

Determinants of the Choice and Retention of Nursing as a Career among Nurses

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Abstract

To understand profession's viability in the market, each profession must understand choice, retention, and attrition of its members; i.e. supply and demand of sufficient professionals to carry out the work of the profession. Many factors affect career choice and retention of nurses in the health sector. Despite the perceived efforts made by Hospitals Management Board in Karnataka State to retain nurses, there is still inadequate number of nurses to match the demand of care needed by patients in the hospitals. The main objective of this study is to determine factors responsible choice and retention of nursing as a career among nurses in Karnataka state, India. The study conducted in three geo-political zones of Karnataka state, India. The survey research method was used for this study. Survey according to Hardman and Marshall (2000) is to be used to determine current practice and opinions of a specified population on the status of one or more variables. This method is appropriate for this study which intends to find out 'determinants of the choice and retention of Nursing as a carrier among Nurses in Karnataka state, India. A total of 570 (91 %) fully completed structured questionnaires was retrieved from the participants out of 600 distributed, which yaro Yamane formula used for determination of sample size. The result revealed that, there were several factors in choice of career and retention of nursing among nurses in Karnataka state, India. Increment in salary and allowances rated the best factor to address the problem.

Keywords: Determinants; Choice; Retention; Nursing; Career.

Introduction

Career selection and retention is one of many important choices people make in determining future plans. This decision impacts them throughout their lives. Basavage (1996, p.1) in her thesis asked, "What is it that influences people in one way or the other?" "Work is one of our greatest blessings.

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Everyone should have an honest occupation" (Rosen stock & Steinberg ,as cited in O'Brien, 1996, p. 3).

Carrier choice is one critical decision people are expected to make(Novakovis and Foad, 2012) as the effective choice will have positive impact on their self concept development and fulfillment of one's life purpose. The image of both nurses and nursing profession are vital in the successful choice and retention of staff in the health care industry (Anne lie 2010).

Workforce studies were basic to understanding how occupations and professions function in the market (Barth, 2001).The study of supply and demand of sufficient professionals is necessary to understand a Profession's viability in the market Becker1993. Therefore, occupations and professions should study choice, retention, and Attrition of members. These market elements were in a systemic relationship, each of which affects the others in

Varying degrees. Therefore, workforce studies regarding choice, retention, and attrition are individually, and collectively, important to a profession, and as such deserve rigorous analysis.

A major challenge in health care is the shortages in the healthcare workforce. Human resource crisis has shown to be a key factor influencing health outcomes and countries with the worst shortages of Health Human Resource (HHR) are also the ones with the worst health indicators and highest infant and child mortality (Annie Lie, 2010). The main factors driving the human resource problem have been identified in Nigeria as insufficiently resourced and neglected health systems; Poor human resources planning and management practices and structures; unsatisfactory working condition among others (Becker, 1993).

Nurses are described as veritable caregivers and the strength of every health system. Nursing represents the largest group of health professionals and has been experiencing persistent shortage. Since 2002, nursing shortage has been termed a global crisis where supply of nurses cannot meet the demand.

While the WHO recommends a nurse to a population ratio of 700, English-speaking Caribbean nations currently have 1.25 nurses for every 1000 people and around 3 in every 10 nursing positions remain unfilled. Zambia had nurse population ratio of 1 to 1500. In Malawi, there are only 17 nurses for every 100,000 people. Nigeria currently has 148,129 nurses to cater for its population of above 150 million, with nurse population ratio of 1 to 1012 people. (WHO, 2010).

Evidence suggests that shortage of nurses is detrimental not only to quality of patient care, but also to staff morale, which in turn affects staff retention. Patients' mortality rates are higher where standards are weaker, nurse turn over and understaffing is persistent. High patient-to-nurse ratios have been shown to lead to frustration and job burnout, which is linked to higher turnover. Significant relationships among workplace incivility, stress, burnout, turnover intentions, total years of nursing experience, and RN education levels have also been reported in studies (WHO 2010).

