Factors Affecting Nurse Attrition in a
Super Specialty Hospital: A Case Study

Dishant Parakh

Student 3rd Year, Department of Liberal arts and Humanities, O.P. Jindal Global University, Sonipat Narela Road, Sonipat, Haryana, 131001, India.

Correspondence and Reprint Requests: Dishant Parakh, Student 3rd Year, Department of Liberal arts and Humanities, O.P. Jindal Global University, Sonipat Narela Road, Sonipat, Haryana, 131001, India.

E-mail: 17jslh-dparakh@jgu.edu.in

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Abstract

Attrition rate in Human Resource department of hospitals has been a factor of great strain. Though questions regarding their recruitment and retention has widely been discussed the organizational factors affecting their attrition gives in fresh new perspective. The diagnostic solutions through changes made based on root cause analysis of employee's own concerns has been looked up. Forty nurses, which was approximately about one-fourth of the total members in the entire department have been cross-examined qualitatively and quantitatively to arrive at the results. The case study believes that Retention of high-quality nurses would automatically improve the morale of physicians, patients and their families.

Keywords: Nurse attrition; Hospital administration; Motivation; Organization development and diagnosis

Introduction

The *XYZ* Super Specialty Hospital offers world-class healthcare services to all. It consists of several Centers' of Excellence with a large team of internationally trained and highly experienced specialists. Supported by the best infrastructure, diagnostic, and treatment facilities, the hospital has a healthcare solution to meet every need. Since, the hospital unit is a private firm the attrition or the intent of attrition was more compared to government hospitals. Working abroad was the main destination for these nurses because of lucrative opportunities, recognition, higher salary (Sharma and Kamra 2009). It is located amidst a 100-acre lush green campus just 60 minutes' drive away from the center of the Metropolitan. Their state-of-the-art facility brings together many disciplines under one roof, but never loses sight of the traditional values of caring and compassion that are part of its vision. Various research suggests that organizational climate in which the care takes place plays a vital role in improving the patient outcomes (Pronovost et al. 1999) (Aiken et al. 1994).

Purpose

The purpose of the study was to find out problems facing within the staffs, and uniquely to identify the factors which influence the nurses to leave their job. The research aims to find out what has been done by the administration to remedy these problems. The investigation is undertaken to make critical suggestions through analyzing the data, which will facilitate in solving the issues. In a cross-country report of five countries reveal that only one-third of the nurses in US are registered to provide quality health care to the patients (Aiken et al. 2001). The motivated nursing staff lends into the practical and effective management of the whole management. In the current economy of the healthcare industry, constant problems regarding the overall retention and recruitment of nurses further exaggerated by attrition of nurses threaten the quality of care and services to the patients visiting the hospital. Conducting this case study research reveals the inherent need to study the organizational diagnosis required to reduce nursing turnover in the medical industry, especially in a multi-departmental hospital with substantial human resources. The assessment determinates to enlighten stakeholders the importance of typically ignored services to the employees and key competencies required for future recruitments.

Assumptions

The following assumptions made before following the methodology:

That there are inherent problems facing nurses in their operation leading towards resignation.

They will be honest in their opinion while taking the questionnaire and, at the same time, considering their option rated to be judicial.

That the workers are aware of my presence and are ready to co-operate for the good of both the parties.

They can understand my medium of language used (the style of instructions is replicated in both the local language and English).

Methodology

A dual framework of qualitative and quantitative viewpoints is adopted as the primary survey tool for gathering the data, keeping in mind the heterogeneity of the employees on their literacy. The tools used during the feedback session survey were one-on-one interviews and filling up the questionnaire survey, which had both qualitative and quantitative aspects. Qualitative studies, in particular, had a lecture-noting format whereby the interviewers probed the questions, and the participants had to write down their responses. The survey and interviews are conducted among 40 nurses, which was approximately about one-fourth of the total members in the entire department (169 nurses). There was active prior-post observation and engagements with the nurses to bring in the external lens perspective while walking throughout the facility and noticing the operations of the nurses. The validity and rigor of the study were established through observation and focus group discussion (FGD). The FGD's was taken place with other stakeholders, including the nurses, to bring about the holistic viewpoint in the case study.

Qualitative Survey

The key focus areas faced by majority of nurses are underlined in the survey. Given below is the interview guide and the response from the nurses.

Interviewer: What are the ways you personally adopt for stress relieving?

Respondents:

Spending time with family and friends, TV Shows and Books, Yoga and Exercise, Napping, Music, Travelling, Spending alone-time, religious activities.

Interviewer: Are there sufficient Employees Welfare Schemes [EMS] for my job. Answer in 'Yes' or a 'No'. If 'No', then why do you feel so?

