

SHORT ARTICLE

Attrition Analysis and Retention Strategies Among Staff Nurses – A Survey Study

Thephilah Cathrine Reuben

Senior Tutor, Department of Mental Health Nursing, Saveetha College of Nursing, Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai -602105, Tamil Nadu, India

Abstract	Introduction	Methodology	Results	Conclusion	References	Citation	Tables / Figures
--------------------------	------------------------------	-----------------------------	-------------------------	----------------------------	----------------------------	--------------------------	----------------------------------

Corresponding Author

Thephilah Cathrine R, Senior Tutor, Department of Mental Health Nursing, Saveetha College of Nursing, Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai -602105, Tamil Nadu, India
E Mail ID: cathrine_samuel@rediffmail.com



Citation

Thephilah CR. Attrition Analysis and Retention Strategies Among Staff Nurses – A Survey Study. Indian J Comm Health. 2019;31(2):257-261.

Source of Funding: Nil **Conflict of Interest:** None declared

Article Cycle

Received: 07/05/2019; **Revision:** 15/05/2019; **Accepted:** 20/06/2019; **Published:** 30/06/2019

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

Abstract

Background: In most countries' nurses are in short supply, but not as acute as in developing countries. An advanced world fulfils its role by attracting nurses from other countries, while developing countries cannot compete with higher wages. **Aims & Objective:** The current study was undertaken to analyse the reason for attrition and strategies for retention among staff nurses working at Saveetha Medical College and Hospital, Chennai. **Material & Methods:** The subjects from the hospital about 50 nurses were selected for this study by simple random sampling method. The research design was organized and analyzed in terms of both descriptive and inferential statistics. **Results:** The study findings showed that a vast majority of nurses i.e. 35 samples (70%) had high attrition rate and 15 samples (30%) had moderate attrition rate. The attrition rate may vary in association with demographic variables results of the research showed that recommended counselling and social assistance will help and improve the quality of life of nurses and allow them to retain in the same hospital. **Conclusion:** The nurse administrator should motivate the staff nurses by conducting programs for their good lifestyle. Many service education programs should be organized for nurses to update their knowledge.

Keywords

Attrition Analysis; Retention Strategies; Staff Nurses; Counselling.

Introduction

Healthcare industry is one of the world's largest growing industries in which staff nurses are considered as the backbone. Shortage of nurses is worldwide persistent problem, the developing countries are unable to compete with better pay, better professional development and the lure of excitement offered elsewhere. (1).

Attrition of staff nurses can be due to emigration, voluntary exits, illness, death or retirement which is

important element of outflows from the labour market (2,3). High levels of attrition lead to a large loss of public resources spent on education and training of health workers (4). Attrition also contributes to increased workload and worse working conditions for the remaining workforce (5,6).

Driving this migration is the large demand for health workers in high-income countries due to ageing populations and lack of career progression opportunities in low-income countries on the other

hand (7,8, 9). It can also affect the overall institutional capacity of the health system to effectively develop and meet population needs (10, 11). Recruitment has become increasingly difficult due to decreasing enrolment in nursing education programs and increased demand for nurses in alternative delivery system (12). Therefore, staff nurse retention has become an issue of major importance.

Aims & Objectives

1. To analyse the attrition rate and retention strategies among staff Nurses working at private hospital.
2. To determine the demographic variables association between attrition rate.

Material & Methods

Study area: The study was conducted in Saveetha Medical College and Hospitals, Tamil Nadu, India. The median staff stability index of trusts in this institution was 89% (that is, 89% of staff employed at the beginning of the year) whereas on average 1 in 5 staff left their role at the end of the year 2016-17.

Sample size & Study duration: The subjects, 50 nurses who resigned the job at the end of the year 2016-17 were selected for this study.

