Review Article

A Review of Nurses' Turnover Rate: Does Increased Income Solve the Problem of Nurses Leaving Regular Jobs



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Abstract

Evidence of a high rate of nurse turnover is a serious problem in the health care system. From the author's experience, in order to retain nurses in their career, the administrator should study the real problems by multilevel from individual, interpersonal, job, organization and nation. A positive environment creates a highly successful rate which are a culture of an organization, climate, stress factors, staffing ratio, career development program as well as reward and recognition.

Nurses are the largest group of health personnel who work closely with patients to provide the best care. Nurses are part of patients' relationship with the hospital and take the responsibility to improve patient health care. The absence of nurses has an impact on the patient's well-being and the quality of provision of health care. One direct negative effect is the cost of nurse recruitment and training of new nurses. This cost has to be borne by the hospital. In the USA, the total cost of recruitment of recently-graduated nurses is about $15,825 and this can reduce productivity, incurring a cost between $5,242 to $16,102.[1] A working group investigated the following: type of hospital stay; degree of complication, degree of infection, degree of drug abuse directly related to the shortage of registered nurses (RNs).[1] The result of this study shows that RNs who are willing to work but whose work performance is of a low quality is directly related to the turnover rate. The turnover rate is lower for registered nurses with a high level of social interaction. A study was undertaken at a private hospital in Bangkok in Thailand in 2007, to determine the factors involved in the decision to remain in a nursing career.[2] It was found that the intention to stay in nursing as a career in a private hospital was high. Other factors included: the nurses' age; how attractive the job was; getting involved in project work and in solving problems; and flexibility in having a more positive approach to working. The study investigated RNs' intention to work and how deeply they pay attention to their jobs. Younger RN's intention to work was (28.1%); while older RNs' had a lower intention to work (1.5%).

The hospital CEO, the nursing director and the human resources department are responsible for retaining nurses. At this moment, the shortage of RNs, the high turnover rate, and retirement rate was high in 2009.[1] The International Council of Nurses estimated a need for registered nurses over the next 10 years (2010-2020). Thailand currently needs one RNs per 400 patients, and the shortage in Thailand at present is still 41,100.[3] From 2006-2010 the number of full-time RNs in private hospitals increased from 11,000 to 15,000. This is an increase of 36.36% in 3 years.

At present, RNs move to private hospitals at the rate of 1,000 nurses per year. The Thai Nursing Council of Nurses estimates that over the next five years the private sector in Thailand will need 20,000 nurses. This is partly due to the fact that larger private

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hospitals are qualifying for JCI qualification, a requirement of which is for RNs to meet patient safety standards as set out by international codes. Thai RNs fall short by 30% in these patient safety requirements.

As reported by Chiu YL, et al[1] RNs seek a new job 1.68 times. For new job seekers, the range is from 30-34 years of age. From 2000-2009, private hospitals saw a turnover rate of 1,283 jobs (6.84%), whilst the number of RNs moving from government to private hospital was 771 (4.11%). There was a small number of Thai RNs going abroad for a new job (2.60%). After graduating from the nursing course, a small number of nurses quit (1.4%). This was either because the nurses did not want to continue their studies, or because they failed the certificate examination. The most important factors in deciding to work abroad were a lack of alternatives in Thailand, personal health problems, or better pay, long hours, or longtime part-time job. No nursing school acts as a feeder to private hospitals in Thailand; therefore nurses need to be recruited elsewhere. To do so, private hospitals offer a relatively high salary and offer funding for study, or provide nurses part-time jobs during their nursing studies. After graduation, 45-57.7%[3] of nurses resign during their first year of working as they are unable to adapt to their new work environment.[4] The private hospital still does not has enough nursing staff; paying a higher salary is not a solution. This article's author works in the private sector and has been willing to grant study leave to RNs who then resign during their studies abroad. So, the author interviewed and questioned why nurses chose to work in private hospitals? What is most attractive about working in a first-piority private hospital?

The author aims to provide recommendations to the nursing director and the human resources division to design a strategy to solve the problem of a shortage of RNs; it is argued that the approach to just keep increasing RNs' salary is not the correct way to solve the problem.

The author has studied many research articles. The research by Daouk-Öyry L, et al. is particularly relevant.[5] This paper reviewed the frequency of the words and phrases "nurse turnover, absenteeism, sick leave" used over the past six years from January 2007 to January 2013. It selected journals with peer-reviewed, quantitative and qualitative surveys of nurse professionals, and excludes nurses students, other medical personnel, and nurse agencies.[5] The total research looked at 7,169 papers, and selected papers from 41 studies, from North America, South America, Europe, East Asia, Africa, and Australia. The study reveals the main problems of nurses' absenteeism and leave, categorized on five levels as follows:

1. Individual level
2. Interpersonal level
3. Job level
4. Organization level
5. National level

The minor factors are shown in Figure 1 below, with more detail provided in Tables 1 to 5. The information shows that salary is not the cause of RNs' sick leave and resignations abroad.

