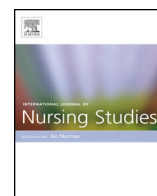




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Nurses' practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi-country, multilevel study



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ABSTRACT

Background: Nursing turnover is a major issue for health care managers, notably during the global nursing workforce shortage. Despite the often hierarchical structure of the data used in nursing studies, few studies have investigated the impact of the work environment on intention to leave using multilevel techniques. Also, differences between intentions to leave the current workplace or to leave the profession entirely have rarely been studied. **Objective:** The aim of the current study was to investigate how aspects of the nurse practice environment and satisfaction with work schedule flexibility measured at different organisational levels influenced the intention to leave the profession or the workplace due to dissatisfaction.

Design: Multilevel models were fitted using survey data from the RN4CAST project, which has a multi-country, multilevel, cross-sectional design. The data analysed here are based on a sample of 23,076 registered nurses from 2020 units in 384 hospitals in 10 European countries (overall response rate: 59.4%). Four levels were available for analyses: country, hospital, unit, and individual registered nurse. Practice environment and satisfaction with schedule flexibility were aggregated and studied at the unit level. Gender, experience as registered nurse, full vs. part-time work, as well as individual deviance from unit mean in practice environment and satisfaction with work schedule flexibility, were included at the individual level. Both intention to leave the profession and the hospital due to dissatisfaction were studied.

Results: Regarding intention to leave current workplace, there is variability at both country (6.9%) and unit (6.9%) level. However, for intention to leave the profession we found less variability at the country (4.6%) and unit level (3.9%). Intention to leave the workplace was strongly related to unit level variables. Additionally, individual characteristics and deviance from unit mean regarding practice environment and satisfaction with schedule flexibility were related to both outcomes. Major limitations of the study are its cross-sectional design and the fact that only turnover intention due to dissatisfaction was studied.

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Conclusions: We conclude that measures aiming to improve the practice environment and schedule flexibility would be a promising approach towards increased retention of registered nurses in both their current workplaces and the nursing profession as a whole and thus a way to counteract the nursing shortage across European countries.

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What is already known about the topic?

- Both individual, health factors and organisational factors, e.g. leadership, have been shown to be important in RNs' decisions to leave the profession.
- Although multilevel studies are scarce, there is some evidence that the quality of the interactions at the group level have a significant impact on both RNs' attitudes and intentions to leave.

What this paper adds

- Intention to leave the nursing profession was mainly explained by factors at the individual level, whereas intention to leave the workplace was also explained by organisational factors.
- Practice environment and satisfaction with schedule flexibility are strongly related to RNs' intention to leave the nursing profession or the hospital workplace due to dissatisfaction.

1. Introduction

The present shortage of registered nurses (RNs) reported across EU countries is expected to worsen in the coming years due to the ageing of the nursing workforce in conjunction with increased health care needs and demands of an ageing population, but also due to loss of practicing RNs from ill-health (Duffield et al., 2015) and job dissatisfaction (Collins et al., 2000). One important measure to uphold the current level of nursing staff and to counteract further shortages is to keep nursing staff healthy and willing to continue to work. A crucial factor for a healthy and stable RN work force is the practice environment. Poor nurse–physician relations, insufficient resources (i.e., poor staffing), poor collegial relationships and poor leadership have all been shown to increase the risk for poor health and intention to leave among RNs (Estryn-Mehar et al., 2007; Vahey et al., 2004).

Whereas earlier studies have focused on RNs' intention to leave their current job or employer (Hayes et al., 2006), in recent years interest has grown in investigating factors influencing intention to leave the profession altogether (e.g. Flinkman et al., 2008; Heinen et al., 2013). Research suggests that both types of attrition are related to negative outcomes. Voluntary turnover from the hospital workplace has been related to missed care (Tschannen et al., 2010), loss of individual and organisational performance (Buchan, 2010), and increased organisational costs (O'Brien-Pallas et al., 2006). Leaving the profession might be considered detrimental for society as it generates a permanent loss of

resources and may worsen nurse shortages in the long term (Buchan and Aiken, 2008). Nurses leaving the profession not only reduces the total number of nurses, but also removes their knowledge, experience, and contributions from an organisation and potentially also from the nursing workforce (Flinkman et al., 2010). Also, educating RNs generates considerable costs for both individuals and societies, which, if a RN decides to leave the profession, have been spent for no or little purpose. Thus, both types of intention to leave are important to study, but the distinction between intention to leave the profession and intention to leave the organisation/workplace has generally been neglected in research regarding nursing turnover (Simon et al., 2010).

1.1. Factors that influence leaving the profession

Both individual and organisational factors have been shown to be important in RNs' decisions to leave the profession. Burnout (Flinkman et al., 2008; Rudman et al., 2014), lack of affective personal commitment (Flinkman et al., 2008; Jourdain and Chenevert, 2010), low job satisfaction (Flinkman et al., 2008; van der Heijden et al., 2010), work-family conflicts (Flinkman et al., 2008; Lee et al., 2015), poor opportunities for development (Flinkman et al., 2008), high work demands (Flinkman et al., 2008), as well as high effort-reward imbalance and reward frustration (Li et al., 2011) have all been related to RNs' intentions to leave their profession. Also, inflexibility of shift work (Duffield and Franks, 2002) and worries about inconvenient working schedules are associated with an increased risk of leaving the profession (Duffield and Franks, 2002; Sjogren et al., 2005). Moreover, older age, male gender, and not working fulltime were shown to increase the odds for intention to leave the profession whereas favourable nurse–physician relationships, good leadership, and more positive perception of participation in hospital affairs decreased the odds for intention to leave the profession (Heinen et al., 2013).

1.2. Factors that influence leaving the hospital workplace

Factors relevant for intention to leave the profession have also been related to intention to leave the hospital workplace. Studies have repeatedly shown that a good overall practice environment is related to decreased risk of intending to leave the workplace (Aiken et al., 2012; Dekeyser Ganz and Toren, 2014; Rheume et al., 2011). In addition, low organisational commitment (Cheng and Liou, 2011), less favourable perceptions of leadership (Lagerlund et al., 2015) and work-life imbalance (Lee et al., 2015) have

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