FACTORS INFLUENCING NURSING TURNOVER IN

SELECTED PRIVATE HOSPITALS IN ENGLAND

by

Miss Rasekhuta Phillistus Lephalala

Submitted in part fulfillment of the requirements of

MASTER OF ARTS

in the subject

HEALTH STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: Dr VJ EHLERS

JOINT SUPERVISOR: Dr MJ Oosthuizen

Date submitted: June 2006

FACTORS INFLUENCING NURSING TURNOVER IN SELECTED PRIVATE HOSPITALS IN ENGLAND

STUDENT NUMBER: 6315046
STUDENT: Rasekhuta Phillistus Lephalala
DEGREE: Master of Arts in Public Health
DEPARTMENT: Health Studies, University of South Africa
SUPERVISOR: Dr VJ Ehlers
JOINT SUPERVISOR: Dr MJ Oosthuizen

ABSTRACT

The study investigated factors influencing nursing turnover in selected private hospitals in England as the United Kingdom recruited 57 136 nurses from non-European countries from 1998 till 2003. Herzberg's Theory of Motivation was used to contextualise the research results obtained from 85 completed questionnaires.

In terms of Herzberg's Theory of Motivation the intrinsic factors (motivators) that could influence nurses' turnover rates were nurses' dissatisfaction with irregular promotions, lack of recognition by doctors, and nurses' lack of autonomy. The extrinsic (hygiene) factors included dissatisfaction with their salaries, and marked dissatisfaction with organization and administration policies and nurses' inability to access information about patient care and about the management of their units.

Nurses' turnover rates might be reduced if promotion policies could be consistent, doctors would value nurses' work and if nurses could be more autonomous. Enhanced communication about policies and about accessing information, as well as improved salaries,could contribute to reduced turnover rates among nurses.

Keywords: Herzberg's Theory of Motivation, nurses' job satisfaction, retention of nurses, turnover among nurses.

Table of contents **Page**

CHAPTER   1

ORIENTATION   TO   THE   STUDY

CHAPTER 2

LITERATURE REVIEW

Table of contents   **Page**

Table of contents   **Page**

CHAPTER 4

ANALYSIS AND DISCUSION OF RESEARCH RESULTS

Table of contents **Page**

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

LIST OF REFERENCES

LIST   OF   TABLES

LIST OF FIGURES

LIST OF ANNEXURES

CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Job satisfaction is an essential element for the maintenance of the workforce numbers of any organisation. Lack of job satisfaction for employees not only leads to high turnover rates but could also have detrimental effects on the individual, like burnout (Mrayyan 2005:42). Turnover provides the organisation with new ideas and is a normal process. However, it does not need to be unnecessary and excessive. A high turnover rate leads to the inability of an organisation to provide quality care and job satisfaction to employees (Marquis & Huston 2003:235).

Turnover has a cyclic nature and remains a challenging issue. An organisation should identify whether turnover is voluntary or involuntary. If the organisation has high rates of involuntary turnover, then careful examination of recruitment, selection, training and motivation strategies are important. If turnover is voluntary, then the organisation needs to look at factors that influence nurses to leave namely: intrinsic and extrinsic factors according to Herzberg's theory (Sullivan et al 2001:293-296; Tang 2003:6). The extrinsic factors are conditions surrounding the job and intrinsic factors are relating directly to the job (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org). In comparing the statistics of the United States of America (USA), Canada, England, Scotland and Germany, Mrayyan (2005:42,44), reported that Canada had the highest rate of turnover

among nurses and England had the second highest rate. A study in Jordan, which studied private hospitals' nurses' levels of job satisfaction, concluded that nurses in private hospitals reported higher levels of job satisfaction and higher intentions to stay at their jobs than nurses who did not work in private hospitals. This probably indicates that nurses' levels of job satisfaction are directly related to nurse turnover rates. Nurses in the private hospitals who had intrinsic job satisfaction, had lower turnover rates.

According to Buchan (2004:388-389), in the late 1990s, the United Kingdom (UK) attempted to improve the National Health Service (NHS), and nurse staffing levels. The UK's Department of Health planned to determine the new inflow of nurses into the professional register and also to estimate how many student nurses to educate each year. This situation is different from the USA where the training is done by government and by the private sector. Each country in the UK (namely England, Scotland, Wales and Northern Ireland), developed a staffing target framework. It became easy to meet the target due to international recruitment of nurses who were not UK-based. This international recruitment became a better solution as it provided the numbers of nurses required without investing time and money into their training. International recruitment also enabled the UK to improve its nurse staffing levels while the country trains its own nurses.

According to the statistics compiled by the Nursing and Midwifery Council (NMC) of the UK, from 1998 to 2002 there was an annual increase in the number of nurses and midwives recruited from overseas countries (NMC 2002 : see Table 1.1 accessed 04 May 2005 at www.nmc-uk.org)

TABLE 1.1 Statistics of nurses recruited by the UK from foreign countries

Country	1998	1999	2000	2001	2002	2003	Total
Philippines	52	1052	3396	7235	5593	4338	21666
South Africa	599	1460	1086	2114	1368	1669	8296
Australia	1335	1209	1046	1342	920	1326	7178
India	30	96	289	994	1830	3073	6312
New Zealand	527	461	393	443	282	348	2454
Nigeria	179	208	347	432	509	511	2186
Zimbabwe	52	221	382	473	485	391	2004
West Indies	221	425	261	248	208	397	1760
Ghana	40	74	140	195	251	354	1054
USA	139	168	147	122	88	141	805
Canada	196	130	89	79	52	89	635
Zambia	15	40	88	183	133	169	628
Pakistan	3	13	44	207	172	140	579
Kenya	19	29	50	155	152	146	551
Botswana	4	-	87	100	39	90	320
Mauritius	6	15	41	62	59	95	278
Malawi	1	15	45	75	57	61	254
Malaysia	6	52	34	33	27	24	176
Total	3424	5668	7965	14492	12225	13362	**57136**

Table 1.1 shows six years' (1998-2002) overseas registration statistics for the leading countries (arranged in descending order) from which the UK recruited nurses and midwives. These statistics exclude nurses and midwives trained within the European Union. Although the numbers of nurses recruited from the European Union to work in the UK could not be ascertained, the total number of 57 136 nurses recruited from other countries, indicate that the UK's health services could not function without recruiting foreign nurses.   The necessity to recruit foreign nurses also serves to emphasise the dire need to address factors influencing the turnover rates among nurses in the UK. Foreign recruitment of nurses could be a costly exercise and the need to increase these efforts could escalate should the turnover rates among nurses in the UK remain high. The annual number of foreign nurses recruited by the UK, increased from 3424 in 1998 to 14 492 in 2001, decreased to 12 225 in 2002 but increased again to 13 362 in 2003 (see Table 1.1). Such high turnover rates among nurses working in a private hospital group could substantially increase such a private enterprise's expenses incurred by recruiting, selecting, placing and training foreign nurses.   Substantial savings could be effected by reducing turnover rates among nurses within a private hospital group.

 The number of nurses on the NMC's register for a 10 year period, from 1995-2004, indicate only slight annual increases in the new registrations compared to the number of nurses' names removed from this register (NMC 2004: accessed 2nd June 2005 at www.nmc-uk.org), in spite of these large numbers of nurses recruited from other countries. These statistics indicate that many nurses' names are removed from the register, aggravating the shortage of nurses in the UK. A nursing shortage might cause work overload for practising nurses due to the

increased population in the UK, especially in England, and the increased proportion of old people of the UK population implying increased demands for health care in UK.

According to the 2003 census (British Population Statistics 2003: accessed 03 June 2005 at www.woodlands-junior.kent.sch.uk), England is one of the most densely populated countries in the world. Nearly 84% of the total population of the UK lives in England. The total population in the UK was approximately 59,5 million in June 2003 and England had about 49.3 million people. Projections based on 2002 midyear statistics, suggest that an increase in England's population will continue. This increase in population could lead to increased demands for health care, making it important for England to retain its health care professionals, including nurses.

A study conducted in Pakistan by Khowaja et al (2005:33), indicated that the nursing turnover rate in Pakistan from 1996 to 1999 has remained above 30%. The main reasons for the turnover were emigration of nurses to the UK and the USA, resignations and family responsibilities. The Health Care Advisory Board (2001 as cited in Khowaja et al 2005:33), also indicated that nursing turnover in the USA was 33% among nurses satisfied with their working conditions while it was 94% among nurses dissatisfied with their jobs. The USA board further outlined that the international nurse turnover rate had been estimated to be 15.0%.

According to the information from the human resource department of Capio Healthcare UK, the overall turnover rate of its 21 acute care hospitals has

shown a gradual decrease (see table 1.2) over a four year period from 18.6% in 2002 to 16.7% in 2005 (Monico 2005). Despite this slight decrease, this turnover rate continues to exceed the international nurse turnover rate estimated to be 15.0% (Khowaja et al 2005:33).

TABLE 1.2   Turnover rates in Capio Acute Care Hospitals in the UK

Staff	2002	2003	2004	2005
Clinical and non-clinical	18.6%	17.9%	16.7%	16.7%
Clinical	-	-	-	15.1%
Non-clinical	-	-	-	17.7%

(Monico 2005)

The measures taken during these five years to reduce turnover rates among nurses included:

- Improved communication

- More opportunities for career development and training

- Better procedures for recruitment

- Improved employment terms and conditions locally and nationally

- Greater recognition of nurses' work

- Paying attention to issues raised during staff surveys

- Improved management training (Parker 2005).

The primary aim of this study is to identify factors influencing turnover among professional nurses in selected private hospitals in England. Identifying these factors could lead to recommendations for decreasing nurses' turnover rates.

Organisations, patients and communities could benefit from such enhanced retention of nurses.

1.2 RESEARCH PROBLEM

Burns and Grove (2001:85) define a research problem as "an area of concern in which there is a gap in the knowledge base needed for nursing practice." Turnover is a major problem worldwide, but the rate could be reduced if factors influencing nurses to leave an organisation are further investigated. The UK is one of the countries that is experiencing problems in maintaining sufficient numbers of nurses to provide health care services. Some nurses who resign, might not leave nursing but move from one health care organisation to another. Nurses enjoy the ability to change jobs more easily than many other workers (Morrell 2005:316) in the UK because of the chronic shortage of nurses.

1.2.1 Background information concerning the problem

The researcher, a registered nurse, working in a private hospital in England, attempted to investigate some factors that could influence nurses' decisions to stay in or leave a specific organisation. A study conducted in England by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC; an organisation which preceded the NMC in the UK), to identify the professional, educational and occupational needs of nurses working outside the NHS, revealed that nurses working in the private sector had better employment conditions than those within the NHS. However the majority of nurses indicated that the boundary between the two sectors is blurred by NHS work being undertaken in the private sector (UKCC 2002: accessed 20 March 2005 at

). This could increase the nurses' workload in the private sector in the UK. The private health care sector in the UK includes the private hospitals, nursing homes, community care services and complementary medicine and all other non-NHS health services. NHS nurses continue to leave. Some NHS nurses leave the profession and others join the private sector (Andrews 2003:404-405).

The researcher therefore realised the need to investigate factors that could influence turnover in the private hospitals in the UK. These factors, if identified, might lead to recommendations that could enable the health services in England to retain more nurses and save costs on recruitment, selection, in-service education and placement of nurses. The reduction in turnover might be a motivator to present employees, enhancing their levels of job satisfaction, and the changes based on these findings could help to improve the quality of care rendered to patients in England.

1.2.2   The   problem   statement

According to Polit and Hungler (1999:58-59), a problem statement is a disturbing situation that needs to be investigated for the purpose of providing understanding. The problem statement identifies the nature of the problem and serves as a guide to the study design. In this study, retention of nurses is an important issue because shortages could lead to work overload, burnout and dissatisfaction of nurses, and compromised standards of patient care. Hospitals in England experience high turnover rates among professional nurses. Reducing the turnover rates could save health care costs. This study will attempt to

identify factors that contribute to the high turnover rates among nurses in one group of private hospitals in England. The problem statement for this study is as follows: England continues to recruit large numbers of nurses from foreign countries. High turnover rates among nurses necessitate an annual increase in the number of foreign recruited nurses. If the turnover rates could be reduced, then costs could be saved in recruitment of nurses from the UK and from foreign countries.

1.3 SIGNIFICANCE OF THE STUDY

LoBiondo-Wood and Haber (2002:56), state that the problem under study should be of significance to nursing and should contribute to the body of knowledge. Should this study identify factors that influence nurse turnover rates, recommendations might be useful to decrease the rate of turnover and improve the retention of nurses. Patients, nurses, society and health care organisations will potentially benefit from the knowledge derived from the study.

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

According to LoBiondo-Wood and Haber (2002:60), the purpose of the study indicate the goals the researcher wishes to achieve with the research. Polit and Hungler (1999:49-50), describe research objectives as obtaining answers to the research questions. The research questions are therefore the query the researcher wants to answer in order to address the research problem.

1.4.1 Purpose of the study

The purpose of this research is to identify factors that contribute to the high turnover rates among nurses working in one group of private hospitals in the UK in order to address these factors and reduce the turnover rates.

1.4.2 Research questions

The research question could be stated as: What are the factors influencing nurse turnover in selected private hospitals in England? In order to identify factors that influence nursing turnover, the following specific research questions need to be answered:

- What are the intrinsic factors that influence nurse turnover in selected private hospitals in England?

- What are the nurses' attitudes regarding turnover intentions?

- What are the extrinsic factors that influence nurse turnover in selected private hospitals in England?

1.4.3 Research objectives

The study aims to identify nurses'

- levels of job satisfaction

- intentions to leave an organisation

- intrinsic factors influencing turnover

- extrinsic factors influencing turnover

1.5 DEFINITION OF CONCEPTS

In this study, the following terms will be used as defined in this section of the dissertation.

Factors. Webster's Concise Edition Dictionary and Thesaurus (2002:118) defines factors as "any circumstances that contribute towards a result." In this study, "factors" refer to circumstances under which the nurse is working and the job itself.

Involuntary turnover. The process where the employee leaves the organisation; terminating his/her services with this organisation, based on decisions beyond the individual's control (Sullivan et al 2001:294). Involuntary turnover could include resignations of nurses from a specific organisation due to family reasons, transfer of husband to another region, ill health or the age of the nurse.

Job satisfaction. Job satisfaction is the extent to which the employee enjoys the job. Nurses' level of job satisfaction could influence nurse turnover rates (Mrayyan 2005:41).

Magnet hospital. Hospitals in the USA that offer flexible scheduling, autonomy and professional growth to nurses. These hospitals have lower turnover and vacancy rates and higher levels of job satisfaction than non-magnet hospitals (Upenieks 2005:22).

Motivation. Webster's Concise Edition Dictionary and Thesaurus (2002:215) defines motivation as the need that causes a person to act. Swansburg

11

(1996:442) describes motivation as both the extrinsic conditions that stimulate certain behaviours and intrinsic responses that portray behaviours in humans.

Post registration education and practice (PREP). In the UK the nurse has to renew registration with the NMC every three years. The nurse is required to undertake continuing professional development (approved by the NMC) at least five days of learning relevant to his/her practice during the three years (NMC 2000: accessed 18 June 2005 at www.nmc-uk.org).

Professional nurse. The nurse who has undergone formal training and is registered with the professional body, namely the Nursing and Midwifery Council (NMC), is regarded as being a staff nurse in the UK. A professional nurse is accountable to the professional body (NMC) for his or her acts and omissions. The staff nurse in the UK is the junior professional nurse. The immediate supervisor of the staff nurse is the junior sister then the senior sister who is usually regarded as the ward manager.

Turnover. It is the rate at which workers are replaced with new staff members in an organisation (Webster's Concise Edition Dictionary and Thesaurus 2002:353).

Turnover rate. Turnover rate is calculated by dividing the number of resignations by the number of nurses in a given period of time, usually a calendar year (Khowaja et al et al 2005:34).

Voluntary turnover.   Voluntary turnover implies that the individual nurse decides independently to move out of the organisation. If turnover is voluntary,   then the organisation needs to look at factors that influence nurses to leave namely: intrinsic and extrinsic   factors according to Herzberg's Theory (Sullivan et al 2001:293-296; Tang 2003:6). The extrinsic factors are conditions surrounding the job and intrinsic factors are relating directly to the job (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

1.6 THEORETICAL FOUNDATION OF THE STUDY

Polit and Hungler (1999:105), explain that   good research should link new research with existing knowledge. The topic chosen for the study is reviewed and the   framework is identified or developed. Herzberg's Theory of Motivation will   be   utilised   as   the   theoretical   framework   for   this   study.   This   theory postulates that the intrinsic and extrinsic factors   motivate the individual to satisfy personal needs as discussed in section 1.6.2 (Ball 2003:accessed 17 May 2005 at www.accaglobal.com).

1.6.1 Assumptions

According to Burns and Grove (2003:54), an assumption is a statement that is considered to be true without having been scientifically tested. This study is based on the following assumptions:

- Registered nurses' attitudes regarding turnover influence their performance at work

- Registered nurses' levels of job satisfaction influence turnover rates

- Intrinsic factors influence turnover rates among registered nurses

- Extrinsic factors influence turnover rates among registered nurses

- Hertzberg's Theory of Motivation can be used to contextualise the results of this study.

1.6.2   Conceptual   framework

A conceptual framework is an attempt to present an understanding of the topic studied (Polit & Hungler 1999:107). Herzberg's two factor theory of motivation follows Maslow's Hierarchy of Needs Theory's major concepts. The two theorists, namely, Maslow and Herzberg, attempted to identify factors motivating individuals to satisfy their needs. Herzberg's theory of motivation postulates that the phenomenon of job satisfaction and/or dissatisfaction is the function of two need systems, namely, hygiene factors (known as satisfiers) and motivation factors (known as motivators). These two groups of factors imply needs to avoid unpleasant situations, discomfort and the need for personal development (Ball 2003:accessed 17 May 2005 at www.accaglobal.com).

According to Robbins (1996:217) and Daft (2000:540), Herzberg maintained that an individual's attitudes to work can determine   his/her successes or failures in fulfilling specific roles. He studied "what do people want from their jobs?" Figure 1.1 depicts the major concepts comprising Herzberg's two-factor theory (motivators and hygiene factors) that influence people's levels of job satisfaction.

