REASONS FOR THE INTENTION TO LEAVE AMONG NURSES WORKING IN INTERNAL MEDICINE AND SURGERY DEPARTMENTS OF SLOVENIAN HOSPITALS – A CROSS SECTIONAL STUDY

RAZLOGI ZA ZAPUŠČANJE DELOVNEGA MESTA MED MEDICINSKIMI SESTRAMI NA INTERNISTIČNIH IN KIRURŠKIH ODDELKIH SLOVENSKIH BOLNIŠNIC – PRESEČNA RAZISKAVA

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ABSTRACT

Keywords

Nurses

Retention

Job satisfaction

Emotional exhaustion managers

Career development

Status

Profession

Aim
To investigate the reasons for leaving the hospital and recommending the hospital among nurses employed at internal diseases and surgical departments.

Methods
A cross-sectional explorative design was employed. Eight general hospitals and two clinical centres participated in the study. All adult surgery and internal medicine departments were included. A total of 1010 registered nurses and healthcare assistants filled out the questionnaire. Demographic and job characteristics data were collected. Permission to conduct the study was obtained from the National Medical Ethics Committee.

Results
A total of 51.5% of respondents expressed the intent to leave the hospital within the next year and 14% of them considered leaving nursing. The "intention to leave the hospital" was explained in 37.7% – 50.3% by younger age (p<0.001), poor evaluation of the professional aspect of the work (status of nurses) (p<0.001), emotional exhaustion (p<0.001), non-resolution of problems by leaders and managers (p<0.001), dissatisfaction with the current work (p<0.001) and overtime hours (p=0.005).

Conclusions
Our study highlights the role of hospital management and leadership as an important factor in nurse retention. The most critical group showing the intention to leave the hospital are the younger employees. There is therefore a need to design strategies for their adequate introduction to work and to implement professional development in nursing in accordance with international recommendations.

IZVLEČEK

Ključne besede

medicinske sestre

ohranjanje kadra

zadovoljstvo na delovnem mestu

emocionalno izčrpavajoči vodje

razvoj kariere

status

profesija

Namen
Raziskati razloge za namero zapuščanja delovnih mest v bolnišnicah s strani medicinskih sester, zaposlenih na internih in kirurških oddelkih.

Metode
Uporabljen je bil presečni raziskovalni načrt. V raziskavi je sodelovalo osem splošnih bolnišnic in dva klinična centra. Vključeni so bili vsi oddelki za kirurgijo odraslih in interno medicino. Vprašalnik je izpolnilo skupno 1010 diplomiranih medicinskih sester in tehnikov zdravstvene nege. Zbrani so bili demografski podatki in podatki o delovnih značilnostih. Dovoljenje za izvedbo raziskave je podala Komisija za medicinsko etiko v Sloveniji.

Rezultati
Skupaj 51,5 % anketirancev je izrazilo namen, da bodo v naslednjem letu zapustili bolnišnico, 14 % pa jih je razmišljalo o tem, da bi zapustili poklic v zdravstveni negi. »Namero odhoda iz bolnišnice« je v 37,7-50,3 % mogoče razložiti pri mlajših anketirancih (p < 0,001), s slabo oceno profesionalnega statusa medicinske sestre v bolnišnici (p < 0,001), čustveno izčrpanostjo (p < 0,001), slabo odzivnostjo vodij in managerjev pri reševanju težav pri delu (p < 0,001), nezadovoljstvom s trenutnim delom (p < 0,001) in nadurnim delom (p = 0,005).

Zaključki
Raziskava poudarja vlogo vodstva in vodenja bolnišnice kot pomembnega dejavnika pri ohranjanju medicinskih sester. Najbolj kritična skupina, ki izkaže namero po zapustitvi bolnišnice, so mlajši zaposleni, zato je potrebno pripraviti strategije za njihovo ustrezno uvajanje v delo in v skladu z mednarodnimi priporočili implementirati karierni razvoj v zdravstveni negi.