In the bid to find solution to the crisis of nursing shortage, the International Council of Nurses (ICN) initiated five priority areas, among which is the retention of nursing personnel. The retention of those nurses are major worldwide concern in today's nursing shortage environment and also for health policy-makers. Data from both developed and

developing countries tend to indicate that nurses retention is a serious issue and organizations are having difficulty in handling it. (ICN2010). Many factors influence intention to stay once employed. These factors are either systemic or personal in nature. Systemic factors are constraints in hospital budget, remuneration, practice autonomy, work load, flexible shift, and opportunities for career advancement. Age of nursing work force, decline in the number of nurses graduating from the schools of nursing and many inexhaustible factors determine availability of nurses for employment. Vacancy positions and turnover rates are indicators of problems in recruitment and retention of nurses. Vacancies are reported in many countries, including developing countries such as South Africa, where an average of 40.3% of professional nurses' posts were vacant in 2008. Job turnover rate is also high in most countries. In countries such as the United Kingdom (UK) and the United States of America (USA), turnover rates are quite significant, as they are estimated to be around 20%. The performance and quality of a health care delivery system ultimately depend on the quality of the number, the turnover rates and motivation of the health human resources.

General Objective

The main aim of this study is to determine factors responsible for choice and retention of nursing as a career among nurses in Karnataka state, India.

Specific Objective

- To identify the determinants of choice of nursing as a career in Karnataka state, India.
- To identify factors influencing retention of nurses in Karnataka state, India.
- To determine the strategies put in place for nursing staff retention in Karnataka state, India.

Research Question

- What are the factors responsible for choice of nursing as career in Karnataka state, India.
- What are the factors affecting the retention of nursing as a career in Karnataka state, India.
- What are strategies put in place for nursing staff retention in Karnataka state, India.

Hypothesis

- There is no statistically significant relationship

information from which they can develop policies and engage best practice management, which is expected to enhance positive patient health outcomes and nurses' well-being, hence improve retention efforts.

The concern about the well being and retention of nurses is relatively new, hence, the major strength of this study is that it is one of the few studies in Karnataka state on choice and retention of nurses.

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between choice and retention of nursing as a carrier.

- There is no significant relationship between retention and turnover.
- Nurses who are motivated by personal interest, job satisfaction, employer encouragement are more likely to be retained than those that are not.

Operational Definition

Choice: The broad opportunities that exist for nurse's lifelong vocations.

Retention: Ability to keep a stable and adequate supply of nursing workforce.

Nursing: Profession of caring for patients/clients

Carrier: Work/occupation in Nursing done by a person to earn his/her living.

Turnover: Nurses quitting their job because of other factors.

Methodology

Research Design

The survey research method was used for this study. Survey according to Hardman and Marshall (2000) is to be used to determine current practice and opinions of a specified population on the status of one or more variables. This method is appropriate for this study which intends to find out 'determinants of the choice and retention of Nursing as a carrier among Nurses in Karnataka state, India.

Research Setting

This study was conducted at three geo-political zones of Karnataka state, India

Population of Study

The population of the study consists of six hundred (600) out of 1000 nurses in Karnataka state, India. About two hundred (200) nurses from each of the senatorial zones targeted for the study.

Study Duration

The total time period required for the completion of the study from the day of conception to submission

of project based on series of activities is six (6) months. Activities involving drafting of concepts, drafting and revision of proposal, data collection and analysis, various corrections from co-guide and other researcher assistants. Activities commenced in the month of January 2016 to the month of June 2016.

Sample Size

The researcher used six hundred (600) nurses for the study.

Sampling Method/Technique

A convenient sampling technique was used to select six hundred (600) respondents as a sample size.

Instrument for Data Collection

A self developed-questionnaire was used to collect data for the study.

Method of Data Collection

An introductory letter was written to the head of the hospitals to obtain permission, 600 questionnaires administered 570 were retrieved

Procedure for Data Analysis

Mean and standard deviation were used for answering research questions while Chi-square test and one-way analysis of variance were used for testing the hypothesis. The entire hypotheses formulated were tested at 0.05 level of significance.

Data Analysis and Results

Data were entered into an SPSS program by data entry personnel. In order to address the research question about relationship among study variables, i.e to find out determinants of the choice and retention of nursing as a career among nurses in Karnataka state, India. A variety of correlations were computed, appropriate to the level of data (Burns & Grove, 2009).

A total of 570 (91%) fully completed questionnaire was retrieved from the participants out of 600 distributed.

Socio-Demographic Characteristics

As shown on Table 1, out of the 570 participants,

93% were between the ages 41-50 years. Whereas (26.7%) were aged between 21-30 years. The minimum age was 21 and the maximum was 60 years. The mean age was 40.9 ± 6.4 years. 63.3% were females and 71.7 were married. Most of the respondents 62.2% were Muslims.