MOTIVATORS INFLUENCING THE LEVEL OF JOB SATISFACTION	
Not satisfied _____ **Highly satisfied**	
MOTIVATORS Achievements Recognition Responsibility Work itself Advancement	
HYGIENE FACTORS INFLUENCING THE LEVEL OF JOB DISSATISFACTION	
Dissatisfaction _____ **No dissatisfaction**	
HYGIENE FACTORS Working conditions Salary Organisation and administration policies Supervision Interpersonal relations	

Figure 1.1 Herzberg's two-factor theory concerning the influences of motivators and hygiene factors on people's levels of job satisfaction (Marriner-Tomey 1996:289)

Herzberg asked people to explain situations where they felt good or bad in relation to their jobs. The results were categorised and certain characteristics were related to job satisfaction, namely, motivators, like achievements, recognition, work itself, advancement, responsibility and growth. These factors influence job satisfaction. Without these motivators, employees become neutral. The presence of motivators increases the satisfaction and motivation levels. Other factors related to job dissatisfaction include hygiene factors, like supervision, company policy and administration, working conditions and interpersonal relations. Poor hygiene factors promote dissatisfaction. However, good hygiene factors do not promote motivation but simply reduces dissatisfaction. Therefore hygiene factors focus on job dissatisfaction and motivators focus on job satisfaction. Poor pay structures in a company will cause dissatisfaction and improvements of pay will only remove the dissatisfaction but will not lead to job satisfaction nor enhance motivation levels. In institutions that recognise achievements and provide promotion opportunities, employees are more likely to be highly motivated and therefore also committed to their jobs. According to Barrett and Myrick (1998:366), Herzberg emphasised motivators (intrinsic factors) more than the hygiene factors (extrinsic factors), as they are more important for the individual's potential to achieve higher levels of job satisfaction.

NetMBA (2002:accessed 17 May 2005 at www.netmba.com) indicates that the opposite of satisfaction is not dissatisfaction, it is rather no satisfaction. Herzberg often referred to hygiene factors as "KITA" which means Kick In The A....., the process where incentive or punishment is used to make a person perform the given job. Herzberg's theory recognises that motivation is intrinsic

and not from KITA which is a short term process operating at the level of hygiene factors only.

1.6.2.1 Hygiene factors

According to Syptak et al (1999:accessed 17 May 2005 at www.aafp.org), hygiene factors cannot motivate the employee but can reduce the level of dissatisfaction. Hygiene needs do not relate to a person's work but to conditions surrounding a job. The hygiene factors include hospital policies, supervision, salary, interpersonal relations and working conditions.

1.6.2.1.1 Organisation and administrative policies

According to Webster's Concise Edition Dictionary and Thesaurus (2002:250), policy is an overall plan which contains the general principles of the organisation. Policies should be fair, applied equally to all, easily accessible and updated regularly. Policies should be compared with practices to make appropriate amendments (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

1.6.2.1.2 Supervision

Appointing a good supervisor is essential to enhance employees' levels of job satisfaction. However, not all good employees make good supervisors. All supervisors should have good leadership skills as poor leadership can decrease

nurses' levels of job satisfaction (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

1.6.2.1.3 Salary

Salary is not a motivator but employees will be happy if their salaries are perceived to be fair. The hospital should have clear policies about salaries, raises and bonuses (Syptak et al 1999:accessed 17 May 2005 at www.aafp.org).

1.6.2.1.4 Interpersonal relations

The organisation should make allowances for socialisation opportunities but also for disciplining inappropriate behaviour (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org). Lack of friendliness and a poor team spirit among employees could lead to job dissatisfaction. Conflicting situations among employees may result from a lack of management support or from having to shoulder too much responsibility (Booyens 1998:530).

1.6.2.1.5 Working conditions

The environment in which the employees work should be a safe place to practice. This makes the employees proud (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

In this study, hygiene factors are issues related to the nurses' environment. The presence of these factors could make employees feel good about their job and increase their intentions to stay.

1.6.2.2 Motivators

According to Syptak et al (1999: accessed 17 May 2005 at www.aafg.org), motivators induce satisfaction at work by fulfilling the individuals' needs for personal growth and meaning. Motivators relate directly to the person's job and can enhance his/her level of job satisfaction. Motivators include achievement, recognition, the work itself, responsibility and advancement.

1.6.2.2.1 Work itself

Motivation implies that individuals should feel that their work is meaningful. Nurses should know that their contributions are essential to the success of the organisation. Reducing nurses' workload by eliminating or reducing some unnecessary jobs could enhance nurses' levels of job satisfaction (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

1.6.2.2.2 Achievement

Employees need challenges and are happy if they are allowed to utilise their expertise. The organisation should have definite, achievable goals and standards that each employee should understand. Regular feedback to

employees is essential to maintain their performance levels (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

1.6.2.2.3 Recognition

Employees are happy if the organisation shows interest in them and if their contributions are recognised. Praising individuals could be done in different ways like, writing a note of praise to them, giving a bonus or having a formal recognition programme like "employee of the month and customer care awards" (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

1.6.2.2.4 Responsibility

Responsibility, according to Webster's Concise Edition Dictionary and Thesaurus (2002:280), implies having control over and being accountable for an allocated duty.

Autonomy is very important to employees as this makes them assume ownership of their work. As the individual matures, more challenging and meaningful responsibilities could be added while avoiding work overload (Syptak et al 1999: accessed 17 May 2005 at www.aafp.org).

1.6.2.2.5 Advancement

An employee wishes to make progress in his/her job and to develop. At times the organisation might not have positions for promotions but could create a new

20

title in relation to the achievement. Supporting ongoing education could make employees feel more valuable and fulfilled professionally. All these could enhance   satisfaction, motivation and intentions to stay with the current employer/institution (Syptak   et   al   1999: accessed   17   May   2005   at www.aafp.org).

The presence of motivators and the absence of hygiene factors imply that employees feel both satisfaction and dissatisfaction simultaneously. For the purpose of this study, Herzberg's theory of motivation indicates that once the hygiene   factors   are   properly   addressed,   the   motivators   will   promote job satisfaction and productivity. Therefore nurses could be motivated to stay in the organisation.

1.7   RESEARCH   DESIGN AND METHOD

Designs are developed to reduce bias in a study   (Burns & Grove 2003:197).

1.7.1 Research design

According to Polit, Beck and Hungler (2001:167), research design is an overall plan for conducting the study in order to answer the research questions. This study used a quantitative exploratory descriptive design to identify and describe factors that influence nursing turnover in one group of private hospitals in England.

1.7.2   Research method

Quantitative research was used to investigate factors influencing nursing turnover because the study focused on specific questions that needed to be answered. These factors were described but no relationships were specified (De Vos 1998:71).

1.7.3   Population

All professional nurses employed by all the Capio Healthcare UK Hospitals during 2005 comprised the population of this study.   As the population would be too larage to study for a master's dissertation of limited scope, and as these expenses would be prohibitive, the sample of participating hospitals was randomly selected from the population of hospitals and all professional nurses at each participating hospital were invited to complete questionnaires.

1.7.4   Sampling

Simple random sampling was used to select hospitals participating in the study. Every hospital in the population had an equal chance of being selected and therefore would be accepted as being representative of the population of this private group of hospitals in England. The sample was selected from the 21 Capio Healthcare UK hospitals.   All professional nurses at the participating hospitals were requested to complete questionnaires, obviating the need to select samples of professional nurses.

1.7.5 Data   collection approach

Data collection is the gathering of information that is necessary for the research study. Structured questionnaires were utilised to obtain data relevant to the study (Polit & Hungler 1999:700).

1.7.6 Data   analysis

Data collected need to be analysed to give meaning to the numbers. Descriptive statistical analysis enables the researcher to reduce, summarise, organise, evaluate and interpret the numeric information (Polit & Hungler 1999:439). Data analysis was done according to specific groups of items of the questionnaire in relation to Herzberg's Theory of Motivation. Microsoft excel was used to analyse the data and to generate graphs and figures portraying these results visually.

1.8 RELIABILITY AND VALIDITY

Polit and Hungler (1999:227, 231-233), state that validity and reliability are methods of evaluating control. External validity is the ability to generalise research findings to other situations. In this study the sample of hospitals chosen was representative of the population (of private hospitals in England) under study. This implies that each hospital in the population under study had the same chance of being selected to participate. All professional nurses at the participating hospitals were invited to complete questionnaires, thus no sampling of individual professional nurses took place. Internal validity is the extent to which

factors influencing nursing turnover are a true reflection of reality, rather than the results of the effects of turnover.

Reliability is the degree of accuracy with which the instrument measures what it is supposed to measure. For the study and its results to be reliable, it means that similar results would be obtained if the study were to be replicated using the same method (Polit & Hungler 1999:411).

1.9 ETHICAL CONSIDERATIONS

De Vos (1998:24) defines ethics as "a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students." Ethical issues considered in this study included the rights of the respondents, the rights of the institution and scientific honesty on the part of the researcher.

1.9.1 Rights of the respondents

Consent is important and in this type of research respondents will show acceptance to participate in the research by responding. It was indicated to respondents that they could withdraw at any time without incurring any negative consequences whatsoever. To increase participation and interest, the respondents' anonymity as well as their confidentiality was guaranteed (Morrell 2005:319). The

research report would only portray statistics about the data obtained. No reference will be made to any specific person nor to any specific institution.

1.9.2 Rights of the institution where the study is conducted

Permission to conduct the study was   sought from and granted by the Capio Healthcare UK authorities. No harm was imposed on respondents or non-respondents as the survey required professional nurses to complete the questionnaire. The participating institutions would also receive copies of the research report compiled at the completion of the study.

1.9.3 Scientific honesty of the researcher

The researcher's goal in   conducting the research is   to generate knowledge through honest conduct, reporting, and   publication of a research report. The researcher is aware that data should not be falsified nor manipulated in order to maintain the quality of the research and of the report (Burns & Grove 2003:187; Mouton 2001: 240).

1.10   LIMITATIONS OF THE STUDY

This study focused on factors influencing nursing turnover among professional nurses in selected   private hospitals in England. Therefore   the results cannot be generalised to all private hospitals in England   and the exclusion criteria limit true randomness.

Only professional nurses employed at the selected hospitals participated in the study. This amounts to simple random sampling and the probability of a deviant sample is low. Respondents were asked to complete a questionnaire implying that the available data are recorded answers and those not answered might compromise the validity and reliability of the research results. The respondents were professional nurses employed by the participating hospitals in England. These nurses might have given reasons for their intentions to leave, without actually leaving, which might also have affected the reliability and validity of the research results.

Participation was voluntary and this imposed further limitations on the generalisability of the results as respondents (who completed questionnaires) might have experienced different intrinsic and/or extrinsic factors influencing their decisions as to whether or not to continue working for the specific hospital, than non-respondents (who failed to submit their completed questionnaires).

1.11 LIST OF ABBREVIATIONS

The following abbreviations are used throughout this dissertation:

CM	Complementary Medicine
NHS	National Health Service
NMC	Nursing and Midwifery Council
PREP	Post registration education and practice
RNs	Registered nurses
RCN	Royal College of Nursing
UK	United Kingdom

UKCC   United Kingdom Central Council for Nursing, Midwifery and
            Health   Visiting

USA   United States of America

1.12 OUTLINE OF THE DISSERTATION

Chapter 1 introduced the study and discussed the research problem, research
questions, problem statement and purpose, objectives and significance of the
study, theoretical framework and assumptions. Ethical considerations were
discussed, terms were defined and abbreviations were listed.

Chapter 2 discusses the literature review conducted on nursing turnover with
reference to Herzberg's theory of motivation.

Chapter 3 outlines the research methodology used in the study.

Chapter 4   presents the data analysis   according to the items of the
questionnaire and Herzberg's theory.

Chapter 5   concludes   the   study, discusses   its   limitations   and   makes
recommendations for reducing rates of nurses' turnover and for conducting further
research.

1.13　CONCLUSION

This chapter introduced the study, indicating the need to identify factors influencing nursing turnover. The scope, limitations, purpose, objectives, significance and theoretical framework (Herzberg's theory of motivation) of the study were briefly discussed.

Chapter 2 will discuss the literature review conducted on factors influencing turnover rates, specifically among professional nurses.

CHAPTER   2

LITERATURE   REVIEW

2.1   INTRODUCTION

This chapter discusses the literature review undertaken on turnover rates among nurses. According to Polit and Hungler (1999:79), a literature review comprises the searching, identification and understanding of information relevant to the research topic. Dempsey and Dempsey (2000:61) explain that the researcher will start reviewing the literature once the problem has been identified. The literature review provides the researcher with information pertinent to the study and indicates what research has already been done on the topic. Reasons for conducting the literature review include avoiding duplication of a previous study; enabling the researcher to develop a relevant framework for his/her research, provides ideas about the study, reveal research strategies and guide the researcher in discussing the results of the current study by comparing and contrasting a specific study's results with those of previously reported studies.

 Burns and Grove (2001:107) define literature as being the written information on a topic consisting of primary and secondary sources. Primary sources are written by the people responsible for generating the ideas while the secondary sources are summaries or quotations from the primary sources. A literature

review occurs in three stages, namely, searching, reading and writing the literature review. LoBiondo-Wood and Haber (2002:78) describe literature review as the systematic and critical review of published and unpublished literature. The knowledge gathered from the literature review should contribute to the development, implementation and results of any study.

The purpose of the literature review in this study was to obtain information on factors influencing turnover rates among nurses. This could assist the researcher to understand the topic, ascertain pre-knowledge in relation to the research problem and identify potential solutions (Polit & Hungler 1999:79-80). This literature review revealed that considerable research has been done on nursing turnover but limited numbers of studies specifically done in private hospitals could be identified. The literature review will be discussed with reference to factors of Herzberg's Theory of Motivation, namely, intrinsic and extrinsic factors and how these factors could influence nursing turnover (Ball 2003: accessed 17 May 2005 at www.accaglobal.com). It should be noted that the theorist (Herzberg) does not consider satisfaction and dissatisfaction as direct opposites, as discussed in Section 2.2 of this dissertation.

2.2 HERZBERG'S THEORY OF MOTIVATION

The literature review will be discussed with reference to the two factor theory of Herzberg, namely, the intrinsic and extrinsic factors and nurses' attitudes regarding turnover. It should be noted, however, that in this study, the attitudes regarding turnover will be discussed together with the intrinsic and extrinsic

factors. Shader, Broome, Broome, West and Nash (2001:211-212) indicated that work satisfaction is derived from attitudes and perceptions of different elements of work. Work satisfaction consists of intrinsic and extrinsic factors where intrinsic factors are internally derived and extrinsic factors are from the practice environment (as introduced in section 1.6.2 of this dissertation).

2.2.1   Extrinsic (hygiene) factors

Extrinsic factors are also called hygiene factors and do not motivate an employee but reduce the level of job dissatisfaction. Such extrinsic factors include supervision, working conditions, interpersonal relationships, organisational and administrative policies, supervision and salary. Extrinsic factors are easily influenced by intervention strategies (Shader et al 2001:211-212).

2.2.1.1 Organisational and administrative policies

Policies are written guidelines that indicate the integrity of the organisation's intentions. It is therefore the responsibility of management to ensure that policies are reviewed periodically in order to be consistent with the current situation within the organisation. A sense of belonging could develop if policies are applied consistently among employees, otherwise dissatisfaction could occur and/or escalate (Marriner-Tomey 1996:153).

According to Morrell (2005:321) organisations should carry out exit interviews in order to establish reasons why employees leave a specific insitution, and whether

the specific person's resignation could be regarded as being avoidable or unavoidable. A profile compiled of leavers could help to identify the peak times for an expected turnover like promotion rounds. This could assist in designing appropriate interventions to retain more nurses. Kalliath and Morris (2002:652) indicated that organisations need to develop assessment tools in order to predict early signs of dissatisfaction. Early interventions could increase nurses' levels of job satisfaction and reduce turnover rates.

Dunn, Wilson and Esterman (2005:27-29) found that nurses recommended these themes to organisations in order to improve their levels of job satisfaction: improved work schedules, staffing levels, communication and education.

Tang (2003:9) indicated that nurses should be encouraged to participate in decision-making regarding the formulation of policies and the implementation of changes in a specific unit. Nurses should know where to access information concerning patient care and the management of the unit. If nurses realise that they are involved in decision-making processes, they might experience higher levels of job satisfaction and might stay longer in a specific organisation.

According to Strachota, Normandin, O'Brien, Clary and Krukow (2003:117), nurse administrators could provide scholarships to nurses and hire students as care assistants while professional nurses attend classes. Nurse administrators could also collaborate with nurse educators to recruit nurses to work in specific institutions. Those nurses who had left the profession could be encouraged to return to the nursing profession. Administrators sent letters to resigned nurses,

inviting them back into health care system. All these strategies recruited nurses and attempted to retain them in the health care system.

2.2.1.2   Salary

Webster's Concise Edition Dictionary and Thesaurus (2002:290), defines salary as the regular payment that is usually monthly. In a study in Canada, researchers (Lum, Kervin, Clarke, Reii & Sirola 1998:316) found that pay satisfaction had effects upon nurses' turnover intentions. Although it was found that salary satisfaction decreased turnover intentions, it did not lead to job satisfaction nor to enhanced organisational commitment. Many nurses were unhappy with the way in which pay supplements were awarded in relation to their levels of expertise. For example, the intensive care nurses received greater supplementary salaries than other nurses. Those nurses who received better salaries, were more satisfied with their pay and had fewer intentions to leave than their nursing colleagues who received smaller salaries. This implies that senior nurses' skills and experience were recognised through differential pay strategies. However, a study in Australia by Cowin (2002:289) indicated that nurses were dissatisfied with their payment as their additional nursing qualifications were not considered. Reportedly there was also no pay incentives for experience nor for knowledge. Although some experienced nurses were happy about their salaries, improving nurses' salaries appeared to be a necessity to retain large numbers of nurses within the professionally active ranks in Australia.

A study in Taiwan by Yin and Yang (2002:573-581), indicated that salary and fringe benefits were the strongest factors influencing nursing turnover. Netswera, Rankhumise and Mavundla (2005:39), found that good salary does not imply staff retention but correlates with other conditions of service. Therefore, this does not necessarily imply that institutions with good salaries and attractive benefits have low staff turnover rates. Mrrayan (2005:47), indicated that salaries which do not meet daily requirements, would contribute to nurse dissatisfaction and turnover rates. This is further explained by Shaw, Delery, Jenkins and Gupta (1998:512), in a study in the USA, indicating that there is a relationship between pay and voluntary turnover. Employees will stay in an organisation as long as their self-interests are served. Good salaries can offer such motives but cannot motivate an employee to stay with an institution by itself.

2.2.1.3 Interpersonal relations

Group cohesion is "a staff member's perceptions of integration into the organisational and colleague environment" (Shader et al 2001:213). The more the individual identifies with the group, the more the ability to conform to the group's norms and values. The group and the organisation become part of the individual and withdrawal from the organisation distorts the self-concept and seems like loosing part of the self. Interpersonal relations should be encouraged and if the environment is conducive, this could result in stronger intentions to stay in an organisation. Individuals who strongly identify with their organisations, enjoy their work and have higher levels of job satisfaction (Van

Dick, Christ, Stellmacher, Wagner, Ahlswede, Grubba, Hauptmeier, Höhfeld, Moltzen & Tissington 2004:352-353) than employees who fail to identify strongly with their employment institution.

2.2.1.4 Working conditions

A study done in Jordan (Mrrayan 2005:47-48) indicates that nurses in private hospitals were more satisfied, and had higher intentions to stay, than nurses in public hospitals . This Jordanian study further indicated that nurses tended to be married, working full time and to have acquired a number of years' experience. Role stress could contribute to levels of job dissatisfaction. Nurses in Jordanian public hospitals who had to fulfil multiple roles, indicated increased levels of job dissatisfaction compared to nurses with fewer roles.

