

Literature review: Why do we continue to lose our nurses?

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ABSTRACT

Objective

To decrypt what determining factors contribute to nurses leaving the clinical facet of the profession.

Primary argument

Nurses encompass the largest professional constituent of the health care workforce in most countries, resulting in the impact of a shortage of these professionals, as immense. A projection in the shortage of nurses is upon us, and the margin in the reduction of these health professionals is thought to be worse than any of the preceding cyclical reductions. More than half of the nursing profession feel they are underpaid and overworked, resulting in the likelihood of patient's needs not being met, significantly increasing. Lengthy hours, quality of working environments, lack of leadership and the ageing population and workforce, can all be seen as influential factors, in which have the potential to leave this profession in a situation of calamity.

Conclusion

In light of the predicted global demand for nurses over the next decade, the departure and retirement of the existing nursing workforce will potentially result in the loss of significant and treasured experience and organisational knowledge, weakening the capacity and capability of the nursing profession.

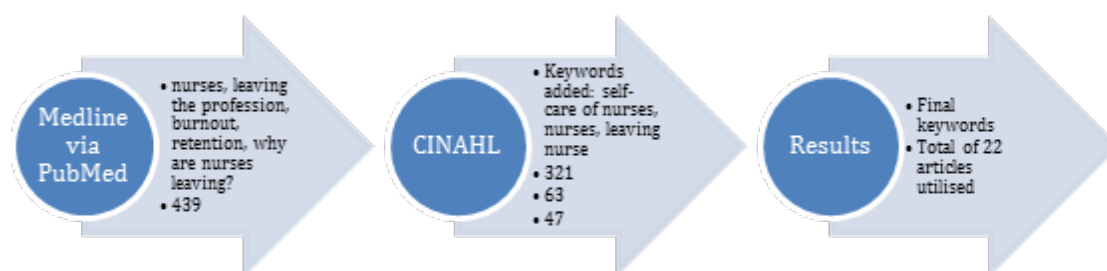
INTRODUCTION

Nursing has frequently been referred to as vital to the safe and humane provision of healthcare and services to our populations (Scott et al 2014). Nursing originated as a vocation, and is still immortalised in the mind of the public, with the selfless caring of Florence Nightingale (Currie and Carr-Hill 2013). Further opinions mirror the vocational label of nursing, referring to nurses as humane practitioners, whom focus on the psychosocial, spiritual and physical needs of individuals. The modern era of nursing steers away from this caring nature of our nursing ancestry, to an ever-increasing technical age of the profession. The use of clinical judgement, technical data and technology in general, have created the expectation and need for nurses to prove their technical competence in the twenty first century. The modern day clinically and technically skilled nurse is expected to marry these modern expectations of the industry, with the vocational needs held dearest to those we assist (Scott et al 2014).

METHOD

Shortages in the nursing profession have been widely documented but often ill-defined (Buchan et al 2015). Reference to this shortage is commonly referred to as a 'looming' problem, rather than a current issue, requiring contemporary and effective action. Many countries are facing the jinx of an ageing population needing to be cared for by an ageing workforce and it has been said that by 2025, it is anticipated Australia will have a shortage of 109,000 nurses (Faithfull-Byrne and Cross 2015). This clashing of existences will see a shortfall of 9 million nurses by 2030 (World Health Organization 2016). With 41.6 being the average age of nurses in Australia and a predicted 36% of nursing positions being left vacant by 2020 in the United States of America alone, the next few decades are crucial in escaping the collapse of the nursing faculty in health care (Wright and Bretthauer 2010; Wickett et al 2003).

