**Mitigating nurse turnover, and improving nurse retention and resilience by implementing refined transition and orientation program strategy**

**Introduction**

As noted by Almaalki, FitzGerald and Clark (2012), workers' turnover is one of the major challenges faced by the healthcare industry leaders due to a series of factors involved in tackling the issue. Sound strategies have not addressed the turnover in organisations, which has served as an impediment towards achieving nurses' retention and resilience. Similarly, the failure in retaining workers raises organisational costs and leads to a decrease in productivity (Laddah et al., 2012). Leaders have to focus on human capital, hiring, training and retention of the workforce. However, when it is time to turnover, the leader's focus will be on controlling costs and maintaining productivity (Buchan, 2010). The cost associated with replacing a nurse in healthcare organisations is huge. For instance, in the United States of America, the cost runs between USD 11745 to USD 36567 (Duffield et al., 2014). Duffield et al. (2014) further stated that this cost is attributed to advertising, cost of training, orientation, recruitment, termination, and unfilled positions. In the healthcare industry, leaders understand the economic consequences of nurses' turnover and the destabilising effect on the organisation. Leadership behaviour directly influences employees' intention to quit a certain job, and at the same time, influences job satisfaction. The cost of replacing a registered nurse has been estimated to be twice the yearly salary of the nurse leaving the organisation. According to Brunetto et al. (2013), the estimated cost is approximately USD 126980 and USD 152620. Velez (2012) further states that healthcare organisations incur more costs when a speciality nurse is to be replaced. Furthermore, hospital administrators also incur costs, directly and indirectly, for advertising, hiring and recruitment, and the latter from reducing the workers' morale and productivity losses, among others.

The table below highlights the differences between internal and external drivers of nurses' turnover.

Table 1: Internal and external drivers of nurses' turnover.

|  |  |
| --- | --- |
| **Internal drivers** | **External drivers** |
| Job stress | Getting married |
| Burnout | Following a pregnancy program |
| Leadership style | Having children |
| Nurse-physician relationship | Proceeding with an education programme. |
| Heavy workloads | Employment from other organisations |
| Bullying or harassment | Age |
| Loss of motivation | Change of location |

These and many other factors constitute the drivers of nurses' intention to quit a healthcare centre, leading to low turnover in the long run, most especially when these factors are not properly addressed.

Leadership plays a critical role in resolving these issues. However, the term 'leadership is difficult to define explicitly. They are; visionary, democratic, transformational and coaching. The leadership style best suited for the kind of change discussed in this writing is the transformational leadership style. It is an innovation-based leadership style (Moradi Korejan and Shahbazi, 2016). The leaders practising this leadership style believe that change and growth constitute the only ways of staying ahead of the curve (Susilo, 2018). The leadership style was adopted as it motivates the workers to raise the bar of their performance, which, in turn, enhances team performance (Chi, 2021).