An employee who suffers from burnout, might benefit from being transferred to another unit within the same organisation. Some managers do not encourage such transfers due to fears of losing a competent nurse. However, this situation could lead to an employee's increased rates of absenteeism and eventually to him/her leaving the organisation (Sullivan et al 2001:296).

Khowaja et al (2005:34) cite Thomas' (1997) report about work stress in the NHS (UK) that had been aggravated by increased workloads, nursing shortages, job insecurities and organisational changes. Most of the nurses in the NHS had less than two years' experience, and were therefore too inexperienced to cope with work overload. This could affect nurses' levels of job satisfaction and

contribute to increased turnover rates among nurses. Upenieks (2005:24-25) cites Billingsley's (1999) report about the UK and Canada, experiencing the same problem of nursing shortage as the USA, where nurses' job vacancies are estimated to be 20%. Reasons mentioned for these nursing shortages included poor working conditions and inadequate remuneration. Nursing shortages cause a potential deterioration in levels of patient care provided.

In a study in Pakistan, Khowaja et al (2005:36-37) found that most nurses desired respect from their managers. Nurses were reportedly reprimanded in the presence of patients and relatives which led to de-motivation, disappointment and lack of pride in their jobs. Another factor that adversely affected these Pakistani nurses' levels of job satisfaction was the lack of support from managers. Reportedly managers did not listen to nurses' problems and/or queries, kept nurses under pressure and just wanted the nurses to get the job done. The nurse-doctor relationship also contributed to nurses' levels of dissatisfaction at work. There was a problem in communication between nurses and doctors which affected nursing care. Communication among healthcare team members is important for the delivery of coordinated quality care to patients. In spite of numerous sources of dissatisfaction, these Pakistani nurses experienced safe environments at work and enjoyed good rapport with patients which was the main reasons why they continued to work at the specific hospital.

2.2.1.5 Supervision

The unit manager should choose the team leader who is capable of effective supervision. However, there are natural leaders who might emerge from the team and should not be ignored or refused opportunities to practise their leadership skills. They could cooperate to enhance productivity levels of all team members (Mackenzie & Buchan 1998:101). Leadership style plays a major role in the retention of nurses. Clinical leaders need to be given time to think, listen and challenge daily activities in the unit in order to provide quality care to patients and satisfactory supervision to nurses (Long 2005:20-21).

According to Yin and Yang (2001:580) nurse managers' position and power could influence the nurses' intentions to stay. Nurse managers who encourage participation and who value contributions from staff, promote decision making and influence coordination, could enhance the positive aspects of a working environment that could help to maintain a stable nursing workforce, by reducing turnover rates among nurses.

Magnet hospitals in the USA have been recognised for smaller nursing shortages, lower turnover rates, higher levels of job satisfaction, compared to other non-magnet acute care hospitals. This has been possible due to key organisational characteristics such as emphasis on participatory management and systematic communication between clinical nurses and managers. These strategies are consistent with those utilised by Capio Healthcare UK to retain nurses (Parker 2005; Upenieks 2005:27).

2.2.2 Intrinsic factors (motivators)

Intrinsic factors are motivators that relate to the person's job and induce satisfaction such as work itself, achievement, recognition, responsibility and advancement.

2.2.2.1 Work itself

Job avoidance is a reaction to dissatisfaction that could eventually lead to turnover, if the problem is not resolved timeously (Hom & Kinicki 2001:975).

Job satisfaction stresses specific tasks in the nurses' work environment. Nurses enter an organisation with needs like a desire to utilise their skills and expertise. Nurses expect their work environment conducive to utilising their skills and expertise to render patient care of a high standard. Welcoming new employees, through effective orientation programmes, can make new employees feel comfortable and valuable within the new organisation and increase these employees' loyalty to the organisation and to the work itself, possibly helping to reduce staff turnover rates among newly appointed nurses (Connelly 2005:163; Lum et al 1998:317).

In a study in America, Shaver and Lacey (2003:166), indicated that satisfaction with jobs and career choices were important to retain nurses. However, nurses indicated that work overload and nursing shortages, interfered with the provision of quality patient care. Levels of nurses' job dissatisfaction were

related to turnover rates while nurses' productivity levels were related to their levels of job satisfaction. Khowaja et al (2005:35) also found that work overload was the main cause of job dissatisfaction.

A study in the USA on nursing retention indicated that retention could be enhanced by the use of educational ethics. Ethical conflicts reportedly contributed to nurses' intentions to leave a specific institution (Hart 2005:176-177). In another study in the USA, Shader et al (2001:214), found that work schedules was one factor that the institution could manipulate to enhance job satisfaction levels of nurses. Work schedules are very important to Generation X employees as they value the ability to control their time. These nurses have less experience and most have been in the profession for less than three years. They require time schedules to be known well in advance so that they can plan how to spend their time. Changing work schedules cause disruptions in their lives which could lead to increased rates of absenteeism, sick leave and intentions to leave the organisation. Netswera et al (2005:39), indicated in a study conducted in South Africa that institutions should help their employees' to maintain a balance between their personal and work lives. One way of doing so is to provide timely information about work schedules.

There are different types of shifts and at times changing the shift of the nurse to a preferred one might be beneficial. There are fixed and flexible shifts, also job sharing. For many nurses with parental responsibilities, job sharing provides a better means of fulfilling parental responsibilities and remaining in the health care organisation, than might be feasible by accepting full

time or even part time nursing jobs. Nurses who worked permanent night shifts reported to be less committed and indicated higher levels of job dissatisfaction, than nurses working day duty shifts, which could contribute to higher levels of turnover among nurses working on permanent night shifts. Twelve hour shifts, as compared to eight hour shifts, improved nurse retention even though it was not clear how a twelve hour shift increased job satisfaction. This could be explained by the fact that working 12-hour shifts enabled the nurses to spend less time commuting to and from work, saving time and transport costs. Nurses who are committed to the organisation are more satisfied and would be more willing to work overtime (Mrayyan 2005:47; Sourdif 2004:66; Sullivan et al 2001:298) than less satisfied nurses would be prepared to do.

According to Barney, Needleman and Kovner (2005:167,171) the need to work overtime in hospitals is affected by different factors. The government hospitals tended to use less overtime which might be due to budget constraints or managerial discretions. Some organisations do not pay for overtime but nurses can claim the extra hours worked at a later stage, and this could contribute to nurses' refusals to work overtime. The use of overtime in an organisation also depends on the geographical situation of the hospital, especially if it is in an area where the recruitment of nurses is difficult. Rural hospitals might use more overtime to meet peak or even normal staffing demands without increasing the full time staff members.

In a study in England, Cartledge (2001:353) found that a flexible schedule was a necessity for nurses because this gave them a sense of autonomy and

40

the ability to fulfil their family responsibilities. There was consensus among respondents that flexibility should be from both their work and their family situations as it is unfair if only some nurses work extra shifts to compensate for staff shortages and for nurses' family responsibilities. Work schedules remain an important reason for leaving the place of employment and also for returning to the professionally active ranks. A study in Sweden revealed that more flexibility over working hours was very important especially as women worked even when they had small children (Sjögren, Fochsen, Josephson & Lagerström 2004:75).

Strachota et al (2003:113), explained that age contributed to nurses' decisions of leaving an institution. Younger nurses still needed to explore fields other than nursing. Nurses in the older age bracket, intended staying with their employers until retirement, even if conditions were unfavourable. This was supported by a study in North Carolina by Shaver and Lacey (2003:171) who indicated that nurses closer to retirement were less satisfied, and even if these nurses were dissatisfied, they still decided to stay with their insitutions. Another study in England (Matrunola 1996:832) found that nurses in the older age group had no intentions of leaving as they had survived numerous stresses and had more years of service than their younger colleagues. Consistent with previous studies, it was found that older nurses in Kuwait made better adjustments to their work environments and were more satisfied with their jobs than younger nurses. This is also because it is difficult for older nurses to find jobs easily in the Middle East and their retirement age is lower than that in developed countries. Nurses, aged 40 and older, might have limited job opportunities in their own countries

should they want to return to nursing (Shah, Al-Enezi, Chowdhury & Otabi 2004:14). However, in Taiwan age was not related to turnover, but it was found that nurses who were older and married were reportedly more satisfied and had lower levels of turnover than younger nurses (Yin & Yang 2001:581). Organisational commitment decreases with many years of work in the same organisation. Employers need to be aware of this factor in order to develop strategies to retain older nurses due to their greater experience and reportedly higher levels of job satisfaction (Sourdif 2004:66).

2.2.2.2 Achievement

In a study in England, Cartledge (2001:352) found that professional development was important among nurses working in intensive care units. It was suggested that without updates and education, there would be less knowledge and less motivation to continue working in these units. However, being more educated did not promote nurses' motivation because qualifications were only considered for promotions if and when there were vacant posts. This situation led to staying in one position for a long time, causing some dissatisfaction among nurses. Rambur, McIntosh, Palumbo and Reinier (2005:186) indicated that lack of recognition for different skills and competency levels in the work environment, neither by compensation nor in role differentiation, was a disincentive for nurses to improve their educational levels. In a study in Kuwait, nurses with diplomas were more satisfied than nurses with degrees (Shah et al 2004:14).

It is therefore important for organisations to recognise academic achievements of nurses in order to enhance motivation and retention of nurses within the organisation. According to Marriner-Tomey (1996: 67) the effective delegation of duties to capable employees contributes to personal growth and development because talents are utilised effectively through adequate delegation.

2.2.2.3 Recognition

According to Mackenzie and Buchan (1998:100) investing in people is an important phenomenon in the health care organisation as this helps in gaining formal recognition. 'Investing in people' means giving a commitment to the development of the organisation and staff. Nurses should know and understand organisational goals, in order to set their own goals within the parameters of the organisation, if possible.

In a study in Pakistan, Khowaja et al (2005:35-36) found that most participants indicated that there was a lack of appreciation for good performance by managers. If managers are supportive, respect and recognise nurses' achievements, this could boost their morale and lead to higher levels of job satisfaction and motivation. Recognition from patients and family members is also an important issue in motivating nurses.

Strachota et al (2003:117) found that nurses valued recognition. An award was presented every quarter for customer care and receivers of this award were compensated for their role performance. There was also publication of

employment anniversaries in the health system newsletter. This could serve as motivation to nurses and enhance their intentions to stay longer within a specific organisation.

Campbell, Fowles and Weber (2004:570) found that participants needed more recognition to satisfy their needs for reputation, prestige and respect from others, which could lead to increased self esteem. Satisfaction of the esteem needs leads to feelings of self-confidence and enhances self worth. However, a lack of satisfaction of esteem needs leads to feelings of inferiority and discouragement. Kangas, Kee and McKee-Waddle (1999:41) also indicated that a supportive environment was essential for the development and enhancement of self-esteem among nurses who participated in their study.   Shader et al (2001:215) found that organisational strategies reducing nurses' frustrations were very important and might include rewards and formal recognition of accomplishments.

A study in Miami Children's Hospital, (Ernst, Franco, Messmer and Gonzalez 2004:225-226) in the USA, found that older nurses were more satisfied at work with the recognition they received than their younger nursing colleagues. This was because as the individual matures, the goals and expectations become more realistic and therefore resulting in higher levels of job satisfaction. These nurses indicated that recognition had been received from peers and managers, but indicated that such recognition should be shown on a regular basis to all nurses concerned. The items mentioned that were important to nurses included letters

of recognition, sharing of accomplishments with peers and the recognition of achievements in institutional newsletters.

In a study in England, Cartledge (2001:352-353) found that feelings of being valued and respected were very important to nurses who reported a   lack of respect and recognition   from doctors. Nurses' opinions were not valued and they had to carry out orders from doctors without rendering inputs into the decision-making processes.   Nurses also reported a lack of respect from their nursing colleagues, making them feel undervalued and lacking recognition for their contributions to the nursing care of their patients.

2.2.2.4 Responsibility

According to Tang (2003:8), autonomy encourages and promotes a sense of control over the job. This includes the ability to make decisions about daily nursing practices.   In a study conducted in Jordan, Mrayyan (2004:333) reported that nurses working in hospitals required autonomy, responsibility and they would have preferred to be led by a nurse manager with a participative leadership style. Nurses also reported that increased autonomy was influenced by supportive management, education and experience. It has also been found that professional autonomy was directly related to the grade of a specific post and to the nurses' years of experience and indirectly related to workload (patient acuity). However, Shaver and Lacey (2003:166) indicated that the length of time of a nurse in a current position, was not a significant predictor of the nurse's level of job satisfaction.

Ernst et al (2004:226) also reported that as the nurse became more experienced, there would be increased demands on her expertise. If this was not done carefully, there would be increased workloads for these nurses, decreasing their levels of job satisfaction. The experienced nurses are responsible for managing subordinates. The unit manager should value the extra time needed by the charge nurse to manage subordinates and render quality care to patients.

Autonomy and responsibility enhance nurse retention. The organisation that has autonomous and long-serving nurses, provides quality care to patients cost-effectively and this could help to reduce turnover rates among nurses. According to Upenieks (2005:27), nurses in magnet hospitals in the USA have autonomy and are empowered. Patient care is provided consistently with professional standards. Khowaja et al (2005:34), indicated that nurses' lack of autonomy, inadequate staffing and work overload could affect their levels of job satisfaction, increasing turnover rates among nurses.

2.2.2.5 Advancement

Regular performance appraisals are very important as these allow the development of career paths which are sensitive to nurses' performance levels and abilities. A study in the UK by the UKCC, revealed that most institutions had regular performance appraisals, both the public and private sectors except for agency nurses (UKCC 2002: accessed 20 March 2005 at www.nmc-uk.org).

The three main purposes of performance appraisals are salary awards, identification of training needs to enable the employees and organisations to achieve their objectives and to aid individuals' career development strategies (Ball:2004 accessed on the 29 July 2005 at www.accaglobal.com).

For nurses to be able to take charge of situations in their work environments, ongoing training and development should be available. (Strachota et al 2003:113). Nurses expect their work environments to supply them with adequate opportunities and equipment to provide patient care of a high standard. Dissatisfactions at work could increase nurses' turnover rates (Mrrayan 2005:47). However, Dunn et al (2005:28), reported from the study in Australia that there was no reported relationship between nurses' levels of job satisfaction and levels of education.

In a study in Jordan, Mrayyan (2005:47) found that nurses needed to be supported to further their studies, be allowed library times and Internet access to write and publish articles, encouraged to participate in research and career advancement opportunities. Matrunola (1996:833) also found that there were fewer role conflicts in organisations providing training opportunities for their nurses.

In a study in Finland, Kuokkanen and Leino-Kilpi (2001:278) found that empowered nurses were more skilled and competent. They also assumed responsibility for colleagues and provide guidance to younger nurses. Factors such as short stays in an organisation, scarcity of resources and unresolved conflicts could hinder nurses' professional development and progress, increasing the turnover

rates among nurses. If the organisation does not provide a culture of advancement to employees, then workers might need to change jobs to procure some professional advancement. Another study at Miami Children's Hospital, (Ernst et al 2004:225) found that paediatric nurses with more years of experience at one institution had more confidence and enjoyed higher levels of job satisfaction than nurses working fewer years at one institution.

A study in Canada (Barrett and Myrick 998:369-370) found that preceptors were dissatisfied with their opportunities for promotion. This was because promotion was important for advancement in the job. The preceptors viewed their position as lacking opportunities for advancement within the hierarchy of the practice setting and that led to job dissatisfaction. This is consistent with the study by Netswera et al (2005:39), which indicated that young and enthusiastic employees would stay in an organisation where there were opportunities for advancement. A similar study was conducted in Britain at 13 universities and it was found that 25% of the academic personnel enjoyed annual increments and reached the top of the salary scales without actually being promoted. This leaves employees with the perceptions of occupying dead-end jobs. Therefore, employees who had more opportunities for promotion and advancement, intended to stay longer in an organisation and most employees who felt that they occupied dead-end jobs had higher intentions of leaving the specific institution.

According to Rambur et al (2005:186) education is an investment by the organisation in the provision of quality care and for retention of competent staff members. The more years the employee is in the organisation, the more contributions he/she could make to this institution.

A study by the UKCC revealed that there was no consistency as who should pay for nurses' courses. In some situations, the organisation and the individual had to split 50-50 or all costs were paid by the individual. Most of the institutions pay the costs for mandatory trainings to meet the PREP (post registration education and practice) requirements. Most of the nurses valued ongoing learning opportunities and indicated belonging to the Royal College of Nursing (RCN) and specialist groups in order to keep themselves up to date (UKCC 2002: accessed 20 March 2005 at www.nmc-uk.org).

2.3 CONCLUSION

This chapter discussed the literature review undertaken on factors influencing nursing turnover with reference to the factors of Herzberg's Theory of Motivation. The literature review covered intrinsic and extrinsic factors of motivation which could contribute to the decisions of nurses as to whether to leave or to stay with an organisation.

Chapter 3 will describe the research methodology adopted to study factors influencing nurse turnover in selected private hospitals in England

CHAPTER 3

RESEARCH METHODOLOGY

3.1   INTRODUCTION

This chapter will elaborate on the research methodology of the study, including the research design, population, sample, setting and data-collection instrument.

3.2   RESEARCH DESIGN

According to Polit et al (2001:167), the research design is an overall plan for conducting the study in order to answer the research questions. The research design indicates the steps which will be followed in conducting the research. Burns and Grove (2001:223) describe the research design as a guideline for the research process in order to achieve the intended results that will be a reflection of reality. Polit and Hungler (1999:155) indicate that the research design includes some of the most important decisions in research methodology that the researcher makes in conducting the study. Some of these important decisions include the data collection plan, sampling plan and data analysis plan.

This study used a quantitative exploratory descriptive design to identify and describe factors that influence turnover among nurses in a private group of

hospitals in England. Herzberg's Theory of Motivation was used as a conceptual framework for collecting data in the Capio Healthcare UK Hospitals. The identified factors could be categorised to determine the reasons why nurses intend to leave or stay within a specific organisation.

3.2.1 Quantitative research

According to Polit and Hungler (1999:712), quantitative research is the study conducted using a controlled design to obtain quantified data. This study attempted to quantify factors affecting turnover among nurses in selected private hospitals in England.

3.2.1.1 Characteristics of quantitative research

Quantitative research has the following characteristics (De Vos 1998:242-243; Burns & Grove 2001:39-40):

- It uses a deductive form of reasoning
- The meaning is given by the researcher who interprets the quantitative research results and thus uses the etic perspective.
- It answers the research questions stated at the beginning of the research process.
- The phenomenon under study is controlled in order for the research findings to be an accurate reflection of reality; thus reducing errors and enhancing the reliability and validity of the research results.
- Data is presented in figures which are easy to quantify.

- Data analysis follows a standardised procedure.

- The sample is usually representative of the population.