Study type: Simple random sampling method. The samples are chosen randomly from given population of nursing department. The tools used in the research consist of demographic variables such as age, gender, marital status, years of experience in institution, qualification and income per month. Assessment of the attrition rate and retention strategies among staff nurses were assessed by using a self-structured questionnaire and informal interview method.

Data Collection Procedure: Official permission was obtained from the Nursing Superintendent of Saveetha Medical College and Hospital. Participants were clearly informed about the purpose of the study. A written consent was obtained from the participants. Demographic variables were collected through interview techniques. The exit interview was conducted to the participants with full confidentiality in a restricted area. The ethical approval received from Saveetha Medical Research Institute (005/09/2017/IEC/SMCH).

Data Analysis: Analysis of data was conducted with Statistical Package for Social Sciences (SPSS) software (version 13.0; SPSS Inc, IL, USA) for Windows. Results were expressed as the mean \pm

standard error of the mean (SEM). Chi Square test was performed for categorical variables.

Results

Most items addressing the reasons for leaving the institution asked for ratings on a 6-point scale, ranging from 0-3 (low attrition rate) and ranging from 4-6 (moderate attrition rate) and ranging from 7-10 (high attrition rate).

([Table 1](#)) shows the frequency and percentage distribution of the demographic variables of the staff nurses (n=50). From the study it was found that 50% of the nurses were aged between 21-25 years, 88% were women, 90% of staff nurses were unmarried and 68% of them had experience in the Institution for up to 1 to 3 years. 90% of staff nurses completed B. Sc (N) and 68% of them earning about 15, 001 to 20,000/month.

Frequency and percentage distribution of attrition rate in staff nurses were represented in ([Table 2](#)). Results obtained from the study was found that 70% of the respondents have high attrition rate whereas only 30% staff nurses have moderate attrition rate and none of staff nurses were low attrition rate.

([Table 3](#)) shows the association of the attrition rate of the nurses with the selected demographic variables. Data obtained from this study showed 38% of 21-25 aged staff nurses have high ($p < 0.001$) significant attrition rate, in which 58% were females. The attrition rate (64%) of unmarried nurse was ($p < 0.001$) significant high as compared with married nurse. The staffs working more than 4 years had no attrition rate whereas 1-3 years experienced nurses have ($p < 0.001$) significant attrition rate of about 60%. Income and qualification also cause changes in the attrition rate among nurses who received income of over 15,001-20,000/month.

Discussion

Attrition is a burning issue for any organizations. Attrition the abandonment of a position due to retirement, resignation or other similar reasons. For the steady productivity of an organization it is essential to retain its skilled workforce. But most of the time it is very difficult to control the attrition rate within the organizations. In hospitals the rate of attrition is high particularly among the nurses. There are many factors that lead to attrition mainly age, sex, marital status; educational qualification and monthly income along with working experience are the major issues.

Nurse being a female should satisfy mental and emotional needs of the patients. The important social role of female, the effect of job stress on those who have the responsibility of nurturing children showed significant factors on retention. Demographic characteristics such as age, the role of work values, personality traits, and type of hospital were crucial in enhancing the level of intent to stay at work (13). Many have expressed concern that many new graduates may actually leave the professional role as a result of negative working conditions. Empowerment and work engagement were important predictors (14). Nurse Managers can support new graduate nurses professional practice behaviour by providing empowering supportive professional practice environments. It is very important for nurse managers to recognize personal characteristics to identify and implement successful strategies for improving the organizational culture and supporting the nurses personal like physical, mental-emotional, social factors. Successful workplace advocacy requires nurse managers who understand the importance of these intrinsic factors in the lives of their nursing staff so that recruiting and retaining a dedicated and qualified nursing workforce is becoming a common and widely used strategy (15).