Respondents:

- Yes - 35%
- No - Inadequate employees, irresponsibility, lack of health coverage i.e. perks like family health benefits not provided, based on the amount of workload its less, less sick leave.

Interviewer: I have established the relationships that I need to do my job properly. Answer in 'Yes' or a 'No'. If 'No', then why do you feel so?

Respondents:

- Yes - 87.5%
- No - Relatively newcomer/inexperienced in nursing thereby communication barriers, a bit introverted and anti-social in nature.

Interviewer: The salary that I receive is appropriate with the job that I perform. Answer in 'Yes' or a 'No'. If 'No', then why is it so?

Respondents:

- Yes - 15%
- No - No increment for the experienced worker with inflation and rising inflation in the market supporting family becomes tough, not appropriate in comparison to other hospital with more workload, resentment due to past subjects affecting their current salary, difference in wage between freshly hired workers and long term employed seniors, not sufficient for the loan taken for their degree.

Interviewer: The structure of my work shifts is well designed. Answer in 'Yes' or a 'No'. If 'No', then why is it so?

Respondents:

- Yes - 15%
- No - Staffing issue i.e. inadequate manpower and overloading nurse is to patient ratio is very low while taking care of paper work at the same time, Running time gets hectic no proper handing over due to punctuality, Equipment's are not provided on time during work hour, altering shift which is detrimental due to pre-planned outing.
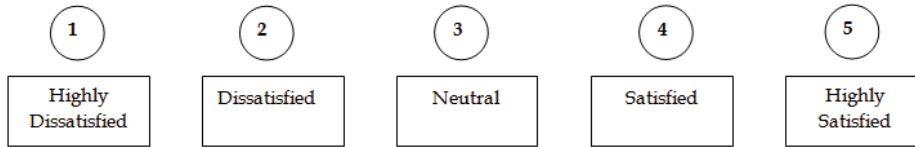
Result and Discussion

Quantitative Survey

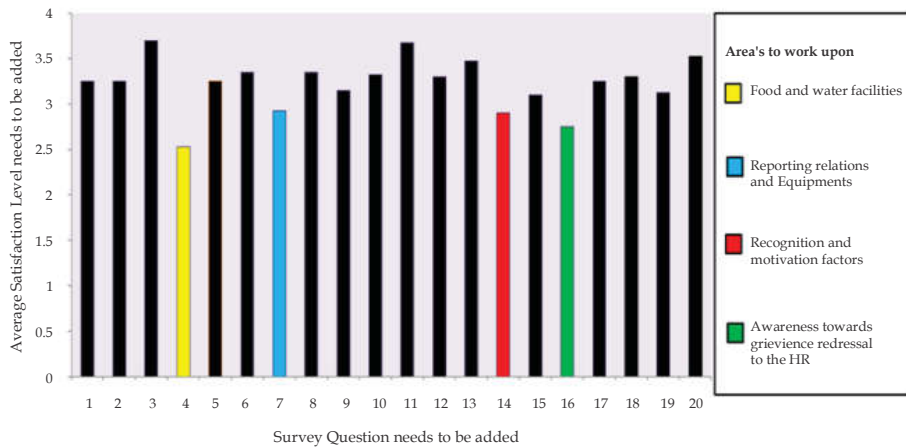*Directions:* Do not put your name anywhere on this questionnaire. Please answer all twenty questions. Be open and honest. For each of the statements, circle only one (1) number to indicate your thinking.

Interviews

The principal objection of the nurses seem to be their remuneration - contested by the employees

1	2	3	4	5
Highly Dissatisfied	Dissatisfied	Neutral	Satisfied	Highly Satisfied

Table 1: Survey Result

Sl. No.	Questionnaire	Total	Average *
1	My job offers me the opportunity to grow as a person.	130	3.25
2	My relationship with my supervisor is a Harmonious one.	130	3.25
3	This organization provides regular training session to improve my knowledge and skill.	148	3.70
4	I am personally satisfied with the facilities (especially food and water) available in the organization.	101	2.52
5	The senior level of this organization treats me with respect and is friendly as well as professional.	130	3.25
6	I can always talk with someone at work if I have a work-related problem.	134	3.35
7	I have the information and resources that I need to do a good job.	117	2.92
8	I understand how to handle stressful environment.	134	3.35
9	The manner in which work tasks or assignments given is a logical one	126	3.15
10	I am very comfortable with my current level of work output.	133	3.32
11	My relationships with members of my work group are friendly as well as professional.	147	3.67
12	The priorities of my job are understood by me.	132	3.30
13	Other work units are helpful to my work unit whenever assistance is requested.	139	3.47
14	This organization has adequate mechanisms for recognizing and rewarding productive nurses.	116	2.90
15	The takeover between my shifts with my colleagues is generally smooth.	124	3.10
16	There is a general awareness for grievance redress (HR) in case of any problems.	110	2.75
17	My immediate supervisor is supportive of my efforts.	130	3.25
18	I understand my supervisor's efforts to influence me and the other members of the work unit.	132	3.30
19	There are no unresolved conflicts between the colleagues in this organization.	125	3.12
20	There is proper awareness of the hierarchy level on whom to report, to not escalate any issues	141	3.52

$$* \text{Average} = \frac{\text{Total score by cumulating all the scores}}{\text{Total number of nurese}} = \frac{\text{Total}}{40}$$