3.2.2 Exploratory descriptive design

This study was exploratory as it explored the factors influencing turnover among professional nurses in selected private hospitals in England. Polit and Hungler (1999:17-18) indicate that exploratory research aims at fully investigating the phenomenon which according to this study is factors influencing turnover rates among nurses. As turnover rates are influenced by levels of job satisfaction or dissatisfaction, these concepts also formed a major part of this investigation. Exploratory studies are undertaken when the phenomenon under study has not been investigated or when little is known about the specific phenomenon. According to Brink and Wood (1998:312), an exploratory study could result from a literature study in which the researcher could not find answers to a specific question or questions.

Descriptive research provides an accurate account of characteristics of a particular individual, situation or group in real-life situations. The purpose of descriptive studies is to observe, describe and document incidences of a situation as it occurs. Descriptive studies are aiming at describing the frequencies of occurrences rather than the relationships between variables (Polit & Hungler 1999:700; 195-196).

3.2.2.1 Characteristics of an exploratory descriptive research design

According to Brink and Wood (1998:312-315), an exploratory descriptive research design has the following characteristics:

- It aims to uncover new knowledge

- It is a flexible research design that provides a new direction for exploration.

- It usually occurs in the natural setting.

- The researcher should possess the ability to analyse and interpret the data collected and to derive meanings from the analysed data.

3.3 RESEARCH SETTING

According to Burns and Grove (2001:40), a research setting is the place for conducting the research which is the natural setting. The researcher strives to maintain the environment for the respondents as natural as possible. Polit and Hungler (1999:158) indicate that research settings are places where data collection will occur. The nature of the setting can influence the data collected and it is therefore important for the researcher to carefully select the research setting. In this study, data were collected from the nurses at the Capio Healthcare UK hospitals and nurses were free to choose where to complete the questionnaires – at home or at work. In this way the researcher did not select a specific setting for completing the questionnaires. However, the setting about which the data were collected pertained to the participating private hospitals in England.

3.4 RESEARCH POPULATION AND SAMPLE

Brink (1996:132-133) defines a population as the entire group of people that is of interest to the researcher. According to Burns and Grove (2001:366,810), a population is the whole set of individuals who meet the sampling criteria. A sample is a part of the population that is selected to participate in a study, representing the research population, if random sampling procedures had been adhered to. Random sampling would afford every individual in the entire population an equal and unbiased chance of participating in the study.

3.4.1 Population

All nurses currently employed at the Capio Healthcare UK will comprise the population of this study. Capio Healthcare UK has 21 hospitals and only five hospitals were randomly selected to participate in the study. According to Polit and Hungler (1999:278), the eligibility criteria specify the characteristics the elements in the population must possess to be part of the study. In this study the participants had to be professional nurses employed at the Capio Healthcare UK during 2005 when the data were collected.

3.4.2 Sample

Probability sampling or simple random sampling was used in this study to select the participating hospitals, as each element in the population had an equal and independent chance of being selected. This was possible because a

sampling frame of all these hospitals was available. The name of each hospital was written on a separate piece of paper. All pieces of paper were placed in a closed container and an independent person drew the paper from the container, shaking the closed container, after each draw. Another independent person (not the researcher) wrote down names of the hospitals drawn until five hospitals were selected. Within each hospital all professional nurses received the questionnaires and no sample was drawn to select specific nurses. Simple random sampling reduces the probability of choosing a sample that does not represent the population; thus random sampling enables the generalisability of the research results (obtained from the sample) to the relevant population (Polit & Hungler 1999:284-286).

3.4.2.1   Characteristics of probability sampling

Brink (1996:134) as well as Burns and Grove (2001:370) point out the following characteristics of probability sampling:

- Sampling error is reduced. In this study the population parameters could be established.
- Every member of the population (every hospital in the participating private group of hospitals) had a chance of being selected for the sample.
- The randomly selected sample would be representative of the population .
- Systematic bias can occur by chance, but the chances are reduced. The researcher's judgement is not used in the selection of the sample.

3.5   DATA   COLLECTION

According to Polit and Hungler (1999:700) data collection is the gathering of pieces of information that are necessary for the research process. A structured approach to collecting data was utilised. Questionnaires were used to obtain data relevant to the study in order to answer the research questions. The purpose of the study was to identify factors that influence turnover among professional nurses in a group of private hospitals in England. Every professional nurse who was employed at the selected Capio Healthcare UK hospitals at the time of the data collection, received a questionnaire. These questionnaires were distributed through the matron of each hospital. Each questionnaire was issued with a stamped envelope with the researcher's address, and a pen. No consent form was included (to ensure the anonymity of each participant) but completion of the questionnaire implied consent. An accompanying letter explained that participation remained voluntary.   All data would be treated in a confidential and anonymous manner.   Data   analysis   commenced   when   the   data   collection   had   been completed.

3.5.1 Data-collection instrument

A data collection instrument is the device used to collect data in an objective and systematic manner for the purpose of the research. Data collection instruments can be questionnaires, interview schedules, tests and available records (LoBiondo-Wood & Haber 2002:294-296).

According to Dempsey and Dempsey (2000:195) a questionnaire is a paper and pencil data collection instrument filled in by respondents for the purpose of the research study. In this study the questionnaire was designed to collect data about factors influencing turnover among nurses in a private group of hospitals in England.

3.5.1.1 Characteristics of a questionnaire

According to Gillham (2000:5-8) the following are characteristics of a questionnaire:

- Questionnaires are less expensive than conducting interviews. A lot of people can be reached within a short space of time. Compared to conducting interviews, questionnaires imply reduced travel and/or telephone costs. Questionnaires are more feasible to be used by researchers who have full time jobs, than conducting interviews.
- Questionnaires provide an easy way to get a lot of information within a limited period of time.
- Respondents can complete the questionnaires at their own time without pressure for the immediate responses.
- Data analysis to closed ended questions is straightforward, provided the questionnaire had been preplanned to meet the requirements of a specific computer program. Planning in advance for the analysis is possible.
- Anonymity can be guaranteed, reassuring the respondents that no one will know what any specific individual respondent's answers were . This aspect

was deemed to be very important in this study as the respondents could be reassured that they could state their honest opinions about factors that might influence their decisions to stay with or to leave their current employer or institution, without fear that their employer would know who were dissatisfied or satisfied with their current jobs. The research report would contain facts and figures. No names would be mentioned as the questionnaires were completed anonymously, not even the researcher or the statistician knew who provided which answers to specific questions.

- Questions are standardised. Everyone gets the same questions. Limited bias could arise when interviewers phrase questions differently for different participants.

3.5.1.2 Development of the questionnaire

The literature review indicated that intrinsic and extrinsic factors at the place of employment could influence nurses' decisions to stay with or to leave a specific organisation. This study attempted to identify factors influencing nurse turnover. The literature review indicated that nursing management faces numerous challenges to create strategies to retain nurses. These challenges were categorised into intrinsic and extrinsic factors, in terms of Herzberg's Theory of Motivation. These factors were not specified in the questionnaire in order to avoid the possibility of the creation of mindsets similar to these categories. The data will be analysed and discussed in chapter 4 according to the relevant sections of the questionnaire and thereafter the data will be summarised in terms of Herzberg's Theory of Motivation.

The questionnaire was based on the literature review (see chapter 2) and other research instruments used in similar studies. The questionnaire was compiled and discussed with the researcher's two supervisors and the statistician. Changes suggested by these persons were implemented. Most of these suggested changes pertained to rephrasing specific items so that each item had only one verb and addressed a single issue, rather than multiple issues. (See the questionnaire attached to this dissertation as annexure D).

Pre-testing was done to determine the feasibility of using the instrument. This entailed a trial administration of a newly developed instrument in order to identify potential problems encountered by participants. The pre-testing enabled the researcher to interact with the persons, similar to but excluding the actual respondents participating in the actual study, and to predict what would happen in the main study with regard to participation (Brink & Wood 1998:259;373).

A pre-test was conducted with eight professional nurses at one of the hospitals not selected to participate in the actual study. They were also given an evaluation form to complete which covered the principles of clarity, appearance, layout, legibility, relevance, anonymity and privacy. A space for comments was included in the evaluation checklist. No apparent problems were encountered during the completion of the questionnaires. (See the assessment form attached to this dissertation as annexure E).

3.5.1.3 Structure of the questionnaire

The questionnaire consisted of the following sections:

Section A   Personal data

Section B   Intrinsic   factors that could influence turnover rates among professional nurses

Section C   Extrinsic factors that could influence turnover rates among professional nurses

Section   D   Nurses' intentions to stay with or to leave their employing institutions

The items contained in the questionnaire, comprising both closed   and open-ended questions, attempted to identify factors influencing turnover among nurses in selected private hospitals in England.

3.5.2 Reliability of the research instrument

Reliability refers to the degree of consistency with which the instrument measures what it is supposed to be measuring. The instrument is reliable if there are no errors of measurement and the true score component is at its maximum (Polit & Hungler 1999:411). If a study and its results are reliable, it means that the same results would be obtained if the study were to be replicated using the same method. Burns and Grove (2001:395-397) further explain that if the research instrument is administered to the same individuals at different times and the responses remain the same, then the instrument is reliable. Pre-testing, involving registered nurses at   one of the Capio Healthcare

UK hospitals, that was excluded from the study sample, was conducted to determine the clarity of the items to the respondents. There were no apparent problems in completing the questionnaires.

3.5.3 Validity of the research instrument

Validity is the degree to which an instrument measures what it is designed to measure (Polit & Hungler 1999:418). The instrument was designed to measure the factors influencing turnover among nurses in selected private hospitals in England. Validity can be sub-categorised as external and internal validity.

3.5.3.1 External validity

Burns and Grove (2001:232) describe external validity as the manner in which the findings of the study can be generalised beyond the sample. This depends on the degree to which the selected sample represents the population. According to Polit and Hungler (1999:231-232) the characteristics of the sample are representative of the population and generalisability occurs. The findings of the study can only be generalised from the sample chosen. In this study probability sampling, to identify the participating hospitals, has been used and the sample is representative of the population of De Capio hospitals in England. This implies that the results might be genaralisable to all De Capio hospitals in England. Each hospital in the Capio Healthcare UK group, at the time of the study stood an equal chance of participating in the study. All professional

61

nurses working at the hospitals comprising the sample for this study, were invited to complete questionnaires. Thus no sampling of specific professional nurses occurred.

3.5.3.2 Internal validity

Burns and Grove (2001:228) explain internal validity as the extent to which the results of the study are a true reflection of reality rather than the results of chance variables. In this study factors influencing nurse turnover were accepted to be a true reflection of reality. The researcher, based on a literature study and discussions with peers, academics and a statistician, determined that there was no explanation for the findings other than that proposed.

3.6   ETHICAL CONSIDERATIONS

The use of humans in   research studies raises ethical concerns. The line between what constitutes the expected practice of nursing and the collection of research data has become less distinct as nursing research increases. Ethical research involves explaining the study to participants and giving information about voluntary participation and   consenting to such participation without any coercion whatsoever.   Researchers therefore need to exercise care that the rights of individuals and institutions are safeguarded (Polit & Hungler 1999:131-134).

3.6.1 Permission to conduct the study

Permission to conduct the study was sought from and granted by the Capio Healthcare UK authorities (see Annexure A and B). The matrons of the five hospitals that participated in the research were informed about the permission granted by the Capio Healthcare UK, and their co-operation was requested. All professional nurses at the selected hospitals were requested to complete questionnaires. The matrons' co-operation was requested to distribute the questionnaires to all professional nurses working at the participating hospitals. The researcher undertook not to cause any disruption to the functions of any hospital. This could be achieved because the matrons, not the researcher, handed the questionnaires to the professional nurses at each participating hospital. The nurses could complete the questionnaires in their own time, either at work or at home. The completed questionnaires were posted to the researcher obviating the need for the matrons to collect the completed questionnaires and enhancing the anonymity of the completed questionnaires.

3.6.2 Principles of research ethics

The principles of beneficence and respect for human dignity were observed during the data collection.

3.6.2.1 Principle of beneficence

This principle encompasses freedom from harm and exploitation that the researcher has to consider throughout the research study (Polit & Hungler 1999:134). In this study there was no physical harm intended resulting from the completion of the questionnaire, but some psychological discomfort might result from the nature of the questions. The researcher's telephone number was provided should any respondent have wished to discuss any aspect.

3.6.2.2 Principle of respect for human dignity

According to Polit and Hungler (1999:136) the principle of respect for human dignity includes the right to self-determination and to full disclosure. Participants should have the right to decide voluntarily to participate in a study and to terminate the participation at any time. The researcher has to fully disclose the nature of the study, risks and benefits. The right to full disclosure and principle of respect for human dignity were respected in this study because the participants were informed of the nature of the study, benefits and voluntary participation. This was attached to the questionnaire in the form of a covering letter (see annexure D).

There was no consent form to be signed but participation indicated giving consent. Anonymity was insured as the participants had to fill in the questionnaire and send it back to the researcher in a stamped, self-addressed envelope provided with each questionnaire. Confidentiality was maintained as there were no names on the questionnaires but only numbers at the right side corner of the covering letter for statistical purposes and for data analysis. Any

participant who wished to obtain the research report could contact the researcher who would supply such a report. The researcher's name and address were supplied for this purpose. A copy of the research report would be made available to the manager of Capio Healthcare UK, at the conclusion of the study.

3.7 CONCLUSION

This chapter discussed the research methodology of the study and described the research design, population, sample, data-collection instrument and ethical considerations adhered to during and after collecting data.

Chapter 4 will present the analysis and discussion of the research results.

CHAPTER 4

ANALYSIS AND DISCUSSION OF RESEACH RESULTS

4.1   INTRODUCTION

This chapter discusses the data analysis and findings from questionnaires completed by registered nurses employed by Capio Healthcare UK at the time of the study between 25 January and 30 March 2006. A total of 182 questionnaires were sent out, 87 were returned but 2 were not used as the respondents were not RNs. The total number of questionnaires used in the data analysis was 85 (87-2 who were not RNs). Thus 85 (n=85) questionnaires were analysed but (n) will differ in the discussion of each question as some respondents did not answer all the questions. The purpose for this study was to identify factors influencing turnover in selected private hospitals in England.

The objectives of the study were to identify RNs

- levels of job satisfaction
- intentions to leave an organisation
- intrinsic factors influencing turnover
- extrinsic factors influencing turnover

Questionnaires were sent to the five selected hospitals and all RNs were requested to complete the questionnaires. The questionnaires were sent to the matron of each hospital after providing the researcher with a total number of RNs. No consent form was included but completing the questionnaire was accepted as an indication of the RN's agreement to participate. Each pack sent out contained a questionnaire, cover letter and stamped envelope with the researcher's address. After completing the questionnaire the respondents were expected to send back the completed questionnaire to the researcher in the self-addressed stamped envelope. Each sent questionnaire had a number at the top right corner for data analysis. Some respondents removed this number. The researcher then numbered the completed questionnaires as received at the top left corner.

The data from the questionnaires were statistically analysed using the Microsoft Excel computer program. The findings are discussed according to the sections of the questionnaire and with reference to Hertzberg's theory of motivation. The four sections of the questionnaire were:

- Section A: Personal (biographic) data
- Section B: Intrinsic factors
- Section C: Extrinsic factors
- Section D: Intentions to leave

It should be noted, however, that section B mistakenly consisted of questions 22 to 27 which belonged to section C. These questions will not be discussed

under section B, but shall be dealt with in section C. Furthermore items 37-39 were included in section C (in stead of section B) of the questionnaire. These responses to these items will be discussed under the relevant section in this chapter. These amendments need to be implemented during the analysis and discussion of the data as these errors on the questionnaires were only discovered after the completed questionnaires had been returned to the researcher.

4.2   SECTION A: BIOGRAPHIC DATA

Section A of the questionnaire attempted to obtain biographic data. The participating RNs had to respond in the appropriate boxes provided next to each question or fill in the appropriate answer.

4.2.1   Age of the respondents

The ages of the RNs ranged from 29 to 60 years. All respondents (n=85) answered this question. The age distribution in the study correlates with the NMC statistics of nurses in 2002 on the register (NMC 2002: accessed 20th April 2006 at www.nmc-uk.org). Table 4.1 indicates the respondents' age distribution.

Of the 85 RNs, 32.94% (n=28) fell within the age group of 50 years of age or older. Respondents aged between 40 and 49 years were 37.65% (n=32). Only 3.53% (n=3) RNs' ages ranged from 26 to 30 years while 22 (25.88%) fell within the age group of 31 to 39. Matrunola (1996:832) found that nurses in this older age

range had fewer intentions of leaving as they had survived numerous stresses and had more years of service than younger nurses.

Table 4.1 Correlation of ages of respondents (n=85) and nurses' ages reflected on the NMC register

Age	Frequency	Percentage (%)	NMC Register (%
25 years or younger	0	0	2.24
26-30 years	3	3.53	8.86
31 – 39 years	22	25.88	30.64
40 – 49 years	32	37.65	32.32
50 years or older	28	32.94	25.96
Total	**85**	**100.00**	**100.02**

4.2.2 Gender

Of the 85 respondents who answered this question, 92.86% (n=78) were females and 7.14% (n=6) were males. One respondent did not answer this question. The majority of respondents were therefore females. This could be explained by the fact that the nursing profession in the UK is characterised by a female dominated workforce as indicated in the NMC register where the number of females on the register in 2002 was 89.79% and males 10.21% (NMC 2002: accessed 20th April 2006 at www.nmc-uk.org).

4.2.3 Marital status of the respondents

Of the 85 RNs, 75.29% (n=64) were reportedly married, 14.12% (n=12) were divorced, 9.41% (n=8) were never married and 1.18% (n=1) was reportedly

separated from her husband. None of the RNs was widowed. The majority of nurses were married and according to Mrayyan (2005:47) nurses working in private hospitals tended to be married. Yin & Yang (2002:581) indicated that nurses who are older and married might be more satisfied contributing to reduced turnover rates among this group of nurses.

4.2.4   Highest nursing qualifications obtained by respondents

Table 4.2 presents the highest nursing qualifications that the respondents had obtained. Of the 79 RNs who responded to this question, 46.84% (n=37) had achieved a diploma, 6.33% (n=5) had a bachelor's degree and 1.27% (n=1) had a masters' degree. It should be noted, however, some of the RNs, 45.57% (n=36) who ticked other, indicated that they had the State Registered Nursing Qualification, which is not a diploma, but an old classification of qualification for nurses who had undergone three years of training to be registered as a nurse. Six respondents did not answer this question.

Table 4.2 Highest nursing qualifications obtained by respondents (n=79)

Qualification	n	Cumulative frequency	Percentage	Cumulative percentage
Diploma	37	37	46.84	46.84
Bachelor's degree	5	42	6.33	53.17
Masters' degree	1	43	1.27	54.44
Doctorate	0	43	0	54.44
Other	36	79	45.57	100.01
Total	**79**		**100.01**	

Combining the 37 respondents who had diplomas and the 36 who had State Registered Nurse Qualifications, indicates that 73 out of the 79 respondents, or 92.41%, did not acquire academic qualifications beyond their basic nursing qualifications. The fact that only 6.33% (n=5) had obtained bachelor's degrees and only 1.27% (n=1) had obtained a master's degree might indicate that nurses in the Capio Healthcare UK services could be encouraged to improve their academic qualifications.