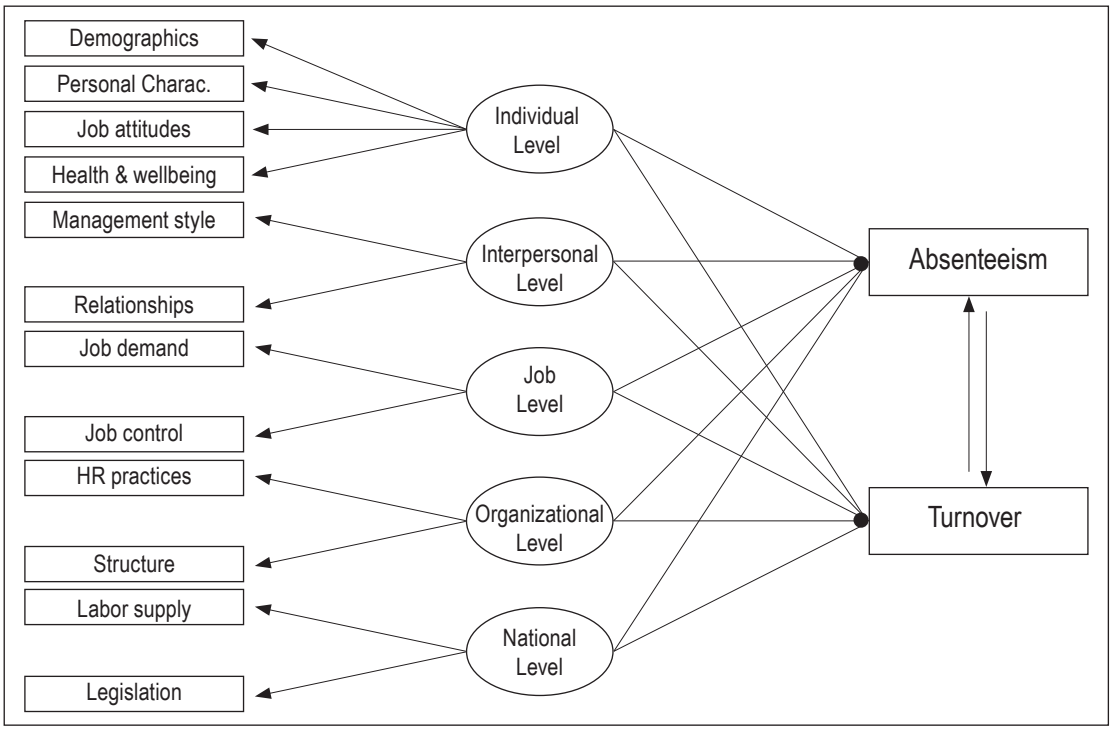


Figure 1 : The JOINT concept model for explaining and predicting absenteeism and turnover among nurses.[5]

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Table 1: Factors of individual level.

Demographic	Personal Characteristics	Job Attitude	Health wellbeing
• Being young	• Higher problem solving	• Lack of motivation	• Poor health and wellbeing
• Gender (male)	• Stress and coping	• Powerlessness	• Burnout and exhaustion
• Having another job	• Effective communication	• Lack of confidence	• Physical injury
• Childcare	• High interpersonal interaction and social skills	• Lack of care provision experience	• Deteriorated mental health
• Need a Full-time Job		• Lack of job commitment	
• Taking up education		• Poor quality of care	
• Living far from hospital		• Dissatisfaction	
• Return to rural areas			

Table 2: Factors of interpersonal level.

Management	Relationship
• Ineffective leadership	• Lack of support from co-workers
• Feeling no respect in supervisor role	• Supportive organization climate
• Delegation and autonomy	• Inadequate group cohesion
• Poor leadership	• Feeling undervalued
• Transformation leadership	• Disrespected by colleagues
• Unskilled facilitator and clinical educators	• Unsupportive work climate
• Inability of managers to solve work-related problem	• Negative attitude
• Unrealistic expectations of employers	• Lack of regular interaction with counselling staff
• Lack of professionalism	• Lack of collegiality and team effort
• Negative perception about supervisor support and innovation	• Disorganized work when work problems occur
• Inadequate delegation of autonomy	

Table 3: Factors of job level.

