

Staff satisfaction and retention and the role of the Nursing Unit Manager

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Abstract

Despite recent increases in nursing recruitment in Australia, participation in the workforce is still below the numbers predicted to meet future needs. This paper discusses factors impacting on nurses' job satisfaction, satisfaction with nursing and intention to leave in public sector hospitals in New South Wales, Australia. Staffing and patient data were collected on 80 medical and surgical units during 2004/5. This included a wide range of individual nurse data from a Nurse Survey; detailed and comprehensive staffing data including skill mix variables; patient characteristics; workload data; a profile of the ward's characteristics; and adverse event patient data.

Nurses who were intending to remain in their job were more likely to be satisfied, be older, and have dependents. They were also likely to be experiencing good leadership and to have allied health support on the ward. Most nurses reported being satisfied with their profession, while a lower proportion reported satisfaction with their current position. Work environment factors such as nurses' autonomy, control over their practice and nursing leadership on the ward were statistically significant predictors of job satisfaction. This study will inform decision-making and policy for managers in both the public and private hospital sectors.

This is the first large study which explored the work environment at the ward/unit level in public hospitals in NSW (Australia). It illustrates that there are no typical wards; each ward functions differently. The importance of nursing leadership at the ward level to job satisfaction, satisfaction with nursing and intention to leave, cannot be overstated.

Keywords – Nursing workforce, job satisfaction, work environment, leadership

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Introduction

The Productivity Commission Report (2005) provides a comprehensive overview of the current and predicted health workforce requirements in Australia, recommending that a greater emphasis be placed on retention strategies. Job satisfaction and satisfaction with nursing, while different, are both linked to workforce participation and retention. A nurse may be happy in the profession but not satisfied with the job or employer. S/he may seek alternative employment in nursing but will not be lost to the profession. In contrast, a nurse who is dissatisfied with nursing may be more inclined to leave the profession. A degree of nurse turnover can be a positive influence as it may re-energise staff and practices (Boykin, Schoenhofer, Smith, St. Jean, & Aleman, 2003). However turnover as a result of dissatisfaction with the job or nursing is not desirable. This paper will discuss aspects of the work environment which relate to job satisfaction, satisfaction with nursing and intention to leave employment in public sector hospitals in New South Wales (NSW) Australia, and the importance of the role of the nursing unit manager. The data are taken from a larger study which examined factors impacting on nurses' workload and the relationship between skill mix and patient outcomes (Duffield et al., 2007).

Background

New South Wales (NSW) is a large state in Australia comprising 801,600 sq km, and a population of 6,927,000. There are eight Area Health Services within NSW that encompass over 230 public and 171 private hospitals (Commonwealth of Australia, 2008; NSW Health, 2008). NSW Health employs over 100,000 workers across the public health system in a range of clinical and non-clinical roles. Of these 43 percent are nurses.

The well-documented shortage of nurses globally is related to many factors which include decreasing enrolments into nurse training programs, low retention rates within the workforce, and an increasing demand for health care. Karmel and Li (2002) predict a shortage of 40,000 nurses in Australia by 2010. In Victoria alone there is a predicted shortfall of 8500 by 2011-12 (Department of Human Services, 2004) and a recognised national shortage of health professionals in general (Department of Employment and Workplace Relations, 2005). In Queensland, nurse attrition rates are as high as 40 percent in the first two years of employment (Queensland Government, 2005).

Recruitment into undergraduate nursing programs in Australia is not the issue it is elsewhere. The Australian Bureau of Statistics reported an increase in people beginning nurse training in the period 2001 to 2003, with Queensland experiencing a 29 percent increase in numbers (Australian Bureau of Statistics, 2005). Graduation numbers are increasing with approximately 7661 completing nursing degrees for 2007 and 8769 for 2008 (Council of Deans of Nursing and Midwifery, 2005). However, these numbers fall short of projected future needs, placing greater emphasis on the importance of building a sustainable nursing workforce through better retention (Department of Education Science & Training, 2002).

Job satisfaction is a significant factor in retention (Aiken, Clarke, Sloane, & Sochalski, 2001; Cavanagh & Coffin, 1992; Irvine & Evans, 1995; Wilson, 2006). Some factors which impact positively on job satisfaction include organisations that promote nurse autonomy (Bartram, Joiner, & Stanton, 2004); where nurses have the time to write patient's notes and work within a patient-focused work allocation model (Makinen et al. (2003); working cohesively with colleagues and other health professionals and when perceptions of the workload are fair and

appropriate (Adams et al. (2000); and where the general morale of nursing is good (DiMeglio et al., 2005). In contrast, some negative factors include an inability to provide a high standard of patient care (Reeves, West, & Barron, 2005) and overtime commitments (Donovan, 2003; O'Brien-Pallas et al., 2004; Reineck & Furino, 2005).

