



Factors related to intention to stay in the current workplace among long-term care nurses: A nationwide survey



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ABSTRACT

Background: Keeping long-term care nurses employed is necessary to sustain the current and future demand for high-quality long-term care services. Understanding the factors relating to intention to stay among long-term care nurses is limited by the scarcity of studies in long-term care settings, lack of investigation of multiple factors, and the weakness of existing explanatory models.

Objective: To identify the factors associated with long-term care nurses' intention to stay in their current workplace.

Design: A cross-sectional questionnaire survey.

Setting: Two hundred and fifty-seven hospitals with long-term care wards across Japan.

Participants: A total of 3128 staff nurses and 257 nurse managers from the long-term care wards of the participating hospitals.

Method: The questionnaire assessed nurses' intention to continue working in the current workplace as well as potential related factors, including individual factors (demographic data, reason for choosing current workplace, burnout, work engagement, somatic symptom burden) and unit factors (unit size, nurse-manager-related data, patients' medical acuity, average number of overtime hours, recreational activities, social support, perceived quality of care process, educational opportunities, feeling of loneliness, and ability to request days off). Multilevel logistic regression analysis was used to determine which variables best explained nurses' intention to stay in their workplace.

Results: Only 40.1% of the respondents reported wanting to continue working at their current workplace. The regression analysis revealed that long-term care nurses' intention to stay was positively associated with nurses' age (odds ratio [95% confidence interval]: 1.02 [1.01–1.03]), work engagement (1.24 [1.14–1.35]), getting appropriate support from nurse managers (2.78 [1.60–4.82]), perceived quality of care process (1.04 [1.01–1.06]), educational opportunities (1.06 [1.0–1.13]), and various specific reasons for choosing their workplace (e.g., a good workplace atmosphere, being interested in gerontological nursing, and a high salary). By contrast, intention to stay was negatively associated with emotional exhaustion (0.93 [0.91–0.95]) and depersonalization (0.91 [0.89–0.93]). Intention to stay was associated with neither nurses' qualifications nor patient medical acuity.

Conclusion: Reason for choosing the workplace, work engagement, getting support from the nurse manager, and perceived quality of care process are significant predictors of long-term care nurses' intention to stay in the workplace. Promoting such nurses' work engagement, provision of high-quality care, and access to educational opportunities might augment long-term care nurses' intention to stay.

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What is already known about the topic?

- Nurse turnover is costly and associated with negative nursing and patient outcomes.
- Voluntary nurse turnover is influenced by a myriad of inter-related individual and organizational factors, and might be moderated by the cultural and national context.
- Research on long-term care nurses' intention to stay is scarce and so far insufficient for explaining stay or turnover intention in this population.

What does this paper add

- Long-term care nurses' intention to stay in their workplace varies significantly by hospital, and is significantly influenced by both individual variables (e.g., age and reason for choosing workplace) and unit context variables (e.g., quality of care process and educational opportunities).
- The relationship between individual variables and intention to stay does not vary significantly across units; therefore, it is not moderated by the unit context variables.
- There are statistically significant and clinically large positive independent associations of lower job burnout and higher work engagement with long-term care nurses' intention to stay in their workplace.
- Long-term care nurses' intention to stay is not related to their qualifications or unit size, patients' medical acuity, or the recreational activities in the unit.

1. Introduction

Numerous healthcare employers worldwide are concerned about the shortage and high turnover rate among nurses. Nurse turnover is highly costly in terms of temporary replacement, recruitment, loss of productivity, and lower quality of care (Buchan, 2010; Kurnat-Thoma et al., 2017). Nurse turnover has also been reported to be associated with poor patient satisfaction, pain, pressure sores, catheter use, contractures, psychoactive drug use, and physical restraint use (Castle and Lin, 2010; Duffield et al., 2009).

There have been several attempts to develop a theoretical framework to explain nurse turnover (Holtom et al., 2008). These frameworks have commonly indicated that turnover is a multi-factorial process involving organizational/job characteristics as well as the fit between the nurse and organization (Nantsupawat et al., 2017; Yang et al., 2017). These can lead to decreased job satisfaction and intention to leave, which in turn lead to actual turnover (Morrell, 2005; Tourangeau and Cranley, 2006; Zhang et al., 2014).

