Effective strategies for nurse retention in acute hospitals: A mixed method study

Koen Van den Heede [a,*], Mieke Florquin [b], Luk Bruyneel [a], Linda Aiken [c], Luwis Diya [d], Emmanuel Lesaffre [d,e], Walter Sermeus [a]

[a] Center for Health Service and Nursing Research, Katholieke Universiteit Leuven, Leuven, Belgium
[b] Nursing Department, University Hospitals Leuven, Leuven, Belgium
[c] Center for Health Outcomes and Policy Research, University of Pennsylvania, Philadelphia, USA
[d] Interuniversity Institute for Biostatistics and Statistical Bioinformatics, Katholieke Universiteit Leuven, Leuven, Belgium
[e] Department of Biostatistics, Erasmus MC, Rotterdam, Netherlands

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ABSTRACT

Background: The realization of an organizational context that succeeds to retain nurses within their job is one of the most effective strategies of dealing with nursing shortages.

Objectives: First, to examine the impact of nursing practice environments, nurse staffing and nurse education on nurse reported intention to leave the hospital. Second, to provide understanding of which best practices in the organization of nursing care are being implemented to provide sound practice environments and to retain nurses.

Methods: 3186 bedside nurses of 272 randomly selected nursing units in 56 Belgian acute hospitals were surveyed. A GEE logistic regression analysis was used to estimate the impact of organization of nursing care on nurse reported intention to leave controlling for differences in region (Walloon, Flanders, and Brussels), hospital characteristics (technology level, teaching status, and size) and nurse characteristics (experience, gender, and age). For the second objective, in-depth semi-structured interviews with the chief nursing officers of the three high and three low performing hospitals on reported intention to leave were held.

Results: 29.5% of Belgian nurses have an intention-to-leave the hospital. Patient-to-nurse staffing ratios and nurse work environments are significantly ($p < 0.05$) associated with intention-to-leave. Interviews with Chief Nurse Officers revealed that high performing hospitals showing low nurse retention were – in contrast to the low performing hospitals – characterized by a flat organization structure with a participative management style, structured education programs and career opportunities for nurses.

Conclusion: This study, together with the international body of evidence, suggests that investing in improved nursing work environments is a key strategy to retain nurses.

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* Corresponding author at: Katholieke Universiteit Leuven, Centre for Health Service and Nursing Research, Kapucijnenvoer 35, 4th floor, 3000 Leuven, Belgium. Tel.: +32 16 336975; fax: +32 16 336970.
E-mail address: koen.vandenheede@med.kuleuven.be (K. Van den Heede).

What is already known about the topic?

- A great number of cross-sectional nurse survey's have illustrated relationships between supportive work environments and lower number of nurses reporting that they intend to leave the hospital.

What this paper adds

- This study re-emphasizes the important relationship between nurse staffing, the quality of the nurse practice environment and intention-to-leave the hospital.
- In-depth interviews with Chief Nurse Officers provide support for the empirical finding that the nursing work environment affects turnover intention.
- Hospitals with lower intention-to-leave rates implicitly adopt policy components recommended by the magnet hospital program. The elements of the Magnet recognition program can be considered as an effective intervention to improve the quality of the work environment and to lower nursing staff turnover.

1. Background

There is a preponderance of evidence suggesting that adequate nursing care is an important factor in the delivery of quality inpatient care (Kane et al., 2007; Rafferty et al., 2007; Van den Heede et al., 2009a,b). On the other hand, nurses and general policymakers repeatedly express their concerns about the recurring cycles of shortages of qualified nurses. The European commission, for example, have estimated that there will be a shortage of 590,000 nurses by the year 2020 in the European Union (Sermeus and Bruyneel, 2010). Shortages have been related to both increased demand and decreased supply of nurses (Simoens et al., 2005). The continuously rising and changing demand for health services, due to ageing populations, technological advances and higher patient expectations, requires a larger and more skilled nursing workforce. The nursing profession itself is challenged by an ageing workforce, and difficulties with recruitment of young, motivated people and retention of existing nursing personnel (Buerhaus et al., 2007). This trend implies that, in the future, sicker patients on average will receive care from fewer nurses (Birch et al., 2003). This creates a sense of urgency forcing policymakers, healthcare administrators and managers to undertake actions. Several possible strategies (e.g. investing in additional educational facilities, international recruitment) have been formulated to prevent a lack of active nurses (Hasselhorn et al., 2006). In any case, the answer to this policy issue will be multifaceted.

A promising strategy is the realization of an organizational context that succeeds to retain nurses within their job. The American Nurses Credentialing Centre, promotes with the Magnet Recognition Program best practices to provide sound practice environments that ultimately favour nurse attraction and retention (American Nurses Credentialing Center, 2008; McClure et al., 1983). The recently updated conceptual model from the American Nurses Credentialing Centre re-grouped the 14 original forces of magnetism (i.e. quality of nursing leadership; organizational structure; management style; personnel policies and programs; professional models of care; quality of care; quality improvement; consultation and resources; autonomy; community and the healthcare organization; nurses as teachers; image of nursing; interdisciplinary relationships; professional development) in five key components (i.e. transformational leadership; structural empowerment; exemplary professional practice; innovations and improvements; and empirical outcomes) (American Nurses Credentialing Center, 2008).

The research that supports the links between the different model components of the 'Magnet concept' and nurse retention is mostly focussed on the association with one or several – but to our best knowledge never all – magnet forces. The mainstream of research in this field uses one of the variants of the 'Nursing Work Index (NWI)' (or alternative tools) to measure the nursing practice environment (Aiken and Patrician, 2000; Lake, 2002). Numerous studies all over the world using NWI-derivates or other instruments pointed out that factors of the nursing work environment are related with nurse well-being (e.g. burnout and the intention of nurses to leave their current position or the profession) (Estryn-Béhar et al., 2007; Gunnarsdóttir et al., 2009; Hart, 2005; Lavoie-Tremblay et al., 2008; Lynn and Redman, 2005; Scott et al., 2008; Sofield and Salmond, 2003; Stone et al., 2006, 2007; Tourangeau and Cranley, 2006; Aiken et al., 2011).

The study discussed here was part of a larger project called 'RN4CAST – Registered Nurse Forecasting in Europe' that studies the dynamics between nursing system delivery strategies on the one hand, and nurse wellbeing and quality and safety of patient care on the other hand (Sermeus et al., 2011). The objectives of the study discussed in this paper are twofold:

- to examine the association of nursing practice environments, nurse staffing and nurse education profile to nurse reported intention to leave the hospital;
- to identify best practices for positive nurse practice environments and for nurse retention being implemented in acute care hospitals.

2. Methods

2.1. Study design

In the RN4CAST study a cross sectional design was used in 12 European countries (Belgium, England, Finland, Germany, Greece, Ireland, the Netherlands, Norway, Poland, Spain, Sweden, and Switzerland). Data were gathered via four data sources (nurse, patient and organizational surveys and via routinely collected hospital discharge data). The design of the RN4CAST-study is described in detail by Sermeus et al. (2011). The study presented here makes use of a sequential mixed method research design (Ostlund et al., 2010). First, quantitative data from the Belgian branch of the nurse and organizational survey are used to determine the association between the nursing practice environment, staffing and educational profile and intention-to-leave the hospital.