Job Demand	Job Control
• Mental load	• Decision latitude and autonomy
• Time pressure	• Not having the autonomy to decide whento work over-time
• High overload	• Having role ambiguity and conflict
• Non-oriented tasks	
• Demanding nature of the job	
• Adverse working conditions	
• Work and family conflict	
• Being exposed to occupational risk	
• Work overload	

Table 4: Factors of organization level.

HR Practice	Structure
• Lack of career ladder, lack of growth and development opportunities	• Lack of responsiveness of administration to safety issues
• Inequitable pay scale	• Lack of utilization of research in staff development
• Barrier to learning	• Small unit size
• Unskillful mentors	• Inconsistent application of policy and procedures
• Incomprehensive orientation	• Roster inconvenient for child care
• Insufficient professional advising	• Designated lower skill mix
• Failure in the recruitment process	• Negative influence of dealing with ill patients
• Increased cost associated with recruitment, orientation and temporary labour coverage for vacant nurses' positions	• Structure of work: work schedule, work time, handover of shifts
	• Work environment
	• Not having a night-shift clinical nurse specialist
	• High turnover of nurse executives leads to loss of important nursing and practice advocates

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Table 5: Factors of national level.

Factor	Detail
Labour supply	• Legislation
Legislation	• External health policy
	• Political instability
	• Nursing image
	• Economic situation

The information shows that salary is not the cause of RNs' sick leave and their decision to resign when abroad. In Canada,[8] RNs aged from young to old (from three generations) are given the opportunity to choose as they wish in an acute care hospital. Nurses were allowed to choose the most attractive factors to the least attractive (see Table 6) and list the reasons why nurses resign in Table 7. From Table 6, all three generations stay in the work place because they have a suitable job and the appropriate RNs take care of patients. On a third level, generation X and Baby Boomers (BB) both need support from the director. Generation Y shows that a high salary keeps them in post. Currently, there are three generations of nurses in the workforce. Generation Y nurses are the youngest generation, were born in 1980 and more recently. They have a collective, cohesive and collaborative approach to work, expect to use tecnology, are confident, desire immediate feedback and recognition, want to be coached and mentored, and strive to maintain a balance between work and family.[6] Generation C nurses are born between 1965 and 1979. They are comfortable with change, technology, diversity, are self-directed and are motivated by favorable working conditions. Generation X nurses value career security over job security and organizational commitment.[7]

The oldest nurse generation is Baby Boomers (BB), who are born between 1946 and 1964. They are characterized as workaholics, concerned with work performance, promotions and titles. Although they are creative and risk takers, BB adjust slowly to new information and technology, are motivated by compensation and benefits as well as by workplace advancement.[6]

Table 7 shows absenteeism across all three generations, as well as the level of inadequacy of nurses unable to manage and take care of the patient. All generations welcome opportunity to improve. Thus this study investigated registered nurses across two generations with no connection to the work place. They are able to resign at any time. This study supports the idea that current RNs or nurses with the intention to resign, are not paying attention to the salary offered. The author presents nursing orientation classes for new nurses at Samitivej Hospital and asked them to write the reason why they left their previous hospital (Table 8).

Table 6: Frequency of incentives selected from most frequent to least frequent by generation.

Generation Y (n = 536)		Generation X (n = 1557)		Baby Boomer (n = 1857)	
Incentive	n (%)	Incentive	n (%)	Incentive	n (%)
1. Reasonable workload	416 (77.6)	1. Reasonable workload	1172 (75.3)	1. Reasonable workload	1388 (74.7)
2. Management nurse-patient ratios	403 (75.2)	2. Management nurse-patient ratios	1058 (68.0)	2. Management nurse-patient ratios	1228 (966.1)
3. Higher pay	379 (70.7)	3. Supportive/empathetic manager/leader	1058 (68.0)	3. Supportive/empathetic manager/leader	1147 (61.8)
4. Supportive/empathetic manager/leader	376 (70.1)	4. Flexible /self-scheduling	1040 (66.8)	4. Additional vacation time	1033 (55.6)
5. Flexible/self-scheduling	370 (69.0)	5. Higher pay	1021 (65.6)	5. Flexible self-scheduling	1026 (55.3)
6. Paid education leave	357 (66.6)	6. Paid education leave	998 (64.1)	6. Higher pay	977 (52.6)
7. Additional vacation time	336 (62.7)	7. Additional vacation time	889 (57.1)	7. More supportive and responsive organization	892 (47.7)
8. Support colleagues	325 (60.6)	8. Support colleagues	841 (54.0)	8. Support colleagues	886 (47.7)
9. Opportunity for advancement	313 (58.4)	9. More supportive and responsive organization	762 (48.9)	9. Paid education leave	854 (46.0)
10. More supportive and responsive organization	278 (51.9)	10.Opportunity for advancement	762 (48.9)	10.Opportunity for advancement	467 (25.1)

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Table 7: Frequency of dis-incentives selected from most frequent to least frequent, by generation.

