Villar, Gomez-Fraguela, & Lopez-Romero, 2012). Traditional scales for trait measurement are usually long, and as more variables are added for measurement, the likelihood of participant fatigue and boredom increases, which results in a reduction of the quality of the data (Romero et al., 2012).

The TIPI does not attempt to undermine the usefulness of the Big Five. Personality traits identified in the Big Five can explain substantial amounts of variation in

a variety of opinions, behaviors, and outcomes (Gerber et al., 2010). Borghans, Duckworth, Heckman, and Weel (2008) explored the “predictive power of personality and the stability of personality traits over the life cycle” (p. 972) and found that “in the psychology literature, there is substantial evidence on the importance of personality traits in predicting socioeconomic outcomes including job performance, health, and academic achievement” (p. 1006). Research has found that personality “traits affect outcomes such as behavior in economic games . . . , political tolerance . . . , job satisfaction . . . , alcohol . . . consumption . . . , and physical and mental health” (Gerber et al., 2010, p. 111).

The five personality traits identified as the Big Five are openness, conscientiousness, extraversion, agreeableness, and neuroticism Gerber et al. (2010) described the five personality traits as follows: Openness describes people who are open to experiences and are not closed-minded. This trait “describes the breadth, depth, originality, and complexity of an individual’s mental and experiential life” (John & Srivastava, as cited in Gerber et al., 2010, p. 113). Conscientiousness describes people who have impulse control and display “task- and goal-directed behavior, such as thinking before acting” (John & Srivastava, as cited in Gerber et al., 2010, p. 113). They follow norms and rules, and prioritize tasks. Emotional stability describes people who are even-tempered. This trait “contrasts . . . with negative emotionality,” such as sadness, nervousness, and feeling tense (John & Srivastava, as cited in Gerber et al., 2010, p. 113). “Extraversion implies an *energetic approach* to the social and material world” (John & Srivastava, as cited in Gerber et al., 2010, p. 113). People with this trait display “assertiveness, and positive emotionality” (John & Srivastava, as cited in Gerber et al., 2010, p. 113). “Agreeableness contrasts a *prosocial and communal orientation* toward

others . . . and includes traits such as altruism, tender-mindedness, trust, and modesty” (John & Srivastava, as cited in Gerber et al., 2010, p. 113). Neuroticism describes people who have a “tendency to become upset or emotional” (Cherry, 2012, para. 10). This is in contrast to people who have a “tendency to remain emotionally constant” (Cherry, 2012, para. 10).

The TIPI is one of the most prominent shorter scales for trait measurement. Romero et al. (2012) stated, “The scale can be completed in approximately 1 min: each of the 10 items consists of two adjectives and each of the Big Five factors is represented by two items” (p. 1).

Data Processing and Analysis

Data Processing

After permission was granted from the IRB to conduct the study, the researcher contacted the hospital’s CNO again, and data collection began December 15, 2012. Before data were collected, a letter informing participants of their rights and a written consent form were provided. Information on how to contact the researcher was posted on the bulletin board in the nurses’ lounge and was written on the collection box. Completed responses were placed in the collection box.

Prior to contacting the sample, the researcher reviewed elements of the study to determine the following: (a) clearly defined research purpose, problem, questions, and hypotheses; (b) continued use of logical consistency and steps of the research process; and (c) a literature review that demonstrated a balanced view of the literature. After the research data were collected, the data results were related to the literature review, thus placing the study in context (Coughlan et al., 2007). The researcher’s questions and

hypotheses were appropriate for the study, which investigated factors that impact registered nurses' decisions to continue providing care to older adults. Participants' rights and privacy were protected at all times. Operational definitions were clearly identified, and data were collected from the correct sample using a legitimate data-collecting source. The appropriate research instrument was used to collect data for the study.

The questionnaire was used to collect data that were statistically analyzed to determine if they answered the research questions. Creswell (2009) stated that interpreting results of the hypotheses or research questions addresses whether they were supported or refuted. The author went on to say that interpretation of results suggests why the results were or were not significant and addresses whether the results might have occurred because of "inadequate experimental procedures, such as threats to internal validity, and indicate[s] how the results might be generalized to other people, settings, and times" (Creswell, 2009, p. 167). Participants' responses on the questionnaire provided data for quantitative analysis. The data were converted into numbers by counting and scaling. Counting involves the frequency of phenomena such as individual behavior, events, incidents, activities, or experiences. Scaling involves measuring a trait or intent along a continuum or scale (Onwuegbuzie & Leech, 2006).

The Questionnaire

Section 1 of the questionnaire consisted of seven sociodemographic items on a nominal scale: age, gender, ethnicity, highest nursing degree completed, number of years as a registered nurse, years employed at the setting, and if participants planned to continue working in a geriatric setting. Section 2 used a Likert scale of 1 (*disagree*

strongly) to 7 (*agree strongly*) to respond to 10 items on the unaltered TIPI. Section 3 consisted of two items. The first item used a Likert scale of 1 (*disagree strongly*) to 7 (*agree strongly*) to collect data on the statement, “Course content on geriatric care throughout my nursing education has influenced my decision to continue working in geriatrics.” The second item in Section 3 used a Likert scale of 0 (*none*) to 6 (*over 54*) to elicit data on the number of geriatric-related courses or continuing education units participants had taken since becoming a registered nurse. Section 4 consisted of seven items and asked respondents about their familiarity with seven geriatric issues impacting the nursing profession. A Likert scale of 1 (*not at all familiar*) to 5 (*extremely familiar*) was used to collect statistical data. The study was conducted during December 2012 and January 2013.

Data were collected after approval from the IRB chair, Dr. Aldwin Domingo. All data collected were secured by the researcher. The researcher kept a low profile regarding data retrieved. Data were shared with Argosy University’s dean of the School of Education; the dissertation chair, Dr. Robert Mendoza; dissertation committee members; and a statistician approved by Argosy University. Data will be destroyed according to the policy of Argosy University.

The researcher used the Statistical Package for the Social Sciences (SPSS) technological program, which allowed data entry and provided statistical information for the study. The program provided information that could be displayed as bar graphs, scatter plots, pie charts, and histograms. Graphing data is a useful way to summarize, organize, and reduce data collected for the study (Cronk, 2008). Data for this study are displayed in a way that is understandable.

Data Analysis

The nonexperimental quantitative research study used descriptive statistics to analyze data by transferring “a set of numbers into indices that summarize characteristics of a sample” (McMillan, 2000, p. 123). This procedure allowed the researcher to analyze data, attempt to answer research questions, and test alternative hypotheses (Cronk, 2008; McMillan, 2000). Bivariate associations between personality traits and the decisions of registered nurses to continue working in geriatrics were assessed using a *t* test. The bivariate analysis allowed the researcher to analyze two variables simultaneously to determine the empirical relationship between them (Helms, 2011).

A one-group design was used. To determine the correlation between two or more variables, data were collected for variables on each case. Correlational relationships are not necessarily causal relationships (Dodge, 2003). Two variables may be associated, but that does not mean one variable causes another. A categorical variable was used to define respondents; they were registered nurses.

Chi-square test. A chi-square test of independence was performed to examine the relationship between the age of registered nurses (those over 40 years of age and those under 40 years of age) and their preference to remain in geriatrics. The chi-square value of 0.825 was not significant at the .05 level of confidence ($\chi^2 = 0.825, p < .93$).

***T* test.** A *t* test was used to determine bivariate associations between the 10 personality traits—(a) Extraverted, enthusiastic; (b) Critical, quarrelsome; (c) dependable, self-disciplined; (d) Anxious, easily upset; (e) Open to new experiences, complex; (f) Reserved, quiet; (g) Sympathetic, warm; (h) Disorganized, careless; (i) Calm, emotionally stable; and (j) Conventional, uncreative (Gosling et al., 2003)—and

the decisions of registered nurses to continue working in geriatrics. The level of significance was .05.

Cronbach's alpha. Scale reliability of each personality trait on the TIPI was assessed with Cronbach's alpha, and validity of the scales was assessed with factor analysis. The alpha reliability statistic (Cronbach's alpha) was 0.73.

Tables. The final step in data analysis is the presentation of results in tables or figures and the interpretation of results from the statistical tests (Creswell, 2009). The researcher drew conclusions from the results of the research questions and hypotheses. The study displays results in tables (see Chapter IV).

CHAPTER FOUR: FINDINGS

This chapter introduces research findings. The purpose of the study investigated factors that impact registered nurses' decisions to continue providing care to older adults. A quantitative approach was the most appropriate research method because the researcher was not attempting to develop a theory but to validate theory. Three research questions and hypotheses were investigated. The survey method of data collection provided the sociodemographic information: gender, age, ethnicity, highest nursing degree completed, number of years as a registered nurse, years employed at the setting, and if they planned to continue working in a geriatric setting.

Sociodemographic Data

Section 1 of the questionnaire consisted of nominal data. These data are usually expressed in words; for example, male, female, or ethnicity. These data are not placed in any order from high to low. The one-way chi-square (χ^2) test of significance is used to interpret the relationship between two variables that yield numerical scores (Dodge, 2003). A chi-square test will help decide whether a split is significantly different. The null hypothesis will only refer to differences, not relationships.

Population Characteristics

The sample population for this study consisted of 48 registered nurses. Forty-four participants (91.7%) were female, and four (8.3%) were male (see Table 1). Men make up 7% of all registered nurses (IOM, 2011b). Hodes's (2005) research found that the last estimate of the number of men in nursing was at 6%.

Filipino nurses were the largest group in this study with 23 participants (47.9%). Filipino nurses represented more than half of the graduates taking the U.S. licensure

Table 1

Individual Characteristics as a Percentage of the Sample

Characteristic	<i>n</i>	%
Gender		
Male	4	8.3
Female	44	91.7
Age		
20-30	10	20.8
31-40	15	31.3
41-50	14	29.2
51-60	5	10.4
61-70	4	8.3
Race		
African American	11	22.9
White	2	4.2
Hispanic	3	6.3
Asian	7	14.6
Filipino	23	47.9
Other	1	2.1
Highest nursing degree completed		
Associate degree	25	50.0
Bachelor's degree	16	33.3
Diploma	6	12.5
Master's degree	0	0.0
Doctorate	1	2.1
Number of years as registered nurse		
Less than 1 year	2	4.2
1-5	12	25.0
6-11	14	29.2
12-17	9	8.8
18-23	6	12.5
Over 24 years	5	10.4
Years employed at the setting		
Less than 1 year	3	6.3
1-5	20	41.7
6-11	18	37.5
12-17	4	8.3
18-23	2	4.2
Over 24 years	1	2.1

Note. *N* = 48.

exam in 2001 (Brush, Sochalski, & Berger, 2004). Since 1989, nursing homes have secured foreign nurses through the attestation process stipulated in the Immigration

Nursing Relief Act (Brush et al., 2004). However, having more foreign nurses does not necessarily mean a facility will provide better care. Brush et al. (2004) noted, “Little is known about whether the quality of nursing care differs between foreign- and U.S.-trained nurses” (p. 7).

The majority of participants, 25 (50.0%), had associate nursing degrees. Fourteen (29.2%) responded that they had worked 6-11 years as a registered nurse. Twenty participants (41.7%) reported their years employed at the setting to be 1-5 years. The study’s population characteristics are summarized in Table 1.

Findings: Plan to Continue Working

Thirty-one participants (64.6%) answered yes to the question of whether they planned to continue working in the geriatric setting. Seventeen (35.4%) responded with a no.

Findings by Research Question

Research Question 1

Is there a significant difference in nurses’ likelihood to remain in geriatrics between age groups (those over 40 years of age and those under 40 years of age)?

The following hypothesis related to Research Question 1:

H₁. There is a significant difference in nurses’ likelihood to remain in geriatrics between age groups (under age 40 and over age 40).

Analysis. A chi-square test of independence was performed to examine the relationship between the age groups of nurses (under age 40 and over age 40) and their preference for remaining in geriatrics. The chi-square value of 0.825 was not significant at the .05 level of confidence ($\chi^2 = 0.825, p < 0.93$).

Findings. The results indicated there is no significant association between the age of nurses and their decisions to continue working in geriatrics.