Fulfilment of the psychological factors such as paying attention to demand shifts of staff, having children and the need to receive support from the workplace such as in hospital childcare are affective on staff nurse retention and advancement opportunities are important for reducing nurses' turnover intentions, especially among younger nurses (16). A satisfying work environment for nurses is related to workforce and service plan in the workplace. Structural empowerment preceded psychological empowerment and this relationship culminates in positive retention outcomes such as job satisfaction (17). Furthermore, nurses actively engaged in attempts to improve care were associated with perceived differences in the nurses' work environment (18). Moreover, a structured advancement support system needs to be implemented to reduce nurses' turnover intentions. The nurses prefer to work with managers who pay attention and support their personnel. Modifiable workplace factors play an important role in influencing new graduates' job and career satisfaction and turnover intentions (14). The factors

of head nurse support in personal problems, supporting new nurses when creating a dispute with doctor and encouraging them during performing tasks are more effective toward retention. The head nurse can use strategies to enhance quality work environments that promote retention of new graduates and lessen the nursing workforce shortage.

The quantum of salary and rewards, timely payment of reward and salary, workload, select working times and select working shifts are mentioned as more effective. A major cause of turnover among nurses is related to unsatisfying workplaces. (19). Proper salary and rewards and on time payment, not working as substituting nurse in other wards due to insufficient resources, not performing non-nursing jobs, selecting an interesting ward, having proper facilities for nursing care, having proper working shifts, proper working pressure and physical condition of work environments are among the factors that are effective in nursing care. The nursing shortage is increasing because nurses are leaving the profession particularly as a result of difficult working conditions (20). Job satisfaction and workplace environment can be considered to be positive concepts describing the risk of employee turnover (16).

Insufficient educational opportunities and support, perceptions of favouritism, high workloads, and stressful work environment are important for high attrition. The nurses would be more satisfied with their jobs if they had greater access to educational opportunities, if there was a reduction in the workload, and the perceived favouritism in the workplace was addressed (21). Job satisfaction and career retention of new nurses are related to perceptions of work environment factors that support their professional practice behaviours and high-quality patient care (22).

Conclusion

The results of the present study revealed that high attrition rate of nurses was associated with various demographic variables such as unmarried nurses, and those who received low income.

Recommendation

The recommended counselling would help and improves the quality of life of nurses and allow them to stay in the same hospital.

Limitation of the study

The samples were taken from the single institute which limits the generalizability of results.

Relevance of the study

The decreased nurse attrition rate was positively associated with higher job satisfaction, older nurses, and resident relationships.

References

1. Campbell J, Buchan J, Cometto G, David B, Dussault G, Fogstad H, et al. Human resources for health and universal health coverage: fostering equity and effective coverage. *Bull World Heal Organ.* 2013; 91: 853-63.
2. ILO. World Social Protection Report 2014/15. Geneva: International Labour Office; 2014.
3. WHO. Global momentum for human resources for health at the Sixty-ninth World Health Assembly. 2016. http://www.who.int/hrh/news/2016/hwf_wha16_global-momentum/en/ [Accessed on 17/06/2019].
4. Kollar E, Buyx A. Ethics and policy of medical brain drain: a review. *Swiss Med Wkly.* 2013;143:w13845. doi: 10.4414/smw.2013.13845. eCollection 2013. Review. PubMed PMID: 24163012. [PubMed].
5. Serour GI. Healthcare workers and the brain drain. *Int J Gynaecol Obstet.* 2009 Aug;106(2):175-8. doi: 10.1016/j.ijgo.2009.03.035. Epub 2009 Jun 16. PubMed PMID: 19535068. [PubMed].
6. Ono T, Lafortune G, Schoenstein M. Health workforce planning in OECD countries: A review of 26 projection models from 18 countries. *OECD health working papers.* No. 62, OECD publishing, Paris. 2013.
7. Tangcharoensathien V, Travis P. Accelerate implementation of the WHO global code of practice on international recruitment of health personnel: Experiences from the south East Asia region comment on relevance and Effectiveness of the WHO global code practice on the international recruit. *Int J Heal Policy Manag* 2015; 5: 43-6.
8. Cometto G, Tulenko K, Muula AS, Krech R. Health workforce brain drain: from denouncing the challenge to solving the problem. *PLoS Med.* 2013;10(9):e1001514. doi: 10.1371/journal.pmed.1001514. Epub 2013 Sep 17. PubMed PMID: 24068895; PubMed Central PMCID: PMC3775719. [PubMed]
9. Dovlo D. Wastage in the health workforce: some perspectives from African countries. *Hum Resour Health.* 2005 Aug 10;3:6. doi: 10.1186/1478-4491-3-6. PubMed PMID: 16092964; PubMed Central PMCID: PMC1198245. [PubMed]
10. Campbell N, McAllister L, Eley D. The influence of motivation in recruitment and retention of rural and remote allied health professionals: a literature review. *Rural Remote Health.* 2012; 12: 1-15.
11. Schoo AM, Stagnitti KE, Mercer C, Dunbar J. A conceptual model for recruitment and retention: allied health workforce