39.1% of respondents were Chief Nursing Officers, 34.1% Nursing officers, 12.4% senior officers, 8.4% Assistant Chief Nursing officers, 4.0% Others, while principal Nursing officers (2.0%). About 67.1% of the respondents had RN and RM, 19.3% had BSc or BNSc; 10,8% had only PBD; 2.4% had MSc.

Table 1: Socio-demographic characteristics of respondents

	Age	Frequency	Age of Respondent Percent	Valid Percent	Cumulative Percent
Valid	21-30	195	32.5	32.5	32.5
	31-40	128	21.3	21.3	53.8
	41-50	192	32.0	32.0	85.8
	51-60	85	14.2	14.2	100.0
	Total	570	100.0	100.0	

Table 2: Designation of nurses under study

		Designation of Nurses Under Study			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	NO	204	34.0	34.1	34.1
	SNO	74	12.3	12.4	46.5
	PNO	12	2.0	2.0	48.5
	ACNO	50	8.3	8.4	56.9
	CNO	234	39.0	39.1	96.0
	Others	24	4.0	4.0	100.0
	Total	598	99.7	100.0	
Missing	System	2	.3		
	Total	570	100.0		

Table 3: Highest qualification of respondents

		Highest qualification of respondents			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	RN	396	66.0	67.1	67.1
	PBD	64	10.7	10.8	78.0
	BSC/BNS	114	19.0	19.3	97.3
	MSC	14	2.3	2.4	99.7
	11	2	.3	.3	100.0
	Total	590	98.3	100.0	
Missing	System	10	1.7		
	Total	570	100.0		

Designation of Nurses under Study. As per Table 2. (NO) Nursing officer on Grade Level 08, the entry level for fresh graduate or diplomat nurses.(SNO) Senior Nursing Officer in Grade Level 09, (PNO) Principal Nursing Officer in Grade Level 10 or 12, (ACNO) are Assistant Chief Nursing officer on Grade Level 13,(CNO) is the Chief Nursing officer on grade level14.

Highest Qualification of Respondents. Diploma represent nurses who have single basic qualification i.e. RN only. Post basic diploma represent nurses who have dual qualification i.e. RN and another specialization. BSc/BNSc represent with degree nursing while MSc represent nurses with masters degree.

Factors Influencing Choice of Career. Majority of respondents 67.7% strongly agreed that interest is a factor in choice of career, 27.9% also agreed. 4.0% disagree and 4% strongly disagree to these option. Respondents 47.4% agreed to prestige as a factor in choice of career, 32.7% strongly agreed whereas 14.0% stand to disagree and 5.9% strongly disagree. 50.8% agreed that economic reason influences the choice of career, 26.6 strongly agreed. 19.6% disagree and 2.9% strongly disagree. The respondents of 44.1% agreed to uniform dressing influencing factor in career choice,34.5% strongly agreed, 16.0% disagree and 5.4% strongly disagree to the opinion. Respondents 51.7% agreed that role model contributed to the choice of career, while 29.4% strongly agreed. 15.3% disagreed and 3.6%

Table 4: Factors for retaining the staff

	Indicate factors that have retained			
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	112	18.7	18.7	18.7
a humanitarian service	2	.3	.3	19.0
a noble profession	2	.3	.3	19.3
adequate staffing to reduce work load	6	1.0	1.0	20.3
availability of job is easy	4	.7	.7	21.0
better health care	2	.3	.3	21.3
care for the patients	2	.3	.3	21.7
care for the sick	4	.7	.7	22.3
care of the pregnant women	2	.3	.3	22.7
carering for patients	2	.3	.3	23.0
carering for the sick	2	.3	.3	23.3
carering of babies	2	.3	.3	23.7
carering profession	2	.3	.3	24.0
choice	2	.3	.3	24.3
compassion for nursing service	2	.3	.3	24.7
conducive environment	2	.3	.3	25.0
economic factor	4	.7	.7	25.7
financial benefit	4	.7	.7	26.3
good environment and relationship	2	.3	.3	26.7
good environment and good support	2	.3	.3	27.0
good environment and good work	2	.3	.3	27.3
good remuneration	2	.3	.3	27.7
good salary	2	.3	.3	28.0
good working condition	2	.3	.3	28.3
human service	2	.3	.3	28.7
humanitarian service	2	.3	.3	29.0
interest to service	6	1.0	1.0	30.0
interest to service	2	.3	.3	30.3
interest the service	2	.3	.3	30.7
interest to serve humanity	2	.3	.3	31.0
interest to serve humanity and the environment	2	.3	.3	31.3
interest to service	32	5.3	5.3	36.7
interest to service and uniform dressing	2	.3	.3	37.0
interest to the job	2	.3	.3	37.3
interest to the service	32	5.3	5.3	42.7
interest to the service	2	.3	.3	43.0
interesting for the job	2	.3	.3	43.3
interest to the service	2	.3	.3	43.7
is very respective profession	2	.3	.3	44.0
job opportunity	2	.3	.3	44.3
job retardation	2	.3	.3	44.7
job security	8	1.3	1.3	46.0
lack man power	2	.3	.3	46.3
lack of economic	2	.3	.3	46.7
lack of man of power	2	.3	.3	47.0
lack of man power	8	1.3	1.3	48.3
mode of dressing	12	2.0	2.0	50.3
mode of the dressing	4	.7	.7	51.0
motivation and support	2	.3	.3	51.3
nursing care to patients	2	.3	.3	51.7
servng injection				
nursing ethics and mood of dressing	2	.3	.3	52.0

