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Intention to leave the workplace among nurses working with cancer patients in acute care hospitals in Sweden

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A B S T R A C T

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Purpose: To examine associations between perceived leadership and intention to leave the workplace due to job dissatisfaction among registered nurses (RNs) who care for patients with cancer. We also examine intention to leave in relation to proportion of cancer patients, length of time in practice, perceived adequacy of cancer care education, and burnout.

Methods and sample: The data originated from the Swedish component of RN4CAST, based on a survey of RNs working with in-patient care in all acute care hospitals in Sweden. The 7412 RNs reporting $\geq 10\%$ patients with cancer on their unit were included in this analysis. Data were collected on perceptions of work environment, burnout, future employment intentions, and demographic characteristics. Additional questions related to cancer care.

Key results: About 1/3 of all RNs intended to leave their workplace within the next year. Intention to leave was more prevalent among RNs reporting less favourable perceptions of leadership, who had worked \leq two years as RN, who reported having inadequate cancer care education, and with higher burnout scores. Associations between leadership and intention to leave were stronger among RNs in the profession $>$ two years, who reported having adequate cancer care education, and with lower burnout scores.

Conclusions: Perception of leadership is strongly associated with intention to leave among RNs in both specialized and general cancer care. This suggests a crucial area for improvement in order to reduce turnover rates.

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Introduction

With both an ageing world population and nursing work force, high turnover among registered nurses (RNs) is a global concern. Health care organizations need to keep turnover rates down to

ensure continuity and deliver high quality care. Employers need to invest substantial time and money (e.g. on advertising, recruitment and training) to replace RNs who leave (Li and Jones, 2013). High turnover in health care is costly, but has been described as most expensive with regard to RNs, with an estimated cost of $>5\%$ of an organization's budget (Waldman et al., 2004). Nursing shortages and high turnover rates are common reasons for closing hospital units and delaying treatments, with serious consequences for timely and high quality care, and patient safety (Bae et al., 2010).

As cancer rates increase, treatments become more complex, and the number of cancer survivors grows (www.who.int/mediacentre/news), the demand for RNs with education and skills that are appropriate to meet the care needs of people affected also escalates (EONS, 2013). It is therefore crucial to generate knowledge on factors that might contribute to diminishing the intention to leave the workplace among RNs working with cancer care.

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Intention to leave or *turnover intention* has been described as an employee's willingness or attempts to voluntarily leave their workplace (Takase, 2010). Intention to leave is therefore antecedent to actually leaving and has been described as a process with psychological, cognitive and behavioural stages (Homburg et al., 2013; Takase, 2010). The intention to leave process changes over time and has been found to vary in intensity and probability due to organizational factors (i.e. status, climate, culture, support, nurse–physician relationships and leadership), work-related factors (workload, stress, autonomy, salaries, shift work, power, and possibility to impact) and demographic factors (age, years of experience, and area of work) (Galletta et al., 2013; Kelly et al., 2011; Laschinger, 2012; Nelsey and Brownie, 2012; Takase, 2010). External factors, such as conflict between work and family obligations may also affect intention to leave (Takase, 2010).

There are other reasons for differences in rates of RN turnover. General nursing shortages result in job opportunities that might encourage RNs to consider changing jobs. However, financial pressure may lead health care organizations to cut back on RN positions, which might reduce turnover rates (Brewer et al., 2012).

The impact of leadership on nursing turnover is well established (Coomber and Barriball, 2007; Cummings et al., 2010; Galletta et al., 2013; Kleinman, 2004; Laschinger, 2012; Nelsey and Brownie, 2012). Research has shown that changes in leadership (e.g. improved communication, coaching, partnership and collaboration between managers and nurses) have been able to reduce RN turnover rates considerably (Shermont and Krepcio, 2006). However, the correlation between *intention to leave* and leadership is not as well described, even if Galletta et al. (2013) recently found that relations between RNs and managers impact on intention to leave. Coomber and Barriball (2007) conclude in their review article that leadership influences intention to leave more than individual factors do.