enhancement in Western Victoria, Australia. *Rural Remote Health.* 2005; 5: 477-482.

12. Lassiter SS. Staff nurse retention: strategies for success. *J Neurosci Nurs.* 1989 Apr;21(2):104-7. PubMed PMID: 2523445. [PubMed].
13. Chen LC, Perng SJ, Chang FM, Lai HL. Influence of work values and personality traits on intent to stay among nurses at various types of hospital in Taiwan. *J Nurs Manag.* 2016 Jan;24(1):30-8. doi: 10.1111/jonm.12268. Epub 2014 Nov 5. PubMed PMID: 25378052. [PubMed].
14. Flinkman M, Salanterä S. Early career experiences and perceptions - a qualitative exploration of the turnover of young registered nurses and intention to leave the nursing profession in Finland. *J Nurs Manag.* 2015 Nov;23(8):1050-7. doi: 10.1111/jonm.12251. Epub 2014 Sep 3. PubMed PMID: 25186284. [PubMed].
15. Macken L, Hyrkas K. Work climate, communication and culture-workforce issues and staff retention. *J Nurs Manag.* 2014 Nov;22(8):951-2. doi: 10.1111/jonm.12275. PubMed PMID: 25363071. [PubMed].
16. Takase M, Teraoka S, Yabase K. Retaining the nursing workforce: factors contributing to the reduction of nurses' turnover intention in Japan. *J Nurs Manag.* 2016 Jan;24(1):21-9. doi: 10.1111/jonm.12266. Epub 2014 Nov 11. PubMed PMID: 25385026. [PubMed].
17. Cicolini G, Comparcini D, Simonetti V. Workplace empowerment and nurses' job satisfaction: a systematic literature review. *J Nurs Manag.* 2014 Oct;22(7):855-71. doi: 10.1111/jonm.12028. Epub 2013 Jan 21. Review. PubMed PMID: 25298049. [PubMed].
18. Doran D, Jeffs L, Rizk P, Laporte DR, Chilcote AM, Bai YQ. Evaluating the late career nurse initiative: a cross-sectional survey of senior nurses in Ontario. *J Nurs Manag.* 2015 Oct;23(7):859-67. doi: 10.1111/jonm.12227. Epub 2014 Mar 17. PubMed PMID: 24628905. [PubMed].
19. Al-Hamdan Z, Nussera H, Masa'deh R. Conflict management style of Jordanian nurse managers and its relationship to staff nurses' intent to stay. *J Nurs Manag.* 2016 Mar;24(2):E137-45. doi: 10.1111/jonm.12314. Epub 2015 Jun 1. PubMed PMID: 26032960. [PubMed].
20. Liang HF, Lin CC, Wu KM. Breaking through the dilemma of whether to continue nursing: Newly graduated nurses' experiences of work challenges. *Nurse Educ Today.* 2018 Aug;67:72-76. doi: 10.1016/j.nedt.2018.04.025. Epub 2018 May 4. PubMed PMID: 29778986. [PubMed].
21. Alotaibi J, Paliadelis PS, Valenzuela FR. Factors that affect the job satisfaction of Saudi Arabian nurses. *J Nurs Manag.* 2016 Apr;24(3):275-82. doi: 10.1111/jonm.12327. Epub 2015 Aug 11. PubMed PMID: 26260125. [PubMed].
22. Spence Laschinger HK, Zhu J, Read E. New nurses' perceptions of professional practice behaviours, quality of care, job satisfaction and career retention. *J Nurs Manag.* 2016 Jul;24(5):656-65. doi: 10.1111/jonm.12370. Epub 2016 Mar 2. PubMed PMID: 26932145. [PubMed].