Generation Y (n = 536)		Generation X (n = 1557)		Baby Boomer (n = 1857)	
Incentive	n (%)	Incentive	n (%)	Incentive	n (%)
1. Opportunity elsewhere	420 (78.4)	1. Inadequate staffing	1095 (70.3)	1. Inadequate staffing	1218 (65.6)
2. Inadequate staffing	405 (75.6)	2. Opportunity elsewhere	1020 (65.5)	2. Emotional or physical exhaustion	1175 (63.3)
3. Unmanageable workload	331 (61.8)	3. Unmanageable workload	982 (63.1)	3. Unmanageable workload	1141 (61.4)
4. Emotional or physical exhaustion	326 (60.8)	4. Emotional or physical exhaustion	943 (60.6)	4. Unsupportive organization	992 (53.4)
5. Unsupportive organization	305 (56.9)	5. Unsupportive organization	886 (56.9)	5. Poor leadership/lack of manager support	959 (51.6)
6. Poor leadership/lack of manager support	305 (56.9)	6. Family responsibilities	868 (55.7)	6. Illness	946 (51.0)
7. Scheduling conflicts/ inflexibility	305 (56.9)	7. Poor leadership/lack of manager support	841 (54.0)	7. Inadequate time to do job well	830 (44.7)
8. Family responsibilities	289 (53.9)	8. Scheduling conflicts/ inflexibility	823 (52.9)	8. Poor work environment	828 (44.6)
9. Poor work environment	259 (48.3)	9. Poor work environment	758 (48.7)	9. Scheduling conflicts / inflexibility	825 (44.5)
10.Inadequate time to do job well	240 (44.8)	10.Workplace bullying and incivility	697 (44.8)	10.Opportunity elsewhere	795 (42.8)
11.Workplace bullying and incivility	237 (44.2)	11.Inadequate resources and supply	666 (42.8)	11.Workplace bullying and incivility	756 (40.7)
12.Inadequate resources and supply	233 (43.5)	12.Inadequate time to do job well	660 (42.4)	12.Inadequate resources and supply	702 (37.8)
13.Lack of education/ professional growth opportunities	207 (36.6)	13.Illness	630 (40.5)	13.Family responsibilities	687 (37.0)
14.Poor work group cohesion	206 (38.4)	14.Lack of education/ professional growth opportunities	621 (39.9)	14.Poor work group cohesion	596 (32.1)
15.Illness	160 (29.9)	15.Poor work group cohesion	561 (36.0)	15.Lack of education/ professional growth opportunities	506 (27.3)

Table 8: Reasons given by new RNs who had left previous hospitals between January 2013 and July 2014. (n = 238)

The reason why nurses left previous hospital	n (%)
Increasing patient loads	70 (29.41)
The previous hospital system is not good	26 (10.92)
Pay and benefit is poor	25 (10.50)
Inadequate staffing and high patient to nurse ratios	22 (9.24)
Need experience	20 (8.40)
Low welfare	19 (7.89)
No career path	18 (7.56)
No education program	16 (6.72)
Moving department	10 (4.20)
Family responsibilities	7 (2.94)
The previous hospital is far	5 (2.10)

Table 9: The new RNs who selected Samitivej Hospital as a place to work between January 2013 and July 2014. (n = 238)

The reason why nurses choose Samitivej hospital	n (%)
Samitivej is a famous hospital.	82 (34.45)
Persuasion from friends	45 (18.91)
Hospital system and quality is good	26 (10.92)
Requirement to speak other languages	16 (6.72)
Good welfare	16 (6.72)
Need career opportunity	14 (5.88)
Good atmosphere	13 (5.46)
High class patients	9 (3.78)
Having networks	7 (2.94)
Family responsibilities	7 (2.94)
Need more convenient transportation	3 (1.26)

Table 8 shows that 29.41% of registered nurses resigned from their previous hospital because they had to serve too many patients, and therefore they were unable to provide adequate care and appropriately work with patients. The hospital working system caused 10.92% of RNs to leave. Being too often on call is also listed as a cause of leaving 10.50%, the same percentage applies to RNs who choose to study abroad. A significant factor in the choice to resign is an excessive workload and too many patients to attend to. The attractive reasons to apply for the new career appear in Table 9. One of the main factors determining the choice of a new employer is a good reputation and referral from a friend (accounting for 18.91%). A good system with good quality care accounts for 10.92% of nurses' choice of employer. A high salary, therefore, is not the main cause for selecting a new employer.