Research Question 2

Is there a significant correlation between nurses' personality traits (Extraverted, enthusiastic; Critical, quarrelsome; Dependable, self-disciplined; Anxious, easily upset; Open to new experiences, complex; Reserved, quiet; Sympathetic, warm; Disorganized, careless; Calm, emotionally stable; and Conventional, uncreative) and their decisions to continue working in geriatrics?

The following hypotheses related to Research Question 2:

H_{2a}. *Extraverted, enthusiastic* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2b}. *Critical, quarrelsome* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2c}. *Dependable, self-disciplined* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2d}. *Anxious, easily upset* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2e}. *Open to new experiences, complex* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2f}. *Reserved, quiet* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2g}. *Sympathetic, warm* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2h}. *Disorganized, careless* is negatively related to registered nurses' decisions to continue working in geriatrics.

H_{2i}. *Calm, emotionally stable* is positively related to registered nurses' decisions to continue working in geriatrics.

H_{2j}. *Conventional, uncreative* is negatively related to registered nurses' decisions to continue working in geriatrics.

Analysis. Table 2 presents the results of the bivariate associations between 10 personality traits and the decisions of nurses to continue working in geriatric settings. Differences in mean scores of the personality traits and the number of "yes" responses regarding the likelihood of nurses to continue working in geriatrics were tested with a *t* test.

Table 2

Personality Traits Identified in the Ten Item Personality Inventory (TIPI)

Personality traits	Total (<i>M/SD</i>)	Plan to continue working in geriatric setting (<i>M/SD</i>)		<i>p</i> value
		Yes	No	
A. Extraverted, enthusiastic	5.8 (1.7)	5.4 (1.9)	6.5 (0.8)	0.01
B. Critical, quarrelsome	5.8 (1.9)	2.1 (1.8)	2.3 (2.1)	0.70
C. Dependable, self-disciplined	6.3 (1.4)	6.0 (1.6)	6.8 (0.4)	0.03
D. Anxious, easily upset	5.1 (1.9)	2.9 (1.8)	3.02 (2.1)	0.82
E. Open to new experiences, complex	6.2 (1.5)	6.0 (1.7)	6.7 (0.6)	0.04
F. Reserved, quiet	3.3 (1.8)	4.9 (1.4)	4.3 (2.3)	0.28
G. Sympathetic, warm	6.3 (1.4)	6.1 (1.7)	6.6 (0.5)	0.17
H. Disorganized, careless	6.2 (1.3)	2.1 (1.5)	1.2 (0.4)	0.03
I. Calm, emotionally stable	6.0 (1.4)	5.8 (1.6)	6.4 (0.8)	0.24
J. Conventional, uncreative	5.8 (1.5)	2.5 (1.6)	1.5 (1.1)	0.02

Note. The alpha reliability statistic (Cronbach's alpha) for this table is 0.73. Values that were significant at the .05 level of significance are in boldface.

Findings. An independent-sample *t* test showed that personality traits A (Extraverted, enthusiastic), C (Dependable, self-disciplined), E (Open to new experiences), H (Disorganized, carless), and J (Conventional, uncreative) were significant at the .05 level of significance. Findings of personality traits are summarized in Table 2.

Scale reliability. Scale reliability of each personality trait's measure was assessed with Cronbach's alpha, and validity of the scales was assessed with factor analysis. The result of the factor analysis revealed two indices. The first index explained 40.632% of the variance, and the second index explained 15.250% of the variance. Together these two indices explained 55.882% the variance.

Research Question 3

Is there a significant difference in nurses' decisions to continue working in geriatrics related to receiving course content on geriatric care in the nursing curriculum, number of geriatric-related courses/continuing education units taken, and nurses' familiarity with seven geriatric issues?

The following hypotheses related to Research Question 3:

H_{3a}. Geriatric course content positively affects registered nurses' decisions to continue working in geriatrics.

H_{3b}. The number of geriatric-related courses and/or continuing education courses positively affects registered nurses' decisions to continue working in geriatrics.

H_{3c}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with seven geriatric issues facing the nursing profession.

H_{3d}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the increasing number of older adults having a profound impact on the healthcare industry and the nursing profession.

H_{3e}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with older adults' utilizing a large proportion of the healthcare services because of multiple chronic conditions.

H_{3f}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the nursing shortage and how this impacts the delivery of care to older adults.

H_{3g}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with an aging nursing workforce and how this impacts the delivery of care to older adults.

H_{3h}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with the need for nursing leadership to assist faculty development to enhance geriatric content in the nursing curriculum.

H_{3i}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with nurses' career choice.

H_{3j}. There is no significant correlation between the number of geriatric-related courses taken and registered nurses' familiarity with job dissatisfaction as the primary reason for nurse retention problems in hospitals and nursing homes.

Analysis. Table 3 presents the bivariate associations between nurses' decisions to continue working in geriatrics and the differences in course content, number of geriatric-related courses/continuing education units taken, and registered nurses' familiarity with

seven geriatric issues. An independent-sample t test was conducted. As shown in Table 3, the results of the t test revealed no significant differences in the mean scores of incorporating geriatric content in the curriculum, geriatric-related courses taken, and familiarity with the seven geriatric issues and the registered nurses' decisions to continue working in the geriatric setting ($p > .05$).

Table 3

Summary of the Number of Geriatric and Continuing Education Courses Taken, Familiarity With Seven Geriatric Issues, and Nurses' Decisions to Continue Working in Geriatrics

Factor	Total (M/SD)	Plan to continue working in geriatric setting (M/SD)		p value
		Yes	No	
A. Course content on geriatric care	5.2 (1.7)	5.4 (1.5)	4.8 (2.0)	0.24
B. How many geriatric-related courses taken	2.21 (1.7)	2.2 (1.7)	2.4 (1.7)	0.58
C. How familiar are you with: An increasing number of older adults	3.7 (0.9)	3.6 (1.0)	4.1 (0.7)	0.09
D. How familiar are you with: Older adults utilizing health care services	4.1 (0.9)	4.1 (1.1)	4.2 (0.8)	0.85
E. How familiar are you with: The shortage of nurses	3.9 (1.1)	3.8 (1.1)	4.2 (0.8)	0.20
F. How familiar are you with: An aging workforce	3.4 (1.2)	3.3 (1.3)	3.6 (2.1)	0.37
G. How familiar are you with: Nursing leadership	3.8 (1.1)	3.7 (1.1)	3.9 (1.2)	0.69
H. How familiar are you with: Nurses usually do not choose a career in geriatrics	2.7 (1.2)	2.7 (1.1)	2.8 (1.2)	0.68
I. How familiar are you with: Job dissatisfaction is a primary reason for leaving a job	3.4 (1.2)	3.4 (1.2)	3.5 (1.2)	0.89

Findings. The study revealed no significant differences in the mean scores of factors relating to incorporating geriatric content in the curriculum, geriatric-related courses taken, and familiarity with the seven geriatric issues and the registered nurses'

decisions desire to continue working in the geriatric setting. Findings related to Research Question 3 are summarized in Table 3.

Conclusion

Findings of the study revealed that the personality traits of extraverted, enthusiastic; dependable, self-disciplined; open to new experiences, complex; disorganized, careless; and conventional, uncreative were significant at the .05 level of significance. Thirty-one participants (64.6%) answered yes to the question about their planning to continue working in a geriatric setting. Seventeen (35.4%) answered no to the same question. The findings of the study of registered nurses who do not plan to continue working in geriatrics is significant. The insufficient supply of registered nurses and the shortage is expected to continue in the next decade (Buerhaus et al., 2007). Along with the shortage of nurses there is an even greater shortage in geriatric settings Stone & Barbarotta, 2011). Even if there were a sufficient number of registered nurses there still would not be a sufficient number who are well-trained and competent to provide care to older adults Stone & Barbarotta, 2011).

The largest numbers of participants were female and Filipino. Recruitment of foreign nurses has been occurring since 1989, but there is not much knowledge about the differences in quality of care provided by foreign nurses and registered nurses educated in the United States. More research is needed in this area.

An independent-sample *t* test was conducted to determine the associations between nurses' decisions to continue working in geriatrics and curriculum course content, number of geriatric-related courses taken, and registered nurses' familiarity with seven geriatric issues. Results revealed no significance differences in the mean scores of

incorporating geriatrics into the curriculum, geriatric-related courses taken, and seven geriatric issues as they related to nurses' decisions desire to work in geriatric settings.

The aging population is causing a shift in nursing education toward caring for older adults (Hepp, 2012). Although a geriatric course within the curriculum is no guarantee that students will choose to work in geriatric settings, the National League for Nursing (NLN) believes there is a need to transform nursing education (National League for Nursing, 2011). Nurse educators are encouraged to “help create a future in which care of older adults is holistic, consistently competent, individualized, and humane” (National League for Nursing, 2011, p. 1).

Literature indicated that there needs to be a cost effective delivery system with well trained registered nurses who understand how to deliver care to older adults (Stone & Barbarotta, 2011). An evidence-based framework for registered nurses practicing in long-term care may offer some solutions to fill gaps in the delivery of care. (Lyons, Pringle, Specht, Karlman, & Maas, 2008). Research has shown that registered nurses make positive differences in patient outcomes. For example, when registered nurses care for older adults there is less use of restraints, and there are fewer incidents of infections (Lyons et al., 2008). “Yet, in most nursing homes, the professional nurse is an endangered position” (Lyons et al., 2008, p. 1). Many registered nurses in nursing homes have not received advanced education in the care of older adults (Lyons et al., 2008).

The present study found that nurses' familiarity with seven geriatric issues was not a factor related to registered nurses decisions to continue working in geriatrics. Research shows that registered nurses working in long-term care have little input in long range planning, or policy making; and most nursing directors do not have a bachelor's degree

or any training in leadership or management (Lyons et al., 2008). There is no single model to address the numerous and varied care problems in different health care settings (Lyons et al., 2008). Some suggestions to improve nursing care in long-term care nursing are (a) adopt an evidence based framework to strengthen geriatric nursing practices, (b) implement strategies to retain those working in geriatrics, (c) strengthen programs that teach geriatric nursing, (d) perform more research in the field of geriatrics and gerontology, e) and implement a professional practice model in nursing homes (Lyons et al., 2008).

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter discusses the significance of the problem, literature applicable to the research, conceptual framework, research questions and results, the research instrument, limitations of the study, recommendations for future research, conclusions, implications for practice, implications of the findings, and implications for research.

Summary

Significance of the Problem

The healthcare system is experiencing a crisis. The increasing number of older adults and the declining number of registered nurses knowledgeable about the care of older adults are major challenges facing the healthcare industry and the nursing profession. Technological advances have increased people's lifespans and "will transform society for the better" and make it possible for "humanity [to triumph] over death by natural causes" (Milstrey, 2012, para. 2). The "Center for Disease Control statistics reveal[ed] a steady increase in" the lifespan of humans (Hoskins, 2009, para. 2). According to Hoskins (2009), "In 1900, the average life expectancy . . . was . . . 47 years"; by 1950 the age increased to 68, and by 2005 the average life expectancy was around 75 years of age (para. 2). Technology has contributed to the increased lifespan. "The discovery . . . of penicillin" helped treat "life-threatening" diseases; "the development of a polio vaccine and the first successful organ transplant" are examples of technology benefiting humanity (Hoskins, 2009, para. 3).

The reluctance of registered nurses to choose a career in geriatrics, outdated nursing curricula that do not include meaningful geriatric content, lack of knowledge

about the special needs of older adults, an aging nursing workforce, and low recruitment and retention of registered nurses in long-term care settings are barriers to quality care provided to older adults (Hassmiller & Cozine, 2006). The current nursing shortage is due to many factors related to recruitment and retention, an aging population and an aging workforce, and unsatisfactory work environments (Hassmiller & Cozine, 2006). There is a need for more doctoral-prepared nurses who will be able to use knowledge and leadership skills to do research in order to promote health and increase the quality of life.