Empirical studies have confirmed several significant factors as related to nurses' intention to stay or leave. Examples of organizational characteristics include organizational vision, working atmosphere, and quality improvement environment (Al-Hamdan et al., 2017; Karsh et al., 2005; Nantsupawat et al., 2017; Tourangeau et al., 2017). Job characteristics include work pressure, leadership, autonomy, development and career opportunities (Tummers et al., 2013), and organizational commitment (Karantzias et al., 2012). Job satisfaction has also been confirmed to be positively associated with nurses' intention to stay (Al-Hamdan et al., 2017; Koy et al., 2015).

These previous studies had several limitations, however. First, some studies pooled the various categories of long-term care staff (care and non-care staff) together. This grouping neglects the differences in factors for each staff category and limits our understanding of the factors that specifically relate to nurses' intention to stay. Second, most studies examined only the association between selected partial variables and intention to stay or leave, rather than having a comprehensive framework covering important variables. As a result, overall explanatory power has not been confirmed. Lastly, research is still limited on

intention to stay in long-term care nurses (Tummers et al., 2013). As a result, despite this substantial body of work on turnover, our understanding of the significant factors of nurses' intention to stay in long-term care hospitals remains limited (Gilmartin, 2013; Holtom et al., 2008). In response to these limitations, the current study aims to identify the variables associated with long-term care staff nurses' intention to stay in their current workplace by examining a broad range of individual and unit factors. Of note, Saito et al. (2017) used the same data as this study to investigate work values and their association with burnout and work engagement among nurses in long-term care hospitals. However, the studies topics and results are distinct, so there is no redundancy or duplication between these studies.

Long-term care services in Japan are largely divided into facility services, home-based services, and community-based services. The long-term care insurance, which was introduced in 2000, covers care for people aged 65 years and over as well as those aged 40–64 years with specific age-related diseases (Igarashi et al., 2017; Kondo, 2017). Long-term care hospitals focus on caring for patients with severe physical and cognitive problems (Konuma, 2007), and nurses working in these hospitals must perform a wide range of tasks, including assessment of body temperature, blood pressure, etc.; maintaining physical cleanliness; nutrition management; excretion management; prevention and treatment of bedsores; management of medications; respiratory care; and palliative care (Japanese Nursing Association, n.d.). The average length of stay in long-term care hospitals is 152.2 days (Ministry of Health Labour and Welfare, 2016). Furthermore, long-term care hospitals typically have very limited nursing staff (with patient-to-nurse ratios of around 20 to 1 or 25 to 1), and it is estimated that approximately 50,000 new nurses will soon be required in long-term care settings in Japan (Yamaguchi et al., 2016).

2. Method

2.1. Design, sampling, and participants

This is a secondary analysis of a cross-sectional questionnaire survey of long-term care hospital nurses. First, 2000 hospitals with long-term care wards were selected randomly using a table of random numbers from the national hospital database (which contains a total of 3767 hospitals with long-term care wards). Second, we sent a letter to the nursing directors of those hospitals explaining the study aim and asking whether they wished to participate in the survey. The nursing directors of 268 hospitals agreed to participate in this study (response rate = 13.4%). We sent out self-administered, anonymous questionnaires to all staff nurses and nurse managers in the hospitals that agreed to participate in the study (totaling 3951 staff nurses and 268 nurse managers; Fig. 1). The long-term care ward nurse manager in each hospital was responsible for distributing the questionnaires to staff nurses and then returning them to us after completion via a pre-stamped envelope. We sent a cover letter explaining the study purpose and providing assurance regarding the voluntary and confidential nature of their responses. We also stated that we would regard the completion and return of the questionnaires as consent to participate. Data collection was conducted between September and November 2015, after the study was approved by the Research Ethics Committee of the Graduate School of Medicine, University of Tokyo (No. 10925).

2.2. Conceptual model and measurements

We developed a conceptual framework for the current study based on a literature review (Fig. 2). The possible factors related to nurses' intention to stay in their current workplace were grouped into two domains: individual and unit factors.

2.2.1. Intention to stay

As an outcome variable, intention to stay was assessed by asking

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