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The author reviewed the literature of nurse leave, over a period of five years both in Thailand and aboard. In Thailand, we found the topics of nurse commitment and engagement. Abroad, we frequently found articles on nurse turnover.[8] The author recommends to hospital administrators, nurse executives and human resource division and the organization to find the problem of nurse turnover as a current reality and to create strategy goals for a nurse retention plan that extends beyond raising their salaries. The International Council of Nurse (ICN) suggests that healthcare providers' retention be increased through financial and non-financial incentives. The ICN advocates a strategy such as increased remuneration, tuition funding, improvements to benefits, increased vacation, job flexibility, mentoring program, and recreational facilities in 2008.[9,10] This will create five dimensions of a work environment for the workplace. The nurse administrators could implement these measures in the workplace to retain nurses.[11] The recommendations are:

I. Communication Dimension:
1. Visit and meet employee at least quarterly or arrange walkabout to meet and see nurses
2. Publish a monthly newsletter to share information on: nursing news, continuing education, job openings, and cerebrations for all nursing staff related to hospital
3. Use electronic mail, send a letter to each nurse and have RN staff write letters of welcome to new employees
4. Use scripts for customer satisfaction or key employee communications.

II. Leading Dimension:
1. Assign managers / supervisor walk to areas for making rounds and to increase management visibility
2. Lead by example- be a positive and enthusiastic role model
3. Frequently ask "How can I help you?" or "What do you need from me?"
4. Demonstrate your commitment to staff by coaching, mentoring, providing learning opportunities, and setting "stretch goals" for your staff.
5. Hold all of nurses' staff accountable consistently.
6. Start every management meeting with a cerebration moment.
7. Always have a succession plan for all management levels.
8. Actively seek out staff with leadership potential and groom them for the next step in their career path, if it promotes career growth and development.
9. Provide renewal opportunities for management team via retreats, and implement changes to the portfolios they manage, and provide mentoring opportunities and leadership courses.

III. Changing Dimension:
1. Share the vision, share the plan
2. Clearly show over and over what the change is and how it will benefit the staff
3. Speak with a consistent voice-cascade a major change throughout the organization by using talking points and scripts
4. Pilot a new idea before a project is implemented on a full scale, and redesign as needed

IV. Team-building Dimension:
1. Eliminate "me" from vocabulary, substitute it with "we"
2. Hire team players-let the team do the interviewing and selection.
3. Hold team building management and staff retreats, even if nurse leaders only have two hours available.
4. Create teams for special treatments: clinical excellence patient satisfaction, cost management, associate satisfaction or work redesign. Cerebrate team victories
5. Offer many company-sponsored team opportunities and events: bowling, sports teams, talent show and theatre.
6. Give small rewards such as video gift certificates, fast food or coffee shop coupons, book store coupons or cash to team members at milestones in a project.
7. Assess each team meeting. Ask each participant to identify "did well" and "could improve"
8. Provide stress management for team in distress

V. Developing /Growing Dimension:
1. Create a career path system and assess nurses growth needs and development plan
2. Ask for 360 degree feedback on team performance
3. Network with professional colleagues
4. Take a college or graduate level course to enhance your education and learning

Conclusion

A high nurse turnover is a serious problem in our health care system. In order to retain nurses, the author recommends the hospital administrator, nurse executive and nurse leaders to consider multiple aspect of nurses' work environment and find a way to maintain the right work environment for them. What constitutes a positive work environment and how can all nurse administrators institute all that is positive? Many successful work environments are characterized as follows:

1. Overall culture of the organization supports nurses.
2. Climate or ambience of nurses' particular unit, which can be affected positively by a good manager. A good environment is known to increase nurse staff satisfaction and nurse engagement. The nurse executive team is visible on the unit or walk, and talks and shows trust to nurses and cheers them up.
3. Stress levels and strategies to reduce stress through individual and group coaching methods provided to nurses
4. Staffing ratio, flexibility and schedule adjustments that will allow nurses to be successful in both their professional and private lives.

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5. Career development program is very important to nurses. The organization that creates an environment in which professional development is continuous throughout the nursing career, beginning with orientation, will retain its staff.
6. Reward and Recognition strategies. A reward and recognition program must be a reflection of how nurses are valued and respected by their managers and by the organization.

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