nursing is noble and carering profession	2	.3	.3	52.3
opportunity to attend sponsorships workshop	2	.3	.3	52.7
parental influence	2	.3	.3	53.0
passion	2	.3	.3	53.3
passion and to serve humanity	2	.3	.3	53.7
prestige	2	.3	.3	54.0
prestige and good remuneration	2	.3	.3	54.3
prestige of the work	2	.3	.3	54.7
promotion	2	.3	.3	55.0
promotion as when due with financial benefit	2	.3	.3	55.3
proper job security	2	.3	.3	55.7
proper help	2	.3	.3	56.0
proper job security	70	11.7	11.7	67.7
provide care to the patients	2	.3	.3	68.0
provision of adequate materials	2	.3	.3	68.3
provision of good working environment	2	.3	.3	68.7
provision of good working environment	14	2.3	2.3	71.0
provision of opportunity for carrier development	2	.3	.3	71.3
provision of opportunity for carrier development	2	.3	.3	71.7
provision of opportunity for carrier development	46	7.7	7.7	79.3
provision of opportunity for carrier development	2	.3	.3	79.7
provision of good working environment	2	.3	.3	80.0
religion	2	.3	.3	80.3
role model	2	.3	.3	80.7
role model and prestige	2	.3	.3	81.0
service for humanity	2	.3	.3	81.3
service to humanity	4	.7	.7	82.0
service to people and motivation.	2	.3	.3	82.3
service yo humanity	2	.3	.3	82.7
serving of lives	2	.3	.3	83.0
sympathy	8	1.3	1.3	84.3
taken care of patients	2	.3	.3	84.7
taken good care of patients	2	.3	.3	85.0
taking care of patients	2	.3	.3	85.3
to care for the sick one	2	.3	.3	85.7
to give adequate care to patient	2	.3	.3	86.0
to give adequate care to patients	2	.3	.3	86.3
to help humanity	10	1.7	1.7	88.0
to help people	2	.3	.3	88.3
to help the nation	2	.3	.3	88.7
to save humanity	6	1.0	1.0	89.7
to save life	10	1.7	1.7	91.3
to save people life	2	.3	.3	91.7
to serve for humanity	4	.7	.7	92.3
to serve humanity	44	7.3	7.3	99.7
to work for the state	2	.3	.3	100.0
Total	570	100.0	100.0	

strongly disagree. Majority of respondents 38.8% agreed that parents guidance choice considered factor in choice of career, 27.6% strongly agreed. While 23.3% disagree and 10.2% strongly disagree. 42.9% agreed to others as a factor in career choice, 20.6% strongly agreed. 20.0% disagree and 15.9% strongly disagree to the opinion.