In recent years, changes in nurses' experiences of their work have impacted on job satisfaction. In particular, the increased focus on 'running hospitals like a business' has led to increased patient throughput, resulting in higher workloads for nurses. This factor together with a general increase in responsibility has increased dissatisfaction with hospital management (Buchanan and Considine (2002). Dorion & Jones (2006) suggest that the annual attrition rate of nurses in NSW is around 20%, and that younger, less experienced nurses are more likely to leave their jobs. They cite reasons for leaving as low remuneration for an increased workload, lack of recognition of skills and knowledge, and lack of childcare facilities (Doiron & Jones, 2006). Increased workloads for nurses is a reality with sicker patients, shorter lengths of stay and a higher turnover of patients (Duffield et al. 2007) which in turn result in lower patient satisfaction rates (Fletcher, 2001; Herreria, 1999).

Nurses' reasons for leaving the profession are more complex (Cheung, 2004). Experienced and highly qualified nurses leave for other careers because of a lack of recognition for their work, feeling overworked, wanting more career opportunities and greater freedom over decisions in practice (Duffield & Franks, 2002; McGillis-Hall & Doran, 2007). Alternative career options that offer more flexibility and better working conditions continue to lure nurses from the workforce (Aiken, Clarke, Sloane, Sochalski et al., 2001). Not surprisingly those individuals who are using nursing as a 'stepping stone' have shorter nursing careers (Duffield, O'Brien-Pallas, & Aiken, 2004). The US-based Federation of Nurses and Health Professionals (2001) states

that the main reason why nurses consider leaving is for a job that is less stressful and less physically demanding. New graduates are leaving due to increased stress levels and a mismatch between their expectations of nursing work and the reality of the nursing workplace which has also been linked to an intention to leave (Takase, Maude, & Manias, 2006).

In early work two separate meta-analyses (Blegen, 1993; Irvine & Evans, 1995) identified a moderately positive relationship between behavioural intention to leave and turnover. These studies linked job satisfaction and commitment, finding nurses who reported higher levels of job satisfaction also reported a greater likelihood of remaining in their jobs. More recently Cowin (2002) found higher levels of job dissatisfaction predicted actual turnover of newly qualified nurses, and similarly, McCarthy et al. (2007) found that intent to leave was the most important predictor of actual turnover behaviour. Nurses are significantly more likely to have an intention to leave their jobs between one and one and a half years after training (Stone et al. (2007). Commitment to nursing and nurses' intention to leave is related to career growth opportunities (Bedeian, Kemery, & Pizzolatto, 1991; Lynn & Redman, 2005). Nurses who have few opportunities for advancement are less likely to be committed to their job. A New Zealand study found there were 30-40% nurses who consistently intended to leave their jobs within 12 months (Cobden-Graince & Walker, 2002). A more recent study showed 23% nurses in Ireland intended to leave their current position (McCarthy et al., 2007), and this was strongly related to levels of job satisfaction and 'kinship' responsibilities. In addition, 80% of nurses who intended to leave felt there would be no difficulty in finding another job.

The role of the nursing unit manager

The role of the nursing unit manager is vital to the retention of staff (Acree, 2006; VanOyen Force, 2005). Nurses appreciate good leaders (Flynn, 2005; McClure & Hinshaw, 2002;

McNeese-Smith, 1997; O'Brien-Pallas et al., 2004). These positions can impact positively or negatively on nurse recruitment and retention. Laschinger, Wong, McMahon, & Kaufmann, (1999) found strong nurse leaders created environments for "work effectiveness" that impacted on nurse recruitment and retention through promotion of autonomous practice and participatory decision-making. The nurse participants felt empowered when their leaders provided "purpose and meaning to their work". Similarly, Flynn (2005) found that having a nurse manager who is a good leader rated highly when asking home-care nurses to rate the importance of workplace factors. However, the authors note that in order to be able to provide that support, managers themselves need an underlying structure to be able to coach, evaluate and support their staff.

Hansen et al. (2007), using the NWI-R, investigated public health nurse's perceptions of their work environment in New Zealand. The study was performed at a time of great structural change within the health system. Results showed an overall importance placed on effective leadership to ensure positive patient outcomes within a changing work environment.