4.2.5   Dependants

Of the respondents 32.10% (n=26) had no children, 25.93% (n= 21) had one child, 27.16% (n=22) had two children and 14.81% (n=12) had three children. This implies that 67.90% (n=55) respondents had children. Four respondents did not answer this question.

4.2.6   Respondents' monthly incomes expressed in British currency

Monthly incomes revealed that different categories received different salaries. However, individuals' monthly incomes depend on the number of hours the employee works per month. Two respondents did not answer this question. Of the 83 RNs, 16.87% (n=14) received up to £999, those who received £1000 to £1499 were   38.55% (n=32),   whereas 31.33% (n=26) received from £1500 to £1999 and 13.25% (n=11) received more than £2000 per month. Figure 4.1 portrays the diversity regarding the salaries of registered nurses in the Capio Healthcare UK hospitals as expressed in British pound (£).

A 6
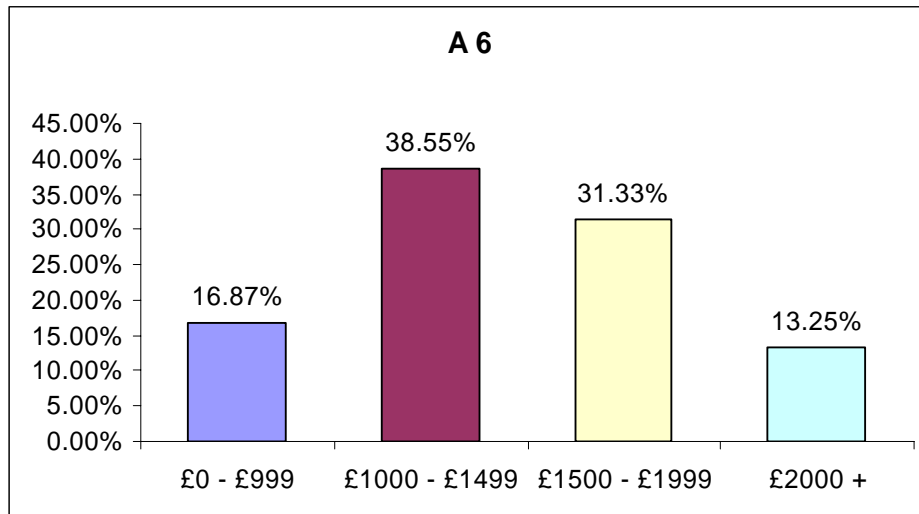
 Figure 4.1 Respondents' monthly income in British pound (£) (n=83)

4.2.7   Current nurse category

Table 4.3 presents the respondents' current nursing categories. Of the 85 RNs, 52.94% (n=45) were staff nurses, 17.65% (n=15) were senior staff nurses, 3.53% (n=3) were junior sisters, 22.35% (n= 19) were occupying a senior sister's post. It is not known which categories the 3.75% (n=3) belonged to who indicated "other" without further specifications.

Table 4.3 Current nurse category (n=85)

Nurse Category	n	Cumulative frequency	%	Cumulative %
Staff nurse	45	45	52.94	52.94
Senior staff nurse	15	60	17.65	70.59
Junior sister	3	63	3.53	74.12
Senior sister	19	82	22.35	96.47
Other	3	85	3.53	100
Total	**85**		**100**	

The figures portrayed in table 4.3 indicate that 70.59% of the respondents occupied staff nurse and senior staff nurse positions. This large percentage of respondents clustered at the lower end of the nursing hierarchy could also explain why the minority (13.25%) of the respondents earned £2000 or more per month (see figure 4.1).

4.2.8 Years of experience in nursing and with the present employer

Out of the 85 respondents, 58.82% (n=50) had more than 20 years' experience, only 2.35% (n=2) had less than 5 years, 15.29% (n=13) had 11 to 15 years whereas 5.88% (n=5) had from 6 to 10 years of experience after completion of their basic nursing training.

Of the 85 respondents, 44.71% (n=38) were up to 5 years in the organisation, 22.35% (n=19) 6 to 10 years, 11.76% (n=10) 11 to 15 years, 12.94% (n=11) were 16 to 20 years and only 8.24% (n=7) had 21 or more years' experience

with Capio Healthcare UK. As 44.71% (n=38) reportedly had five years or less experience with this organisation, high nurse turnover rates could be expected within this organisation where almost half of the nurses had only worked for five years or less.

Table 4.4 illustrates the years of experience of the respondents and the years with the present organisation. From the findings, it could be concluded that most of the nurses had fewer years with the present employer as compared to their experience in nursing.

Table 4.4 Years of experience of the respondents (n=85)

Years of experience	After basic training		With current employer	
	Frequency	%	Frequency	%
0 - 5	2	2.35%	38	44.71%
6 - 10	5	5.88%	19	22.35%
11 - 15	13	15.29%	10	11.76%
16 - 20	15	17.65%	11	12.94%
20+	50	58.82%	7	8.24%
Total	**85**	**99.99%**	**85**	**100.00%**

4.2.9 Days worked per week and hours worked per day

Out of the 85 respondents, 45.88% (n=39) worked 5 days per week, 9.41% (n=8) worked more than five days per week, 17.65% (n=15) worked 4 days per week whereas 18.82 (n=16) worked 3 days per week and 7.06% (n=6) worked 2 days per week. Only 1.18% (n=1) worked one day in per week. The majority

of RNs, 71.76% (n=61) indicated that they worked 7.5 hours per day and 16.47% (n=14) were reportedly working 12.5 hours per day. Only 11.76% (n=10) worked 6 hours per day and none reported to work less than 5 hours per day. This indicated some flexibility in the units with regard to work schedules. According to Cartledge (2001:353) flexible work schedules give nurses a sense of autonomy and ability to fulfil family responsibilities. The RCN indicated that more nurses opted for flexible working hours and that 40% of nurses worked part time and this number increased with 5% over the past 10 years (RCN 2005: accessed 30 April 2006 at www.rcn.org.uk).

4.2.10 Unit staffing levels

Out of the 84 respondents who answered this question, 67.86% (n=57) reported that the unit was well staffed and 32.14% (n=27) indicated that nursing shortages existed in the units. One respondent did not answer this question.

4.2.11 Summary of personal data

Section A revealed the respondents' age distribution which correlated with the number of years of experience in nursing but fewer years with the present employer. Combining the 37 respondents who had diplomas and the 36 who had State Registered Nurse Qualifications, indicates that 73 out of the 79 respondents, or 92.41%, did not acquire academic qualifications beyond their basic nursing qualifications. As many as 60 (70.59%) of the respondents occupied staff nurse and senior staff nurse positions. This large percentage of respondents clustered at

the lower end of the nursing hierarchy could also explain why the minority (13.25%) of the respondents earned £2000 or more per month As more than half of the RNs were married (n=64, 75.29%) and had children (n=55, 67.9%), the flexibility in the number of days and hours worked, might have been important to keep many of the respondents within the Capio Healthcare UK group.

4.3   SECTION B: OPINIONS OF RESPONDENTS ON INTRINSIC FACTORS THAT COULD INFLUENCE TURNOVER RATES AMONG NURSES

This section consisted of 21 items about the intrinsic factors influencing turnover in selected private hospitals in England. In this section, respondents were expected to indicate the degree of agreement or disagreement with reasons for nurses to leave the workplace.

4.3.1   Perceptions concerning nurses' workloads

Table 4.5 indicates the frequency distribution of responses on items related to nurses ' perceptions of their workloads.

Items 1 and 4 are indicative of time required to complete the work. In response to the first item, 23 (27.38%) and 6 (7.14%) respondents indicated that they agreed and strongly agreed that nurses might leave their workplaces due to insufficient time to complete their allocated work. In response to the fourth item, 26 (33.77%) and 5 (6.49%) respondents agreed and strongly agreed that nurses might leave the workplaces due to having to work fast in order to complete the allocated

work within the allocated time. According to Khowaja et al (2005:35) workload was one of the main causes of job dissatisfaction among nurses in Pakistan.

Table 4.5 Perceptions concerning workloads (n for each row is indicated In the last column)

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

Work-load items	SA f	SA %	A f	A %	D f	D %	SD F	SD %	To-tal (n)
1 Insufficient time to do everything	6	7.14	23	27.38	43	51.19	12	14.29	84
2 The workload is too Heavy	15	18.07	28	33.73	32	38.55	8	9.64	83
3 The amount of work may interfere with how well it gets done	12	14.81	36	44.44	28	34.57	5	6.17	81
4 Having to work fast	5	6.49	26	33.77	39	50.65	7	9.09	77
5 Having to work very hard	10	12.20	26	31.71	37	45.12	9	10.98	82

Items 2, 3, and 5 are indicative of workload. In response to item 2, 28 (33.73%) and 15 (18.07%) respondents indicated that they agreed and strongly agreed that nurses might leave their workplaces due to a belief that the workload was too heavy. In response to item 3, 36 (44.44%) and 12 (14.81%) respondents agreed and strongly agreed that nurses might leave their workplaces due to a perception that the amount of work they had to do may interfere with how well this work

gets done. In response to item 5, 26 (31.71%) and 10 (12.20%) respondents agreed and strongly agreed that nurses might leave their workplaces due to working very hard both physically and mentally. According to Shaver (2003:166) work overload and nursing shortages interfered with the provision of quality patient care and job satisfaction levels of nurses were negatively related to turnover rates but positively related to productivity. Thus work overload could impact negatively on nurses' productivity and thus also on their levels of job satisfaction.

4.3.2 Respondents' perceptions regarding their work schedules

Table 4.6 Respondents' perceptions about issues related to work schedules

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

	Work schedule issues	**SA f**	**SA %**	**A f**	**A %**	**D f**	**D %**	**SD f**	**SD %**	**To-tal**
6	Social disruptions due to changing work schedules	6	7.41	39	48.15	30	37.04	6	7.41	81
7	Compensating for those who are parents by working more late shifts per week	10	12.35	34	41.98	30	37.04	7	8.64	81
9	Having inflexible work schedules	5	6.33	22	27.85	42	53.16	10	12.66	79

On item 6, 39 (48.14%) and 6 (7.41%) respondents agreed and strongly agreed that nurses leave the workplace due to experiencing disruptions in their social lives due to changing work schedules. On item 7, 34 (41.98%) and 10

(12.35%) respondents agreed and strongly agreed that nurses might leave the workplace due to compensating for those with parental responsibilities, by working additional late night shifts per week. The average percentage of respondents for item 6 and 7 were nearly the same and this implies that social disruption was a factor that could affect turnover rates. Shader et al (2001:216) found that disruptions in nurses' social lives could be emotionally and financially costly for nurses who might pass these costs on to their employers by sick leave and by increased turnover rates.

On item 9, 22 (27.85%) and 5 (6.33%) agreed and strongly agreed that nurses could leave their workplaces because of inflexible work schedules. These results correlate with the findings in item 6 and 7 where nurses could leave the workplace due to disruption in the work schedule. However, there seems to be flexibility in the Capio Healthcare UK hospitals, as indicated in section 4.2.9 of this dissertation, by the different hours and number of days employees contributed to the organisation. Shader et al (2001:216) indicated that nurse managers must create flexible work schedules that meet the needs of today's nurses. These findings could indicate that although nurses reportedly enjoyed flexible working schedules (as discussed in section 4.2.9) they might require even greater flexibility regarding their working schedules.

4.3.3 Overtime

Of the 81 respondents who answered this question, 22.22% (n=18) agreed and 7.41% (n=6) strongly agreed, whereas 49.38% (n=40) disagreed and 20.99%

(n=17) strongly disagreed with the statement that nurses might leave the workplace because of having to work frequent overtime hours, getting hours back, but not being paid for the overtime. This finding appears to contradict those reported on in chapter 2. According to Shader et al (2001:215) having to work overtime predicts higher turnover rates among nurses. The practice of crediting nurses with overtime hours worked (without paying nurses for the hours worked overtime) deprives nurses of the ability to plan their personal and family lives, without any financial compensation. The obligation to work overtime when it suits the hospital, and being granted time-off when it suits the hospital (in lieu of overtime worked) impacts negatively on nurses' decision-making abilities concerning their work and their personal time schedules.

4.3.4 Factors that influence nurses' perceptions of their workloads and of their work schedules

This question requested respondents to indicate any personal circumstance that may contribute to the workload and work schedule leading to turnover. The responses to these open-ended questions were coded by hand.

Some respondents mentioned any factors that could contribute to turnover. Only those factors that do not appear in the closed ended questions and that were relevant to work schedules and workloads will be discussed.

Table 4.7 indicates factors which were perceived to contribute to the workloads and work schedules influencing nurses' turnover rates. The percentages are

based on the total sample (n=85) and not only on those who answered the question and therefore the percentages will not add up to 100 percent.

Table 4.7: Perceived workloads and work schedules which could

Influence nurses' turnover rates

CAUSES	FREQUENCY	PERCENTAGE (%)
Transport problems	1	1.17
Nursing shortage	3	3.52
Childcare	2	2.35
Unfair allocation of duties	2	2.35
Insufficient supervision	1	1.17
Disorganised management	1	1.17

4.3.4.1 Work schedule and workload problems contributing to turnover

Only one respondent indicated that transport problems could contribute to turnover. Nurses using unreliable transport often arrive late at work and usually do not know whether transport will be available the next day (Van der Walt 1999:50). This could leave the other nurses on duty to have to cope with the workload in order to compensate for those arriving late for work or leaving before the scheduled time. However, this issue seemed to be a minor concern among the respondents, probably because effective public transport systems are available in the UK.

Insufficient supervision and disorganised management was also considered as a problem that could lead to turnover in relation to work schedules and

workloads. If work is not delegated properly due to insufficient supervision, this could lead to increased workloads. Three respondents indicated that nursing shortages could contribute to workload problems leading to increased turnover rates among nurses. According to Khowaja et al (2005:35) nurses felt that nursing shortages, absenteeism and performance of non-nursing duties such as providing water and tea, increased their workloads.

Only two respondents indicated that childcare problems could affect turnover rates among nurses. It becomes difficult if a number of nurses in the same hospital have school going children and would like to have time off during the school holidays.

4.3.5 Recognition at the workplace

Table 4.8 indicates the responses relevant to recognition at the workplace that could affect turnover rates among nurses. This includes recognition with regard to seniority, qualifications and by medical staff.

Of the 83 respondents who answered item 11, 43 (51.81%) and 12 (14.46%) disagreed and strongly disagreed that nurses leave the workplace because senior nurses gain more recognition than junior nurses. On item 12, of the 81 respondents, 57 (70.37%) and 11 (13.58%) disagreed and strongly disagreed that nurses leave the workplace because nurses' opinions are undervalued by medical staff. On item 13, of the 83 respondents, 54.22% (n=45) disagreed that

nurses could leave the workplace because additional qualifications were not recognised.

Table 4.8 Recognition at the workplace

(n for every row is indicated in the last column)

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

	Recognition Items	**SA f**	**SA %**	**A f**	**A %**	**D f**	**D %**	**SD f**	**SD %**	**Total**
11	Senior nurses enjoy more recognition than junior nurses	12	14.46	16	19.28	43	51.81	12	14.46	83
12	Nurses' opinions are undervalued by medical staff	7	8.64	6	7.41	57	70.37	11	13.58	81
13	Additional qualifications are not recognised	16	19.28	22	26.51	39	46.99	6	7.23	83

These responses should be interpreted against the information portrayed in table 4.2, indicating that only a minority of nurses had academic qualifications in addition to their nursing qualifications. Consequently recognition of qualifications might not have been significant to the majority of the nurses who participated in this research. According to Tappen (1995:67; 418) organisations that do not give positive feedback to their employees increase the employees' sense of no satisfaction. Employees may feel that their good work is not considered. Recognition promotes self-confidence and boosts the self-esteem of employees and therefore productivity might be enhanced.

4.3.6 Perceived advancement opportunities at the workplace

A factor that might influence nurses' turnover rates at a specific institution is their perceptions of their chances of advancing, or of being promoted, at their current employing institutions. Stated differently, nurses who perceive themselves to be in dead-end jobs might look for posts which they perceive to offer advancement opportunities, influencing the turnover rates among nurses.

B 14
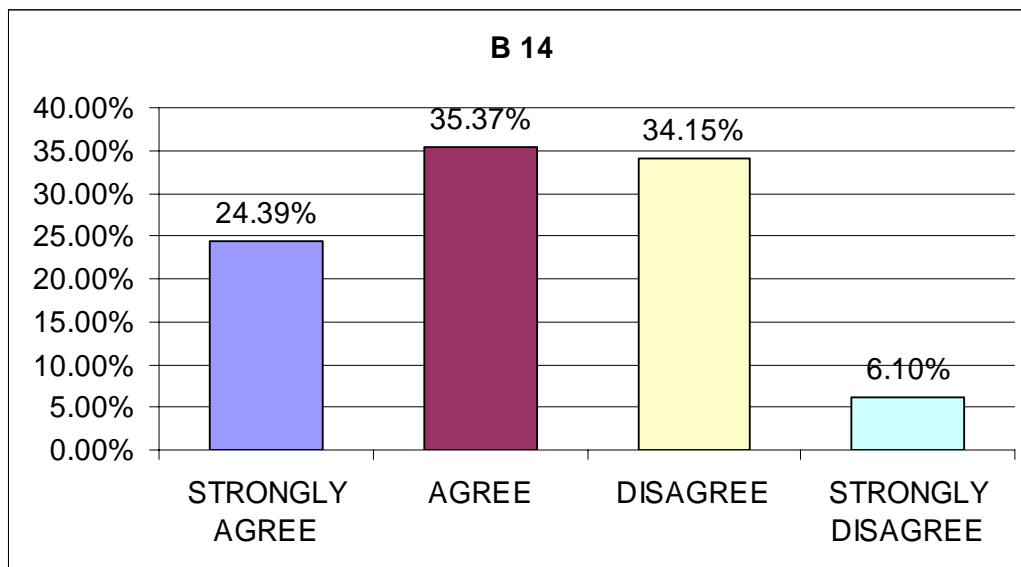
Figure 4.2 Respondents' perceptions of their advancement opportunities

(n=82)

Of the 82 respondents who answered this question, 49 (59.76%) agreed with the statement that nurses might leave the workplace because of the lack of advancement opportunities whereas 33 (40.25%) respondents disagreed. Three respondents did not answer this question. It could not be ascertained from the responses why more than half (59.76%) of the respondents who answered this

question perceived lack of advancement opportunities to influence nurses' turnover rates while the others did not perceive this to be an important issue.