Factors that Retained them in Nursing as Career. The majority of respondents 7.7% identified an opportunity for career development. Whereas 7.3% acknowledged that service to humanity retained them in nursing as career. 0.3% also were of the opinion that passion for the career counted

Table 5: Factors responsible for nursing shortage what do you think is responsible for nursing shortage

	What do you Think is Responsible for Nursing Shortage			
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	134	22.3	22.3	22.3
adequate staffing to reduce work load	2	.3	.3	22.7
adequate qualify nurse	2	.3	.3	23.0
adequate staffing to reduce work load	28	4.7	4.7	27.7
educational background	2	.3	.3	28.0
employment	2	.3	.3	28.3
environment/job motivation	2	.3	.3	28.7
environment	2	.3	.3	29.0
financial problem	2	.3	.3	29.3
financial problems	2	.3	.3	29.7
good job security and good salary and allowances	2	.3	.3	30.0
good leadership mentoring	2	.3	.3	30.3
good leadership mentoring	2	.3	.3	30.7
greater pasture	2	.3	.3	31.0
hospital facilities	2	.3	.3	31.3
hospital policies	2	.3	.3	31.7
inadequate equipment	2	.3	.3	32.0
inadequate retirement of nurses	2	.3	.3	32.3
inadequate staff	2	.3	.3	32.7
inadequate staff employment	4	.7	.7	33.3
inadequate staffing	2	.3	.3	33.7
inadequate staffs	2	.3	.3	34.0
inadequate training	4	.7	.7	34.7
inadequate training of nurses	2	.3	.3	35.0
inadequate job opportunity	2	.3	.3	35.3
inadequate remuneration	2	.3	.3	35.7
incentive	2	.3	.3	36.0
interest	2	.3	.3	36.3
lack adequate staffing	2	.3	.3	36.7
lack employment	2	.3	.3	37.0
lack facility	2	.3	.3	37.3
lack good environment	2	.3	.3	37.7
lack man power	4	.7	.7	38.3
lack man power and motivation	2	.3	.3	38.7
lack medical personnel	2	.3	.3	39.0
lack motivation	4	.7	.7	39.7
lack of adequate staffing	8	1.3	1.3	41.0
lack of adequate equipment	2	.3	.3	41.3
lack of adequate facilities	2	.3	.3	41.7
lack of admission into nursing school	2	.3	.3	42.0
lack of concern by the government	4	.7	.7	42.7
lack of employment	48	8.0	8.0	50.7
lack of equipment	2	.3	.3	51.0
lack of equipment	10	1.7	1.7	52.7
lack of equipment and good environment	2	.3	.3	53.0
lack of equipment and promotion	2	.3	.3	53.3
lack of facilities	4	.7	.7	54.0
lack of facility and man power	4	.7	.7	54.7
lack of good environment	2	.3	.3	55.0
lack of good salary payment	2	.3	.3	55.3
lack of good working environment	4	.7	.7	56.0
lack of government sponsorship to study nursing	2	.3	.3	56.3
lack of graduate nursing	2	.3	.3	56.7
lack of growth of the profession	2	.3	.3	57.0
lack of inadequate staff	2	.3	.3	57.3
lack of incentive	2	.3	.3	57.7
lack of incentive	12	2.0	2.0	59.7
lack of incentive and enumerator	2	.3	.3	60.0
lack of interest in the job	2	.3	.3	60.3
lack of job security	2	.3	.3	60.7