The first nursing research to address geriatric nursing and older adults appeared in 1952 in the newly formed journal, *Nursing Research* (Wheeler, 1952). During that time, nurses were also addressing issues concerning the older adult. One author wrote, “Margery Mack’s study of chronic illness was a timely selection for the first issue. As research provides more scientific information about the aging and chronic patient, geriatric nursing is presenting a real challenge to the professional nurse” (Wheeler, 1952, p. 45). Fewer nurses are working in nursing homes; too few still are not educated on how to care for older adults (Hassmiller & Cozine, 2006). By 2020 it is estimated that the United States will have at least 400,000 fewer nurses than today, just when baby boomers will be in their 70s and 80s (Hassmiller & Cozine, 2006). The nursing shortage also has an impact on the education of nurses and nurse educators.

There is concern about the insufficient number of nurse educators to teach the next generation of nurses (Wood, 2013). Nursing faculty are needed to prepare students for advanced practice and to become doctoral-prepared nurses (Wood, 2013). Student nurses need to learn from faculty knowledgeable about geriatric care. To accomplish this goal nursing faculty need to learn how to incorporate geriatric content into the curriculum

to ensure that nursing students will complete nursing school with knowledge needed to respond to the health care needs of older adults (Kovner et al., 2002).

Literature Applicable to the Research

Factors that impact registered nurses' decisions to continue providing care to older adults were the focus of this study. The increasing number of older adults, chronic health problems, a declining number of registered nurses, an aging nursing workforce, the need for more doctoral-prepared nurses to assume leadership roles to perform research, the need to form partnerships with government agencies and private foundations to attract registered nurses to the field of geriatrics, and the reluctance of nurses to choose a career in geriatric nursing are some of the challenges facing the healthcare industry and the nursing profession.

Doctorate in education in instructional leadership. A Doctor of Education in Instructional Leadership provides registered nurses with the skills and knowledge to respond to critical issues, such as caring for older adults, providing safe care, and using evidence-based knowledge to care for patients. This is a critical time for nurse leaders, those in clinical settings and in academia, to collaborate on initiatives to address issues that will provide student nurses and registered nurses with knowledge and skills to provide safe care to patients in today's environment (Mion, 2003). Nurse leaders in academic and service settings have the opportunity to teach best practices and work together to shape nurses' future (Mion, 2003). Registered nurses who have the skills and knowledge can play an important role in early detection and prevention of problems to prevent more serious complications and enable older adults to maintain the highest possible level of wellness (Ayranci & Ozdag, 2006).

Research and higher levels of education. Nursing leadership skills are needed to conduct research, evaluate and prioritize problems, and identify questions relevant to the safe care of older adults. The American Association of Colleges of Nursing (AACN, 2010) stated that nurses should conduct research, develop research tools to address problems, and disseminate findings. Safe nursing practices are enhanced through advanced education and collaboration with other healthcare professionals to modify the nursing curricula that promote leadership roles and to support changes that ensure health, patient safety, and quality nursing care (IOM, 2011b).

Competent workforce needed for long-term care. According to the AACN (2012), more registered nurses are needed who are knowledgeable about the care of older adults. Tellis-Nayak (2005) found that education not only increases skills, but it also builds self-image and opens opportunities for nurses to advance.

Barriers to improving geriatric training. The lag in geriatric training within the curricula continues although this was recognized decades ago (Bardach & Rowles, 2012). Other barriers to geriatric training include a “lack of geriatrics-trained educators,” already “packed curricula,” “[lack] of financial incentive,” and “gerontological stereotyping” (Bardach & Rowles, 2012, para. 3). Research shows there is reluctance among registered nurses to work in geriatric settings, and geriatric care is usually devalued in the healthcare industry (Cooper & Coleman, 2001).

Recruitment and retention—personality testing. Nurse leaders are not only faced with the challenges the nursing shortage causes but also with recruitment, job fit, and retention. The employees’ personal values and the organization’s culture must fit to promote job retention, job satisfaction, and feelings of professional and personal

embeddedness (Holtom & O'Neil, 2004). Personality tests have been used to assess job fit (Holtom & O'Neil, 2004). Roberge (2009) found that rural nurses' retention was influenced by their level of job satisfaction, personal characteristics, and job experiences.

The Ten-Item Personality Inventory (TIPI) provides a measure of the Big Five personality traits for contexts when time is limited and when personality assessment would be otherwise impossible (Rammstedt & John, 2006). Test-retest validity, structural validity, and convergent validity have been established, and overall results of the TIPI indicate that the TIPI scales retain significant levels of reliability and validity (Rammstedt & John, 2006).

Registered nurses' attitudes toward older adults and career choice. Literature found that no single factor influences registered nurses' decisions to work in geriatrics. Literature promotes more student contact with older adults and meaningful geriatric course content in schools' curricula (Birks et al., 2010). Research by Ferrario et al. (2008) found that clinical experiences with humanistic role models are associated with students' positive attitudes toward older adults. Nursing faculty can transmit negative attitudes toward older adults and cause negative attitudes of students toward older adults, thus influencing their career choice (Ferrario et al., 2008).

Enhance quality nursing care for an aging population. As the population ages over the next decade, the population "will become more racially and ethnically diverse," and the older population will more than likely constitute a large portion of nurses' caseload (Vincent & Velkoff, 2010, p. 1). In 2010, "there were 53,364 centenarians, defined as people 100 years and older" (Werner, 2011, p. 18). Research indicates that

registered nurses are critical in providing safe care and coordinating care for frail elderly adults and other patients who have significant healthcare needs (Dailey, 2011).

Nursing care for older adults and chronic health problems. The prevalence of chronic conditions was reported in the National Center for Health Statistics (2011) report, which found that older adults with chronic problems such as heart failure, diabetes, and hypertension could benefit from nursing care provided by registered nurses. Government reports on healthcare trends show the pivotal role registered nurses play in addressing modifiable risk factors such as smoking cessation and exercise (National Center for Health Statistics, 2011).

Conceptual Framework

This causal-comparative research study investigated factors related to registered nurses' decisions to continue providing care to older adults. A review of the literature provided the conceptual framework. Literature on this subject is sparse, although the healthcare industry, government agencies, and private foundations are aware of the impact that the increasing number of older adults have on the healthcare system. The shortage of nurses has an impact on the care older adults receive, especially since registered nurses are reluctant to choose a career in geriatrics.

Factors investigated related to registered nurses' decisions to continue providing care to older adults were (a) sociodemographic data on registered nurses, including gender, age, ethnicity, highest nursing degree completed, number of years as a registered nurse, years employed at the setting, and whether participants planned to continue working in geriatric settings; and (b) nurses' personality traits (Extraverted, enthusiastic; Critical, quarrelsome; Dependable, self-disciplined; Anxious, easily upset; Open to new

experiences, Complex; reserved, quiet; Sympathetic, warm; Disorganized, careless; Calm, emotionally stable; and Conventional, uncreative) measured by the TIPI. Other factors investigated were (a) the likelihood of registered nurses to continue working in geriatrics related to geriatric course content in the nursing curriculum, and (b) the likelihood of registered nurses to continue working in geriatrics related to course content on geriatric care or continuing education units. The study investigated if there was a correlation between the number of geriatric-related courses taken and registered nurses' familiarity with seven geriatric issues facing the nursing profession.

First Research Question Related to Purpose

Research Question 1 asked, "Is there a significant difference in nurses' likelihood to remain in geriatrics between age groups (those over 40 years of age and those under 40 years of age)?" The aging workforce includes registered nurses. Most registered nurses are 55 years of age or older (Mion, 2003). Older nurses are more likely to have chronic problems, such as neck, back, and foot injuries that reduce their capacity to perform as well as younger nurses (Mion, 2003). In this study, there was no significant association between the age of nurses and their decisions to continue working in geriatrics.

Second Research Question Related to Purpose

Research Question 2 asked, "Is there a significant correlation between nurses' personality traits (Extraverted, enthusiastic; Critical, quarrelsome; Dependable, self-disciplined; Anxious, easily upset; Open to new experiences, complex; Reserved, quiet; Sympathetic, warm; Disorganized, careless; Calm, emotionally stable; and Conventional, uncreative) and their decisions to continue working in geriatrics?" In this study, an independent sample t-test showed that the t-test for the personality traits A (Extraverted,

enthusiastic); C (Dependable, self-disciplined); E (Open to new experiences); H (Complex; disorganized, careless); and J (Conventional, uncreative) were significant at the .05 level of significance.

Personality is the set of characteristics within an individual that influences his or her behavior in different contexts (Hussain et al., 2012). The AACN (2010) stated that registered nurses need to first recognize their own attitudes, values, and expectations about older adults and the impact their care has on older adults and their families. The care of patients and nurse related issues are also being assessed by The Joint Commission's Nursing Advisory Council (The Joint Commission, 2010). Nursing related issues should not only focus on the number of nurses needed but on the quality of care provided and positive patient outcomes (The Joint Commission, 2010). The nursing shortage of nurses and the need to provide quality nursing care, to an increasing number of older adults, is a major health care problem (The Joint Commission, 2010).

Nurse leaders should not only focus their attention on merely recruitment and retention to fill vacancies, but need to hire the right person for the job to provide quality nursing care (Raso, 2009). Inadequate staffing, retiring nurses, caring for very sick patients, and trying to provide the best care in a short amount of time with minimal resources can lead to an emerging "type D" personality and "burnout" (Simmons, 2012, p. 2). This personality type is usually distressed and often exhibits certain personality traits including negativity, pessimism, depression, anxiety, loneliness, and a decreased ability to relax and enjoy leisure time (Simmons, 2012).

Third Research Question Related to the Purpose

Research Question 3 asked, “Is there a significant difference in nurses’ decisions to continue working in geriatrics related to receiving course content on geriatric care in the nursing curriculum, number of geriatric-related courses/continuing education units taken, and nurses’ familiarity with seven geriatric issues?” Results of the study found that *t* tests revealed no significant differences in the mean scores of incorporating geriatric content in the curriculum, geriatric-related courses taken, and familiarity with seven geriatric issues as these factors related to registered nurses’ decisions to continue working in geriatric settings ($p > .05$).

In spite of this study’s research findings literature shows the registered nursing workforce needs to be knowledgeable in the care of older adults (Grady, 2011). Registered “nurses should practice to the full extent of their education and training” (IOM, 2010, p. 1). According to the IOM (2010) old methods of educating nurses are not adequate to deal with the realities of our society. Registered nurses need to have the right skills to respond proficiently to the increasing number of older adults and their complex health problems (IOM, 2010). “Americans 65 and older will be nearly 20 percent of the population by 2030-as well as more diverse with respect not only to race and ethnicity but also other cultural and socioeconomic factors” (IOM, 2010, pp. 1- 2).

The Research Instrument

The TIPI provided a measure of the Big Five Inventory (BFI-44) for this study in which time was limited. The TIPI is useful when participants’ time is limited and when personality assessment would be otherwise impossible (Rammstedt & John, 2006). The

TUPI was appropriate for this study, as registered nurses have limited time to donate for research since their main objective is to provide safe nursing care.

Limitations of the Study

The primary goal of this quantitative study was to investigate factors associated with registered nurses' decisions to continue providing care to older adults. Caution must be taken when making generalizations based on findings of this research study, as limitations apply.

During the course of the study, (a) 30 long-term healthcare facilities' nurse managers and administrators were invited to participate in the study, but all declined the invitation; (b) respondents were registered nurses, from the participating hospital, and it was assumed that their self reported responses, on the questionnaire, were accurate and true; (c) collection of data took place over 30 days, and it was assumed that the pen-and-paper responses were not tampered with. Similar findings may occur from another study using a population with similar cultural characteristics, but this study cannot be generalized to other healthcare facilities.

Conclusions

This study investigated the following research questions in order to identify factors that impact registered nurses' decisions to continue providing care to older adults:

1. Is there a significant difference in nurses' likelihood to remain in geriatrics between age groups (those over 40 years of age and those under 40 years of age)?
2. Is there a significant correlation between nurses' personality traits (Extraverted, enthusiastic; Critical, quarrelsome; Dependable, self-disciplined; Anxious, easily upset; Open to new experiences, complex; Reserved, quiet; Sympathetic, warm;

Disorganized, careless; Calm, emotionally stable; and Conventional, uncreative) and their decisions to continue working in geriatrics?