Figure 4.3 presents the respondents' levels of agreement about their perceptions of being in dead-end jobs.
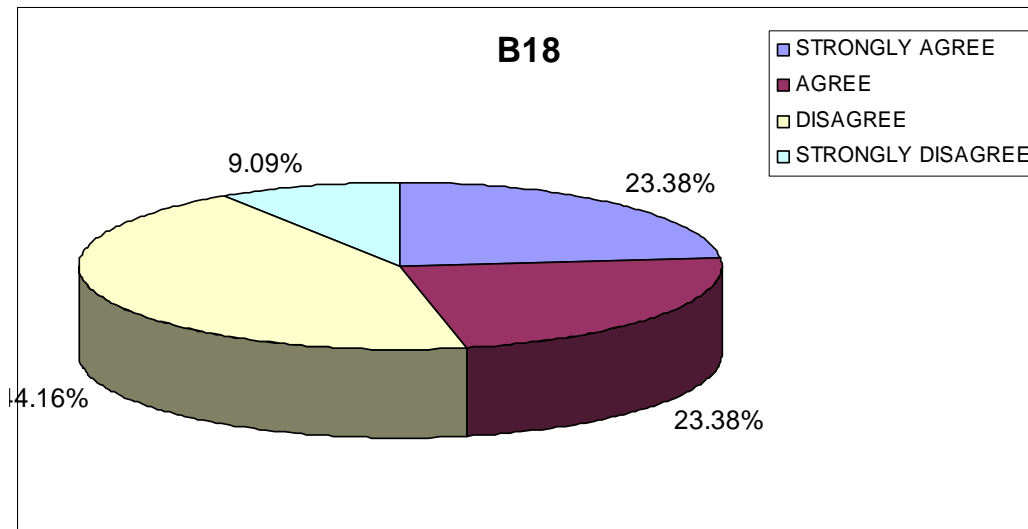
Figure 4.3 Perceptions of being dead-end jobs in (n=77)

Of the 77 respondents, 18 (23.38%) strongly agreed and 18 (23.38%) agreed whereas 34 (44.16%) disagreed and 7 (9.09%) strongly disagreed that nurses would leave their workplaces because of being in dead-end jobs. Eight respondents did not answer this question. These results indicate a similar trend to that displayed in figure 4.2 as 36 (46.76%) respondents perceived themselves to be in dead end jobs while 41 (53.25%) did not do so. Thus no clear cut conclusions could be drawn about the participating nurses' perceptions of being in dead-end jobs.

4.3.7 Promotion opportunities

Table 4.9 indicates the responses pertaining to promotions at the workplace. Qualifications and levels of experience were considered as potential factors influencing promotion opportunities at the workplace.

Table 4.9 Respondents' perceived promotion opportunities
         at their workplaces

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree
(n for each row is indicated in the last column)

Work-load items		SA F	SA %	A f	A %	D f	D %	SD f	SD %	To-tal (n)
15	Qualifications are not considered for promotions	16	19.75	12	14.81	46	56.79	7	8.64	81
16	Experience is often the only considera-tion for promotion	10	12.50	25	31.25	38	47.50	7	8.75	80
17	Promotions are regular	2	2.60	5	6.49	42	54.55	28	36.36	77

On item 15, only 12 (14.81%) and 16 (19.75%) respondents respectively agreed and strongly agreed that nurses leave the workplace because qualifications are not considered for promotions whereas 46 (56.79%) and 7 (8.64%) disagreed and strongly disagreed.

On item 16, out of the 80 respondents, 35 (43.75%) agreed whereas 45 (56.25%) disagreed that nurses leave their workplaces because levels of experience is often the only consideration for promotion.

Item 17 revealed that 42 (54.55%) and 28 (36.36%) respondents disagreed and strongly disagreed that promotions were regular. This implied that as many as 70 (90.91%) of the nurses perceived promotions to be irregular within the Capio Healthcare UK organisation. According to Louw (1997:520) job satisfaction is promoted when an individual invests energy and efforts into his/her work. Opportunities for promotions make the employees experience a sense of achievement and satisfaction enabling them to move from one level to another, improving their status and remuneration within the same institution or organisation.

4.3.8 Opportunities for continuing education

Of the 82 respondents, 69 (84.14%) disagreed that nurses would leave their workplaces if there were too few opportunities to attend training sessions and to follow courses to meet the PREP requirements whereas 13 (15.86%) agreed. Out of 82 respondents, 68 (82.93%) disagreed that nurses would leave their workplaces because they had to belong to professional bodies in order to maintain ongoing learning opportunities whereas 14 (17.07%) agreed. The majority of respondents agreed that there were opportunities for ongoing learning at their workplaces. According to Marriner-Tomey (1996: 222) nurse managers should identify staff development needs in relation to organisational needs, in order to enable nurses to enhance their competencies as well as their levels

of job satisfaction.   Apparently Capio Healthcare UK provided adequate continuing education opportunities according to the perceptions of most respondents who participated in this research.

4.3.9 Career achievements at the present organisations

This open ended question requested respondents to mention any achievements in their nursing careers since they started working for their present employers. Only a few respondents answered this open-ended question and these responses are presented in table 4.10.

Table 4.10 Respondents' achievements at their present organisations

Achievements	frequency	Percentage
mentorship	7	8.23
promotion	12	14.1
conversion courses/back to practice course	2	2.35
other courses like phlebotomy, advanced life support, management course, diabetic courses, Alert, immediate life support, critical care nursing,	18	21.17
nursing degree	2	2.35
job satisfaction	2	2.35
Confidence	2	2.35

Of the respondents who answered this open-ended question, 18 had completed some courses and 12 got promotions. Seven had done mentorship programmes

and two had completed nursing degrees. Two respondents indicated that they had achieved job satisfaction and two had acquired confidence. Although a small number of respondents (n=45) replied to this question, the responses indicated that some nurses improved their qualifications, some obtained promotions, and some reportedly enhanced their confidence and/or job satisfaction levels. However, these numbers of responses were so small that no statistical significance could be attached to them.

4.3.10 Summary of intrinsic factors influencing turnover rates among nurses

The responses to items in section B indicated that heavy workloads (n=43; 51.8%), inflexible work schedules (n=27; 34.18%) and disruptions in their social lives (n=45; 55.56%) could influence nurses to leave their workplaces. A lack of advancement opportunities at the workplaces was also considered to be influencing turnover rates (n=49; 59.76%). Of the respondents 70 (90.91%) indicated that if the promotions were not regular, then nurses would leave their workplaces.

4.4 SECTION C: RESPONDENTS' PERCEPTIONS ABOUT EXTRINSIC FACTORS THAT COULD INFLUENCE TURNOVER RATES AMONG NURSES

Section B consisted of 25 questions about the extrinsic factors influencing nursing turnover in the Capio Healthcare UK hospitals in England.

4.4.1 Respondents opinions about their immediate supervisors

Table 4.11 represents the respondents' opinions about their immediate supervisor.

Table 4.11 Respondents' opinions about their immediate supervisors

(n for each row is indicated in the last column)

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

Opinions about immediate supervisors		SA f	SA %	A f	A %	D f	D %	SD f	SD %	To-tal (n)
22	Has an autocratic leadership style	3	3.57	13	15.48	40	47.62	28	33.33	84
23	Has a laissez-faire management style	5	6.02	16	19.28	37	44.58	25	30.12	83
24	Gives negative per-formance feedback	2	2.41	7	8.43	47	56.63	27	32.54	83
25	Does not support subordinates	6	7.14	12	14.29	37	44.05	29	34.52	84
26	Does performance appraisals regularly	32	38.10	31	36.90	16	19.05	5	5.95	84

Items 22 and 23 pertain to the supervisors' leadership styles. In response to item 22, 68 (80.95%) respondents disagreed that their immediate supervisors had autocratic leadership styles whereas 62 (74.7%) disagreed that their immediate supervisors had laissez-faire management styles. These results could indicate that the nurses were generally satisfied with the management styles used by their immediate supervisors. Booyens (1998: 203) states that the work climate is

determined by management and the leadership style adopted by the organisation and by the supervisors.

Items 24, 25 and 26 concern the supervisors' perceived support rendered to their subordinates and the actual completion of subordinates' performance appraisal reports. In response to item 24, as many as 47 (56.63%) disagreed that their immediate supervisors gave negative feedback about the nurses' performance. In response to item 25, the majority of the respondents (63; 75.0%) disagreed that their immediate supervisors did not support subordinates, implying that most respondents reportedly perceived their supervisors to render adequate support to their subordinates. On item 26, the same number of respondents (63; 75.0%) agreed that their immediate supervisors completed their performance appraisals regularly. Thus the majority of respondents indicated that their immediate supervisors were supportive and regularly completed their performance appraisals. According to Carrell, Elbert & Hatfield (1998:56) satisfaction is promoted where there is good supervision and when the employees perceive that the supervisor is helpful and supportive.

4.4.2 Factors influencing nurse turnover rates that could be attributed to their immediate supervisors

Respondents were asked to mention any other factors, that could be attributed to their immediate supervisors, which could influence nurse turnover rates. Table 4.12 presents these factors mentioned, in response to an open-ended question.

Table 4.12 Factors influencing nurse turnover rates attributable to

their immediate supervisors

Factor influencing nurse turnover rates	frequency	percentage
Lack of confidentiality	1	1.17
Lack of interpersonal skills	1	1.17
"Two faced" (being distrustful)	1	1.17
Excellent role model	2	2.35

The factors indicated by respondents were lack of confidentiality, lack of interpersonal skills, being excellent role models and being "two faced" (distrustful). Poor supervision could arise within the workplace when the supervisor is insensitive and/or incompetent and this could lead to job dissatisfaction (Carrell et al 1998: 56). The number of respondents (see Table 2.12) who mentioned factors influencing turnover rates that are related to their immediate supervisors are insignificant.

4.4.3 Respondents' evaluation of their salaries

Table 4.13 indicates the responses related to the salary of nurses in relation to qualifications and responsibilities as compared to those in the NHS, other private hospitals in the UK and within the same hospital.

Table 4.13 Respondents' levels of satisfaction with their salaries

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

(n for each row is indicated in the last column)

Perceptions of salary issues		SA f	SA %	A f	A %	D f	D %	SD f	SD %	To-tal (n)
28	Qualifications compared to nurses in other UK private hospitals	10	12.20	30	36.59	37	45.12	5	6.10	82
29	Qualifications compared to nurses in the same hospital	11	13.75	26	32.50	36	45.00	7	8.75	80
30	Qualifications compared to nurses in the NHS	15	18.52	31	38.27	27	33.33	8	9.88	81
31	Responsibilities compared to nurses in the NHS	17	20.99	28	34.57	27	33.33	9	11.11	81
32	Responsibilities compared to nurses in other private hospitals in the UK	10	12.82	23	29.49	39	50.00	6	7.69	78

Items 28, 29 and 30 compare the RNs' perceptions of their salaries in relation to their qualifications, to those of nurses working in other private hospitals and in the NHS. On item 28, out of the 82 respondents, 40 (48.79%) agreed that nurses would leave their workplaces because they were not fairly rewarded considering their qualifications as compared to nurses employed by other private hospitals in the UK. These findings correlated with the findings in item 29 where 37

(46.25%) agreed that nurses would leave their workplaces because they were not fairly rewarded considering their qualifications as compared to those of other nurses employed at the same hospital. Another correlation to items 28 and 29 are the results in response to item 30 where 46 (56.79%) of the respondents agreed that nurses would leave their workplaces because they were not fairly rewarded considering their qualifications as compared to nurses employed in the NHS. These findings indicate that almost 50% of the respondents were dissatisfied with their salary structures considering their qualifications compared to their colleagues in other private hospitals in the UK, at NHS hospitals and even at their own hospital. These reported dissatisfactions with their salaries appear to be similar with dissatisfactions expressed concerning advancement opportunities (see figure 4.2) and perceptions of being in dead-end jobs (see figure 4.3) as well as their perceptions that qualifications were not being considered for promotions (see table 4.9).

Items 31 and 32 are indicative of comparison of the RNs' salaries considering their responsibilities as compared to those in the NHS and other private hospitals in the UK. In response to item 31, out of 81 respondents, 45 (55.56%) agreed that nurses would consider leaving their workplaces because they were not fairly rewarded considering their responsibilities compared to those of nurses employed in the NHS. In response to item 32, out of the 78 respondents, 33 (42.31%) agreed that nurses would consider leaving their workplaces because they were not fairly rewarded considering their responsibilities as compared to nurses employed by other private hospitals in the UK.

The RCN recommends that the private sector should base their pay rates on the NHS as the jobs performed by the nurses, either in the NHS or in the private sector, are of similar value. Therefore nurses should receive equal pay rates irrespective of their specific employers in the UK (RCN 2005. accessed 30 April 2006 at www.rcn.org.uk). Dissatisfaction with their salaries, compared to those of their colleagues working in NHS hospitals, in other private hospitals, and even in their own hospitals, could be an important factor influencing nurses' decisions to leave the Capio Healthcare UK institutions in order to find better paying nursing positions elsewhere in the UK.

4.4.4 Group cohesion, social relations and trust in the workplace

Items 33, 34 and 35 pertain to group cohesion, social relations and trust in the workplace. Table 4.14 indicates responses relevant to group cohesion, social relations and trust in their workplaces, and their influences on nurses' decisions to leave their workplaces.

In response to item 33, out of the 82 respondents, 58 (70.73%) disagreed that nurses left their workplaces because there was insufficient group cohesion with peers. In response to item 34, out of 82 respondents, 59 (71.95%) disagreed that nurses would leave their workplaces because there was a lack of social relations with peers.

Table 4.14   The extent to which perceived group cohesion

exists in the respondents' workplaces

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

(n for each row is indicated in the last column)

Group cohesion Issues		SA F	SA %	A f	A %	D f	D %	SD f	SD %	To- tal (n)
33	There is insufficient group cohesion with peers	7	8.54	17	20.73	42	51.22	16	19.51	82
34	There is lack of social relations with peers in the workplace	7	8.54	16	19.51	40	48.78	19	23.17	82
35	Work with people they do not trust	6	7.32	11	13.41	48	58.54	17	20.73	82

Out of the 82 respondents who answered item 35, 65 (79.27%) disagreed that nurses would leave their workplaces because they worked with people they did not trust. These findings indicate that nurses who participated in this research, were working together as a team with group cohesion and with trust among the team members. According to Booyens (1998:530) lack of friendliness and team work among employees could contribute to job dissatisfaction.

4.4.5 Respondents' perceptions on working for the same employer for long

       periods of time

As many as 64 (80.0%) of the respondents disagreed that nurses left their

workplaces because they disliked working with the same employer for a long

time. Figure 4.4 presents the findings indicating that nurses did not like

changing employers frequently.
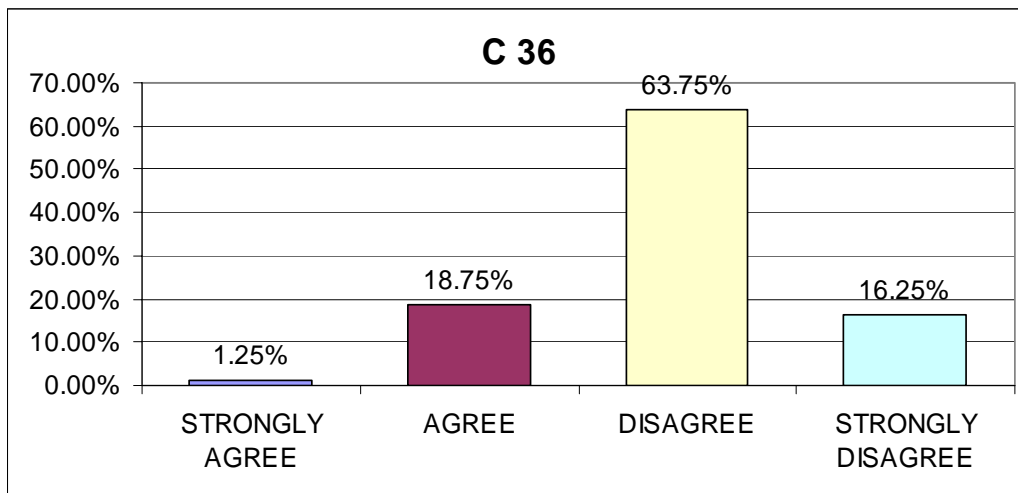
Figure 4.4 Working with the same employer for a long time

4.4.6 Involvement at work, knowledge of equipment and operating procedures

Table 4.15 presents responses concerning their involvement at work, knowledge

of equipment and standard operating procedures.

Table 4.15 Involvement at work, knowledge of equipment and operating procedures

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

(n for each row is indicated in the last column)

Work-load items		SA F	SA %	A f	A %	D f	D %	SD F	SD %	To-tal (n)
37	Not involved during decision making	5	6.10	34	41.46	32	39.02	11	13.41	82
38	Not involved during policy making	4	4.49	37	45.68	31	38.27	9	11.11	81
40	Not receiving updates on the use of equipment	1	1.22	10	12.20	55	67.07	16	19.51	82
41	Not familiar with standard operating procedures	1	1.22	7	8.54	62	75.61	12	14.63	82
44	Do not know where to access information regarding patient care	2	2.44	2	2.44	52	64.20	25	30.86	81
45	Do not know where to access information regarding unit management	2	2.47	8	9.88	51	62.96	20	24.69	81

Items 37 and 38 are indicative of lack of involvement at work. In response to item 37, 39 (47.56%) agreed that they were not involved during decision making processes. These results were similar to those for item 38, where 41 (50.62%) agreed that they were not involved during policy making processes. According to Booyens (1998:274) poor communication could lead to dissatisfaction and therefore a two-way communication should be practised in an organisation to allow dissemination of information with regard to policy-changes and changes taking place in the organisation. Unless nurses participate in decision making and policy formulation activities, they might perceive institutional policies and procedures to be "forced" onto them by management. On the other hand if nurses participated in these processes, they would be able to take ownership of these policies and procedures that they helped to formulate.

Items 40, 41, 44, and 45 are indicative of knowledge of equipment and of access to information. In response to item 40, out of 82 respondents, 71 (86.58%) disagreed that nurses would leave their workplaces because they did not receive updates on the use of equipment (in response to item 40). The majority of the 82 respondents (n=74; 90.24%) who answered item 41, disagreed that nurses would leave their workplaces because they did not understand standard operating procedures. The majority of respondents disagreed that nurses would leave the workplace because they did not know where to access information regarding patient care (n=77; 95.00%) or unit management n=71; 87.65%).

These findings about involvement at work, indicated that RNs were not sufficiently involved with policy making and decision making activities but

understood operating procedures and knew where to access information about patient care and unit management.

4.4.7 Professional autonomy

Out of the 78 respondents, 22 (28.21%) agreed that nurses would leave their workplaces because they lacked professional autonomy like acting independently of their immediate supervisors whereas 56 (71.79%) disagreed with this statement. According to Muller (1996: 205-206), during delegation of duties at the workplace, physical abilities should be considered as unrealistic delegation of tasks could lead to de-motivation of nurses. Consideration of nurses' knowledge and skills in the delegation of tasks could promote a feeling of pride and autonomy. Mrayyan (2004:334) indicated that nurse managers need to pay close attention to autonomy as this enhances retention of nurses.