**Discussion**

**Refined transition and orientation program strategy**

Improvement in orientation and role transition as a strategy can have a massive impact on staff satisfaction (Lockhart, 2020). This strategy was proposed by Hatler et al. (2011) to solve the problem of nurse turnover. They posit that to address nurse turnover, work unit transformation has to be carried out to integrate the new graduate nurses and involve work units entailed veteran or seasoned nurses passionate about teaching. During the first 3 to 12 months of employment, new graduate nurses (NGRNs) usually experience tremendous stress due to career transition and organisational support. Clinical learning experiences, including social support, will help to ensure a successful transition. This strategy is important and selected based on the research conducted by Dewanto and Wardhani (2018), which reveals that nurses who decide to leave the hospital are mostly women (62.3%), singles (67.5%), and new graduates (76.6%), most of which are up to 30 years old (94.8%) and have worked for not more than three years (93.5%). In a nutshell, we can categorise these nurses as new graduate nurses (NGRNs). However, when these nurses receive information and support for team building, quality measures, and conflict management embedded in transition and orientation programs, the nurse turnover can be reduced (Hatler et al., 2011). This strategy's reported outcome shows that new nurses consider higher levels of autonomy and task control. Hence, their absentee rates are reduced by 19%, an outcome that showed the reduction of stress levels. Moreover, 94% of the nurses remained employed with the same organisation by the end of six months after implementing the transition and orientation strategy (Hatler et al., 2011). Furthermore, Lockhart (2020) states that a mentorship program embedded in the transition and role orientation program increases retention and reduces burnout. For instance, a study shows the implementation of a preceptor and mentor program with the strategy in Franciscan St. Francis Hospital and Health Centres in Indianapolis to help new graduate nurses in their first year on the job. The organisations' turnover rate decreased from 31% to 10% in just two years (Lockhart, 2020). This shows that turnover is more prevalent among this category of nurses; however, adopting this strategy could retain them. Basically, as newcomers, nurses seek job satisfaction, and organisations would do well by establishing mechanisms to enhance their job satisfaction. Considering that many of the nurses are still young, there is a high possibility for them to want to explore different workplaces based on so many factors, such as exposure to modern medical equipment, higher pay, among others. However, orientation will help them understand that this kind of movement from one healthcare organisation to another to seek job satisfaction will negatively impact them. As such, this strategy can give them a sense of belonging in the organisation.

**How to achieve nurse retention using transition and orientation program strategy**

Having established that refined transition and orientation program constitute the strategy adopted to implement the change in this work, which is to achieve nurse retention instead of nurse' turnover, this section highlights the process through which this change can be achieved. According to Cockerham et al. (2011), after a successful precepted orientation, the nurses will be allowed to function independently in the unit with support from a resource nurse for two weeks. This is to measure the nurses' ability to safely and independently care for patients. The nurses having difficulties with pathophysiological integration, critical thinking, and interpreting nursing theory into a clinical setting would be made to undergo a post orientation education program (POEP). This is designed as an additional educational experience to build the nurses' confidence, skill set, relationship, and significance for job satisfaction (Cockerham et al., 2011). The classroom schedule for the orientation would entail didactic, and simulation, and case scenario approaches; this is to motivate them to exercise their critical thinking and evidence-based knowledge actively. The team leadership with nurses with over three years of experience and one year of experience will be established within a particular unit. Members of the leadership team will partner with transitioning nurses who seem to need additional support and training (Cockerham et al., 2011). The team leader will be provided with a sample set of weekly assignments and questions to enhance relationship building. Every week, 30 minutes of inter-personal meetings with the team leaders will be implemented to provide individual oversight. The orientation process will take the nurses through a pre-determined set of expectations designed by the leadership team. It will entail specific patient populations, most common diagnoses, relationship building skills and assessment, critical thinking skills and assessment, and integration into the unit's culture and healthcare organisation (Cockerham et al., 2011).

Taking the nurses through the refined transition and structured orientation program will provide them with a strong knowledge-base concerning the leading population types cared for within the unit and the entire organisation. This collaborative effort between the new nurses and experienced nurses can reinforce a strong experience network and enhance open communication; it will also provide an avenue for feedback to the nursing management regarding the transition. Consequently, all the nurses, irrespective of their level of experience, would have a vested interest in retaining and maintaining quality nursing staff, which will promote healthy rivalry, stress reduction and lower the risk of burnout. Accordingly, nurse turnover will be reduced since the nurses are now adequately trained. Additionally, retention is reinforced, and resilience is improved.

