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Intersection of migration and turnover theories—What can we learn?

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ABSTRACT

Background: The international migration of nurses has become a major issue in the international health and workforce policy circles, but analyses are not based on a comprehensive theory.
Purpose: The purpose of this article was to compare the concepts of an integrated nursing turnover theory with the concepts of one international migration framework.
Methods: An integrated turnover theory is compared with a frequently used migration framework using examples of each.
Discussion: Migration concepts relate well to turnover concepts, but the relative importance and strength of various concepts may differ. For example, identification, development, and measurement of the concept of national commitment, if it exists, is parallel to organizational commitment and may be fruitful in understanding the processes that lead to nurse migration.
Conclusions: The turnover theory provides a framework for examining migration concepts and considering how these concepts could relate to each other in a future theory of migration. Ultimately, a better understanding of the relationships and strengths of these concepts could lead to more effective policy.
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Introduction

The international migration of registered nurses (RNs) and RN organizational turnover are similar concepts, both of which entail RNs leaving somewhere and going somewhere else. In the case of migration, RNs leave one country and go to another, whereas in organizational turnover RNs leave one organization and go to another organization or leave the RN workforce. Turnover results from individual decisions about RNs' perceptions of their work and personal environment that result in the decision to leave. International migration results from a similar decision-making process at the individual level but is usually conceptualized at a societal or macro-level. The purpose of this article is to compare the two models to see where turnover theory can expand the thinking about migration or vice versa.

From 2000 to 2008, the United States experienced a nursing shortage. This shortage was fueled by factors in three broad areas: (1) a rising international prosperity

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and increased demand for health care, (2) years of stagnant nursing wages and poor working conditions that reduced the number of applicants and new graduates, and (3) slowed expansion of the supply because of a lack of faculty (American Association of Colleges of Nursing [AACN], 2012).

In the United States, the nursing workforce is aging, leading to fears of a future acute RN shortage as RNs retire (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2010). In addition, aging and the incidence of communicable and chronic diseases (e.g., bird flu epidemic and AIDS), among other issues, indicated that the health care needs of the population would be increasing. The 2000 to 2008 shortage was felt most acutely in hospitals because most (87.3%) new graduates begin their nursing careers in hospitals. Also, hospitals are often the research and publicity focus because turnover in hospitals is more easily measurable and more visible compared with settings such as ambulatory care (Kovner et al., 2007; Kovner & Brewer, 2012).

"Turnover" problems exist worldwide at the country level, but migration usually considers both the country from which the RN leaves and the one to which they go, whereas organizational turnover is usually concerned primarily with the organization the nurse leaves. The shortages in developed countries created "pull" factors for the RNs in less developed countries (Aiken, 2007; Kingma, 2007) that exacerbated RN shortages in underdeveloped countries such as Ghana, India, and Malawi such that the international migration of nurses became a major issue in international health and workforce policy circles (Kingma, 2007; Kingma, 2009). International migration fell for the 3 years before 2010 because the recession helped to abate the shortage in developed countries but increased again in 2012 in the United States, Australia, New Zeal, and most Organisation for Economic Co-operation and Development countries (International Center on Nurse Migration [ICNM], 2012). This may presage a new round of health workforce migration. Research on international nursing migration is fairly recent, whereas research on employee (including nurse) turnover has been robust in the last 30 years.

Nurse Turnover

We developed the Brewer-Kovner original model based on Price's work (Price, 2001; Brewer, Kovner, Greene, & Cheng, 2009; Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012) and over time have integrated additional constructs such as shock and "embeddedness" (Morrell, Loan-Clarke, Arnold, & Wilkinson, 2008; Holtom, Mitchell, Lee, & Eberly, 2008; Eberly, Holtom, Lee, & Mitchell, 2009). Recent syntheses of the turnover literature (Gilmartin, 2012; Holtom et al., 2008) compare general turnover theory and turnover models used in nursing to research on turnover theory and models in management. Hayes et al. (2012) also reviewed nursing turnover literature from the last 6 years, which builds on their previous work (Hayes et al., 2006), without developing an integrated model. However, these reviews are remarkably similar in the kinds of constructs included as predictors of turnover.

Gilmartin's integrated nursing turnover model is only slightly modified from Holtom et al. (2008, p. 244). Earlier turnover research is based on individual differences (e.g., ability) and the nature of the job (e.g., autonomy) that impact key attitudes, such as satisfaction and organization commitment. More recent research built upon these ideas and added newer constructs, such as stress and strain or burnout (see Table 1). These factors are affected by the macro-organizational context that depends on the organizational or unit size, group cohesion and organizational culture, reward systems, and the person-environment fit within that system (e.g., leadership, embeddedness, engagement, and justice). Individual differences, the nature of the job, and attitudes interact to lead to withdrawal cognitions as the nurse develops a decision about whether to leave and weighing the job alternatives such as job availability. Withdrawal behaviors (intent to and actual job search) may lead to declines in individual performance or actual withdrawal behaviors (absence and lateness). Job search gateways (shocks and unsolicited job offers) may come into play at this point (or earlier although this is not addressed in the model). Voluntary turnover is likely to be the result, with resulting outcomes for the organization of human capital losses, potential organizational performance (e.g., quality of care and outcomes problems), and additional turnover. The individual also may experience changes in job satisfaction or strain at the next job. Hayes et al. (2012) also examined outcomes of turnover because that had been a criticism of their previous work (Hayes et al., 2006).

Turnover, like migration, is a process that takes place over a length of time that is individually variable, but longitudinal research is exceptionally scarce to evaluate temporal components and causality issues. Thus, intent to stay or leave, as a component of withdrawal cognitions, is frequently used as a more proximal indicator of potential turnover that can be addressed in a cross-sectional study (Brewer et al., 2009; Kovner et al., 2007).

Nurse Mobility and Migration

The negative effects of the globalization of the nursing workforce through migration on donor countries have been emphasized in the literature while recognizing the benefits to individual nurses (Clark, Stewart, & Clark, 2006; Kingma, 2007). The flow of nurses out of underdeveloped countries to developed countries resulted in great concern about quality of care of the health care systems in underdeveloped countries. Clark et al. (2006)