3. Is there a significant difference in nurses' decisions to continue working in geriatrics related to receiving course content on geriatric care in the nursing curriculum, number of geriatric-related courses/continuing education units taken, and nurses' familiarity with seven geriatric issues?

Implications for Practice

Findings of this study revealed that the age of registered nurses were not significant factors related to nurses' decisions to continue working in geriatrics.

Findings of the study revealed that personality traits of extraverted, enthusiastic; dependable, self-disciplined; open to new experiences, complex; disorganized, careless; and conventional, uncreative were significant at the .05 level of significance. Health maintenance and improving the quality of life are ongoing challenges for the nursing profession (Ayranci & Ozdag, 2006). Attitudes, knowledge, and values strongly influence individuals' views about the care of older adults and the aging process (Ayranci & Ozdag, 2006). Lounsbury et al. (2008) stated that scholars interested in organizations have become more interested in occupational interest as a component of personality.

Findings of this study revealed that the nursing curriculum, courses taken on geriatric care, and familiarity with geriatric issues were not significant factors related to nurses' decisions to continue working in geriatrics. Investment in more research, faculty knowledgeable about nursing care of older adults, nursing curriculum that includes geriatric content; registered nurses with leadership skills to promote meaningful change; and more doctoral-prepared registered nurses to promote partnerships and collaboration

with other healthcare professionals are needed to offer solutions to the healthcare challenges facing the nursing profession.

The World Health Organization and the International Federation of Medical Students' Associations (WHO & IFMSA, 2007) found that training in geriatrics does not guarantee significant increased interest in clinical geriatrics. Birks et al. (2010) found that students' favorable attitudes about older adults did not influence them to choose geriatrics as a career choice. Although this study did not find that nursing curriculum and courses taken on geriatric care were significant factors associated with registered nurses' decisions to continue working in geriatric settings, there is a need to change the curriculum to address nursing care for an increasing number of older adults. Of the baccalaureate programs nationwide, only 23% have a required geriatric course in gerontology, and the problem is compounded by faculty who lack knowledge about geriatrics and is not qualified to teach it (Mion, 2003). A Doctor of Education in Instructional Leadership will provide nurse leaders with knowledge about how to use leadership skills to conduct research, perform meaningful strategic planning, and form partnerships with other healthcare professionals to (a) promote change in the nursing curricula through the incorporation of a standalone geriatric component in the curriculum, and (b) find innovative ways to make geriatric nursing more appealing to registered nurses and student nurses. Grady (2011) stated that healthcare professionals have made great strides forward in scientific research, but have not been successful in translating this research into health and healthcare improvements. All nursing curricula must be approved by the California Board of Registered Nursing and must have a standalone course for obstetrics, pediatrics, and mental health. There is no guarantee that student

nurses or registered nurses will seek employment in those areas. The same requirement should include care of older adults since the majority of patient care is directed toward the aging population; students leave nursing school with little knowledge about the care of older adults (Grady, 2011).

This study may be instrumental in providing some insight into overcoming some challenges facing nursing, making changes in the education of future nurses, and inspiring more research that promotes nursing practice that leads to positive patient outcomes.

Implications for Research

Further research is needed to elevate the field of geriatrics and to develop realistic strategies to attract registered nurses to work in geriatrics. Research is needed to develop nursing curricula that provide meaningful content on the nursing care of older adults. A nursing curriculum needs to not only focus on illness but also on prevention and promotion of health. Encouraging students and registered nurses to pursue careers in geriatrics is critical because the majority of healthcare consumers in the near future will be older adults (Grady, 2011). More research is needed to explore and better understand the relationship between nursing and patient outcomes.

Research is needed to explore why new licensed nurses tend to leave a hospital after a short time of employment. The nursing shortage has also affected nursing education; there is a shortage of nursing faculty (Hassmiller & Cozine, 2006). Further research is needed to develop strategies to increase nursing faculty and make changes in the curricula that reflect societal issues. Critical issues facing society and the nursing profession are the overall shortage of nurses, the shortage of nurses knowledgeable about

the care of older adults, recruitment and retention of registered nurses to work in areas providing care to older adults, negative attitudes toward working in geriatric settings, nursing curricula that do not emphasize the care that older adults need, and the increasing number of older adults who will continue to have health problems.

In 1952, the first issue of *Nursing Research* published the first research study that focused on care of older adults. Wheeler (1952) stated, “Margery Mack’s study of chronic illness was a timely selection for the first issue. As research provides more scientific information about the aging and chronic patient, geriatric nursing is presenting a real challenge to the professional nurse” (p. 45).

Recommendations

This research investigated factors that impact registered nurses’ decisions to continue providing care to older adults. The American healthcare system is challenged with providing nursing services for an increasing population of older adults; it is also burdened with the nursing shortage, the preference of registered nurses to care for younger patients with acute illness, and registered nurses’ negative views about old age, which are reflected in their attitudes (Higgins et al., 2007). Even though some registered nurses may consider caring for older adults as low status, there are nurses who seek a career in the field of geriatrics. Results of this study may provide useful information about factors associated with registered nurses decisions to work in the field of geriatrics. Results of the study may lead to the transformation of nursing education about the nursing care of older adults. According to the National League for Nursing (2010), during the past 20 years, national funders have advocated for the integration and

strengthening of learning experiences to increase nursing knowledge about the care of older adults.

The study's results may interest registered nurses to engage in further research on the topic. Results of the study may shed some light on how registered nurses with a Doctor of Education in Instructional Leadership can incorporate geriatric content into the nursing curricula. The study's results may provide information to the California Board of Registered Nursing, which may lead to policy changes. Policy changes may result in the following: (a) every nursing school's curricula will have a standalone geriatric course, (b) geriatric courses will be based on a wellness model, and (c) nursing students' clinical experiences will include nursing care of the ill and well older adults. In addition, the results may lead to more research in the field of geriatric nursing. Student nurses may gain theoretical knowledge and clinical experiences resulting in a broader view of their role as a healthcare provider of older adults.

Results of the study may provide information that would be helpful in the recruitment and retention of registered nurses willing to practice in the field of geriatrics. Results of the study may provide information about nurses' willingness to work in geriatrics and nurses' personality traits. Results of the study may assist managers in determining job fit for employees. Organization scholars have become more inclined to view occupational interests as a component of personality (Lounsbury et al., 2008). The National Institute of Nursing Research (NINR, 1994) stated that of particular concern to nursing research should be the relationship of quality to staffing patterns and "what types of personnel are needed in different institutional settings" (Chapter 10, p. 9).

Results of the study may improve nurses' attitudes toward older adults and elevate the status of geriatric nursing. Healthcare professionals may not see the value in serving older adults (Higgins et al., 2007; Intrier et al., 1995). The study may benefit older adults, families, the government, and community organizations whose focus is on healthcare delivery to older adults. Older adults are among the most complex clients cared for by nurses (National League for Nursing, 2010).

Results of the study may increase nurses' interest in obtaining advanced education. The Comprehensive Geriatric Education Grants program "provides grants to train nurses who provide direct care for [older adults], to support geriatric nursing curriculum, to train faculty in geriatrics, and to provide continuing education to nurses who provide" care to older adults (American Nurses Association, 2007, p. 1).

The use of other means of data collection is recommended. There was a poor response from administrators at healthcare facilities who were asked to participate in the study. It is recommended to involve organizations such as Johns Hopkins, the National League for Nursing, The John A. Hartford Foundation, other private organizations, and government agencies that focus on the care of older adults before the data collection process begins. It is also recommended to discontinue using the pen-and-paper method of data collection; instead use services of a website that assists in data collection.

Further research on the topic of interest, namely factors associated with registered nurses' decisions to continue working with older adults, is warranted since there is not much research on the topic. Research on the topic using a mixed method approach to include qualitative and quantitative data, and use the 44-item Big Five Inventory (BFI) is also recommended. The BFI has been commonly associated with studies of traits using

personality questionnaires (Srivastava, 2011). Results of further research have the opportunity to add more knowledge on the topic.

Future research is recommended to further investigate the concept of personality traits as they relate to nurses' decisions to continue working in geriatrics. For example an investigation is needed to validate the significance in this study of the two traits of being 1) disorganized and careless and 2) conventional and uncreative as being significantly related to remaining in geriatrics. Research is also needed to investigate the personality traits for nurses at varying levels of education, i.e. associates, bachelors, masters and doctorates.

Future research is recommended that focuses just on the personalities of nurses to determine, if indeed, personality traits play a major role in nurses' decisions to continue working in the field of gerontology.

It is also recommended that future research is performed to compare nursing programs who have a standalone geriatric course in the curriculum with those nursing programs who have geriatric content threaded throughout the curriculum; compare to determine if there is a difference in the graduates' preparation for working in geriatrics.

And finally, future studies are need to examine results of Question 3 that revealed no significant differences in geriatric related course content in the nursing curriculum, number of geriatric-related courses/continuing education units taken, and nurses' familiarity with seven geriatric issues and nurses' decisions to continue providing care to older adults.

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APPENDICES

APPENDIX A

National Supply-and-Demand Projections for FTE Registered Nurses,

2000 Through 2020

State	Supply	Demand	Excess or Shortage (Supply Less Demand) (- = Shortage)	Percent Shortage
2000	1,889,243	1,999,950	-110,707	-6%
2001	1,912,667	2,030,971	-118,304	-6%
2002	1,937,336	2,062,556	-125,220	-6%
2003	1,959,192	2,095,514	-136,322	-7%
2004	1,989,329	2,128,142	-138,813	-7%
2005	2,012,444	2,161,831	-149,387	-7%
2006	2,028,548	2,196,904	-168,356	-8%
2007	2,039,772	2,232,516	-192,744	-9%
2008	2,047,729	2,270,890	-223,161	-10%
2009	2,059,099	2,307,236	-248,137	-11%
2010	2,069,369	2,344,584	-275,215	-12%
2011	2,075,891	2,379,719	-303,828	-13%
2012	2,075,218	2,426,741	-351,523	-14%
2013	2,068,256	2,472,072	-403,816	-16%
2014	2,061,348	2,516,827	-455,479	-18%
2015	2,055,491	2,562,554	-507,063	-20%
2016	2,049,318	2,609,081	-559,763	-21%
2017	2,041,321	2,656,886	-615,565	-23%
2018	2,032,230	2,708,241	-676,011	-25%
2019	2,017,100	2,758,089	-740,989	-27%
2020	2,001,998	2,810,414	-808,416	-29%

Source: From *Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020*, by U.S. Department of Health and Human Services, 2002, p. 13, retrieved from http://www.ahcancal.org/research_data/staffing/Documents/Registered_Nurse_Supply_Demand.pdf. Document is in the public domain; no permission is needed to use it.

APPENDIX B

Total Population and Older Population: United States, 1950-2050

Data table for Figure 1. Total population and older population: United States, 1950–2050

Year	All ages	65 years and over	65–74 years	75 years and over
Number				
1950	150,697,361	12,194,612	8,339,960	3,854,652
1960	179,323,175	16,559,580	10,996,842	5,562,738
1970	203,211,926	20,065,502	12,435,456	7,630,046
1980	226,545,805	25,549,427	15,580,605	9,968,822
1990	248,709,873	31,078,895	18,045,495	13,033,400
2000	281,421,906	34,991,753	18,390,986	16,600,767
2005	296,410,404	36,790,113	18,639,813	18,150,300
2010	308,935,581	40,243,713	21,269,509	18,974,204
2020	335,804,546	54,631,891	31,779,159	22,852,732
2030	363,584,435	71,453,471	37,947,933	33,505,538
2040	391,945,658	80,049,634	35,469,908	44,579,726
2050	419,853,587	86,705,637	37,942,437	48,763,200
Percent				
1950	100.0	8.1	5.5	2.6
1960	100.0	9.2	6.1	3.1
1970	100.0	9.9	6.1	3.8
1980	100.0	11.3	6.9	4.4
1990	100.0	12.5	7.3	5.2
2000	100.0	12.4	6.5	5.9
2005	100.0	12.4	6.3	6.1
2010	100.0	13.0	6.9	6.1
2020	100.0	16.3	9.5	6.8
2030	100.0	19.7	10.4	9.2
2040	100.0	20.4	9.0	11.4
2050	100.0	20.7	9.0	11.6

NOTES: Data are for the resident population. Data for 1950 exclude Alaska and Hawaii. Data for 2010–2050 are projected. See [Appendix II, Population](#).