**SWOT analysis of transition and orientation program strategy**

It is essential to be aware of the successes and obstacles that this strategy would create while utilised. SWOTanalysis helps in understanding the strength, weaknesses, opportunities and threats that this strategy could have. According to Gantt (2016), this analysis would help to utilise knowledge to reduce pressure on the nurses to move too quickly through the orientation, but rather to improve their focus on the quality transition.

|  |  |  |  |
| --- | --- | --- | --- |
| **Strengths** | **Weaknesses** | **Opportunities** | **Threats** |
| Practicing the classroom theories and experience in real-life settings and scenarios. | There may be poor role definition leading to role ambiguity. | It aids the development of nursing staff competency | There could be medical dominance of the experienced staff on the new ones. |
| A commitment of the team leadership in enhancing the critical thinking ability of the new nurses. | Experienced or veteran nurses refusing to take the new nurses through some important stages in the nursing practice. | It improves job satisfaction and retention of the nursing staff. | Identification of new categories of nursing professionals could be viewed as a possible threat to the old nurses' job. |
| Collaborative practice and supportive environments. | Experienced nurses could use the area of weaknesses of the new nurses to taunt them | It improves the performance of the new nurses as well as the experienced nursing staff. | Lack of qualified team leadership to handle the transition and orientation program |

**PESTLE Analysis of the change driver**

Political factor: There should not be resistance from the top management to this strategy. Rather, they would want to commit resources to it to have a smooth transition and orientation program since the benefit will outweigh its cost.

Economic factor: There is no much cost implication carrying out this strategy. Normally, every new employee is taken through an orientation process to familiarise themself with the organisation. The instructors and team leaders do not need to be paid a huge amount for their service, although they may be motivated in some ways.

Socio-cultural factor: The orientation program is part of any organisation's socio-cultural activities; therefore, this strategy is expected to be warmly received by every stakeholder in the organisation.

Technological factor: Not applicable

Legal factor: An orientation program in an organisation is a legal or legitimate activity that can enhance workers' productivity. Thus this strategy is a legitimate one.

Environmental factor: Not applicable

**Change management model**

Driving and inspiring change are a challenge that several organisations currently face. Before this time, businesses' major priorities were stability and predictability, although this is no longer the case. Organisational transparency, workforce mobility, globalisation, instantaneous communications, and constant access to information have led to the move away from a comfort zone to make changes in the organisation (Smarp, 2020). Thus, change management is how organisations can enhance their current performance, adopt new opportunities or address key issues such as nurse turnover, which is being considered in this work. A change management process entails a plan of action, projects as well as initiatives. According to Belyh (2020), some of the best strategies and approaches to implement management changes include Lewin's change management model, McKinsey's 7 s model, Kotter's change management theory, Nudge theory, Adkar model, Bridges' transition model, among others.

Lewin's change management model is chosen because it is an effective model that makes it possible to understand organisational and structural changes. Kurt Lewin developed the model in 1950 (Belyh, 2020). This model is theorised on a three-stage model of change: an unfreezing-change-refreezing model to identify factors and forces influencing a particular situation. The theory entails leaders rejecting previous knowledge of things and replaces it with new information. In this model, there are two types of forces which are driving and restraining forces. Driving forces cause changes while restraining forces hinder the change from occurring, as such change will occur if the driving force overcomes the restraining force (Shirley, 2013).

Unfreezing stage involves finding a method to assist an individual in letting go of an old pattern of behaviour (Kristonis, 2015). In this case, the old pattern relates to job dissatisfaction in healthcare organisations, leading to a nursing turnover. We state that transition and orientation program is the driving force to effect the change; restraining force could be the lack of skill set or unhealthy workplace. Increasing the driving force by providing transition and orientation program for the new nurses and providing on-the-job training for the experienced ones, furthermore, reducing the restraining force by bridging skill gap or promoting a healthy work environment in the organisation.

The moving or change stage is the process of change in behaviour which this strategy intends to reinforce among the nurses. Transition and orientation program has a way of changing the perspective. It achieves that by providing the nurses with the needed knowledge and skillset to enjoy themselves on the job since it promotes working with others to find new, relevant information that can help effect the desired change, enhancing nurse retention and resilience. The supportive team, as well as clear communication this strategy provides, will help to achieve this desired change.

