

The Driving Forces Behind Nurses Leaving the Profession

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In the United States, as well as globally, a nursing shortage is highly expected within the next decade and will continue to be a major problem affecting healthcare delivery in the years to come.¹ Baby boomers presently dominate the registered nurse (RN) workforce, accounting for 40% of actively working RNs who will soon be entering retirement.² In 2011, nursing schools were unable to accept 60,000 qualified applicants as a result of budgetary constraints and insufficient



numbers of faculty, clinical preceptors, and clinical sites.³ Although the United States has previously experienced nursing shortages,⁴ projections estimate that this RN shortage will likely surpass 500,000 RNs by the year 2025 and will persist for the long term.³ It is forecasted that the shortage will affect the delivery of healthcare directly, as well as the quality of patient care. Factors thought to be contributing to the anticipated shortage include the increasing number of individuals insured through the Affordable Care Act, the healthcare demands from the elderly population, and the retiring baby-boomer RN workforce.^{2,4} According to 2013 data from the Bureau of Labor Statistics, it is anticipated that by 2020, there will be a need for 1.05 million RNs in the United States.⁵ The projected nursing shortage is a concern beyond the United States, expanding internationally to other developed nations.⁶

RNs not working within their profession contribute to the nursing shortage. The 2008 *National Sample Survey of Registered Nurses* revealed that 466,564 or just more than 15% of licensed RNs are not employed in nursing.⁷ Most concern-

ing, another survey found that 31% of practicing RNs reported they plan to take steps in the next 1 to 3 years that would remove them from the nursing profession.⁸ In a survey conducted by the International Council of Nurses (2009), 47% of

global respondents reported they were not likely to remain in nursing.⁹ Addressing RNs' intent to leave (ITL) the profession is a strategy that can help alleviate the burden of the nursing shortage while making more efficient use of the current RN workforce.^{4,10} For the purpose of this paper the terminology, ITL, will refer to ITL the profession and not professional turnover, which is defined as leaving one nursing position for another. The factors driving nurses to have an ITL or having left the profession of nursing are presented, as well as the significance of addressing ITL and implications for nurse leaders.

HISTORICAL PERSPECTIVE

RN attrition has been challenging to study due to the difficulty of following RNs during the period of time once they have left the profession.^{11,12} By contrast, nursing turnover has been widely investigated on a global level because RNs are easily accessible while in the workforce. There is an overlap in the terminology used by various researchers, making it difficult to distinguish ITL the profession and staff turnover. Intent to leave has also been studied from a variety of perspectives: ITL the profession, ITL current position, turnover, and intent to stay in the profession.¹² A limited number of studies has specifically addressed ITL the profession.¹³

There was once a time when leaving the profession was primarily thought to be attributed to marriage and taking on family responsibilities.¹⁴ Although some RNs still leave the profession for family responsibilities, job satisfaction has been reported as the primary predictor of ITL.¹⁵⁻²³ Larrabee et al¹⁵ found that 22% of nurses exhibit ITL the profession due to job dissatisfaction. Similar results were identified by McCarthy et al,²⁴ with 23% of nurses expressing ITL. On an international level, between 10% and 46% of RNs report ITL the profession.^{25,26}

Job satisfaction is heterogeneous because it encompasses many determinants of work, the environment, and personal factors, including the following: salary, career aspirations, role conflict, burnout, job stress, environmental issues, work demands, colleague support, bullying, verbal abuse, understaffing, personal responsibilities, and supervisory relationships.²⁷ According to research, the decision to leave the profession is not abrupt, but rather emerges over time as a result of complex intermingled variables centered on job satisfaction.²⁸ Therefore, it is not an easy task to hone in on a specific variable, given the complexity of each of these intrinsic and extrinsic factors.

DEMOGRAPHICS AND CHARACTERISTICS OF INTENT TO LEAVE

RNs who are men, as well as white non-Hispanics, those with less than a master's degree, younger nurses, and those working in high-stress clinical areas are at greatest risk for leaving the profession.^{18,25} Greater job satisfaction is found in older, more seasoned nurses than in younger nurses.²⁷ Nurses in the middle of their career are at risk for decreased job satisfaction, which could result in ITL.²⁹ After RNs have been practicing for approximately 15 years, their level of job satisfaction often increases.³⁰ For example, RNs between the

ages of 40 and 59 years with increased unit tenure reported higher job satisfaction, whereas nurses between the ages of 20 and 39 years with increased unit tenure reported decreased job satisfaction.³¹ White, non-Hispanic nurses reported a greater incidence of ITL the profession compared with minority nurses (50% versus 35%, respectively). According to the research, male RNs tend to be more focused on salaries and benefits.²⁵ This is likely because of the different family roles men have, traditionally considered the primary breadwinner, compared with female RNs. When comparing men and women, 70% of men and 33% of women cited better salaries as their reason for leaving the profession.³²

Scott et al³³ demonstrated that newly licensed associate degree RNs were three times as likely to be satisfied with nursing compared with RNs with bachelor's degrees. This finding is the outlier because other evidence in the literature supports the higher the educational level, the greater the job satisfaction.³¹ Scott et al³³ focused on new nurses entering practice and not nurses with increased tenure. It is likely that the finding from Scott et al³³ is attributed to the initial satisfaction of new RNs with their work environment. However, over time, this satisfaction diminishes.^{30,33} According to Borkowski et al,²⁵ 49% of RNs who held a diploma in nursing, associate's degree, or bachelor's degree in nursing reported ITL the profession. To offer a comparison, of those participants holding a master's degree or higher, only 28% reported ITL.²⁵

A correlation has been identified between areas of clinical practice and job satisfaction. RNs working in pediatrics, rehabilitation, and outpatient settings, for example, report greater satisfaction with their jobs compared with nurses working in the emergency room, the operating room, or critical care units.³⁴ Klaus et al³¹ also identified a statistically significant relationship between job satisfaction and area of clinical practice. RNs, regardless of age, who were working in surgical areas, clinics, labs, obstetrics, and critical care areas were less satisfied with their jobs compared with medical-surgical nurses. Younger nurses working in emergency rooms and older nurses working in pediatrics or neonatal intensive care units were less satisfied with their jobs when compared with medical-surgical nurses.

WORK ENVIRONMENT CHARACTERISTICS OF INTENT TO LEAVE

A focus group of RNs who had left the profession of nursing cited scheduling; insufficient staffing; lack of positive reinforcement from peers, leaders, and others within the profession; and taxing physical labor demands as common reasons for leaving the profession.³⁵ MacKusick and Minick¹¹ identified fatigue and exhaustion, unfriendly workplace, and emotional distress as the factors that influenced RNs to leave clinical nursing practice. Moreover, a desire to attain more convenient hours, a new position that was more rewarding professionally, and a better salary have all been cited as common reasons for leaving the profession.³² In the 2008 *National Sample Survey of Registered Nurses*, 41% of RNs under the age of 50 and 36% of RNs 50 years of age and older reported a

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