Cancer nursing

In cancer care, many nurses have complex work environments in which they encounter life-threatening disease, difficult patient and family situations, and people in severe distress. These factors are known to contribute to job dissatisfaction, stress and burnout (Barrett and Yates, 2002; Potter et al., 2010). However, based on their integrative review on the context of oncology nursing practice, Bakker et al. (2013) argue that RNs in cancer care also find their work especially rewarding and meaningful, due to close relationships and a sense of being able to impact on patients' lives. These circumstances were found to increase cancer nurses' *intention to stay*, even in light of difficult working conditions (e.g. inadequate staffing and leadership). In their systematic review, Toh et al. (2012) describe several reasons for job dissatisfaction, burnout and stress, which increase turnover rates among RNs working in oncology and haematology. Inadequate staffing was reported as an important factor for leaving the specialty, especially in in-patient care and in non-magnet hospitals. Toh et al. point to the risk of a vicious circle in oncology settings, where RN shortages lead to insufficient staffing that can increase both workload and work dissatisfaction, resulting in even higher turnover rates.

On the other hand, better working conditions for RNs (e.g. low levels of stress and burn-out, nurse autonomy) have been described as having a direct positive impact on both patient satisfaction and safety, as well as reducing RN turnover rates, in general as well as in cancer care (Aiken and Patrician, 2000; Bakker et al., 2013; Cummings et al., 2008).

In this article, our focus is on RNs working with patients with cancer, with particular interest in those who report intention to leave their present workplace at an acute care hospital's inpatient unit due to job dissatisfaction. There are factors that may be

susceptible to change which may make it possible to retain a significant proportion of these RNs; in this article we aim to examine some of these factors, including the relationship between RNs' intention to leave their workplace and perceived leadership. We also examine intention to leave in relation to proportion of cancer patients on the RN's unit, length of time in practice, perceived adequacy of education related to cancer care, and burnout. Finally, we examine potential modifying effects of these factors on the association between leadership and intention to leave.

Methods

The data analysed here derive from the Swedish component of the EU 7th framework-funded RN4CAST project. This collaborative nursing workforce study involving 16 countries worldwide included a nurse survey, an optional patient survey (not carried out in Sweden) and an organizational survey (www.rn4cast.eu/en/index.php) and has been described in depth elsewhere (Aiken et al., 2014; Lindqvist et al., 2015; Sermeus et al., 2011). The primary aim of RN4CAST was to introduce innovative workforce forecasting methods addressing characteristics of both nursing staff and work environment with attention given to effects on patient care (Sermeus et al., 2011). Prior to initiation of the Swedish component of RN4CAST presented here, approval was granted by the regional Ethical Review Board (KI Dnr 2009/1587-31/5).

In this study, we use data from a 118-item survey of RNs assessing their perception of their work environment, burnout, job satisfaction, future employment intentions, quantity and quality of care, and staffing levels. The survey tool consisted mainly of items from commonly used and validated instruments (Aiken and Patrician, 2000; Lake, 2002; Li et al., 2007; Maslach and Jackson, 1981), complemented with demographic data. The final section of the Swedish survey was unique, consisting of questions specific to the Swedish context, and included questions related to cancer care (see Box 1) to allow us to examine workplace issues in relation to cancer care in acute care hospitals.

Survey participants were clinically active RNs who worked directly with adult in-patients in medical/surgical care in acute care hospitals. The Swedish sample was recruited using the member register of the Swedish Association of Health Care Professionals, with >80% of all clinically active RNs in the country then registered as members (Swedish Association of Health Professionals, Per Malmquist, personal correspondence Feb 1, 2011). Statistics Sweden distributed the postal survey to all member RNs registered as working in medical/surgical departments (N = 33 083) from January–March 2010, with the option of answering by web or paper. Since the member register did not contain information about the specific function of RNs or involvement in in-patient versus out-patient care, this strategy involved a deliberate over-recruitment. The response rate was 69.8% (n = 23 087) after three reminders. Using survey information designed to target inclusion criteria, 12 072 of the responding RNs were excluded (due to working with out-patient care, with positions only entailing administration, in intensive care, psychiatric or pediatric units, etc.) for a study database of 11 015 respondents from all acute care hospitals in Sweden.

For the present analyses, we first determined the sub-sample of 8655 RNs (80%) who reported caring for patients with cancer on their in-patient unit. Those RNs with missing data on the question on proportion of patients with cancer (see Box 1) were excluded, leaving 7412 RNs in the sample. These were further divided into two groups; one group consists of 1440 RNs who indicated that they either worked on a specialized oncology unit or that ≥80% of patients on their unit during their last shift had a cancer diagnosis (called specialized cancer care (SCC) group). The second group

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