Refreezing involves establishing the change as a new normal. Here, job satisfaction is the new normal intended to be created with this strategy. Orientation and transition will now not be limited to the new nurses alone. However, they will now shift to the experienced nurses over time. If the experienced nurses are not motivated through training, they could jeopardise the anticipated change that will rub off on them from the new nurses. Over time, a new equilibrium will be created that will lead to a higher level of job performance expectation, reducing nurse turnover to barest minimum and improving retention and resilience.

Although this model is known and widely received in the healthcare industry (Shirley, 2013; Kristonis, 2005), it sounds too simplistic and linear because change cannot be predicted. Additionally, it is complex that nurses being subjected to transition and orientation does not mean automatic nurses retention and resilience as this change model portrays. However, this model is good in that, it helps in identifying both driving and restraining forces to change in the healthcare organisation for nurse retention and resilience.

**Identification and appraisal of key stakeholders**

In adopting this strategy to effect a change, some of the key stakeholders are;

Nursing leaders: They are the ones to facilitate the integration of the newcomers with the hospital's ideology and ensure the newcomers fully identify with the workings of each hospital unit. They have a massive influence on the type of relationship and behaviour of the newcomers with other workers; hence they must be satisfied. They can influence the turnover as well as the retention of the newcomers

Experienced or veteran nurses: These are the ones that will share practical experience and knowledge with the comers. They have enough experience to dish out to the new ones to make their job more robust and easier to enshrine strong performance. They determine the kind of experience and information the comers can have on the job; they must be satisfied as well, as they can influence the turnover and retention of the new nurses.

Transition and orientation program team leader: These are the ones in charge of integrating the newcomers' theoretical knowledge with practical experience. They determine the structure and duration of the program alongside the top management. They set the foundation upon which the newcomers will build their on-the-job experience, and they determine to a large extent if the newcomers will grasp the practical experience the job entails.

New graduate nurses: This strategy is actually designed for them. Their experience can determine whether they stay or leave

Healthcare Organisation top management: They determine the implementation of the strategy, and their policy will determine turnover or retention

**Reflection**

It has been established that there is a need to change nurse turnover to nurse retention and resilience. As mentioned earlier, workers' turnover is among the major challenges the healthcare industry leaders face due to several factors involved in tackling it (Almaalki, FitzGerald and Clark, 2012). Additionally, the failure of addressing organisational turnover with sound strategies impede nurses' retention and resilience. Moreover, it is known that leadership behaviour directly influences employee retention and employee turnover. Having identified the factors constituting the drivers of nurses' intention to quit the healthcare centre and the significance of leadership roles in resolving the issue, the writer of this report proposed a transition and orientation program as the adopted strategy to drive the change. This is because studies show that turnover is rife among new graduate nurses (NGRNs).

Turnover leads to staff shortages, which affects the safety of the patients and the capability of the healthcare organisation to meet the needs of the patients by providing quality care (Mosadeghrd, 2013). However, turnover does not occur in a vacuum as there are associated drivers to nurses' turnover, which could be categorised into internal and external drivers. According to Hayes et al. (2012), heavy workloads, poor work environments, work stress, bullying or harassment, low job satisfaction, poor or inflexible work schedules, and critically ill patients are multiple factors that induce turnover. Furthermore, lack of emotional intelligence from the nurse managers, lack of professional and personal support in the work environment are also major factors (Wieck, Dols, & Landrum, 2010). To a large extent, leadership is responsible for these. Hence, it plays a critical role in addressing the issue.

Different leadership styles exist, and different ones can be used to drive a change in an organisation. In this work, the change we are trying to drive is to have improved nurses retention and resilience to enhance, transition and orientation program has been adopted to drive this change. According to Chi (2021), there are different management or leadership styles to effect a change. They are; visionary, democratic, transformational and coaching. Examining the form of change we intend to drive, the transformational leadership style is best suited for this kind of change.