Participants in the study described the necessity of good leadership to 'provide professional clarity and, direction, co-ordinate the professional and strategic management of nursing, contribute to governing boards, to develop and motivate nurses, ensure effective succession planning and most importantly support innovative practice' (p. 24-25).

The Study

This paper arises from a larger study whose purpose was to determine the impact of nursing workload, skill mix and the work environment on patient outcomes in public sector hospitals. A key feature of this study was the focus on nursing and patient care at the ward level. Staffing and patient data were collected on 80 medical and surgical units during 2004/5 and nurses

were asked to complete a survey. The overall response rate for completion of this tool was 80.9%.

Nurses included in the survey were;

- Clinical nurse specialists (CNS) – a personal grade awarded to individual nurses on the basis of expertise in a specialty demonstrated by qualifications and/or experience (NSW Health, 2005);
- Registered nurses (RN) - responsibility for preparing RNs resides in the university sector, leading to registration at bachelor degree level;
- Trainee enrolled nurses (TEN) and enrolled nurses (EN) - requires one year paid vocational training incorporating 15 weeks at a technical college for theoretical training and the balance in clinical units, and is equivalent to LVN/LPN;
- Assistants in nursing (AIN) - equivalent to patient care assistants.

Instruments

Data collected for the study included a wide range of individual nurse data from the Nurse Survey (NS) including the Nursing Work Index-Revised (NWI-R) (Aiken & Patrician, 2000); shift by shift data regarding the complexity of the working environment (Environmental Complexity Scale [ECS])(O'Brien-Pallas et al., 2004); detailed and comprehensive staffing data including skill mix variables; patient characteristics; workload data using the PRN-80 (Chagnon, Audette, Lebrun, & Tilquin, 1978; O'Brien-Pallas et al., 2004); a profile of the ward's characteristics; and adverse event patient data.

The NWI-R was analysed with a five factor structure. These factors include autonomy (freedom to make patient care decisions and not being forced to do things that are against their

judgement); control over practice (having adequate support services that allow time with patients, having enough time and opportunity to discuss patient care problems with other nurses, and having patient care assignments that foster continuity of care); nurse-doctor relationships (fostering collaboration and good working relationships between nurses and medical staff); leadership (having a nurse manager/supervisor who is a good manager and leader, and having a good nursing philosophy that pervades the patient care environment); and resource adequacy (having enough RNs to provide quality patient care and to get the work done) (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Duffield et al., 2007; O'Brien-Pallas et al., 2004).

Job satisfaction questions and possible responses were:

On the whole, how satisfied are you with your present job?	Independent of your present job, how satisfied are you with being a nurse?	Do you plan to leave your present nursing position?
Very dissatisfied	Very dissatisfied	Yes, within the next 6 months
A little dissatisfied	A little dissatisfied	Yes, within the next 12 months
Moderately satisfied	Moderately satisfied	No plans within the year
Very satisfied	Very satisfied	

Analysis

For descriptive purposes, variables were aggregated to both the ward and total sample levels. Regression analyses were undertaken using hierarchical linear modelling (HLM), a form of analysis designed to deal with multilevel data (Goldstein, 2003). This technique was applied where some variables were measured at the individual nurse level while others were measured at the ward level. HLM may be applied to continuous or dichotomous outcome variables, in the case of the latter, via logistic regression (Goldstein, 2003). In order to compare the relative contributions of the independent variables to the models, beta (β) weights were calculated

where significant at the 0.05 level, using the method recommended for multilevel models by Snijders and Bosker (1999).

Nursing response variables were dichotomised in order to deal with non-normal distributions and to improve interpretability. For example, in relation to job satisfaction, “satisfied” and “very satisfied” were classed together as were “dissatisfied” and “very dissatisfied”; in regard to intent to leave “yes, within 6 months” and “yes, within 12 months” were grouped. The remainder were classified as not intending to leave.

Results

The majority of nurses (67%) were moderately or very satisfied with their present job. An even higher percentage was moderately or very satisfied with being a nurse (71.7%). Most (71.8%) had no plans to leave their present nursing job within the next year. More than 80% of respondents believed that it would be very (30.1%) or fairly easy (50.6%) to find another acceptable nursing job.