In order to undertake this literature review a search of three electronic databases took place over a two month period: CINAHL (Cumulative Index for Nursing and Allied Health Literature), PubMed and Medline via PubMed. All searches were done in English and the following keywords and phrases were utilised in the search of each database: 'nurses', 'leaving the profession', 'burnout', 'retention' and 'why are nurses leaving?' These keywords and phrases were used to determine the causes of nurses when reducing their hours in the workplace, or to leave the profession totally. With the assistance of smarttext in Medline via PubMed, 439 articles were yielded from the phrase 'why are nurses leaving?' Topics such as self-care and resilience arose, prompting addition of these keywords when searching the CINAHL database. A preferred database, CINAHL was able to yield 321 full text articles from 'self-care of nurses' and 63 articles from 'nurses' and 'leaving nursing'. After determining that 47 of the returned articles from this search were relevant to supporting the presented question, I focused on the methodological processes to narrow my analysis further. Grounded theories and exploratory design were two methods of greatest appeal, as there was a desire to find research that incorporated both qualitative and quantitative outcomes. A well-grounded picture of the current situation was required regarding the constructed question which could refine and establish research priorities. Semi-structured interviews played a sizeable part in this investigative process centred round social science. A semi-structured interview process enabled authors to incorporate new ideas throughout the course of discussion. Interviewed and surveyed groups varied from moderate to large in size with a preference for larger groups in order to allow for optimal accuracy of data. It is from these search methods that I was able to narrow my focus to 22 articles, confirming the availability of a surplus of information on this topic, heightening convictions that this is a worthwhile aspect of the profession to explore.



RESULTS

Literature suggests that the shortage of nursing professionals has been a known and ongoing crisis worldwide for the past decade. Numerous efforts have gone into the recruitment of nurses, resulting in an annual increase rate of 9.8%, higher than the projected demand growth rate of 2.12% (Buchan et al 2015; Bureau of Labor Statistics 2011 cited in Chan et al 2013; National Council of State Boards of Nursing 2010). Having achieved such positive results in the recruitment of nurses the real challenge may exist in the retention of these newly obtained nurses, once they are in the clinical nursing environment. When determining why nurses leave the profession it seems beneficial to determine why they entered it in the first place. The literature on reasons for entering the nursing profession is abundantly clear with a constant parallel concluding that individuals who enter nursing have a deep and professional commitment to patients. Choosing a career in nursing is based on a desire to provide care in a time of need and/or crisis. Some entrants claim to be answering a 'calling', and that they could not imagine doing anything else (Eley et al 2010; Hill 2009; Kovner et al 2007). With one central desire shared by a large group of individuals in such a large industry what could go or have gone amiss to prevent these individual's from continuing to answer this calling.

Research suggests a multitude of reasons for nurses leaving the profession, with multiple groups and sub-groups of identified issues. MacKusick and Minick (2010) state that an estimated 30%-50% of all new nurses elect either to change positions or leave nursing completely within the first three years of clinical practice. Amongst all age groups, nearly 40% of nurses working full-time have taken a leave of absence from the profession, and the proportion of part-time nurses doing the same increases to 70%. In the early to mid-twentieth century nursing was a life mission with nurses' career paths noted for their longevity. In this, the twenty first-century, a nurses' career length is thought to be five years or less with an estimated 2.5 million nurses not actively practising. Furthermore, dropout rates for new graduate nurses are accelerating with as many as 60% leaving their first job within the first year (Hodges et al 2004; Gulack 1983). With such alarming statistics of departure in the industry discovering why we are losing these valuable individuals is paramount.

Due to the overwhelming amount of literature available on the issue of nurses leaving the profession it was thought necessary to begin the review of reasons broadly before delving into the most commonly identified issues detailed by the authors. Chan et al (2013) performed a systematic literature review of the shortage in the nursing profession and why members had the intention to leave. Chan et al (2013) highlighted two major categories of reason: Organisational Factors and Individual Factors. Organisation factors influencing the exit from the nursing profession include: work environment; culture; commitment; work demands and social support. Structural empowerment is used to revitalise an organisation's structure. This is said to bring about access to information, resources, support and opportunities to develop and empower nurses. A positive relationship between a revitalised organisational structure and job satisfaction was identified. If a work environment was seen to be deteriorating, with a lack of support from an organisational level, nurses were more likely to leave (Macken and Hyrkas 2014). The set of values, beliefs and behaviour patterns which forms the identity of an organisation is aimed at helping to shape employees behaviours. If inconsistencies arise in an organisation's culture, nurses are likely to see their organisation as unable to assist in fulfilling their self-goals, resulting in retreat. Commitment can be closely linked to the culture of an organisation.