SOURCES: U.S. Bureau of the Census: 1950 Nonwhite population by race. Special Report P-E, No.3B. Washington: U.S. Government Printing Office, 1951 [data for 1950]; U.S. Census of Population: 1960, Number of inhabitants, PC(1)-A1, United States Summary, 1964 [data for 1960]; Number of inhabitants, final report PC(1)-A1, United States Summary, 1971 [data for 1970]; U.S. Census Bureau, 1980 Census of Population, General population characteristics, United States Summary (PC80-1-B1) [data for 1980]; 1990 Census of Population, General population characteristics, United States Summary (CP-1-1) [data for 1990]; Table 1. Annual estimates of the population by sex and five-year age groups for the United States: April 1, 2000 to July 1, 2004 (NC-EST2004-01) available from: www.census.gov/popest/national/asrh/NC-EST2004/NC-EST2004-01.xls [data for Census 2000]; U.S. Census Bureau: Annual estimates of the population by sex and five-year age groups for the United States: April 1, 2000, to July 1, 2005 (NC-EST2005-01), available from: www.census.gov/popest/national/asrh/NC-EST2005-sa.html [data for 2005]; U.S. interim projections by age, sex, race, and Hispanic origin, 2004. Detail File available from: www.census.gov/ipc/www/usinterimproj/ [data for projections].

Source: From *Health, United States, 2007 With Chartbook on Trends in the Health of Americans*, by National Center for Health Statistics, 2007, p. 93, retrieved from [http://www.cdc.gov/nchs/data/07.pdf](http://www.cdc.gov/nchs/data/hus/07.pdf). Permission to use from National Center for Health Statistics (2007).

APPENDIX C

Distribution of the Projected Older Population by Age for the

United States: 2010-2050

Table C1

Distribution of the Projected Older Population by Age for the United States: 2010-2050

Year	Age composition within the older ages
2010	Baby boomers will be 46 to 64 years of age.
2011	Majority of the country will be relatively young, aged 65 to 69 years.
2030	All baby boomers will have moved into the ranks of the older population.
2034	All baby boomers will be over 70 years of age.
2050	The oldest ages will be 85 years and older.

Note. Adapted from *The Next Four Decades: The Older Population in the United States: 2020 to 2050*, by G. Vincent and V. Velkoff, 2010, pp. 1-6, retrieved from <http://www.census.gov/prod/2010pubs/p25-1138.pdf>. The projected older population by age in the United States between 2010 and 2050 is expected to increase. The older population refers to those age 65 and older. The baby boomer generation consists of people born between 1946 and 1964. Permission to use from the U.S. Government, Title 17 U.S.C., section 105.

APPENDIX D

Research Questionnaire

Research Questionnaire (Section 1) Do Not Place Your Name on the Questionnaire

Dear Participant, please take a few minutes to complete this questionnaire.

All information will be kept confidential.

Make an **X** on the appropriate space.

1. **Gender:** Male _____ Female _____

2. **Age:** 20-30___ 31-40 ___ 41-50 ___ 51-60 ___ 61-70 ___ 71 and over ___

3. **Ethnicity:** African American/Black _____ American Indian _____ Asian _____
 Caucasian/White _____ Filipino _____ Hispanic/Latino _____
 Pacific Islander _____ Other _____

4. **Highest Nursing Degree Completed:**
 Associate Degree _____ Bachelor's _____ Diploma _____ Master's _____
 Doctorate _____

5. **Number of years as Registered Nurse:**
 Less than 1 year ___ 1-5 ___ 6-11 ___ 12-17 ___ 18-23 ___ Over 24 ___

6. **Years employed at the hospital setting:**
 Less than 1 year ___ 1-5 ___ 6-11 ___ 12-17 ___ 18-23 ___ Over 24 ___

7. **Plan to continue working in a geriatric setting?**
 Yes _____ No _____

Please Continue to Section 2

Research Questionnaire (Section 2)

Ten-Item Personality Inventory (TIPI)

Here are a number of personality traits that may or may not apply to you. Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
1	2	3	4	5	6	7

I see myself as:

- 8a. ____ Extraverted, enthusiastic.
 8b. ____ Critical, quarrelsome.
 8c. ____ Dependable, self-disciplined.
 8d. ____ Anxious, easily upset.
 8e. ____ Open to new experiences, complex.
 8f. ____ Reserved, quiet.
 8g. ____ Sympathetic, warm.
 8h. ____ Disorganized, careless.
 8i. ____ Calm, emotionally stable.
 8j. ____ Conventional, uncreative.

Permission granted to use the TIPI. Researchers are free to use this scale. No need to ask for permission (Gosling et al., 2003).

Please Continue to Section 3

(Section 3)

Please **circle** the number under the statement:

9. **Course content on geriatric care throughout my nursing education has influenced my decision to continue working in geriatrics?**

Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
1	2	3	4	5	6	7

Please continue

10. Since becoming a registered nurse how many geriatric related courses or geriatric related continuing education units have you taken?

Please **circle** the number under your choice.

None	1-10	11-22	23-32	33-42	43-53	Over 54
0	1	2	3	4	5	6

Continue to Section 4

(Section 4) How familiar are you with the following issues facing the nursing profession? Please circle the number under each statement:

11a. The increasing number of older adults will have a profound impact on the health care industry and the nursing profession.

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1	2	3	4	5

11b. Older adults utilize a large proportion of the health care services because of multiple chronic conditions.

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1	2	3	4	5

11c. The shortage of nurses is one factor impacting the delivery of care to older adults.

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1	2	3	4	5

11d. An aging nursing workforce is one factor impacting the delivery of care to older adults.

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1	2	3	4	5

Please Continue

11e. Nursing leadership is needed to assist in faculty development to enhance geriatric content in the nursing curriculum.

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1	2	3	4	5

11f. Registered nurses usually do not choose a career in geriatrics.

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1	2	3	4	5

11g. Job dissatisfaction is a primary reason for nurse retention problems in hospitals and nursing homes.

Not at all familiar	Slightly familiar	Somewhat familiar	Moderately familiar	Extremely familiar
1	2	3	4	5

End of the Questionnaire

Thank you for participating. If you have any questions contact Sandra Bosfield at (562) 746-5707 or through e mail at sbosfield@yahoo.com.

APPENDIX E**Age-Adjusted Percentages of Select Conditions Among Persons****45 Years of Age and Over: United States, 2008**

Table E1

Age-Adjusted Percentages of Select Conditions Among Persons 45 Years of Age and Over—United States, 2008

Condition	Age 45-64	Age 65-74	Age > 75 years
Chronic conditions			
Arthritis (%)	30.9	48.3	54.4
Cancer (%)	8.9	19.2	27.0
Chronic joint symptoms (%)	35.0	43.0	43.6
Diabetes (%)	12.1	20.4	17.3
Heart disease (%)	12.3	26.7	39.2
Hypertension (%)	32.5	54.4	61.1
Stroke (%)	2.9	6.3	12.9
Ulcers (%)	10.4	13.7	14.4
Functional problems			
Hearing trouble (%)	18.4	27.8	42.7
Vision trouble (%)	13.8	14.3	21.1
Any physical difficulty (%)	18.1	28.6	45.3

Note. Adapted from Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2008, by J. R. Pleis, J. W. Lucas, and B. W. Ward, 2009, *Vital and Health Statistics*, 10(242), retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_242.pdf. Permission to use from U.S. Department of Health and Human Services (2008).

APPENDIX F

Consent Forms: Permission to Participate

Sample Basic Consent Form

Consent Form: Each participant should sign two copies of the consent form. The participant should retain one of the two copies of the consent letter provided by the researcher.

CONSENT FORM

Title of the study: Factors Related To Registered Nurses Decisions' To Continue Caring For Older Adults

I have been asked to participate in a research study to (1) determine if there is a significant difference in age groups of nurses, those over 40 years of age and those under 40 years of age and their likelihood to remain in geriatrics, (2) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and ten personality traits, (3) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and course content on geriatric care in their schools' curriculum; (4) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and the number of geriatric related courses or continuing educational units taken; (5) nurses' familiarity with of seven geriatric related issues impacting the nursing profession; and (6) for partial fulfillment of the requirements for the Degree of Doctorate of Education, Instructional Leadership, from Argosy University, Orange, California 92868.

I was asked to be a possible participant because I am a nurse who cares for older adults. Fifty people or more will be asked to participate in this study. The purpose of this study is to investigate factors associated with nurses' decisions to continue working in geriatrics. If I agree to be in this study, I will be asked, only once, to answer a 26 item questionnaire. I will not place my name on the questionnaire. This study will take less than 10 minutes of my time.

The risk associated with this study is the brief time it takes to answer the questionnaire. The benefits of participation are: The study might assist in recruiting more nurses into the field of geriatrics, 2) elevate the status of geriatric nursing, 3) motivate nurses into furthering their education and become geriatric nurse specialists, and 4) enhance the nursing curriculum with geriatric content.

I will receive not receive monetary compensation for participating in the study. This study is confidential. I will not be identified in the study. My name will not appear anywhere in the study. The records of this study will be kept private. No words linking me to the study will be included in any sort of report that might be published. The Institutional Review Board Chair, Dr. Aldwin Domingo, has given permission for the researcher to collect data for the study. Dr. Aldwin Domingo can be contacted at adomingo@argosy.edu, or (714) 338-6200. Research data will be stored securely and only the researcher Sandra Bosfield, and her Dissertation Chair, Dr. Robert Mendoza will have access to this information. Wendy Wood is an approved Argosy University affiliate who will assist in presenting the statistical data in a form that is understandable. Her contact information is woodtyperaol.com.

I have the right to get a summary of the results of this research if I would like to have them.

I understand that my participation is strictly voluntary. My decision regarding my participation will not affect my current or future relations with Argosy University, or any other university.

If I decide to participate, I am free to refuse to answer any of the questions that may make me uncomfortable. I can withdraw at any time without my relations with the university, job, benefits, etc., being affected. I can contact Sandra Bosfield, MSN, RN at sbosfield@yahoo.com or sbosfielstu@argosy.edu, or (562) 746-5707; and Dr. Robert Mendoza at rmendoza@argosy.edu or (714) 338-6200 with any questions about this study.

I understand that this research study has been reviewed and Certified by the Institutional Review Board chair, Dr. Aldwin Domingo.

I have read and understand the information explaining the purpose of this research and my rights and responsibilities as a participant. My signature below designates my consent to participate in this research study, according to the terms and conditions outlined above.

Signature: _____ Date: _____

Print Name: _____

Thank you,

Sandra Bosfield, MSN, RN

Alternative Consent Form

Use these as model statements for survey/interview cover sheets or as introductory statements (according to your chairperson)

Dear _____,

I have been asked to participate in a research study to (1) determine if there is a significant difference in age groups of nurses, those over 40 years of age and those under 40 years of age and their likelihood to remain in geriatrics, (2) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and ten personality traits, (3) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and course content on geriatric care in their schools' curriculum; (4) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and the number of geriatric related courses or continuing educational units taken; (5) nurses' familiarity with of seven geriatric related issues impacting the nursing profession; and (6) for partial fulfillment of the requirements for the Degree of Doctorate of Education, Instructional Leadership, from Argosy University, Orange, California 92868.

You are being asked to participate because you are a nurse who provides care to older adults. If you participate in this research, you will be asked to complete a brief survey that consists of a sociodemographic section and ten questions. There are no potential risks to completing the survey.

Your participation will take approximately 10 minutes or less to complete the survey.

Your participation in this research is strictly voluntary. You may refuse to participate at all, or choose to stop your participation at any point in the research, without fear of penalty or negative consequences of any kind.

The information/data you provide for this research will be treated confidentially and all raw data will be kept in a secured file by the principal investigator. Results of the research will be reported as aggregate summary data only, and no individually identifiable information will be presented.