Fig. 1:

in earlier events. It has exacerbated due to disproportionate slabs of income between freshers and seniors, causing broad resentment among the colleagues. They also feel that rising expenditure with inflation in the market does not sustain their family. They want the hospital to provide steady increments to the senior and experienced nurses.

Frequent barriers in the communication network encountered by the newly joined member lead to a deficiency of information and resource sharing. Additionally, they do not understand the chain of commands and reporting relationships for the day to day activities. In some departments, they face gender discrimination between male and female nurses, whereby male staffs are being relatively given comparatively low-risk patients and less paperwork during their working hours. This type of partiality and favoritism fosters resentment towards in-charges/ supervisors that maltreat certain individual employees.

During the duty hours, nurses felt they are proceeded to do work other than taking care of patients during staffing. Some of these complement tasks are taking care of patients belonging, checking for depreciating equipment and furniture, which are not the duties of a nurse adding on to the workload pressure.

Personal Observations

These were some of the fundamental points of observation while observing the nurses in their operation. They tie up with environmental challenges of workers participation and control by the authorities while career development issues seen in previous investigation which are not self-reported is observed (El-Jardali et al. 2010).

There is no need for an increase in staff members for more organized work when the distribution of workload and division of labor are planned efficiently. The chances of unexpected leaves and sudden emergency must be representative while implementation of operational charges and duties in the hospital.

Demand for changes in the organization differs from employee to employee based on their department and supervisors.

They seem bleak and tired after their night shifts. When enquired, nurses replied that they do not get any food facilities other than tea and biscuits juts twice within the whole duration. In my opinion, the organization could provide some light snacks with glucose, to keep their calorie requirement up to the par.

The workers want acknowledgment for their hard work among the senior levels, which could be resolved through monthly award and recognition, for productive nurses. Furthermore, creating a pleasant rapport between their supervisors by conducting ice-breaking events.

Diagnosis and Mitigation

There are various factors which require long term outlook and board room discussions through cost-benefits analysis for reducing the turnover. The crucial elements for debate are Segregation of hierarchy level based on seniority and experience to establish a proper division of salary.

Revision of sick leave policy for nurses who are relatively far off from the hospital. They cannot travel from their homes to obtain an in-hospital medical check-up to get sick leave.

While the staffing issues will be dealt with by following the above rules. Nonetheless having a strict protocol in punctuality will lower the burden on previous shift nurses who are already exhausted from their duty time

In the short term, however, a few steps can be considered for potential implementation inside the organization, which includes:

Food arrangements, especially for the night duty staff with a modest amount of resting period (maximum up to 2 hrs), must be provided.

Providing a longer duration of orientation to newly recruited members. This adjustment can be combined as a training period to ensure a smooth transfer of fresh nurses and develop working relationships with their colleagues.

The organization must be open to any more useful suggestions from the employees themselves. It highlights that they are treating every member uniformly based only on their productivity, skill, and attitude.

Conclusion

The hospital group, since its inception, has successfully managed to provide quality medical care and inculpate a sense of societal obligation towards the community. The organization is relatively specific in defining its objective. Still, over the months, due to an increase in turnover rates of nursing staff, the hospital seems to need particular reforms to improve the motivation among these workers. There

seems to be insufficient research on how nurse staffing affects patient's outcome leading to not providing rationale for development of their standards and minimum requirements (Wunderlich et al. 1996).

The case study provides insights for further interventions through extensive feedback sessions in the hospital. They have a relatively varied set of challenges not restricted inside the infirmaries, and they must keep in mind the objective and vision of the founder. Transition programs to compare the competencies between the control and study group reveals significant differences when the programs are well structured and include these 6 core elements for the nurses: patient-centered care, communication and teamwork, quality improvement, evidence-based practice, informatics, safety, clinical reasoning, feedback, reflection, and specialty knowledge in an area of practice (Spector et al. 2015).

With a series of changes over time, I am sure that the organization will decrease its turnover with highly capable human resources working for providing world-class treatments to the patients.

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