4.4.8 Perceived safety of the work environment

Figure 4.5 presents the respondents' opinions about their safety at their workplaces. Of the 81 respondents, only 15 (18.51%) agreed that they would leave their workplaces if they worked in unsafe environments whereas 66 (81.48%) disagreed. The findings could be supported by the study in Pakistan by Khowaja et al (2005:37) where nurses indicated to have stayed longer in institutions perceived to provide safe environments.
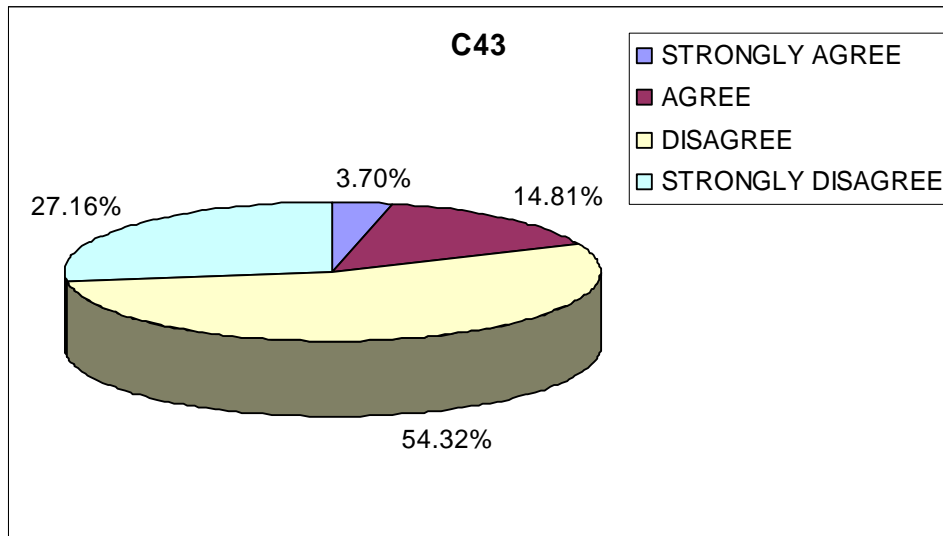
Figure 4.5 Perceived safety of the workplace environment

4.4.9 Respect and communication in the workplace

Items 42 and 46 pertain to issues of respect from management and communication among members of the multidisciplinary team. Out of 79 respondents, 32 (40.51%) agreed that nurses would leave their workplaces because they experience lack of respect from management whereas 47 (59.5%) disagreed.

As many as 32 (39.51%) respondents agreed that they would leave their workplaces because they experienced a lack of communication among members of the multidisciplinary team whereas 49 (60.49%) disagreed with this statement.

4.4.10 Work-related factors that influence turnover rates among nurses

This open-ended question asked respondents to list any other work-related reasons which could contribute to nurses leaving their workplaces. Only a few reasons were stated, namely:

- Personality clashes

- Improper orientation programmes

- Incompatibility of work with home circumstances

- Workplace bullying

- Small establishments and nurses leaving for better opportunities (offered by larger institutions)

4.4.11 Summary of extrinsic factors influencing turnover rates among nurses

The responses to items in section C indicated that nurses were generally satisfied with the management styles used by their immediate supervisors. As many as 47 (56.63%) and 63 (75%) of the respondents disagreed that they would leave the workplace because the immediate supervisor gives negative feedback and is not supportive to subordinates. In relation to salary, a majority of the respondents indicated that they were dissatisfied considering their qualifications and responsibilities as compared to those of their colleagues in other private hospitals in the UK, at NHS hospitals and even at their own hospitals. Of the respondents, 65 (79.27%) disagreed that nurses would leave because they worked with people they could not trust. However, 41 (50.62%) and 39 (47.56%) agreed that they were not involved in policy making and in decision

making processes, whereas 74 (90.24%) understood standard operating procedures.

4.5 SECTION D: RESPONDENTS' TURNOVER INTENTIONS

Section D consisted of 11 items regarding the voluntary turnover intentions of the nurses working at the Capio HealthCare UK hospitals.

4.5.1   Nurses' turnover intentions

Table 4.16 presents the   results incorporated into   the aspects that could influence the decision to leave   the current hospital voluntarily.

In response to item 48, as many as 52 (67.53%) respondents agreed that they would consider leaving because of better remuneration. This finding correlates with respondents' reported dissatisfaction with their salaries compared to those of their nursing colleagues working in the NHS, in other private hospitals in the UK and even in the same hospital(s) as displayed in table 4.13 and discussed in section 4.3.3 of this dissertation. In response to item 49, only 22 (28.95%) respondents agreed that they would consider leaving because they wanted to work in   hospitals closer to their homes. (There would be little that the Capio Healthcare UK could do to prevent these 28.95% from changing jobs to hospitals closer to their homes).

Table 4.16 Factors influencing nurses' turnover intentions

SA – strongly agree; A – agree; D – disagree; SD – strongly disagree

(n for each row is indicated in the last column)

Turnover intentions: I consider leaving because		SA f	SA %	A f	A %	D f	D %	SD F	SD %	To-tal (n)
48	of better remuneration	25	32.47	27	35.06	21	27.27	4	5.19	77
49	I want to work closer to home	13	17.11	9	11.84	40	52.63	14	18.42	76
50	I need to be closer to childcare facilities	8	10.53	12	15.79	39	51.32	17	22.37	79
51	better working hours	17	21.52	20	25.32	32	40.51	10	12.66	79
52	to work in the unit of my choice	11	13.92	26	32.91	32	40.51	10	2.66	79
53	I do not have additional qualifications	3	3.80	7	8.86	48	60.76	21	26.58	79
54	to move to nursing/ health administration	2	2.53	19	24.05	41	51.90	17	21.52	79
55	to move to a teaching position	6	7.59	14	17.72	38	48.10	21	26.58	79
56	to move to an institution with better nurse-doctor relationships	11	13.92	15	18.99	35	44.30	18	22.78	79
57	to move to hospitals where nurses' work is appreciated	23	29.11	20	25.32	26	32.91	10	12.66	79

In response to item 51 as many as 37 (46.84%) respondents agreed that they would consider leaving because they wanted better working hours. The research results discussed in section 4.2.9 of this dissertation indicated that respondents reported some flexibility in their working schedules. However, this perceived flexibility might have been inadequate, because 46.84% of the respondents considered leaving their current hospitals because they wanted better (or more flexible) working hours.

In response to item 52, out of 79 respondents, 37 (46.83%) agreed that they would consider leaving because they wanted to be able to work in the hospital unit(s) of their choice. It could not be ascertained from the responses why these nurses could not work in the hospital units of their choice within the Capio Healthcare UK private hospitals, and why they considered changing employers to be able to do so. Nurses working in the private sector are more likely (27%) to give the reason for voluntary turnover as pay compared to those in the NHS (12%). It is also stated that nurses are looking at what the employer has to offer in terms of working life and life outside the work environment. Therefore family-friendly and flexible working conditions are priorities in the employment package of nurses (RCN 2005: accessed 30th April 2006 at www.rcn.org.uk).

In response to item 50, 20 (26.32%) agreed that they would consider leaving because they needed to be closer to childcare facilities. This number (n=20; 26.32%) was similar to the number of nurses who would leave to work in hospitals closer to their homes. Again, it would seem as if not much could be done by Capio Healthcare UK to prevent 20-30% turnover rates among its nurses. Considering the ages of the respondents reflected in section 4.2.1, indicating that 32.94% were older

than 50 years, and in section 4.2.5 revealing that 32.10% of the respondents had no children, childcare facilities was not a priority for these nurses..

In response to item 53, as many as 69 respondents (87.34%) disagreed that they would consider leaving because the employer required an additional nursing qualification which they did not have. Stated differently, this implies that as many as 74.68% of the respondents perceived their nursing qualifications to be accepted as being adequate by their employer.

In response to item 54, as many as 58 (73.42%) respondents disagreed that they would consider leaving because of an opportunity to move into nursing/healthcare administration. Similarly the responses to item 55 indicated that 59 (74.68%) disagreed that they would leave their workplaces to move into teaching positions.

Responses to item 56, indicated that 53 (67.08%) respondents disagreed that they would consider leaving if they had an opportunity to move to an institution reputed to have better nurse-doctor relationships and on item 57, 43 (54.43%) respondents agreed that they would consider leaving because of an ability to move to a hospital where nurses' work was appreciated. Stated differently these statistics indicate that 67.08% of the respondents would not be influenced by nurse-doctor relationships, but 54.43% would be influenced by the lack of recognition of nurses' work, to go to other institutions.

The RCN survey showed that more than one in ten nurses were planning to leave the nursing profession and 29% indicated that they would leave if the opportunity arose (RCN 2005: accessed 30 April 2006 at www.rcn.org.uk).

4.5.2 Respondents' perceived abilities to find other jobs

Respondents were asked to state if it would be easy to find a job with another employer that is as good as the present one. Again this open ended question was not well answered but the following responses were obtained:

- Easy (17)
- Age could be a problem/waiting for retirement (2)
- Difficult (14)
- No intentions of leaving (6)
- Do not know (2)

Some respondents indicated that it would be difficult as they did not wish to work in the NHS and there was only one private hospital close to their homes.

4.5.3 Summary of turnover intentions

The responses to items in section D indicated that the majority of nurses who participated in this study would leave for better remuneration (52; 67.53%). Flexibility might be inadequate in the Capio Healthcare UK hospitals because 37 (46.84%) of the respondents would leave for better working hours and 37 (46.83%) agreed that they would consider leaving because they wanted to be

able to work in the hospital unit(s) of their choice. Nurses were apparently not concerned about having additional qualifications as 69 (87.34%) respondents perceived their nursing qualifications to be accepted as being adequate by their employer.

4.6 FINDINGS IN TERMS OF HERZBERG'S THEORY OF MOTIVATION

The researcher used Herzberg's Theory of Motivation to contextualise factors influencing nursing turnover. Shader et al (2001:211-212) indicated that work satisfaction is derived from attitudes and perceptions of different elements of work. Work satisfaction consists of intrinsic and extrinsic factors where intrinsic factors are internally derived and extrinsic factors are from the practice environment. The findings are discussed in terms of the two main components of Herzberg's theory of motivation, namely intrinsic and extrinsic factors.

4.6.1 Intrinsic factors

The study found that recognition, work itself, advancement, achievements and responsibility could influence turnover. Nurses considered to be recognised by medical staff (68; 83.95%) and academic qualifications were not considered of significance however participants indicated to have adequate opportunities for continuing education (69; 84.14%). Flexibility with work schedules and adequate delegation of duties to reduce the workload could be beneficial for the retention process. Capio Healthcare UK could retain more nurses if promotions were regular as 70 (90.91%) of respondents perceived promotions to be irregular.

4.6.2 Extrinsic factors

The study found that supervision, salary, organisational and policy administration, working conditions and interpersonal relations influenced nursing turnover. Respondents indicated that their supervisors were supportive (47;56.63%) and did not give negative feedback about performance (63; 75%). With regard to pay as compared to other nurses either in the NHS, other private hospital in the UK or within the same hospital, nurses indicated dissatisfaction. Respondents felt that they were not involved in decision making (39; 47.56%) and in policy making (41; 50.62%) processes. However, 66 (81.48%) respondents perceived themselves to be working in safe environments. As many as 65 (79.27%) considered that there were good social relations among employees which could reduce the level of dissatisfaction.

4.7 CONCLUSION

This chapter discussed the data analysis and interpretation with reference to the literature review. The aim of this study was to identify factors influencing nursing turnover. The main findings of the investigation were summarised in each section.

Chapter 5 concludes the study, discusses its limitations and makes recommendations for practice and further research.

CHAPTER 5

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this study was to identify factors influencing turnover rates among professional (registered) nurses in selected private hospitals in England. This chapter discusses the conclusions with reference to the objectives and findings, and limitations of the study and provides recommendations for practice and for further research, based on the conclusions.

5.2 CONCLUSIONS

The conclusions are based on the analysis of the data obtained from 85 structured questionnaires completed by registered nurses working at the Capio Healthcare UK hospitals in England. The conclusions will be presented according to the objectives guiding the study and in relation to Herzberg's Theory of Motivation.

5.2.1 Conclusions in relation to the objectives guiding the study

The items on which 70% respondents agreed and strongly agreed or disagreed and strongly disagreed were regarded, for the purpose of this study, as being indicative of important factors influencing turnover. Retention of nurses at the

workplace can only be successful if these important factors are specifically addressed. Each objective and its associated conclusions will be discussed. However, it should be noted that the objective regarding level of job satisfaction will be incorporated with the intrinsic and extrinsic factors.

- **To identify registered nurses' intentions to leave the organisation**

Factors which appeared NOT to be influencing turnover rates among nurses to a significant extent were: wanting to work in a hospital closer to home (item 49), needing to be closer to childcare facilities (item 50), employer requiring an additional nursing qualification which the nurse did not have (item 53), an opportunity to move into nursing/healthcare administration (item 54) or into a teaching position (item 55).

As 70.59% of the respondents were older than 40, their age distribution might have influenced a number of their perceptions portrayed in chapter 4 of this dissertation. Respondents were not considering leaving their current hospitals for better working conditions, which could indicate that the working conditions at the current hospitals were good.

- **To identify the intrinsic factors influencing turnover**

The intrinsic factors influencing turnover, which were investigated, were:

Work itself:

Work   schedule: Aspects which caused some dissatisfaction among the respondents included disruptions in their social lives due to changing work schedules (item 6), compensating for those with parental responsibilities (item 7) and being asked to do overtime, getting extra hours back without being paid for the overtime (item 8).

Workload: Insufficient time to get everything done (item 1), a belief that the workload was too heavy (item 2), perceptions that the amount of work they had to do interfered with how well the work was actually done (item 3), having to work very fast (item 4) and having to work very hard (item 5) were indicative of dissatisfactions with their workloads.

In response to item 8 respondents disagreed that having to work overtime without extra compensation, could influence them to leave the workplace. Only 51.8% of the respondents perceived the workload to be heavy (item 2) and 65.72% did not consider inflexible work schedules to influence nurses' turnover rates (item 9). However, the   few who responded to the open ended question (table 4.7) indicated that there was a nursing shortage and unfair allocation of duties could contribute to increased workloads, contributing to job dissatisfaction among nurses.

Recognition*:*

Senior nurses gained more recognition than junior nurses (item 11), nurses' opinions were undervalued by the medical staff (item 12),   level of experience was often the only consideration for promotions (item 16) which were irregular (item 17).

Achievement: Additional qualifications were reportedly not recognised (item 13) and qualifications were not considered for promotions (item 15), but years of experience were considered.

None of the reasons were considered of importance in influencing nurses to leave. However, from the open ended questions (see table 4.10), respondents indicated their achievements since they started working for the present organisation. These achievements included having obtained promotions, having done mentorship courses, completed nursing degrees, having done some clinical courses like phlebotomy. RNs in this study did not mention the lack of achievement as the most important reason for leaving.

Advancement: Lack of advancement opportunities (item 14) was portrayed in the nurses' perceptions of being in a dead-end job (item 18), having few opportunities to attend mandatory trainings and courses to meet the PREP requirements (item 19).

Responsibility:

The respondents reportedly lacked professional autonomy (item 39), were not involved during decision making (item 37) nor during policy making (item 38).

Presence of motivators increases job satisfaction and motivation levels (Daft 2000:540). From the findings, work itself, recognition, advancement and responsibility were considered important by respondents and therefore it could

be concluded that nurses enjoyed satisfactory levels of job satisfaction which could enhance retention of nurses at the Capio Healthcare UK hospitals, and curb turnover rates among nurses.

- **To identify the extrinsic factors influencing turnover**

The extrinsic factors influencing turnover which were investigated included:

Working conditions

Nurses reportedly worked in safe environments (item 43), they experienced respect from management (item 42) but experienced a lack of communication among members of the multidisciplinary team (item 46). Out of the 85 respondents, 81.48% disagreed that they worked in safe environments. From this study it could be concluded that nurses did not intend to leave due to perceived unsafe work environments.

Organisation and policy administration

Many respondents did not know where to access information regarding patient care (item 44) nor regarding unit management (item 45). Both items (44 & 45) were considered important by respondents to influence turnover.

Group cohesion

All the above reasons were considered important in influencing turnover. From the study, respondents indicated to have group cohesion, social relations with peers and working with people they trusted.

Supervision

All items under supervision were considered important by respondents. The respondents agreed that their immediate supervisors completed their performance appraisals regularly. In relation to leadership style, respondents did not consider their immediate supervisors to be autocratic nor laissez-faire and they did not provide negative feedback.

Salary

Unfair rewards, considering their qualifications as compared to nurses employed by other private hospitals in the UK (item 28), in NHS hospitals (item 30) and even at the same hospital (item 29), were reported.

None of the items under salary appeared to be important in influencing turnover among nurses.

The presence of hygiene factors reduces the level of dissatisfaction. From the study, respondents were reportedly happy with group cohesion, policy and administration, working conditions and supervision.

5.2.2 Assumptions underlying the study in relation to the conclusion

The study was based on the following four assumptions as specified in chapter 1:

- Registered nurses' attitudes regarding turnover influence their performance at work

- Registered nurses' levels of job satisfaction influence turnover

- Registered nurses in the Capio Healthcare UK hospitals have good working conditions.

- Herzberg's Theory of Motivation can be used to contextualise the results of this study

In relation to the assumptions underlying the study, the major conclusions can be rephrased to state that registered nurses' level of job satisfaction influence their attitudes towards turnover. Registered nurses at the Capio Healthcare UK hospitals had high levels of job satisfaction and Herzberg's Theory of Motivation could be used to contextualise these research results, as displayed in figure 5.1..