The Institutional Review Board Chair, Dr. Aldwin Domingo, has given permission for the researcher to collect data for the study. Dr. Aldwin Domingo can be contacted at adomingo@argosy.edu, or (714) 338-6200. Research data will be stored securely and only the researcher Sandra Bosfield, and her Dissertation Chair, Dr. Robert Mendoza will have access to this information. Wendy Wood is an approved Argosy University affiliate who will assist in presenting the statistical data in a form that is understandable. Her contact information is woodtyperaol.com.

You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by contacting the principal investigator at the address below:

Sandra Bosfield
13423 East Andy Street
Cerritos, California 90703

There will be no direct or immediate personal benefits from your participation in this research. Participation in the study will add to the knowledge to the field of nursing, through research. Participation in the study may contribute to policy makers and society's awareness of the needs of older adults and nurses who provide care to them.

I understand that this research study has been reviewed and Certified by the Institutional Review Board, Argosy University – Orange, California. For research-related problems or questions regarding participants' rights, I can contact Argosy's Institutional Board at Argosy University, Orange, California.

I have read and understand the information explaining the purpose of this research and my rights and responsibilities as a participant. My signature below designates my consent to participate in this research study, according to the terms and conditions outlined above.

Signature: _____ Date: _____

Print Name: _____

(The participant should retain one of the two copies of the consent letter provided by the principal investigator.)

APPENDIX G

Model Oral Instructions to Participants Involved in Survey Research

Model Oral Instructions to Participants Involved in Survey Research

Note: The following statement (because it is included in the letter of consent) may be included on the first page of a paper survey. This statement must be included in online surveys.

I have been asked to participate in a research study to (1) determine if there is a significant difference in age groups of nurses, those over 40 years of age and those under 40 years of age and their likelihood to remain in geriatrics, (2) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and ten personality traits, (3) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and course content on geriatric care in their schools' curriculum; (4) determine if there is a significant relationship between nurses' likelihood to remain in geriatrics and the number of geriatric related courses or continuing educational units taken; (5) nurses' familiarity with of seven geriatric related issues impacting the nursing profession; and (6) for partial fulfillment of the requirements for the Degree of Doctorate of Education, Instructional Leadership, from Argosy University, Orange, California 92868.

By completing and submitting this survey, you are giving your consent for the principal investigator to include your responses in his/her data analysis. Your participation in this research study is strictly voluntary, and you may choose not to participate without fear of penalty or any negative consequences. Individual responses will be treated confidentially. No individually identifiable information will be disclosed or published, and all results will be presented as aggregate, summary data. If you wish, you may request a copy of the results of this research study by writing to the principal investigator at:

Sandra Bosfield
13423 East Andy Street
Cerritos, California 90703
(562) 746-5707 sbosfield2yahoo.com

APPENDIX H

Institutional Review Board Application and Approval

***Application for IRB Review and Certification of Compliance:
Expedited Application Form Checklist***

Expedited Review (Level 2) Application, Moderate Risk
(Review by the designated IRB member or the IRB Chair).

Application Form Checklist

To the Principal Investigator of a research project:

1. *Please review the documents listed below that pertain to your research project. In the event that your project does require the use of any of the listed documents, attach a copy of that document to the application submitted for IRB review.*
2. *Please be advised that research projects involving interaction with human participants must have an Informed Consent Form(s) attached. If a minor or incapacitated individual of any age is involved, parent/guardian permission must be included.*
3. *Parental permission does not negate the child's right to chose to not participate.*
4. *If you are conducting a research project in another institution (e.g., a hospital or school), you must attach a signed permission letter from a supervisor/administrator who is in a position to grant you permission to conduct the research at that site. The letter must be on institutional letterhead and must have an original signature.*
5. *If that institution also has a Human Subjects Review Committee--often referred to as the Institutional Review Board (IRB)-- then written permission from the participating institution's IRB must be attached to your IRB application.*
6. *If you are conducting the research outside of the United States, attach a letter of assurance that where the research is being conducted.*

Please check: The attached Application for Certification of Compliance contains

Institutional Permission Letter (where research is taking place)
Assurance of Adherence to Governmental Regulations concerning Human Subjects (if research project is conducted outside the US)
Letter(s) of Informed Consent
Parent/guardian Permission Letter (must have provision for written signature)
Oral statement of Assurance (used with minors)
Data-gathering instruments (s): Observation, Interview, Survey, other
CITI completion documentation for both Principal investigator and Faculty research supervisor
Conflict of Interest Disclosure Statement
Principal Investigator and Faculty Research Supervisor's signatures.

***Application for IRB Review and Certification of Compliance
Expedited Cover Sheet***

IRB# _____

Date Logged: _____

Expedited Review (Level 2) Application, Moderate Risk

(Review by one or more IRB Members—May lead to Full IRB Review)

Principal Investigator/Researcher's Name: Saundra Bosfield

Student ID Number: 00088440

Type of Research Project (CRP, Dissertation, describe other) Dissertation

Title of Research Project: Factors Associated with Registered Nurses' Decisions To Continue Providing Care To Older Adults

Principal Investigator/Researcher's Address: 13423 East Andy Street Cerritos, CA 90703

Telephone Number: Home (562) 4020092 Cell (562) 746-5707 Email: sbosfield@yahoo.com

Faculty Research Supervisor's Name: Dr. Robert Mendoza

College: Education Business Psychological and Behavioral Sciences Education

Program of Study: Instructional Leadership Degree EDD

Project Proposed Start Date: December 12, 2012 Project Proposed Completion Date: January 30, 2013

As the principal investigator, I attest that all of the information on this form is accurate, and that every effort has been made to provide the reviewers with complete information related to the nature and procedures to be followed in the research project. Additional forms will be immediately filed with the IRB to report any change in participant(s), selection process, change of principal investigator, change in faculty research supervisor, adverse incidents, or final completion date of project. I also attest that I will treat human participants ethically and in compliance with all applicable state and federal rules and regulations that apply to this study, particularly as they apply to research work conducted in countries other than the United States.

Signature of Principal Investigator/Researcher _____/_____ Date

Approval Signature – Faculty Research Supervisor/CRP/Dissertation Committee Chair:
 _____/_____ Date

IRB Certification
 Signature _____/_____

The above named research project is certified for compliance with Argosy University’s requirements for the protection of human research participants with the following conditions:

- 1. Research must be conducted according to the research project that was certified by the IRB.*
- 2. Any changes to the research project, such as procedures, consent or assent forms, addition of participants, or study design must be reported to and certified by the IRB.*
- 3. Any adverse events or reactions must be reported to the IRB immediately.*
- 4. The research project is certified for the specific time period noted in this application; any collection of data from human participants after this time period is in violation of IRB policy.*
- 5. When the study is complete, the investigator must complete a Completion of Research form.*
- 6. Any future correspondence should be through the principal investigator’s faculty research supervisor and include the assigned IRB research project number and the project title.*

NOTES:

- Please complete this cover and the Petition in detail. Every question must be answered.
Please type your answers.*
- Attach the appropriate documents and submit the entire application materials under the cover of a completed Application Checklist to the CRP or Dissertation Chairperson.*
- Do not proceed with any research work with participants until IRB Certification is obtained.*
- If any change occurs in the procedure, sample size, research focus, or other element of the project impacts participants, the IRB must be notified in writing with the appropriate form (see ancillary forms).*
- Please allow 30 days after receipt of a complete application for processing.*
- DO NOT COLLECT DATA PRIOR TO RECEIVING IRB**

CERTIFICATION

***Application for IRB Certification of Compliance
Expedited Application***

Expedited Review (Level 2) Application, Moderate Risk

(Review by one or more IRB Members— May lead to Full Review)

Research with minors, prisoners, mentally/emotionally/physically challenged persons, pregnant women, fetuses, in vitro fertilization, and/or individual or group studies where the investigator manipulates the participants/ behavior or the participant is exposed to stressful or invasive experiences do(es) not qualify for Expedited status.

Please completely answer the requested information (NA is not acceptable for any question). DO NOT attach your research proposal – answer each specific question in the area provided. Begin typing in the gray boxes.

1. Purpose of the Study: The purpose of the study is to investigate the likelihood of registered nurses continuing to work in the field of geriatrics. The study focuses on factors that impact Registered Nurses' decisions to continue providing care to older adults. The study will investigate if there is a significant difference in age groups of nurses (those over 40 years of age and those under 40 years of age) and their decision to remain in geriatrics. The study will investigate if there is a significant relationship between nurses' likelihood to remain working in geriatrics and their personality traits. The Ten Item Personality Inventory (TIPI) will assess personality traits. The study investigates if there is a significant relationship between nurses' decision to continue working in geriatrics and geriatric course content taught during and after nursing school. The research will also investigate nurses' familiarity with seven geriatric related issues impacting the nursing profession.

2. Summary of the Study. Methodology (Be Specific).

The Subjects: The subjects will be Registered Nurses. The study focuses on factors that impact Registered Nurses' decisions to continue providing care to older adults. Data will be collected while the nurses are on duty. In order to study these factors the study will use the following methodology:

Research Design: A quantitative approach using a causal-comparative design to answer the hypotheses and research questions. Research Questions: This study will attempt to investigate the following research questions in order to identify factors that influenced Registered Nurses to remain working in the field of geriatrics.

1. Is there a significant difference in nurses' likelihood to remain in geriatrics between age groups (those over 40 years of age and those under 40 years of age)
2. Is there a significant relationship between nurses' likelihood to remain in geriatrics and 10 personality traits identified on the Ten-Item Personality Inventory (TIPI): (a) Extraverted, enthusiastic; (b) Critical, quarrelsome; (c) Dependable, self-disciplined; (d) Anxious, easily upset; (e) Open to new experiences, complex; (f) Reserved, quiet; (g) Sympathetic, warm; (h) Disorganized, careless; (i) Calm, emotionally stable; and (j) Conventional, uncreative ?
3. Is there a significant relationship between nurses' likelihood to remain in geriatrics and course content on geriatric care taught during nursing school?
4. Is there a significant relationship between nurses taking courses on geriatric care or continuing educational units and their likelihood to remain in geriatrics?
5. The study will investigate nurses' familiarity with seven geriatric related issues impacting the nursing profession: (a) How familiar are you with the following issues facing the nursing profession?; (b) older adults utilize a large proportion of the health care services because of multiple chronic conditions; (c) The shortage of nurses is one factor impacting the delivery of care to older adults; (d) An aging nursing workforce is one factor impacting the delivery of care to older adults; (e) Nursing leadership is needed to assist in faculty development to enhance geriatric content in the nursing curriculum; (f) registered nurses usually do not choose a career in geriatrics; and (g) Job dissatisfaction is a primary reason for nurse retention problems in hospitals and nursing homes.

Alternative Hypotheses

H1_A: There is a significant difference in nurses' likelihood to remain in geriatrics between age groups (<40, > 40)

H2_A: Personality trait Extraverted, enthusiastic will be positively related to registered nurses' likelihood to remain in geriatrics.

H3_A: Personality trait Critical, quarrelsome will be negatively related to registered nurses' likelihood to remain in geriatrics.

H4_A: Personality trait Dependable, self-disciplined will be positively related to registered nurses' likelihood to remain in geriatrics.

H4_A: Personality trait Anxious, easily upset will be negatively related to registered nurses' likelihood to remain in geriatrics.

H5_A: : Personality trait Open to new experiences, complex; will be negatively related to registered nurses' likelihood to remain in geriatrics.

H6_A: Personality trait Reserved, quiet will be negatively related to registered nurses' likelihood to remain in geriatrics.

H7_A: Personality trait Sympathetic, warm will be positively related to registered nurses' likelihood to remain in geriatrics.

H8_A: Personality trait Disorganized, careless will be negatively related to registered nurses' likelihood to remain in geriatrics.

H9_A: Personality trait Calm, emotionally stable will be positively related to registered nurses' likelihood to remain in geriatrics

H10_A: Personality trait Conventional, uncreative will be negatively related to registered nurses' likelihood to remain in geriatrics.