**Transformational leadership style**

Leaders with this kind of syle are innovators. These kinds of leaders believe that change and growth constitute the only ways of staying ahead of the curve (Susilo, 2018). Thus, they push their employees past their comfort zone by making them see they are more capable than they thought they were. Consequently, the workers are motivated to improvingly raising the bar of performance, which in the long run can lead to enhanced team performance (Chi, 2021).

Hence this leadership was selected to motivate the nurses to go the extra mile to achieve their tasks, and at the same time, achieve job satisfaction.

**How to drive this change with this leadership style**

Since employees led by transformational leaders are usually happy and dedicated, we intend to constantly challenge the nurses and give them the necessary motivation to reach their potential if they push themselves to improve. This strategy seeks to train the nurses with the requisite knowledge to update, upgrade and enhance their skillset and knowledge-base by exposing them to series of post orientation education program (POEP) designed as an additional educational experience to build confidence and relationship with the other nurses. This is significant for job satisfaction (Cockerham et al., 2011). As a leader, we will not just abandon them to the program but will be right by their sides doing whatever possible to help them get better and succeed. This show of interest from their leader can motivate the nurses to align their interest and identity with the organisation. Besides, they will be challenged to take ownership, as they will be given autonomy over their roles and responsibilities. As a transformational leader, honesty and integrity are the core values that will be exhibited to cause the desired change. With that, the nurses can be encouraged to be focused on the task at hand and acting in the best interest of the organisation (Charalambous, 2019). It is understood that high turnover costs will consume time, can be frustrating and, at the same time, costly. It can also lead to productivity losses among the nurses and create an unpalatable long-lasting cultural impact. Nonetheless, as a transformational leader, I have the onus to make the nurses feel more engaged and be included in the organisation; thus, a role transition and orientation program is adopted to get nurses, especially the newcomers, engaged and feel a sense of belonging. Furthermore, since a transformation leader ought to be charismatic by making the nurses feel valued and respected (Charalambous, 2019), I can, therefore, drive the nurses' morale positively to achieve retention in our organisation.

However, as a transformational leader, it is understood that the focus is much on the bigger picture. Consequently, details could be overlooked and administrative work avoided. In order words, it means we tend to bypass protocols and processes to achieve the bigger picture. Nevertheless, this can be avoided by demanding a high level of support from more organised and detail-oriented team members (Chi, 2021). Furthermore, it is understood that we can use our charisma in serving as role models to the workers and the organisation as a whole. Hence, we take out time to demonstrate how we want to achieve goals and get tasks accomplished, as we are not afraid of risk-taking. However, if we go too far, it could influence the organisation deleteriously; thus, we must guide against becoming disruptive with our quest to achieve.

**SMART goals for future development**

A SMART goal is such that it is **Specific, Measurable, Achievable, Relevant and time-bound**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Specific | Measurable | Achievable | Relevant | Time-bound |
| The healthcare organisation under consideration will offer quality improvement training opportunities to all nursing staff , this will not be restricted to the newcomers | The healthcare organisation will offer quality improvement training opportunities which can at least boost 85% of the nursing staff performance leading to their retention, resilience and reduction in turnover | This quality improvement training will be done in batches for 13 weeks. Staffs will resume one hour before their shifts to participate in the training. Although this may add to their workload and time spent on the job daily, but the organisation will the overtime taken for the training is compensated for. | This quality improvement training is relevant to the nursing staffs job responsibilities, as it helps in capacity building to deliver top-notch service to their patients, which can reinforce job satisfaction, thereby reduce turnover and encourage retention | The healthcare organisation will offer quality improvement training opportunities which in six months can atleast boost 85% of the nursing staff performance leading to their retention, resilience and reduction in turnover |