MOTIVATORS INFLUENCING LEVELS OF JOB SATISFACTION		
Disagreed _____ **Agreed**		
(Dissatisfied) **(Highly satisfied)**		
INTRINSIC FACTORS (MOTIVATORS)		
Achievements		
(90.91%)	Promotions are irregular **(item17)**	(9.09)
(56.25%)	Experience mostly only considered for promotions **(item16)**	**(**43,75%)
(34.56%)	Qualifications not considered for promotion **(item15)**	(65.43%)
(15.86%)	Few opportunity to attend courses **(item19)**	(84.14%)
(17.07)	Belong to professional bodies for ongoing learning **(item20)**	(82.97%)

Recognition

(33.74%)	More recognition of senior nurses **(item11)**	(66.27%; 55)
(16.05)	Nurses' opinions undervalued by medical staff **(item12)**	(83.95%; 68)
(45.79)	Additional qualifications not recognised **(item13)**	(54.22; 45)

Responsibility

(28.21%)	Lack professional autonomy **(item39)**	(71.79%)
(50.62%)	Not involved during policy making **(item38)**	(49.38%)
(47.56%)	Not involved during decision making **(item37)**	(52.43%)

Work itself

(48.19%)	Heavy workload **(item2)**	(51.8%)
(55.56%)	Experiencing disruption in social life **(item6)**	(44.45%)
(34.18%)	Inflexible work schedule **(item9)**	(65.82%)
(46.84%)	Better working hours **(item51)**	(53.17%)
(29.63%)	Not paid for overtime but claiming hours **(item8)**	(70.37%)
(34.52%)	Insufficient time to get everything done **(item1)**	(65.48%)

Advancement

(59.76%)	Lack of advancement opportunities **(item14)**	(40.25%)
(46.76%)	Being in a dead-end job **(item18)**	(53.25%)

117

HYGIENE FACTORS INFLUENCING LEVELS OF JOB DISSATISFACTION

Disagreed	Agreed
(Dissatisfaction) _____	**(No dissatisfaction)**

EXTRINSIC (HYGIENE) FACTORS

Working conditions

(18.51%)	Safety of environment **(item43)**	(81.48%)
(40.51%)	Lack respect from management **(item42)**	(59.5%)
(39.51%)	Lack of communication among the team **(item46)**	(60.49%)

Salary

(67.53%)	Would leave for better remuneration **(item48)**	(32.46%)

Not fairly rewarded considering responsibilities as compared to:-

(42.31%)	Nurses in other private hospitals in the UK **(item32)**	(57.69%)
(55.56%)	Nurses in the NHS **(item31)**	(44.44%)

Not fairly rewarded considering qualifications as compared to :-

(56.79%)	Nurses in the NHS **(item30)**	(43.21%)
(48.79%)	Nurses in other private hospitals in the UK **(item28)**	(51.22%)
(46.25%)	Nurses in the same hospital **(item29)**	(53.75%)

Organisation and administration policies

(9.76%)	do not understand standard operating procedures **(item41)**	(90.24%)
(13.42%)	not receiving updates on equipments **(item40)**	(86.58%)

Do not know where to access information regarding:-

(12.35%)	unit management **(item45)**	(87.65%)
(4.94%)	patient care **(item44)**	(95.06%)

<table>
<tr><td colspan="3" align="center">***Supervision***</td></tr>
<tr><td>(21.43%)</td><td align="center">Does not support subordinates **(item25)**</td><td>(78.57%)</td></tr>
<tr><td>(10.84%)</td><td align="center">Gives negative feedback **(item24)**</td><td>(89.16%)</td></tr>
<tr><td>(25%)</td><td align="center">Does performance appraisals regularly **(item26)**</td><td>(75%)</td></tr>
<tr><td colspan="3" align="center">***Interpersonal relations***</td></tr>
<tr><td>(28.05%)</td><td align="center">Lack of social relations with peers **(item34)**</td><td>(71.95%)</td></tr>
<tr><td>(20.73%)</td><td align="center">Working with people they do not trust **(item35)**</td><td>(79.27%)</td></tr>
<tr><td>(29.27%)</td><td align="center">Insufficient group cohesion **(item33)**</td><td>(70.73%)</td></tr>
<tr><td>(20%)</td><td align="center">Dislike working with the same employer for a long time **(item36)**</td><td>(80%)</td></tr>
</table>

Figure 5.1 Herzberg's two-factor theory concerning the influences of motivators and hygiene factors on people's levels of job satisfaction (Marriner-Tomey 1996:289)

5.3 LIMITATIONS

The following limitations, could limit the generalisability of the research results.

- To date, no literature was available on factors influencing nursing turnover in the Capio Healthcare UK hospitals. Thus the researcher had no data for comparison.

- Some respondents might have misinterpreted some questionnaire items while completing the questionnaires. This limitation might have been addressed by conducting interviews, but still this was impossible due to the time limitations, issues of anonymity (and possibly confidentiality) and geographical distances to reach the participating hospitals.

- Only RNs participated in this study. Consequently, the results might not be generalised to other categories of nurses.

- Only private hospitals, belonging to the Capio Healthcare UK group, participated in this study. Consequently the results cannot be generalised to all private hospitals in England and/or other parts of the UK.

- Due to England's geographic layout, different areas might have different factors influencing turnover, like those from the south of England would have different influential factors other than for those in the North or central England.

- Questionnaires were completed by RNs working in the Capio Healthcare UK hospitals. Different results might have been obtained if nurses who had actually resigned from working at specific hospitals had completed the questionnaires.

Despite these limitations, this study attempted to identify factors influencing nursing turnover and the findings and recommendations should be viewed against these limitations.

5.4 RECOMMENDATIONS

Recommendations will be provided for reducing nursing turnover and for future research. It is necessary that organisations should develop strategies to reduce nursing turnover in the workplace and intrinsic and extrinsic factors should be taken into account.

Based on the conclusions, the following recommendations could begin to address some of the factors that contribute to RNs' turnover rates in the Capio Healthcare UK hospitals.

- Duplication of the same study in other private hospitals in the UK should be done to obtain comparative .data about the turnover rates of nurses in the UK.

- Further research should be conducted using in-depth interviews to further explore intrinsic and extrinsic factors' influences on nurses' turnover intentions. There might be other factors influencing turnover to RNs that remained unidentified in this quantitative exploratory survey.

- Work schedules should be as flexible as possible and minimal changes (with consultation of all concerned) should be done in order to avoid disrupting nurses' social lives.

- Workloads should be manageable by adequately staffing units and by appropriate delegation of duties.

- An organisation should have a monthly or quarterly newspaper and publish the achievements of employees, promotions and recognition of any outstanding performance.

- During performance appraisals, supervisors should address issues like, promotions, salaries, advancement opportunities, recognition, responsibility and achievements in order to prevent feelings of being in dead-end jobs influencing nurses' intentions to leave a specific organisation..

- Group cohesion should be enhanced by social gatherings away from the work environments.

- RNs should be involved in decision making and policy making so that they feel part of these processes facilitating the implementation.
- Communication among members of the multidisciplinary team should be enhanced.

5.5 SUMMARY

In chapter 5 the evaluation of the study, objectives, conclusions, limitations of the study and recommendations of the study and further research were presented.

5.6 CONCLUDING REMARKS

The presence of motivators enhanced nurses' job satisfaction levels, namely advancement, the work itself, responsibility and recognition. However, achievement was identified as one factor that was not stated as important in leaving the workplace. Hygiene factors reduced the level of dissatisfaction, namely, working conditions, supervision, policy and administration and group cohesion. However, salary was not stated as the most important reason influencing nurses to leave their workplaces.

"Nursing … is evolving at a rapid pace not only in its practice domain, but also in its role within the health care delivery system, locally, nationally and internationally. Changes occurring within nursing as knowledge expands its meaning, opportunities, and mandates as well as societal changes which affect the health of individuals and

the health care services they receive, have altered considerably the traditional notion of nursing" (Reilly & Oerman 1999:ix). Unless sufficient numbers of nurses are recruited and retained within the nursing profession, the health care clients might not receive the type of health care they are entitled to. The need to reduce turnover rates among nurses in the UK remains paramount, considering that the UK recruited 57 136 nurses from non-European countries from 1998 till 2003 (see table 1.1). Addressing both intrinsic and extrinsic factors (in terms of Herzberg's Theory) might contribute to recucing turnover rates among nurses in the UK, reducing the need to recruit nurses from foreign countries where nurses' services might be scarcer than in the UK.

LIST OF SOURCES

Andrews, GJ. 2003: Nurses who left the British NHS for private complementary medical practice: why did they leave? Would they return? (Experience before and throughout the nursing career). *Journal of Advanced Nursing, 41* (4): 403-415.

Ball, J. 2003. *Understanding Herzberg's Motivation Theory.* (http://www.accaglobal.com/publications/studentaccountant/1010721 accessed 17 May 2005).

Ball, J. 2004. *Understanding the importance of appraisals.* (http://www.accaglobal.com/publications/studentaccountant/1142970 accessed 17 May 2005).

Barney, B, Needleman, J & Kovner, C. 2005. Factors influencing the use of registered nurse overtime in hospitals, 1995-2000. *Image: Journal of Nursing Scholarship, 37* (2): 165-172.

Barrett, C & Myrick, F. 1998. Job satisfaction in preceptorship and its effect on the clinical performance of the preceptee. *Journal of advanced Nursing, 27*: 364-371.

Booyens, SW. (Ed) 1998. *Dimensions of nursing management.* Kenwyn: Juta.

Brink, HI. 1996. *Fundamentals of research methodology for health care* professionals. Kenwyn: Juta.

Brink, PJ & Wood, MJ. 1998. *Advanced design in nursing research.* 2nd edition. Thousand Oaks: Sage.

British Population Statistics. 2003. (http://www.woodlands-junior.kent.sch.uk/customs/questions/population.html accessed on 03 June 2005).

Buchan, J. 2004. Commentary: nurse workforce planning in the UK: policies and impact. *Journal of Nursing Management,* 12: 388-392.
.
Burns, N & Grove, SK. 2003*. Understanding nursing research.* 3rd edition. Philadelphia: WB Saunders.

Burns, N & Grove, SK. 2001. *The practice of nursing research: conduct*, critique*, and utilization.* 4th edition. Philadelphia: WB Saunders.

Campbell, SL, Fowles, ER & Weber, BJ. 2004. Organisational structure and job satisfaction in public health nursing. *Public Health Nursing, 21* (6): 564-571.

Carrell, MR, Elbert, NF & Hatfield, RD. 1998. *Human resource management.* 6th edition. Sydney: Dryden.

Cartledge, S. 2001. Factors influencing the turnover of intensive care nurses *Intensive and Critical Care Nursing, 17*: 348-355.

Connelly, LM. 2005. Welcoming new employees. *Image: Journal of Nursing Scholarship, 37* (2): 163-164.

Cowin, L. 2002. The effects of nurses' job satisfaction on retention: an Australian perspective. *The Journal of Nursing Administration, 32* (5): 283-291.

Daft, RL. 2000. *Management.* 5th edition. New York: Dryden.

Dempsey, PA & Dempsey, DA. 2000. *Using nursing research: process, critical evaluation, and utilization.* 5th edition. Philadelphia: JB Lippincott.

De Vos, AS. (ed). 1998. *Research at grass roots: a primer for the caring* profession. Pretoria: Van Schaik.

Dunn, S, Wilson, B & Esterman, A. 2005. Perception of working as a nurse in an acute setting. *Journal of Nursing Management*, 13: 22-31.

Ernst, ME, Franco, M, Messmer, PR & Gonzalez, JL. 2004. Nurses' job satisfaction, stress and recognition in a paediatric setting. *Paediatric Nursing,* 30 (3): 219-227.

Gillham, B. 2000. *Developing a questionnaire.* 2000. London. Continuum.

Hart, SR. 2005. Hospital ethical climates and registered nurses' turnover intentions. *Image: Journal of Nursing Scholarship,* 37 (2): 173-177.

Hom, PW & Kinicki, AJ. 2001. Towards a greater understanding of how dissatisfaction drives employee turnover. *Academy of Management Journal.* 44(5):975-987.

Kalliath, T & Morris, R. 2002. Job satisfaction among nurses: a predictor of burnout levels. *Journal of Nursing Administration,* 32 (12): 648-654.

Kangas, S, Kee, CC & McKee-Waddle, R. 1999. Organisational factors, nurses' job satisfaction, and patient satisfaction with nursing care. *Journal of Nursing Administration,* 29 (1): 32-42.

Khowaja, K, Merchant, RJ & Hirani, D. 2005. Registered nurses' perceptions of work satisfaction at a tertiary care university hospital. *Journal of Nursing Management*, 13 (1): 32-39.

Kuokkanen, L & Leino-Kilpi, H. 2001. The qualities of an empowered nurse and the factors involved. *Journal of Nursing Management,* 9: 273-280.

LoBiondo-Wood, G & Haber, J. 2002. *Nursing research: methods, critical appraisal and utilization.* 5th edition. St Louis: CV Mosby.

Long, V. 2005. Worth the investment. *Nursing Management, 12* (3): 20-21.

Louw, DA. 1997. *Human development.* Pretoria: Kagiso.

Lum, L, Kervin, J, Clarke, K, Reii, F & Sirola, W. 1998. Explaining nursing turnover intent: job satisfaction, pay satisfaction, or organisational commitment? *Journal of Organisational Behaviour, 19*: 305-320.

Mackenzie, J & Buchan, J. 1998*. Ward management in practice.* London: Churchill Livingstone.

McClelland, D. 2005. Employee motivation, the organisational environment and productivity (http://accel-team.com/humanrelations/hrels05herzberg.html accessed 11 July 2005).

Marquis, BL & Huston, JC. 2003. *Leadership roles and management functions in nursing theory & application.* 4th edition. Philadelphia: JB Lippincott.

Marriner-Tomey, A. 1996. *Guide to nursing management and leadership.* 5th edition. St Louis: CV Mosby.

Matrunola, P. 1996. Is there a relationship between job satisfaction and absenteeism? *Journal of Advanced Nursing, 23*: 827-834.

Mackenzie, J & Buchan, J. 1998*. Ward management in practice.* London: Churchill Livingstone.

Monico, J. 2005. (November 08). *Turnover statistics.* (E-mail to P. Lephalala), (Online). Available e-mail: judi.monico@capio.co.uk.

Morrell, K. 2005. Towards a typology of nursing turnover: the role of shocks in nurses' decisions to leave. *Journal of Advanced Nursing,* 49 (3): 315-322.

Mouton, J. 2001. *How to succeed in your master's and doctoral studies. A South* African *guide and resource book.* Pretoria: Van Schaik.

Mrayyan, MT. 2005. Nurse job satisfaction and retention: comparing public to private hospitals in Jordan. *Journal of Nursing Management*, 13(1): 40-50.

Mrayyan, MT. 2004.   Nurses' autonomy: influence of nurse managers' actions on nursing and healthcare management and policy. *Journal of Advanced Nursing, 45* (3): 326-336.

Muller, M. 1996. *Nursing dynamics.* Sandton: Heinemann.

NetMBA. 2002. Herzberg's Motivation-Hygiene Theory (Two Factor Theory). (http://www.netmba.com/mgmt/ob/motivation/herzberg/   accessed 17 May 2005).

Netswera, FG, Rankhumise, EM & Mavundla, TR. 2005. Employee retention factors for South African higher education institutions: a case study. *South African Journal of Human Resource Management,* 3 (2): 36-40.

NMC – see Nursing and Midwifery Council

Nursing and Midwifery Council. 2004. *Press Statement: record number of overseas-trained nurses and midwives* (http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=197 accessed on 2 August 2005; and on 30 May 2006).

Nursing and Midwifery Council. 2002. *The prep handbook.* (http://nmc-uk.org/aFrameDisplay.aspx?DocumentID=486
Accessed 20 April 2005; 4 May 2005 and on 30th May 2006).

Parker, R. 2005, November 04. *Human resource department - Capio* Healthcare *United Kingdom.* (E-mail to P. Lephalala), (Online). Available e-mail: richard.parker@capio.co.uk.

Polit, DF & Hungler BP. 1999. *Nursing research: principles and methods.* 6th edition. Philadelphia: JB Lippincott.

Polit, DF, Beck. CT & Hungler, BP. 2001. *Essentials of nursing research:. methods, appraisals and utilization.* 5th edition. Philadelphia.: JB Lippincott.

Rambur, B, McIntosh, B, Palumbo, MV & Reinier, K. 2005. Education as a determinant of career retention and job satisfaction among registered nurses. *Image: Journal of Nursing Scholarship,* 37 (2): 185-192.

RCN – see Royal College of Nursing

Reilly, DE & Oermann, MH. 1999. C*linical teaching in nursing education.* 2nd edition. Sudbury: Jones & Bartlett.

Robbins, SP. 1996. *Organisational behaviour: concepts, controversies, applications.* 7th edition. New Jersey: Prentice-Hall.

Royal College of Nursing. 2005. Agenda for change and nurses employed outside the NHS. (http://www.rcn.org.uk/agendaforchange/independentsector/index.php accessed 30 April 2006).

Shader, K, Broome, ME, Broome, CD, West, ME & Nash, M. 2001. Factors influencing satisfaction and anticipated turnover for nurses in an academic medical center. *Journal of Nursing Administration*, 31 (4): 210-216.

Shah, MA, Al-Enezi, N, Chowdhury, RI & Otabi, MA. 2004. Determinants of job satisfaction among nurses in Kuwait. *Australian Journal of Advanced Nursing,* 21 (4): 10-16.

Shaver, K. & Lacey, L. 2003. Job and career satisfaction among staff nurses: effects of job setting and environment. *Journal of Nursing Administration,* 33 (3): 166-172).

Shaw, JD, Delery, JE, Jenkins, GD & Gupta, N. 1998. An organisation-level, analysis of voluntary and involuntary turnover. *Academy of Management Journal, 41 (3): 511-523.*

Sjögren, K, Fochsen, G, Josephson, M & Lagerström, M. 2004. Reasons for leaving nursing care and improvements needed for considering a return: a study among Swedish nursing personnel. *International Journal of Nursing Studies.* 42:751-758.

Sourdif, J. 2004. Predictors of nurses' intent to stay at work in a university health centre. *Nursing and Health Sciences,* 6: 59-68.

Sullivan, EJ, Decker, PJ & Jamerson, PA. 2001. *Effective leadership and management in nursing.* 5th edition. New Jersey: Prentice-Hall.

Strachota, E, Normandin, P, O'Brien, N, Clary, NA & Krukow, B. 2003: Reasons registered nurses leave or change employment status. *Journal of Nursing Administration,* 33 (2): 111-117.

Syptak, JM, Marsland, DW & Ulmer, D. 1999. *Job satisfaction: putting theory into practice.* (http://www.aafp.org/fpm/991000fm/26.html accessed 17 May 2005).

Swansburg, RC. 1996. *Management and leadership for nurse managers.* 2nd edition. London: Jones & Bartlett.

Tang, JH. 2003. Evidence-based protocol: nurse retention. *Journal of Gerontological Nursing,* 29 (3): 5-14.

Tappen, RM.1995. *Nursing leadership and management: concepts and practice.* 3rd ed. Philadelphia: Davis.

UKCC – see United Kingdom Central Council for Nursing, Midwifery and Health Visiting

United Kingdom Central Council for Nursing, Midwifery and Health Visiting No 656. The professional, educational and occupational needs of nurses and midwives working outside the NHS. (http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=656 accessed on 20 March 2005).

Upenieks, V. 2005. Recruitment and retention strategies: a magnet hospital prevention model. *MEDSURG Nursing* (supplement), *21*-27.

Van der Walt, R. 1999. Don't take the ostrich approach to absenteeism. *People Dynamics.* 17(11): 49-51.

Van Dick, R, Christ, O, Stellmacher, J, Wagner, U, Ahlswede, O, Grubba, C, Hauptmeier, M, Höhfeld, C, Moltzen, K & Tissington, PA. 2004. Should I stay or should I go? Explaining turnover intentions with organizational and job satisfaction. *British Journal of Management,* 15: 351-360.

Webster's Concise Edition Dictionary and Thesaurus. 2002. Edinburgh: Geddes & Grosset.

Yin, JT & Yang, KA. 2002. Nursing turnover in Taiwan: a meta-analysis of related factors. *International Journal of Nursing Studies,* 39: 573-581.