lack of man and unemployment	2	.3	.3	61.0
lack of man power	22	3.7	3.7	64.7
lack of man power and adequate staffing	2	.3	.3	65.0
lack of man power and motivation	2	.3	.3	65.3
lack of medical equipment	2	.3	.3	65.7
lack of moral support	2	.3	.3	66.0
lack of more training of students	2	.3	.3	66.3
lack of motivation	10	1.7	1.7	68.0
lack of motivation and support	2	.3	.3	68.3
lack of motivation and training	2	.3	.3	68.7
lack of opportunity for carrier development	2	.3	.3	69.0
lack of promotion	2	.3	.3	69.3
lack of proper care	2	.3	.3	69.7
lack of proper coordination	2	.3	.3	70.0
lack of proper job security and promotion	2	.3	.3	70.3
lack of proper management	2	.3	.3	70.7
lack of proper training and employment	2	.3	.3	71.0
lack of salary been paid in time	2	.3	.3	71.3
lack of salary payment	2	.3	.3	71.7
lack of staff	2	.3	.3	72.0
lack of staff and equipment	6	1.0	1.0	73.0
lack of staffing	4	.7	.7	73.7
lack of staffs	4	.7	.7	74.3
lack of subsidy	6	1.0	1.0	75.3
lack of subsequent training	2	.3	.3	75.7
lack of support by the authority	2	.3	.3	76.0
lack of support	4	.7	.7	76.7
lack of training	4	.7	.7	77.3
lack of unemployment	14	2.3	2.3	79.7
lack of working equipment	2	.3	.3	80.0
lack staff and adequate welfare	2	.3	.3	80.3
lack of job security	2	.3	.3	80.7
lack of proper environment	2	.3	.3	81.0
leadership	2	.3	.3	81.3
less salary	2	.3	.3	81.7
low financial benefit	2	.3	.3	82.0
man power	4	.7	.7	82.7
no implementation of salary and equipment	2	.3	.3	83.0
no implementation of salary	2	.3	.3	83.3
no incentive	2	.3	.3	83.7
no security	2	.3	.3	84.0
non payment of salary on time	2	.3	.3	84.3
nurses are not been regretted	2	.3	.3	84.7
opportunity to attend sponsored seminars	2	.3	.3	85.0
poor condition of service	2	.3	.3	85.3
poor environment	2	.3	.3	85.7
poor leadership	2	.3	.3	86.0
poor management from the government	2	.3	.3	86.3
poor working environment	2	.3	.3	86.7
poor working environment	2	.3	.3	87.0
promotion as when due with financial benefit	2	.3	.3	87.3
promotion as when due with financial benefit	2	.3	.3	87.7
promotion as when due with financial benefit	6	1.0	1.0	88.7
promotion as when due with financial benefit	2	.3	.3	89.0
proper entry replacement	2	.3	.3	89.3
proper job security	2	.3	.3	89.7
proper job security and good financial benefit	2	.3	.3	90.0
provision of adequate equipment	10	1.7	1.7	91.7
provision of good working environment	4	.7	.7	92.3
provision of opportunity for carrier development	4	.7	.7	93.0
provision of adequate equipment	10	1.7	1.7	94.7
provision of advance studies	2	.3	.3	95.0
retirement	2	.3	.3	95.3
subsidy on medical expenses	2	.3	.3	95.7

work load	2	.3	.3	96.0
work autonomy	22	3.7	3.7	99.7
work load and shifting of duties	2	.3	.3	100.0
Total	570	100.0	100.0	

Shortage in Nursing Work force. The respondents of 10.0% submitted that lack of employment in the state had grossly contributed shortage in nursing work force. Similarly 9.5% possited that poor remuneration also accounted for shortage in Karnataka state. 7.0% opined lack of motivation. Whereas 1.7% observed lack of autonomy.

Nurses' Perception on Factors Influencing Retention

The respondents (28.8%) disagreed and (25.5%) strongly disagreed that their employers made deliberate effort to improve retention of nurses by organizing and funding continuing education. The respondents (33%) disagreed that their employers made deliberate effort to improve retention of nurses by ensuring re-imburement for their conference fees.

Association between Demographic Variables and Retention

Age of nurses ($p < 0.05$), duration of qualification as a nurse ($p < 0.05$), have significant influence. Gender ($p > 0.05$) does not have significant influence on recruitment.

Association between Demographic Variables and Retention

Age of nurses ($p < 0.05$), duration of qualification ($p < 0.05$) and current designation ($p < 0.05$) were significantly associated with retention. However, Gender ($p > 0.05$) and professional qualification of nurses ($p > 0.05$) does not have significant influence on retention.

Testing the Hypothesis using ANOVAs $\alpha = 0.05$

- There is statistically significant relationship between choice and retention of nursing as a carrier ($p < 0.05$).
- There is also significant relationship between retention and turnover ($p < 0.05$).
- Nurses who are motivated by personal interest, job satisfaction, employer encouragement are more likely to be retained than those that are not ($p < 0.05$).

Discussion

Most of the respondents (64.9%) were between ages 41 -50 years, with mean age of 40.9 ± 6.4 . This shows the aging workforce in nursing as majority of the respondents will be retiring within the next decade. The study, in line with vacancy situation in South Africa [18;21] revealed that majority of the nursing leadership positions in Karnataka state is vacant and this is as a result of their professional qualification. This gave room for administrators and medical practitioners at the helms of affairs in decision making regarding nursing. Respondents 63.3% were female and 36.7% made up male. This encourage discussion around nursing being a female profession. Findings from several studies on professional socialization have highlighted that nursing is viewed predominantly as a career for white, middle class women (Bough, 2001; Bough & Lentini 1999; Hemsley-Brown & Foskett, 1999; Magnussen, 1998; Muldoon & Reilly, 2003 White head et al.).