Table 1 Hierarchical logistic regression on job satisfaction

Description	β Weight	B(SE)	95 % CI
Control over nursing practice	0.161	0.075(0.020)	0.048 - 0.103
Quality of care deteriorated in last year	-0.156	-0.696(0.122)	-0.866 - -0.526
Nurse autonomy	0.137	0.079(0.026)	0.042 - 0.115
Nursing leadership	0.107	0.033(0.015)	0.013 - 0.054
Experienced emotional abuse in last 5 shifts	-0.093	-0.347(0.103)	-0.491 - -0.204
Nurse employed as AIN, TEN, EN (ref [§] RN/CNS)	0.090	0.366(0.117)	0.203 - 0.529
Nurse expects to lose job	-0.075	-0.490(0.174)	-0.732 - -0.249
Nurse age	0.065	0.011(0.005)	0.004 - 0.018
Nursing tasks delayed	-0.060	-0.289(0.139)	-0.482 - -0.095

[§] ‘Ref’ indicates the reference category – i.e. ‘compared to’

Table 1 indicates that positive predictors of job satisfaction were control over their practice, nurse autonomy and the presence of strong nursing leadership on the ward. Older nurses also

tended to be more satisfied as were staff other than registered nurses - enrolled nurses, trainee enrolled nurses and assistants in nursing. Predictors of less satisfaction with the job were a perception that the quality of care had deteriorated, experiencing emotional abuse in the last five shifts, an expectation of a job loss (most likely through rotations as trainees rather than the real threat of job loss) and the more shifts worked where tasks were delayed.

Table 2 Hierarchical logistic regression on satisfaction with nursing

Description	β Weight	B(SE)	95% CI
Nurse autonomy	0.142	0.082(0.019)	0.056 - 0.108
Nurse employed part time (ref ^s full time)	-0.107	-0.418(0.116)	-0.579 - -0.257
Nurse employed casual/agency (ref ^s full time)	-0.104	-0.504(0.143)	-0.702 - -0.305
Experienced emotional abuse in last 5 shifts	-0.097	-0.362(0.104)	-0.506 - -0.218
Nurse employed as AIN, TEN, EN (ref ^s RN/CNS)	0.091	0.371(0.121)	0.203 - 0.539
Number of shifts missed in the last year	-0.083	-0.029(0.009)	-0.042 - -0.016
Nurse-doctor relations	0.083	0.086(0.032)	0.041 - 0.131
Nurse practices at competent clinical level	0.075	0.271(0.102)	0.130 - 0.413
Quality of care deteriorated in last year	-0.074	-0.332(0.122)	-0.501 - -0.162

^s 'Ref' indicates the reference category – i.e. 'compared to'

Nurses made some distinctions between satisfaction with nursing and satisfaction with the job. As with job satisfaction, they were more likely to be satisfied with nursing if they experienced autonomy in their practice. Similar predictors of less satisfaction with nursing included experiencing emotional abuse in the last five shifts and a perception that the quality of care had deteriorated in the last year. Again, staff other than RNs - enrolled nurses, trainee enrolled nurses and assistants in nursing - were more likely to be satisfied with nursing.

However, in contrast, satisfaction with nursing was predicted by positive nurse-physician relationships and where nurses perceived themselves as practising at the competent level (Benner, 1984), perhaps indicating they were able to use the skills they possess. Factors which negatively impacted on satisfaction with nursing included staff working in a part-time or casual/agency capacity, where the quality of care was perceived to have deteriorated in the

past year, and missing shifts in the past year. These absences might be a symptom of this dissatisfaction.

Table 3 Hierarchical logistic regression on intent to leave current nursing job

Description	β Weight	B (SE)	95 % CI
Job satisfaction	-0.252	-0.970 (0.112)	-1.126 - -0.814
Nurse age	-0.199	-0.034 (0.005)	-0.041 - -0.026
Nurse has dependants	-0.172	-0.624 (0.110)	-0.777 - -0.471
Nursing leadership	-0.167	-0.052 (0.010)	-0.065 - -0.038
Allied health support on ward	-0.096	-0.722 (0.226)	-1.037 - -0.408
Nurse has bachelor's degree or higher	0.089	0.322 (0.113)	0.165 - 0.479
Nurse gender (female)	-0.086	-0.507 (0.162)	-0.732 - -0.282
Nurse expects to lose job	0.084	0.553 (0.177)	0.307 - 0.800
Hospital peer group B1 (ref [§] A1a)	-0.075	-0.331 (0.146)	-0.533 - -0.128
Employed as 'other' (ref [§] RN/CNS)	0.074	1.060 (0.380)	0.531 - 1.589
Nurse has no qualifications	0.074	0.954 (0.342)	0.478 - 1.429
Nursing tasks delayed	0.071	0.345 (0.147)	0.141 - 0.549
Proportion of overtime that is involuntary	0.069	0.360 (0.147)	0.156 - 0.564

§ 'Ref' indicates the reference category – i.e. 'compared to'

Table 3 indicates that nurses were more likely to indicate an intention to leave if they had a bachelor degree or higher; if they expected to lose their job (most likely through rotations as trainees rather than the real threat of job loss); if they were employed in the 'other' category of staff which might include assistants in nursing (AINs) who are often employed on a casual or temporary basis; and if they had no qualifications. Of interest also is that they were more likely to leave the greater the proportion of shifts they worked where tasks were delayed, and the more involuntary overtime they worked.