Tables

TABLE 1 DEMOGRAPHIC VARIABLES OF THE STAFF NURSES

S.NO	DEMOGRAPHIC VARIABLES		FREQUENCY	PERCENTAGE
1	Age in years	a) 21 years to 25 years	25	50
		b) 26 years to 30 years	22	44
		c) 31 years to 35 years	3	6

2	Gender	a) Male	6	12
		b) Female	44	88
3	Marital status	a) Married	5	10
		b) Unmarried	45	90
4	Work experience	a) ≤year	15	30
		a) 1 to 3years	34	68
		b) 4 to 6years	1	2
		c) > 6years	-	-
5	Qualification	a) GNM	5	10
		b) B.Sc (N)	45	90
		c) P.B.B.Sc (N)	-	-
		d) M. Sc (N)	-	-
6	Income	a) 7,000 to 10,000	-	-
		b) b)10,001 to 15,000	16	32
		c) c)15,001 to 20,000	34	68
		d) >20,000	-	-

TABLE 2 ATTRITION RATE OF THE STAFF NURSES

S No.	ATTRITION RATE OF NURSES	FREQUENCY	PERCENTAGE
1	High attrition	35	70
2	Moderate attrition	15	30
3	Low attrition	-	-
4	Mean ± SD	26.36 ± 8.92	

TABLE 3 ATTRITION RATE OF THE NURSES WITH THE SELECTED DEMOGRAPHIC VARIABLES. (N=50)

S.No	Demographic Variables	High attrition rate		Moderate attrition rate		Low attrition rate		Chi – Square	
		No	%	No	%	No	%		
1.	Age in years	a) 21 years to 25 years	19	38	06	12	-	-	0.844 df=4 F=9.49 P<0.05
		b) 26 years to 30 years	14	28	08	16	-	-	
		c) 31 years to 35 years	02	4	01	2	-	-	
2.	Gender	a) Male	06	12	-	-	-	-	2.79 df=2 F=5.99 P<0.001
		b) Female	29	58	15	30	-	-	
3.	Marital status	a) Married	03	6	02	4	-	-	0.247 df=2 F=5.99 P<0.001
		b) Unmarried	32	64	13	26	-	-	
4.	Work experience	a) ≤year	05	10	10	20	-	-	2.28 df=6 F=12.59 P<0.001
		b) 1 to 3years	30	60	4	8	-	-	
		c) 4 to 6years	01	2	-	-	-	-	
		d) > 6years	-	-	-	-	-	-	
5.	Qualification	a) GNM	05	10	-	-	-	-	11.01 df=6 F=12.59 P<0.001
		b) B.Sc (N)	30	60	15	30	-	-	
		c) P.B.B.Sc (N)	-	-	-	-	-	-	
		d) M. Sc (N)	-	-	-	-	-	-	
6.	Income	a) 7,000 to 10,000	-	-	-	-	-	-	9.85 df=6 F=12.59 NS
		b) 10,001 to 15,000	16	32	-	-	-	-	
		c) 15,001 to 20,000	19	38	15	30	-	-	
		d) >20,000	-	-	-	-	-	-	