**Conclusion**

This work has examined how transition and orientation program can be adopted as a strategy to mitigate nurse turnover and improve nurse retention and resilience. It has been established that nurse turnover is prevalent among single women under 30 years of age and with less than three years of working experience. Most importantly, they are new graduates, hence refined transition and orientation program strategy is adopted to mitigate the nurse turnover and promote enhanced nurse retention and resilience. This strategy can be achieved by making the new nurses undergo a post-orientation education program (POEP) designed as an additional educational experience to build the nurses' confidence, skill set, relationship, and significance for job satisfaction. Taking the nurses through this program can engender collaborative effort between the new nurses and experienced ones. It can reinforce a strong experience network and enhance open communication, providing an avenue for feedback to the nursing management regarding the transition. Then, all the nurses, irrespective of their level of experience, would have a vested interest in retaining and maintaining quality nursing staff, which will promote health rivalry, stress reduction and lower the risk of burnout. From the SWOT analysis conducted, this strategy has its unique strength, weakness, opportunity, and threats. The Pestle analysis shows a suitable strategy for any healthcare organisation seeking to reduce nurse turnover and improve retention. Lewin's change management model reveals two forces that can cause change to occur, and the other one can hinder it. As a transformational leader, change and growth are the only ways of staying ahead of the curve. Consequently, they push their employees past their comfort zone by making them see they are more capable than they thought they were. Accordingly, workers are motivated to improvingly raising the bar of performance. SMART goals are set for future development, in which the organisation will provide quality improvement training to all nursing staffs for both the new and the old.

**Reference**

Almalki, M. J., FitzGerald, G., & Clark, M. (2012). The relationship between quality of work-life and turnover intention of primary health care nurses in Saudi Arabia. BMC Health Services Research, 12, 314-314. doi:10.1186/1472-6963-12-314.

Belyh, A. 2020. Major approaches and models of change management. Available at> [https://www.cleverism.com/major-approaches-models-of-change-management/>[Accessed](https://www.cleverism.com/major-approaches-models-of-change-management/%3e%5bAccessed) on 13/04/2021].

Brunetto, Y., Farr-Wharton, R., & Shacklock, K. (2012). Communication, training, wellbeing, and commitment across nurse generations. Nursing Outlook, 60(1), 7-15. doi:10.1016/j.outlook.2011.04.004.

Buchan, J., O'May, F., & Dussault, G. (2013). Nursing workforce policy and the economic crisis: A global overview. Journal of Nursing Scholarship, 45, 298-307. doi:10.1111/jnu.12028.

Cavaleri, M. A., Onwuegbuzie, A. J. & Green, C. A. (2012). Methodological reporting in qualitative, quantitative and mixed methods health services research articles. Health Services Research, 47, 721-745. doi:10.1111/j.1475-6773.2011.01344.x.

Charalambous, M. 2019. The pros and cons of transformational leadership. Available at> [https://www.startingbusiness.com/blog/transformational-pros-cons>[Accessed](https://www.startingbusiness.com/blog/transformational-pros-cons%3e%5bAccessed) on 14/04/2021].

Chi, C. 2021. 4 management styles to strive for, and 4 to avoid. Available at> [https://blog.hubspot.com/marketing/management-styles>[Accessed](https://blog.hubspot.com/marketing/management-styles%3e%5bAccessed) on 14/04/2021].

Cockerham J, Figueroa-Altmann A, Eyster B, Ross C, Salamy J. Supporting newly hired nurses: a program to increase knowledge and confidence while fostering relationships among the team. Nurs Forum. 2011 Oct-Dec;46(4):231-9. DOI: 10.1111/j.1744-6198.2011.00236.x. PMID: 22029766.

Dewanto, A and Wardhani, V. 2018. Nurse turnover and perceived causes and consequences: a preliminary study at private hospitals in Indonesia. BMC Nursing.; 17(52). https://doi.org/10.1186/s12912-018-0317-8.