Nurses who were less likely to leave were more likely to be satisfied with their job, older, have dependents and experiencing good leadership on the ward. Interestingly, nurses working on wards which had allied health staff were less likely to leave, perhaps reflecting a strong team ethos of work or where allied health staff undertake tasks for which they are qualified rather

than nurses having to do so. An example might be a social worker obtaining a nursing home placement for an elderly patient.

Table 4 Comparison of data from nurse surveys (Aiken, Clarke, Sloane, & Sochalski, 2001; O'Brien-Pallas et al., 2004; Duffield et al., 2007)

Country	Aiken et al (2001 p. 46)					O'Brien-Pallas et al (2003 p. 209)	Duffield et al (2007 p. 119)
	US	Can	Eng	Scot	Ger	Canada	Australia (NSW)
Percent dissatisfied with job	41	32.9	36.1	37.7	17.4	17	33
Percent dissatisfied with nursing						15.4	28.3
Percent planning to leave job within a year	22.7	16.6	38.9	30.3	16.7	5*	26

*percentage of nurses planning to leave within 6 months

Table 4 provides international comparisons regarding satisfaction with nursing, the job and intention to leave. The NSW results (undertaken at the ward level) indicate that 33% nurses are dissatisfied with their job, slightly above the average for all studies (30.7%). The United States has the highest percentage of nurses dissatisfied with their jobs (41%) (Aiken et al. (2001) while the lowest rate is in Canada (17%) (O'Brien-Pallas et al., 2004). The Canadian study also had a lower percentage of nurses who were dissatisfied with nursing (15.4%) while NSW was nearly double at 28.3%. The percentage of nurses that planned to leave their jobs was 38.9% in England, 16.6% in Canada (Aiken et al., 2001) and 26% in NSW, similar to the average for all studies (25.2%).

Discussion

The Canadian Nurses Association ranked the attributes of a healthy workplace in 2001. Nursing leadership was ranked second and control over workload was first. The results in this study indicate the importance of good nursing leadership at the ward level with respect to job satisfaction and intention to leave. A nursing unit manager has little capacity to influence the

personal factors such as age, dependents, gender and initial (registration) qualifications, which impact on a nurse's decision to remain employed. However there are aspects of the work environment over which s/he can exercise influence and most critically, that is ensuring a safe and cohesive work environment. When nurses work well as a team, they are less likely to leave, be absent from work, are generally more supportive of each other (Kalisch & Begeny, 2005) and have a lower burnout score (Rafferty, Ball, & Aiken, 2001). Several factors in the present study which result in job dissatisfaction and dissatisfaction with nursing are fundamental aspects of any good working environment including; minimising emotional abuse in the last five shifts; ensuring nurses are able to function autonomously; and ensuring staff are able to provide the quality of care expected.

Of concern is that AINs, TENs or ENs were more likely to be satisfied with their jobs and with nursing than were RNs. This may reflect a model of staffing whereby registered nurses feel stress and job dissatisfaction regarding the responsibility for all patients when care is delegated to other staff whom they must supervise (Duffield & Franks, 2002). The role of the nurse manager in promoting appropriate delegation and staff deployment is critical.

Conclusion

The leadership role of the nursing unit manager is important in staff retention. They can greatly influence nurse job satisfaction rates by ensuring a positive work environment. His/her capacity to influence a variety of factors such as increasing staffing to acceptable levels, ensuring there are sufficient support and allied health staff, decreasing workloads, empowering managers to respond to local staff concerns, supporting improved nurse–physician relationships, improve on-the-job orientation and provide paid continuing education, will enhance job satisfaction, satisfaction with nursing and hopefully, staff retention. However to achieve some of these

objectives they need support from more senior colleagues, both nursing and non-nursing, to ensure there are appropriate and sufficient resources, both human and financial. Hospitals need to invest in educating and appointing skilled nurse managers, particularly but not exclusively, at the ward/unit level. This investment will be easily offset by the estimated savings from decreased staff turnover, where the cost ranges from \$62,100 - \$67,100 per RN (Jones, 2005; Stone et al., 2007).

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