If a nurse cannot identify with an organisation's values and beliefs, and does not see evidence of execution of same, then nurses' attitude towards the organisation will be tainted, leading to disconnection. Work demands also play a part in determining whether nurses stay or go, as young nurses in particular do not want to work night shift or weekends, and other, more senior nurses, saw these times as the only period they had to spend with their families (Ihlenfeld 2004). Nurses with higher patient loads were more likely to report an intention to leave, as this resulted in exhaustion, lack of time for reflection and discussion amongst colleagues (Chan et al 2013). Finally, from an organisational perspective Chan et al (2013) found that nurses, who are socially supported from supervisors and co-workers, reported a higher level of intent to stay. A low quality of teamwork is associated with intention to leave, as nurses can feel that hospital administrator's side with doctors, focusing more on financial duties and do not respect nurses, or their opinions (Macken and Hyrkas 2014; Ihlenfeld 2004).

The second broadly mentioned category from Chan et al (2013) is the aforementioned Individual Factors comprising of: job satisfaction; demographic factors and burnout. Greishaber et al (1995) defines job satisfaction as the favourableness or unfavourableness with which employees view their work. Numerous studies have identified that low job satisfaction is associated with a greater intention to leave, and for nurses the dissatisfaction stemmed from the inability to provide high-quality care to their patients. Nurses' perceptions of their work environment are predominantly centred on ward practice, co-worker relationships, staffing and resources, professionalism and management (Martin 2015). Choi et al (2013) found there is significant negative association between nurses self-indicated level of job satisfaction and intention to exit the profession, with 44.5% of nurses reporting being dissatisfied with their jobs, and more than 60% of this group stating they had thought about resigning from their current positions.

By steering the direction of this topic to demographics, literature was more challenging to come by. Chan et al (2013) covers this most thoroughly suggesting that age, gender, marital status, type of shift worked, number of years in nursing, number of years in current position, type of clinical unit and level of education, all identified as demographic influences. Nursing is a rapidly ageing and female-dominated workforce. Currently the average Australian nurse is 41.6 years of age, with this number expected to increase over the next decade. This is reflected on an international scale with the average age of nurses in Denmark, Finland, Ireland, New Zealand, Sweden, the United States of America and the United Kingdom, ranging from 42-47 years of age (Buchan et al 2015) and the United States of America estimating that 40%, or between 500,000-600,000, of their nursing workforce are over the age of 50 (McMenamin 2014; Gabrielle et al 2008).

Ever-increasing acuity and workloads, coupled with an ageing workforce, presents the threat of a significant drop out from the nursing profession which is potentially unavoidable. Nurses aged 45 years old or older are members of the profession who are more likely to stay whereas nurses between the ages of 25-35 years old are more likely to 'move on', in search of more regular and sociable hours (Chan et al 2013). It has been found that male nurses have a greater intention to leave than female nurses due to a greater desire for career progression and issues surrounding monetary compensation. Money has been referred to as perhaps one of the greatest influences impacting the mobility of nurses. The money that nurses receive is not enough based on the educational qualifications required and expected of them, and many nurses themselves feel they are underpaid (Stodart 2015; Chan et al 2013; Chandra 2003). With the rises in cost of living ever-present the role that monetary compensation plays in career choice of an individual becomes increasingly dominant. From a survey of nurses who have left the profession and of high school students considering which career path to choose the following statements consecutively resulted: "I make better pay and have better benefits in another profession", and "I can make more money doing something else" (Ihlenfeld 2004).

Irrevocably, one of the most recurrently documented, and perhaps most troubling reasons for nurses intention to leave the profession, is due to burnout. Burnout was first recognised as a psychological concept in the 1970s, defined as emotional exhaustion, depersonalisation and a reduction in perceived personal accomplishment. Different studies have shown that nurses display high levels of emotional exhaustion, thought to arise from a prolonged discrepancy between what the individual gives and receives in the workplace, with diminutive praise (Macken and Hyrkas 2014; Garcia and Calvo 2012; Fearon and Nicol 2011). Burnout has been shown to arise from physical and psychological stress factors characteristic of the hospital environment. Such as: excess work generated by the growing demand for hospital care, excessively long working days, constant changes in working conditions, the conflict between nursing care priorities, and management or financial priorities that can lead to stressful organisational atmospheres (Macken and Hyrkas 2014; Garcia and Calvo 2012).

