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Estimating and preventing hospital internal turnover of newly licensed nurses: A panel survey

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ABSTRACT

Background: Registered nurse job turnover is an ongoing problem in the USA resulting in significant financial costs to both organizations and society. Most research has focused on organizational turnover with few studies about internal or unit-level turnover. Turnover of new nurses in hospitals has particular importance as almost 80% of new nurses work in hospitals and have higher turnover rates when compared to experienced nurses. This paper focuses on new nurses' unit-level turnover rates in hospitals.
Objectives: The purpose of this study is to: (1) identify factors that predict new nurses staying in the same units, positions, and job titles to inform unit-level retention strategies, and (2) examine the changes in work environment perceptions over time between nurses who remain in the same unit, position, and title to those who changed unit, position and/or title.
Study design: A panel survey design was used to analyze changes over time.
Participants: Participants were newly licensed registered nurses who were licensed for the first time between August 1st, 2004 and July 31st, 2005. The nurses came from metropolitan statistical areas or rural areas that were nested to reflect a nationally representative USA sample (58% response rate). The analytic sample for this study was 1335.
Data sources: Data were collected in January 2006 and 2007 following the Dillman total design approach. All potential respondents received paper surveys and non-responders received repeated mailings.
Results: Using multinomial regression the five variables with the largest effects on unit retention were (1) variety (positive), (2) having another job for pay (negative), (3) first basic degree (having a bachelors or higher degree increased the probability of staying), (4) negative affectivity (positive), and (5) job satisfaction (positive). Nurses who changed unit, and/or position, and/or title reported more positive change scores on a variety of work attitudes.
Discussion: Almost 30% of new nurses working in hospitals leave their unit, and/or position, and/or title during their first year of work. Our results point to the variables on which managers can focus to improve unit-level retention of new nurses. Although participants were from a nationally representative sample of nurses who were newly licensed in 2004–2005, with the geographical shifts in the USA population in the last 10 years the sample may not be geographically representative of new nurses who graduated in 2015.
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What is already known about the topic?

- Estimated one-year internal turnover rate is about 13% based on findings from a convenience sample of nurses from 28 Magnet designated U.S. hospitals.
- Organizational commitment, communication, and safety organizing are related to internal turnover.
- In Magnet designated hospitals, those nurses who transfer from one clinical unit to another, remain employed after the transfer.

What this paper adds

- Estimated one-year internal turnover rate is about 30%, in a nationally representative sample of new nurses.
- Variety, having another job for pay, having a bachelor's degree, negative affectivity, and job satisfaction predict internal turnover.
- New nurses who change unit, position, and/or title report more positive one-year change scores on work attitudes than those who did not change unit, position, and/or title.

Registered nurse (nurse) job turnover has been an ongoing problem in the U.S. for many years (Kovner et al., 2007). Nurse turnover is both expensive to organizations (Jones, 2008) and to society, which ultimately pays for the costs of turnover in the form of taxes used for Medicare and Medicaid (Kovner et al., 2014b). Costs are estimated at $62,000 to $67,000 per nurse who leaves his or her job and $1.4 to 2.1 billion for new nurses who leave their first jobs within three years of starting (Brewer et al., 2012; Jones, 2008). Turnover is also disruptive. When a nurse leaves, organizations are short a nurse until a replacement is found. When the replacement is found, managers must orient the nurse and integrate her or him into the organization.

Although turnover rates vary by whether there is a nursing shortage or not, of particular concern is new nurse turnover in hospitals. New nurse turnover is a concern in part because almost 80% of new nurses work in hospitals (Kovner et al., 2014a). Also, new nurses' turnover is at a higher rate than the more experienced nurses' turnover rate (Kovner et al., 2014b). Reported average turnover varies widely (NSI Nursing Solutions, 2013; PricewaterhouseCoopers, 2007). For example, new nurse yearly organizational turnover rates vary from 10.8% (Lake, 1998) to over 70% (Harrington and Swan, 2003). Kramer et al. (2012) estimated one-year unit-based new nurse turnover rate at 13% and three-year unit-based new nurse turnover at 23.8% in a sample of 28 Magnet hospitals.

1. Background/rationale

Job turnover has several conceptualizations (Kovner et al., 2014b). For example, job turnover can be voluntary or not and measured at the professional, organization, or unit-level. In this paper, we focus on internal or unit-level turnover.

Internal turnover is a sub-set of the general concept of job turnover. Mbah and Ikemefuna (2012, p. 279) defined internal turnover as "when employees leave their current assignment and take up new roles or positions within the organization" and Rentsch and Steel (2003) defined unit as a "set of individuals possessing an infrastructure operating within an organization such as a work group, a department or a division" (p. 279). We augment Mbah and Ikemefuna's definition to include taking the same role in a different work unit in the organization as internal turnover. Unit turnover is often interchangeably used with internal turnover (Mbah and Ikemefuna, 2012) and unit-level turnover (Hausknecht et al., 2009; Liu et al., 2012). In business research, Coomber and Barriball (2007) used the term intra-institutional turnover and Park and Boyle (2015) in their nursing study used the business definition by Mbah and Ikemefuna (2012). Job rotation is an approach in which managers have employees work for short periods (e.g. three months) in various units in an effort to increase worker understanding of the various units' work (Chen et al., 2013; Ho et al., 2009; Jarvi and Uusitalo, 2004). We do not consider the manager-initiated turnover in our analyses.

Although there have been numerous studies on organizational turnover rates and consequences, Mueller and Price (1989) suggested focusing on work units as units of study to understand intra-organization variation in turnover, which has considerable importance to policy and practice. Specifically, nursing unit-level turnover has a significant impact on both service-delivery processes as well as patient outcomes (Bae et al., 2010). Alexander (1988) investigated the structural context of turnover in hospitals and found that turnover is primarily a unit-level phenomenon with greater within-hospital turnover variation compared to turnover variation among hospitals. While unit-level turnover has been studied in business (Harter et al., 2002; Hausknecht et al., 2009; Kacmar et al., 2006; Liu et al., 2012) and other fields such as education (Ruby, 2002) it has critical implications for health care, given its predictive importance to quality patient care (Bae et al., 2010; Gilmartin, 2013; Leveck and Jones, 1996).

Bae et al. (2010) used secondary data from the Outcomes Research in Nursing Administration Project II (ORNA II), which included 268 general and specialty medical-surgical nursing units from 141 hospitals. They found that there was a significant difference in workgroup learning and the rate of patient falls across units with no turnover vs. different levels of unit turnover. In the same study, moderate unit turnover also had significant negative indirect effects on patient satisfaction and the level of medication errors. Kramer et al. (2012), examined 5316 new nurses in 28 Magnet hospitals to study the effects of healthy environments and multistage nurse residency programs (NRPs) on retention rates of these nurses. Kramer et al. (2012) found statistically significant differences ($p > 0.000$) in three-year retention rates among the 2006, 2007 and 2008 cohorts. New nurses from the 2008 cohort had significantly higher retention rates (87.2%) compared to the 2007 (74.5%) and 2006 (65.5%) cohorts (Kramer et al., 2012). The researchers found no significant relationships between retention rates and the stages of professional socialization (Kramer et al., 2012). Ultimately, the quality of clinical work environments was deemed the most important factor in retaining new nurses.

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