Data Collection: A survey method will be used. Data will be collected from Registered Nurses who will write in answers on a questionnaire. The questionnaire will consist of 7 sociodemographic data, 10 questions on the personality instrument called the Ten Item Personality Inventory (TIPI), 1 question related to decisions to work in geriatrics and course content on geriatric care in their schools' curriculum; and 1 question related to the number of geriatric related courses or continuing educational units taken; and nurses' familiarity on 7 geriatric issues that impact the nursing profession. It will take nurses less than 10 minutes to answer the questionnaire. They will answer the questionnaire at their place of employment, a hospital in Los Angeles County. All forms, permission forms and questionnaires will be given to participants and the researcher will collect all forms and questionnaires.

Data will not be collected until approved by the IRB Chair, Dr. Aldwin Domingo. All data will be kept in a secure place. Only those authorized at Argosy University will have access to the data. Data will be destroyed (according to the policy of Argosy University) after it has been statistically categorized and made available and understandable to readers.

Data Processing and Analysis: Data will be collected by the researcher. The researcher will utilize the SPSS program that allows data entry and provides statistical information to be used for research. The study will use Univariate, Bivariate, and Multivariate analysis. The study will use the Pearson r which is the most common correlation coefficient, and ranges from -1.0 to + 1.0. The data will be displayed as graphs, scatterplots, and histograms. For nominal data (male, female, age, ethnicity, etc.) the researcher will use the one-way-chi-square (X^2) to determine the H_0 . Frequency of distribution will be displayed on histograms. To determine relationships between variables the Pearson r will be used. The coefficient of determination r^2 will tell how much variation exists among the variables.

Methodological Assumptions: It is assumed that the researcher will follow the steps of the research process. The research questions and hypotheses will relate to the research topic. The research instrument will have established reliability and validity. All participants' information will be kept confidential. The researcher will complete the CITI program.

Research Instrument: The (TIPI) is a shorter version of the 44-item personality instrument known as the Big Five. Researchers have identified some problems with some research instruments.

One identified problem is the length and time it takes to complete them. The TIPI is 10 items and takes less than 10 minutes to complete. The TIPI is suggested for use when time is an issue. My participants will be nurses who are constantly aware of time, such as time to prepare patients for surgery, administer medications, or start blood transfusions. They are performing life saving procedures. The TIPI has established validity and reliability. It has been used throughout the United States and in other countries.

3. Participant Demographics:

- a. Anticipated Sample Size: Sample size expected is 50.
- b. Special Ethnic Groups (describe): There are no special ethnic groups. Nurses are of many ethnic groups. There are more women in nursing than men.
- c. Institutionalized Y N Protected Group (describe): The subjects are all adults. They are not considered a Protected Group
- d. Age group: Age group expected 21 to 70 or above.
- e. General State of Health: The subjects will be working nurses who are generally in good health.
- f. Other details to describe sample group. They all have a license to practice nursing. Most will probably be female since there are more females in nursing than men.

4. Will deception be used in the study? Y N (please describe) Deception will not be used in the study.

5. Will audio or videotapes be used in the study? Y N (please explain) Audio or video tapes will not be used in the study. Participants will write in answers a brief questionnaire.

6. Confidentiality protection issues (pertains to audio and video as well as written documents.)

a. What precautions will be taken to insure the privacy and anonymity of the participants? (i.e. closed doors, private rooms, handling of materials where participant's identify could be discovered, etc.). The researcher will explain why the research is being done and meet with participants in a private area, the nurses' lounge. The door will be closed. Participants will be given the consent form before the questionnaire is given. Participants will not place their name on the questionnaire. The questionnaire has a section for sociodemographic data and a section for the research instrument questions. The researcher will collect the data and will not share it with anyone at the hospital or other places. Participants will be advised that they can have results of the study and that no one will be able to be identified. The researcher's contact information will be available to participants.

b. What specific precautions will be taken to safeguard and protect participants' confidentiality while handling the data (audio/video/paper) both in principal investigator's possession and in reporting the findings? The researcher will collect the data and will not share it with anyone at the hospital or other places. The researcher will keep a low profile about the research, and keep the data in a secure place. Progress of the research will be shared with the Dissertation Chair, Dr. Robert Mendoza. Data will be shared with a statistician approved by Argosy University. Research consultant, Wendy Wood, will be able to assist with the statistical data analysis. Argosy University provided doctoral students with a list of names of editors to assist with the dissertation. The researcher will provide Wendy Wood with the data and the researcher will collect the data. Data will be destroyed according to the policy of Argosy University. (i.e., coding, removal of identifying data). The researcher will be responsible for knowing how many documents are provided to participants and how many are returned. The questionnaires will be numbered but will not be traceable back to any respondent. The researcher will use precautions to safeguard participants' identity.

c. Describe procedures where confidentiality may be broken by law (e.g., child abuse, suicidal intent). Some examples where confidentiality may be broken involves harm to participants such as child pornography, elderly abuse, suicidal attempts, thief, withholding treatments that are known to help people, or tricking people to participate in some act not knowing they are part of a research project. Confidentiality will be maintained for this research. It does not involve any patient interaction. Nurses' level of care to patients is not being assessed or researched.

7. Review by institutions outside of Argosy University/XX Y N (Attach copies of permission letters, IRB certifications, and any other relevant documents). See attachments.

8. Informed Consent and Assent (Attach copies of all relevant forms). If consent is not necessary (e.g., anonymous interview), describe how you will inform all participants of the elements of consent (see instructions). All participants will sign the consent form before answering the questionnaire.

9. If written or oral informed consent is required, describe the manner in which consent and/or assent was obtained for each level). Information about the end date for data collection will be posted in the nurses' lounge. After the end date no data will be collected. The written consent form will be given to participants when the researcher meets with participants. It will be explained that all participants must give consent before answering the questionnaire. It will also be explained that no harm will come to them if they decide not to participate or if they do participate. The researcher will collect all forms and questionnaires.

To involve nurses who work on the night shift, the researcher's contact information will be available to them. The researcher will be available to meet with night shift nurses. Their consent forms and the questionnaires will be placed in a secure locked box in the nurses' lounge. The researcher will collect all data.

(a) Adult Participants (18 years and older – written consent required). The researcher will use the form Expedited Application, Moderate Risk, provided by Argosy University. This form is to be used if there is contact with human subjects. There will not be any invasive procedures.

Subjects will write responses on a questionnaire. Participants will sign an informed Consent Form before answering the questionnaire.

(b) Child Participants (under 18 – parent/guardian permission and participant assent required). The participants will not be under 18 years of age.

(c) Institutionalized participants (parent/guardian/conservator permission with appropriate participant assent). The participants are not institutionalized. They will be adults, each will have a license to practice nursing.

10. Describe any possible physical, psychological, social, legal, economic or other risks to participants. Participants may think about their own future. They may think about the care of their own elderly family members. This may not be harmful but it may cause participants to think more about their own future and ask what would happen to them if they became dependent as so many of our elderly citizens are. This is seen as awareness about the health status of older adults in this country.

a. Describe the precautions taken to minimize risk to participants. The researcher will answer all questions, and explain how important the research is and thank them for participating. Privacy will be provided. The door to the nurses' lounge will be closed. All of the nurses will know that a research study is being conducted. They will be advised that supervisors will not be allowed to see anyone's responses. The research will not discuss anyone's responses with supervisors or others.

- b. Describe procedures implemented for correcting harm caused by participating in the study (e.g., follow up calls, referral to appropriate agencies). The researcher will tell participants the reason for the research. The research is not connected to any job employee performance evaluations. The researcher will be available to talk to participants. Information on how to contact the researcher will be available to all participants. It will be posted on the bulletin board in the nurses' lounge.

Potential benefit of the study:

a. Assess the potential benefit(s) of the study for the participants: Participants will be made aware that nurse educators are aware of major problems associated with older adults and nurses, and really want to help correct problems. One major problem is nurses' lack of interest in caring for older adults. The other major problem is the sparse number of nurses available to provide quality care to an increasing number of older adults. Participants will be made aware that some of the changes to improve the conditions of the elderly and the nursing profession may be improved through research findings. The study may cause participants to see that geriatrics is a specialty and they have the opportunity to become geriatric nurse specialists. The government and private organizations provide funding for nurses who are willing to become specialists in geriatric nursing. The study may demonstrate why knowledgeable nurses are needed to provide care to older adults. Nurses are needed to help maintain and promote health and not just to respond to illness. Nurses play a vital role in the care of older adults. Some examples are administration of vaccines, teaching about medications, education classes on stop smoking, education on controlling hypertension, and diabetes control.

b. Assess the potential benefits(s) to the professional community: A review of the literature shows that research on why nurses continue to provide care to the elderly is sparse especially among the nursing community. Research on personality traits have been done but to no great extent on nurses working in the field of geriatrics. Research by other disciplines, physicians, and physical therapists, has been done on the intent to work in geriatrics. There are vast numbers of studies on student nurses attitudes about geriatric care. Most of the responses are negative. It is hoped that this research study sheds some light on the plight of older adults in this country and the status of nurses who actually work in the field of geriatrics. This study might cause educators to investigate why nurses leave jobs. A high job turnover of nurses who care for older adults leads to substandard care and disrupts needed services. The study might assist those in human resources to investigate the use of personality instruments that may be of some use in matching employees to the job. The Board of Registered Nurses may see the need to require nursing schools to have a standalone geriatric course in their curriculum. This is important since most of the patients that student nurses care for in hospitals are older adults. Since most student nurses do not seek employment in the field of geriatrics there is the potential for student nurses to view geriatric care more favorably. Hopefully this research will help in some way to improve the care of older adults.

c. A review of the literature points out how important leadership is in the nursing profession. A Doctor in Education degree in Instructional Leadership will help the

researcher contribute to nursing's' body of knowledge; develop and use leadership skills to strengthen nursing curricula to add geriatric content; and help elevate the status of geriatric nursing. It is hoped that this research may be read by policy makers and health officials and that it will shed some light on how to meet the challenges facing the nursing profession. Some of the problems troubling the healthcare industry policy makers are (a) not enough nurses to provide healthcare to an increasing number of older adults; (b) an aging nurse workforce; (c) dwindling number of nursing faculty; (d) students and faculty continue to see care of the older adult as low status; (e) and more leadership roles are needed in the nursing profession.

Attach any other required forms, including the principal investigator and faculty research supervisors' CITI completion forms, the principal investigator's Conflict of Interest form, tests, institutional permission slips, etc, related to this study. Failure to do so will result in delayed processing of the application.



Dear Student,

The Institutional Review Board has approved your research study. As part of your final requirements for the Institutional Review Board, you will need to submit the Project Completion Report form to the IRB. The Project completion form is completed AFTER you have analyzed your dissertation data and presented it as part of your Final Dissertation Defense. The Project Completion report asks for your dissertation title, your address, your college program, your contact information, your date of completion of your dissertation and a one page summary of the results for your study. The signature of your Dissertation Faculty Chairperson is required on your Project Completion report.

Project Completion Reports need to be mailed to the Institutional Review Board Chairman in the address below:

**Aldwin Domingo
Chairman Institutional Review Board, Argosy University Southern California
601 South Lewis Street
Orange, CA 92868**

The student is responsible for the postage costs of sending the Project Completion Report to the Chairman of the Institutional Review Board, Argosy University Southern California. If you have any questions about the submission of the Project Completion Report, please contact the Chairman of the Institutional Review Board, Argosy University Southern California at adomingo@argosy.edu or 714-620-3625.

Sincerely,

Aldwin Domingo Ph.D.

A handwritten signature in cursive script, appearing to read "Aldwin Domingo".



Southern California

This is to certify that the Institutional Review Board has approved the

Doctor of Education research proposal

submitted by

Sandra Bosfield

Titled

Factors Associated with Registered Nurses' Decision to Continue Providing Care to Older Adults

IRB Number AUSCSB120312

Approved and dated on ____ 12/03/2012 ____

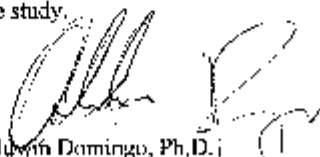
This approval is valid until

____ 12/03/2013 ____

Your research must be conducted according to the protocol that was certified by the IRB, and any changes to the protocol must be reported to and Certified by the IRB before the changes may be implemented.

You must report any adverse events or reactions to the IRB. All participants should be provided with a copy of the informed consent document certified by the IRB for use in this study. When the study is complete, you must notify the IRB office and complete any required forms.