Duffield, C. M., Roche, M. A., Homer, C., Buchan, J., & Dimitrelis, S. (2014). A comparative review of nurse turnover rates and costs across countries. Journal of Advanced Nursing, 70, 2703-2712. doi:10.1111/Jan. 12483.

Gantt, L. 2013. Sample SWOT analysis strengths weakness opportunities threats. Available at> [https://www.researchgate.net/figure/Sample-SWOT-Analysis-Strengths-Weaknesses-Opportunities-Threats\_fig1\_49683495>[Accessed](https://www.researchgate.net/figure/Sample-SWOT-Analysis-Strengths-Weaknesses-Opportunities-Threats_fig1_49683495%3e%5bAccessed) on 13/04/2021].

Hatler, C., Stoffers, P., Kelly, L., Redding, K., & Carr, L. L. (2011). Work unit transformation to welcome new graduate nurses: Using nurses' wisdom. Nursing Economics, 29(2), 88-93. Retrieved from http://www.nursingeconomics.net.

Hayes, L. J., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., Laschinger, S. K. H. & North, N. (2012). Nurse turnover: A literature review - An update. International Journal of Nursing Studies, 49, 887-905.

Kritsonis, A. (2005). Comparison of change theories. International Journal of Scholarly Academic Intellectual Diversity, 8(1), 1–7. Retrieved from http://commonweb.unifr.ch /artsdean/pub/gestens/f/as/files/4655/31876\_103146.pdf.

Laddha, A., Singh, R., Gabbad, H., & Gidwani, G. D. (2012). Employee retention: An art to reduce turnover. International Journal of Management Research and Review, 2, 453-458. Retrieved from <http://www.ijmrr.com>.

Lockhart, L. 2020. Strategies to reduce nursing turnover. *Nursing made incredibly easy*; 18(2), p.56. DOI: 10.1097/01.NME.0000653196.16629.2e.

MDH, 2020. Smart objectives. Available at> [https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html>[accessed](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html%3e%5baccessed) on 14/04/2021].

Moradi Korejan, M. and Shahbazi, H., 2016. An analysis of the transformational leadership theory. Journal of Fundamental and Applied Sciences, 8(3), p.452.

Mosadeghrad, A. M. (2013). Occupational stress and turnover intention: implications for nursing management. International Journal of Health Policy and Management, 1(2), 169-176. doi:10.15171/ijhpm.2013.30.

Smarp, 2020. Five change management model to take a look at> available at> [https://blog.smarp.com/5-change-management-models-to-take-a-look-at>[accessed](https://blog.smarp.com/5-change-management-models-to-take-a-look-at%3e%5baccessed) on 13/04/2021].

Susilo, D., 2018. TRANSFORMATIONAL LEADERSHIP: A STYLE OF MOTIVATING EMPLOYEES. Management and Economics Journal (MEC-J), (1), p.124.

Udod. S and Wagner, J. 2018. 9 common change theories and application to different nursing situations. Available at>[https://leadershipandinfluencingchangeinnursing.pressbooks.com/chapter/chapter-9-common-change-theories-and-application-to-different-nursing-situations/>[Accessed](https://leadershipandinfluencingchangeinnursing.pressbooks.com/chapter/chapter-9-common-change-theories-and-application-to-different-nursing-situations/%3e%5bAccessed) on 13/04/2021]

Velez, P., & Strom, T. (2012). Effects of organisational trust. Organization Development Journal, 30(2), 39-50. Retrieved from <http://www.isodc.org/>.

Wieck, K. L., Dols, J., & Landrum, P. (2010). Retention priorities for the 127 intergenerational nurse workforce. Nursing Forum, 45(1), 7-17. doi:10.1111/j.1744-6198.2009.00159.x

Wisdom, J. P., Shirey, M. (2013). Lewin's theory of planned change as a strategic resource. The Journal of Nursing Administration, 43(92), 69–72. doi:10.1097/NNA.0b013e31827f20a9