Burnout in the workplace results in increased financial costs, regarding sickness and staff turnover, whilst also reducing the quality of care. Of all the professions, nurses have been shown to experience higher levels of occupational stress and burnout, which is of great concern, considering the nature and responsibilities involved in their work. This increased level of stress can lead to failure to recognise patient distress with potentially disastrous consequences (Stewart and Terry 2014). For nurses meaningful relationships with their patients is a major factor in their ongoing commitment to their work. The humanistic ideal requires nurses to develop deep personal and interpersonal understanding and sensitivity to provide effective care. In order to establish these relationships it is necessary for nurses to be capable of emotional engagement. Nurses suffering symptoms of burnout will be disengaged and literature suggests this would be indicative of suffering from 'compassion fatigue' (Fourer et al 2013).

In an exploratory study of 142 female nurses conducted by Ruggiero (2003), 53.7% were identified to be suffering from chronic fatigue, 34.8% displayed traits of anxiety and 44.8% with total mood disturbances. A review by the Department of Health on the health and wellbeing of National Health Service staff found that more than one quarter of staff absence was due to stress, depression and anxiety (Fearon and Nicol 2011). From this abundance of literature reviewed and data collected investment in resilience, wellbeing and self-care programs for nurses are becoming increasingly essential. The psychological wellbeing of nurses is important for several reasons. With such disorders as anxiety, depression and compassion fatigue heavily linked to our profession, this could perhaps be the largest precursor for nurses exiting the workforce. Nurses who exhibit changes to their psychological wellbeing are more likely to resign from their position, or may alternatively be forced to reduce their employment fraction (Drury et al 2014). With approximately half of all Australian nurses working on a part-time basis this could perhaps be the direction in which our industry is headed (Jamieson et al 2008). Motivations to become a part-time nurse included the need to preserve health because of the impact of shift work, work intensification and ageing, financial considerations, the need to be able to manage multiple life roles and attempting to gain some level of 'control' in one's life (Jamieson et al 2008).

DISCUSSION

With such phrases as "I just couldn't take it anymore", "nursing is too much", and "if you are doing a good job, it is mentally as well as physically exhausting and demanding" (MacKusick and Minick 2010; Ihlenfeld 2004), it comes as no surprise that part-time employment and total withdrawal is increasingly present in the nursing profession. This review of the literature has further highlighted the need to make nurses a central focus in the healthcare industry. Statistically speaking, with most nurses being able to relate to the majority of issues raised the care of nurses as individuals and as a group, appears to have fallen by the way side. The image of a nurse has changed from that of a "caring and calm" healthcare professional, to a "caring but stressed" healthcare professional. With high stress, low monetary compensation and unachievable workloads

often associated with the nursing profession, we may not require an answer to the question of: why are nurses leaving? But perhaps find ourselves asking the question: why are they not entering this profession in the first place? (McMurtrie et al 2014; Chandra 2003).

RECOMMENDATIONS

- A reduction in workloads for nurses. Allowing nurses to undertake a more realistic workload, will boost job satisfaction and lessen fatigue, encouraging nurses to stay in the profession longer.
- Assurance of strength in support and guidance, within leaders in the profession of nursing. Accomplishment of this could be achieved through a more stringent selection process, when recruiting leaders and managers within the nursing profession.
- Less focus on the financial limitations and targets of the nursing and healthcare profession, and a more central emphasis on the mission and values from which the profession evolved. Preservation of the 'soul' of the industry will inspire feelings of compassion and empathy within nurses, making patients feel 'cared' for, as opposed to 'looked after'.
- More support for the older and more experienced nurse, in order to maintain and perhaps revive the values of nursing. The provision and retention of these nurses will allow for more opportunities for junior and novice nurses to seek suitable mentors. This will allow novice nurses to have the option of being mentored by a leader or by a senior clinician, depending on their chosen pathway.
- Further promotion of the nursing profession and all it has to offer to individuals. Attention must also be paid to those contemplating entering the profession in order for the profession to have individuals to retain.

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