Please contact our office with any questions. All future correspondence must include the IRB protocol number and the title of the study.



Alwin Domingo, Ph.D.
Chair, Argosy University/Orange County
Institutional Review Board



*Project Completion Report
(use for notification of completion for research projects certified by an Argosy IRB)*

Write out all answers below LEGIBLY

1. General Information

Student Name: _____

Address: _____

College: _____

Telephone/Fax: _____

Email: _____

Signature of Faculty Research Supervisor and Date below:

Printed Faculty Name _____

Signature _____ Date _____

2. Title of Project:

3. Date of Completion _____

4. **Attach a Summary of the Results from the Research study to this Project Completion Report** (Note: the summary must not exceed one (1) page long. The summary must be typed, single spaced with NO grammatical errors)

SUMMARY OF THE RESULTS FROM THE RESEARCH STUDY

1. General Information

Student Name: Sandra Bosfield

Address: 13423 East Andy Street Cerritos, California 90703

College: Argosy University Southern California

Telephone/Fax:

Email:

Signature of Faculty Research Supervisor and Date below:

Printed Faculty Name _____

Signature _____ Date _____

2. Title of Project: **FACTORS THAT IMPACT REGISTERED NURSES' DECISIONS
TO CONTINUE PROVIDING CARE TO OLDER ADULTS**

3. Date of Completion _____

**4. Attach a Summary of the Results from the Research study to this
Project Completion Report** (Note: the summary must not exceed one (1)
page long. The summary must be typed, single spaced with NO grammatical
errors).

SUMMARY OF THE RESULTS FROM THE RESEARCH STUDY

The study investigated factors that impact registered nurses' decisions to continue providing care to older adults. A quantitative approach was used. The survey method of data collection was used to investigate three research questions. Research Question 1: Is there a significant association between the age of the nurses and their decisions to continue working in geriatrics?

Research Question 2: Is there a significant association between ten personality traits and the likelihood of registered nurses to continue working in geriatrics? The Ten Item personality Inventory (TIPI) was used to investigate personality traits.

Research Question 3: Is there a significant association between the differences in nursing curriculum course content, number of geriatric related course content/continuing education unit taken, and registered nurses' familiarity with seven geriatric issues and registered nurses decisions to continue working in geriatrics.

Findings From the Research Study Were Summarized in Tables.

Nominal data. Sociodemographic information consisted of registered nurses' gender, age, ethnicity, highest nursing degree completed, number of years as a registered nurse, years employed in the geriatric setting, and if they plan to continue working in a geriatric setting. The study population were N=48. Forty four were female and four were male. Filipino nurses were the largest group 23 (47.9%) of participants. Thirty one (64.6%) answered yes to the question about continuing to continue working in geriatrics. Seventeen (35.4%) answered no to the same question. The highest level of education was Associate Degree in Nursing, 25 (50.0%). The survey found that 14 (29.2%) had six to eleven years as a registered nurse. Twenty (41.7%) had been employed at the setting between 1-5 years.

Question 1. The chi-square test of independence was performed to examine the relationship between the age of nurses (Age \leq 40 vs. A $>$ 40) and their preference to continue working in geriatrics. The chi-square value of 0.825 is not significant at the 0.5 level of confidence ($X^2=0.825, p<0.93$). The study found no significance between age of the registered nurses and their decisions to continue working in geriatrics.

Question 2. Differences in mean scores of each personality traits and the number of yes responses on the likelihood of nurses continuing to work in geriatrics were tested with t-test. An independent sample t-test showed that the personality traits a) Extraverted, enthusiastic, b) Dependable, self-disciplined, c) Open to new experiences, d) Disorganized, careless, and e) Conventional, uncreative are significant at the .05 level of significant. Scale reliability of each personality traits measure was assessed with Cranach's Alpha, and validity of the scales was assessed with factor analyses. Result of factor analysis revealed two indices. The first indices explain 40.632% of the variance and the second indices explain 15.250 of the variance. Together the two indexes explain 55.882 the variance.

Question 3. An independent sample t-test revealed no significance differences in the mean scores of incorporating geriatric content in the curriculum, geriatric related course taken as well as familiarity with seven geriatric issues and registered nurses' desire to work in geriatric a setting ($P>0.05$). Personality traits a) Extraverted, enthusiastic, b) Dependable, self-disciplined, c) Open to new experiences, d) Disorganized, careless, and e) Conventional, uncreative were the only factors found to be significant as factors that impact registered nurses' decisions to continue providing care to older adults.

APPENDIX I

Institutional Permission Letter



Memorial Hospital
of Gardena

1145 W. Redondo Beach Blvd.
Gardena, CA 90247
Phone 310.532.4200
www.mhglax.com

June 22, 2012

Institution Review Board
Argosy University
601 South Lewis Street
Orange, CA 92868

RE: Sandra Bosfield
Master's Thesis Study

Dear Institution Review Board,

I am writing to inform you that Memorial Hospital of Gardena would like to participate in the Master's Thesis Study for Sandra Bosfield. Approximately 50 registered nurses will be participating in the study.

If you have any questions or require additional information, please do not hesitate to contact me at (310) 538-6522.

Sincerely,

A handwritten signature in black ink that reads "Glenda Luce RN".

Glenda Luce
Chief Nursing Officer

GL:ldr

APPENDIX J

Collaborative Institutional Training Initiative

Modules Completed

Saundra Bosfield (Member ID: 2281274)

CITI Collaborative Institutional Training Initiative[Main Menu](#) | [Select Language](#) | [Logout](#)[Resources](#)

Modules Completed

You have viewed all the modules listed in the table below. The modules shown in green are complete; you have taken the exam or the module does not have an exam. Modules shown in black have an exam, but you have not taken it.

Module ID	Module	Module Completed	Date Last Completed	Exam ID	Exam Date	Date Module Viewed
12866	Argosy University	Yes	8/18/2011 7:05:23 AM	no module exam		08/18/11
12624	Assessing Risk in Social & Behavioral Research	Yes	8/18/2011 6:37:55 AM	52446469	08/18/11	08/18/11
12623	Informed Consent in Social & Behavioral Research	Yes	8/18/2011 6:15:06 AM	52446387	08/18/11	08/18/11
936	SBR 101 REFRESHER MODULE 1 - History and Ethics	Yes	8/18/2011 6:19:16 AM	52446401	08/18/11	08/18/11

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Saundra Bosfield (Member ID: 2231274)


CITI Collaborative Institutional Training Initiative[Resources](#)[Main Menu](#) | [Select Language](#) | [Logout](#)**Course Completion History**

Institution: Argosy University

AU Students Curriculum

All Students

Stage	Ref #	Start Date	Required Modules	Elective Modules	Score	Passing Score	Completion Date	Expiration Date	Modules Completed	Print Completion Report
2. Refresher Course	0505412	08/18/11	Completed	None Required	100	75	08/15/11	08/16/16	Modules Completed	Print Completion Report

 See [archived completion reports](#) you earned when affiliated with Argosy University (covers May 2004 through December 2006)

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CITI Collaborative Institutional Training Initiative

AU Students Curriculum Completion Report Printed on 7/14/2012

Learner: Sandra Bosfield (username: Sandra1)
Institution: Argosy University
Contact Information: 13423 East Andy Street Cerritos, CA 90703
 Cerritos, California 90703 United States
 Phone: 562 746 5707
 Email: sbosfield@aol.com

AU Students:

Stage 2. Refresher Course Passed on 08/18/11 (Ref # 8505412)

Required Modules	Date Completed	Score
SBR 101 REFRESHER MODULE 1 - History and Ethics	08/18/11	5/5 (100%)
Informed Consent in Social & Behavioral Research	08/18/11	1/1 (100%)
Assessing Risk in Social & Behavioral Research	08/18/11	1/1 (100%)
Argosy University	08/18/11	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschwaiger Ph.D.
 Professor, University of Miami
 Director Office of Research Education
 CITI Course Coordinator

Return

APPENDIX K

EDMC Code of Business Ethics and Conduct

EDMC Code of Business Ethics and Conduct

Conflicts of Interest

EDMC's directors and employees must be free of conflicting interests that might influence, or be perceived to influence, their decisions when representing EDMC.

Consequently, you must not maintain any interest that conflicts with the interests of EDMC, and should make every effort to avoid even the appearance of any such conflict. A "conflict of interest" occurs when your private interest interferes in any way, or even appears to interfere, with EDMC's interests as a whole. A conflict of interest can arise when:

- a. you take actions or have interests that may make it difficult to perform your work on behalf of EDMC objectively and effectively;
- b. you, or a member of your family, receive any improper personal benefits as a result of your position with EDMC.

Employees who believe that they may have a potential conflict of interest must report their concerns to the General Counsel immediately. Directors or executive officers who believe that they may have a potential conflict of interest must report their concerns to the Chairman of the Board, who will consult with the Nominating and Corporate Governance Committee to resolve the situation.

Following are guidelines that will help you recognize and avoid potential conflicts of interest.

Please remember that conflicts of interest are not restricted to these guidelines.

- a. Your dealings with students, employers of our graduates, suppliers, contractors and others should be based solely on what is in EDMC's best interest, without favor or preference to any third party, including close relatives.
- b. If you deal with, or influence decisions of, individuals or organizations seeking to do business with EDMC, you must not own interests in, or have other personal stakes in, those organizations that might affect your decision-making process and/or objectivity.
- c. You must not do business with close relatives on behalf of EDMC unless you have disclosed the relationship and received written authorization.
- d. Personal loans, or any guarantee of such loans, by EDMC to you or to members of your families are strictly prohibited.
- e. Unless you have received approval in writing from your supervisor, you must not accept or attempt to accept costly entertainment or gifts from third parties with whom EDMC directly or indirectly does, has, or is seeking to do business. The following direct and indirect forms of compensation are strictly prohibited:
 - separate individual payment or commission arrangements;
 - personal loans or services;
 - excessive entertainment and travel;
 - gifts of more than nominal value.

If such a gift is unavoidable because of local custom, you must report the gift to the General Counsel, who may consult with the Nominating and Corporate Governance Committee, for a determination whether, or the extent to which, the gift may properly be considered your personal property.

Example Conflict of Interest (Disclosure) Statement

Example Conflict of Interest (Disclosure) Statement

To the Institutional Review Board:

I have reviewed the *EDMC Code of Business Ethics and Conduct Statement* found in APPENDIX P of the *Argosy University Intuitional Review Board Handbook* and wish to disclose the following potential conflict of interest related to my research study:

OR

I, Sandra Bosfield, student number 00088440, have reviewed the *EDMC Code of Business Ethics and Conduct Statement* found in APPENDIX P of the *Argosy University Intuitional Review Board Handbook* and state that I have no potential conflicting interests that might influence or be perceived to influence how I professionally conduct my research study.

Signed and Dated (under printed name).

Sandra Bosfield

Signature: _____ **Date:** _____

APPENDIX L

IRB Organizing Letter: IRB Letter of Assurance

IRB Organizing Letter: IRB Letter of Assurance**ARGOSY
UNIVERSITY
Orange Campus**

To Dr. R. Mathur, President, Argosy University/Orange

August 22, 2012

INSTITUTIONAL REVIEW BOARD LETTER OF ASSURANCE

At its Organizational Meeting, (indicate date of meeting), the undersigned agreed to comply with the guidelines and procedures established for the IRB as outlined in the campus and National Institutional Review Board Handbook.

Members of the Argosy University/Orange
Institutional Review Board for 2012-2012

Name	Signature	Position	Affiliation
Dr. Robert Mendoza		Chair	College of Education
Dr. Patricia Insley		Member	College of Education
Dr. H. Frances Hayes-Cushenberry		Member	Non Affiliation

Schedule of Meetings for 2012

(Indicate planned schedule: e.g. First Monday of Month)

All meetings are scheduled for (indicate time and location).

(Provide a list of specific dates when the board will meet)

IRB Procedural Forms*Example Logging Format*

IRB#	DATE APPLICATION RECEIVED	FILING LEVEL	STUDENT NAME	CHAIR	DATE CERTIFIED	TITLE OF PROJECT