For 81.1% (Role model) whose career choice was influenced by a person or event, the two main categories of responses were family members/ significant others and nursing-in-action. Family members/significant others consisted of family members (nurses and no nurses), friends, and teachers. Influential family members who were nurses included the following: grandmothers (n=3), mothers (n=2), other relatives and friends.

Other participants observed family members or significant others who were cared for by nurses. Most often, the grandmother or 'self' were listed as the ill family member.

Focus on others included helping people, caring for others, serving others, nurturing, and the ability to have an impact on others. Focus on self included statements about pay (economic reason) 50.8%, and an interest in health care 67.7%. People and experiences that were influential in their decision to enter nursing as a career included nurses, high school health career teachers, family members, friends (parents guidance 38.8%) and work experience in a health care setting.

An overwhelming number of participants reported that helping people and making a difference in peoples lives were the most positive aspects of

being a nurse. Several participants reported personal contact with people and the intimate involvement in another's life were the most positive aspects of nursing as a career. In addition, other participants 47.4%(prestige) described the high respect from society as the most positive aspect of being a nurse. Career opportunities were the most positive aspects of nursing as indicated by the following participant statements: "part of a growing profession," "flexible schedule," "many possibilities," "so many choices," and "a broad range of fields." These findings are consistent with those reported by Stevens and Walker (1993) and Boughn and Lentini (1999). The Karnataka state government hospitals have retention policies. However, it appears these policies were not usually utilized to the letter. Capacity building for nurses appears to be the priority of all health institutions in Karnataka state towards retention as reported by Karnataka state Civil service. Findings revealed that the Government engage in replacement of retired or exited nurses rather than increasing retaining efforts. This probably is due to the cost associated with turnover, which is line with a conducted on turnover intention among new graduate of nurses as reported by Bee croft p, Dorey, F, & Wenten, M (2008).

The study suggests understaffing exists in Karnataka state hospitals as reported all over the world as findings from this study revealed that nurses perceived understaffing as existing in their hospitals and some have once committed an omission in the line of duty as a result of workload. This supports the findings from researches conducted by the Agency for Healthcare Research and Quality where shortage of registered nurses, in combination with an increased workload found to pose a potential threat to the quality of care (AHRQ 2007).

The study revealed a wide gap between the efforts of employers towards ensuring retention and what nurses perceived is being done towards retention.

The best factor that influences the nurses to keep working in their hospitals according to this study was increment in salary and allowance as it ranked first among other factors. This finding clearly corroborates the finding by Prescott and Bowen that salary and benefits are leading factors influencing nurses to stay in a workplace and also the supply and demand curves of labor market where when the wages increase (P axis), more people are willing to be employed (Q axis) (2009). Findings from the study revealed that sense of job security, Opportunities for career development, good working environment and opportunities for training and

workshops were major factors influencing retention. This finding corroborates that there is no single key retention strategy but a multifaceted approach is necessary to create milieu and an environment that retains nurses. As reported by Sourdif, job satisfaction was the most consistent predictor of nurses' intentions to remain employed.

Also, the salary scale used at the Federal level is more robust than that of the State level in Karnataka state. Interestingly this increase the turnover rate. Statistical significant association was found between age and retention of nurses. This indicates that retention efforts should focus on nurses within the age bracket 20-30 years and 51-60, as young nurses tend to leave their job for a better one and experienced nurses plan to leave as a result of retirement.

Duration of qualification post RN was found to be significantly associated with retention agreeing with the study of Oyeleye et al.(2009) where significant relationships was found among turnover intentions, total years of nursing experience, and RN education levels. Additional professional qualification in nursing is usually not equivalent to promotion or increase in pay in the clinical setting, except for rising above the bar of Grade level 14, it was therefore not surprising that there is no statistically significant association between highest professional qualification of respondents and retention. While monetary incentives influences retention of nurses, Work autonomy does not. Nurses' feeling of job security in respect to the reputation of their hospital and the buoyancy of their salary seems to influence their retention than work autonomy.

Conclusion

Nursing workforce is essential to quality health care. The strategies for choice and retention of nurses in Karnataka state were explored to explain the dwindling work force in nursing. Although the factors influencing choice and retention of nurses are multifaceted and vary from one health organizations to the other, the strategy for retention compare to what to obtain in other places however retentions was largely dependent on financial factors. This may be a product of poor and uneven circulation of resources in India that predispose to the search for a greener pasture.

The knowledge of these influencing factors provides nurse managers with evidence-based