



Work environment issues and intention-to-leave in Portuguese nurses: A cross-sectional study



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ABSTRACT

This study extends the Registered Nurses Forecasting (RN4CAST) study evidence base with newly collected data from Portuguese nurses working in acute care hospitals, in which the measurement of the quality of work environment, workload and its association with intention-to-leave emerge as of key importance. Data included surveys of 2235 nurses in 144 nursing units in 31 hospitals via stratified random sampling. Multilevel multivariate regression analysis shows that intention-to-leave is higher among nurses with a specialty degree, nurses aged 35–39, and in nursing units where nurses are less satisfied with opportunities for career advancement, staffing levels and participation in hospital affairs. Analysis with moderation effects showed the observed effect of age and of having a specialty degree on intention-to-leave during the regression analysis is reduced in nursing units where nurses are more satisfied with opportunities for career advancement. The most important finding from the study suggests that promoting retention strategies that increase satisfaction with opportunities for career advancement among Portuguese nurses has the potential to override individual characteristics associated with increased turnover intentions.

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1. Introduction

Several studies have reported on the devastating effects of austerity measures on health care systems in Europe [1] especially those countries that have been hit hard, such as Greece [2], Ireland [3] and Spain [4,5]. Portugal adopted similar fiscal austerity measures, which have yet to be assessed in terms of their impact on health services and on the health workforce. Budget constraints have

resulted in salary cuts, unemployment, early retirement, non-replacement of leavers and increased and hazardous workloads [6]; all of which challenge capacities for workforce governance. Increased workloads are particularly a policy concern since the 12-country Registered Nurse Forecasting (RN4CAST) study recently linked higher nurse workloads to increased patient mortality [7] and poorer patient experiences with hospital care [8]. In line with prior evidence predominantly generated in the US, RN4CAST also produced evidence supporting the need in Europe for optimising nurses' work environment. Improving work environments is reported to offer a relatively low cost strategy in achieving better patient experiences with hospital

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care [8], less nursing care left undone [9–11], less nurse burnout which is a hazard for patient safety, and reduction in expensive nurse turnover [8,12].

Even though so far no mechanism has been set up to monitor and assess the effects of the ongoing economic crisis on health services or on the workforce [6,13], there is every reason to believe that similar associations exist in Portugal. The present study extends the RN4CAST evidence base with newly collected data from Portuguese nurses working in acute care hospitals. This study quantifies nurses' intention-to-leave the hospital and the profession, workload (operationalised by patient-to-nurse ratios) and quality of the work environment, and describes how these vary between hospitals. Second, the association between patient-to-nurse ratios, work environments, individual nurse characteristics and intention-to-leave is examined. The focus on intention-to-leave is crucial since the Portuguese context in recent years has been characterised by an increase in nurse emigration [6,14], another likely side-effect of austerity measures on the health workforce.

2. Conceptual framework

Concerns about the sustainability of national health systems are compounded by increasing geographical imbalances of health professionals, facilitated by the principle of freedom of movement of workers and Directive 2013/55/EU amending Directive 2005/36/EC on the recognition of professional qualification [15,16]. Within this context, migration and organisational turnover of health professionals are both sources of concern at the organisation, country and European levels. Migration implies nurses leaving one country to go to another, whereas organisational turnover implies nurses leaving one organisation to either go to another organisation or leave the health workforce sector. Brewer and Kovner [17] however found that migration constructs correlate closely with those associated with organisational turnover. For example, they hypothesise that the development and measurement of the concept of national commitment (commitment to one's country) might be similar to the concept of organisational commitment in turnover research. They also concluded that just as work cultures that devalue employees lead to high turnover within an organisation, health care systems that do not value their nursing workforce are likely to lead to high migration rates. Zander et al. [18] also found a positive association between the factors that lead nurses to migrate, also known as push factors, and those associated with nurses leaving their current jobs. The quality of the work environment was shown to be the most influential factor in both contexts.

According to estimates by the Portuguese Nursing Council, since 2009 more than 10,000 nurses have requested the 'Declaration on Professionals Qualifications' [19], a necessary procedure outlined by Directive 2013/55/EU for workers to access a regulated profession in another country within the EU. This request does not imply that the same number of nurses actually migrated, but it does express high interest or intention to do so. In the nursing literature, intention-to-leave has been consistently considered to be the best predictor of actual turnover [20–25]. Turnover

intentions, or intention-to-leave, are understood to be the last step preceding the actual act of leaving [26]. In this sense, understanding individual and organisational determinants of intention-to-leave provides human resources managers with an opportunity to risk assess intention-to-leave in order to prevent actual turnover, and also possibly, emigration.

The wide array of studies on nurse retention has focussed on factors within the nursing work environment and staffing levels as most influential in nurses' intent to remain employed [12,27–29]. The Nursing Work Index (NWI) [30] and its derivatives, the Revised Nursing Work Index [31] and the Practice Environment Scale of the Nursing Work Index [32] are among the most widely used instruments to measure the quality of the work environment [33] and relate it to aspects of nurse workforce stability as well as patient safety and quality of care. These instruments conceptualise several work environment dimensions by capturing nurses' perceptions of the conditions under which they work, providing a better understanding of possible challenges for workforce governance. In the present study, work environment factors aggregated at the nursing unit level and staffing levels operationalised as the patient-to-nurse ratio will be included as the main organisational predictors of intention-to-leave. In the analysis of effects of work environment factors on nurse turnover outcomes, a multilevel logic applies [34–36]. Multilevel analysis implies considering statistical techniques that account for nurses working in a social context embedded within system levels such as the nursing unit, hospital or the country level. We consider that each of these levels have characteristics of their own, implying the interaction of different factors and taking into account nurses' individual characteristics and experiences as well as the social context in which they practice.

Studies concerned with recruitment and retention challenges conceive nurses' turnover behaviour as a complex process [37], suggesting that the reason behind turnover may be dependent on a combination and varying number of risk factors. Several previous studies have pointed to effects of individual factors on turnover behaviour [12,25,28], particularly age, gender and education levels. However, findings across different contexts have shown inconsistent associations [12,38]. Some studies found significant positive associations between older nurses [12], higher education levels [39,40], male nurses [41,42] and intention-to-leave. Others have found a positive association with younger nurses and intention-to-leave [43] and a negative and significant association between master degree level education [44,45] and turnover intentions. Turnover behaviour and mobility are composed of nurses with different profiles, each with a particular set of motivations, characteristics and behaviours [46]. Moderation or interaction analysis considers the relationship between variables as being more complex than simple bivariate or multiple associations between predictors and outcomes. Moderators are defined as variables that affect the strength and/or direction of the relation between them, enhancing, reducing or changing the influence of the predictor [47]. In nursing outcomes research, only few studies [11,27,48] have examined such effects. Overall, empirical evidence on

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