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1 INTRODUCTION

The retention of qualified nurses is a global healthcare workforce problem that has been exacerbated by the COVID-19 epidemic (1). The Organisation for Economic Co-operation and Development (OECD) (2) reports a decline in interest in studying nursing in half of the member countries of the OECD community.

1.1 Background

A systematic study of evidence looking at intentions to leave and the determinants of retention among nurses found that job satisfaction, career development and work-life balance were the most important determinants of retention (3). Job satisfaction is an important pull factor, while lack of job satisfaction is a push factor (4, 5). Furthermore, emotional exhaustion and depersonalisation have been found to be negative factors for nurse retention (6-9). Advancement opportunities and decision-making authority in patient care were also rated as important in retaining nurses (3, 5, 10-13), as were training opportunities (14), the opportunity for renewal (15), and positive professional experiences (16). Nurses want to feel empowered, to have autonomy and control over their work, and to feel that their work aligns with their personal and professional standards (17, 18). De Vries et al. (9) investigated the intention to leave the workplace during the COVID-19 epidemic and found six themes of determinants affecting the intention to leave the workplace: personal characteristics, job demands, employment services, working conditions, working relationships and organisational culture. The meta-analysis found that the most important determinants of intention to leave the workplace were fear of COVID-19, age, experience, burnout symptoms and support. French et al. (19) have shown that nurses in hospitals and nursing homes reported poor working conditions, high burnout and poor patient safety and quality of care even before the COVID-19 pandemic.

Williamson et al. (20) noted the importance of leadership and staff support, continuing professional development, recognition of nurses' work, a positive work environment, and flexible work schedule. Effective local leaders who promote relationship building, professional autonomy and a positive workplace culture can positively influence nurse retention (21). In a study that looked at nurses who terminated their employment in healthcare between 2018 and 2021, Muir et al. (22) found that the factors that could improve nurse retention are reducing and preventing burnout, improving nurse staffing, and supporting nurse work-life balance, as these fall under the purview of employers.

Griffiths et al. (23) found in the pre-COVID era that European nurses working more than 12 hours and those working overtime in a shift were more likely to rate the quality of patient care on their ward as mediocre or poor, to rate patient safety as mediocre or poor, and to report more unfinished nursing tasks on their last shift than nurses working eight hours and no more than the contracted hours. Azzellino et al. (24) found that unfinished nursing tasks or missed care are closely associated with increased job dissatisfaction, which in turn significantly increases the likelihood that nurses will consider leaving their job. A meta-analysis on the prevalence of intention to leave among nurses during the COVID-19 pandemic found that 38% of nurses expressed the intention of leaving their current job (9). In Italy, Sasso et al. (8) found in the pre-COVID era that 35.5% of nurses intended to leave their current job due to job dissatisfaction and 33.1% of them intended to leave the nursing profession. Push factors included understaffing, emotional exhaustion, lack of patient safety, performing non-nursing tasks and being female. Pull factors included positive perceptions of quality and safety of care, and performing core nursing activities.

Demographic data is also important when it comes to the intention of leaving nursing. Length of experience in nursing is directly related to higher job satisfaction; nurses who have been in the profession longer have a higher level of intrinsic or learned ability to handle pressure, which enables them to cope better with working conditions (25). Younger and inexperienced nurses have been found to have limited personal resilience to cope with complex and stressful working conditions (26), which consequently negatively affects job satisfaction and increases the intention to quit. Park et al. (27) found in Korean nurses that satisfaction with salary level was the most visible and enduring predictor of turnover intention. Among other listed factors, satisfaction with salary was also found to be an important factor for intention to leave the hospital in less developed countries (28, 29). Wang et al. (30) found that both compensation and psychological rewards can influence turnover intention.

The Registered Nurse Forecasting (RN4CAST) study (31) was conducted in Slovenia in 2020. The variance in the working environment of nurses in the study can be explained by the following factors: promotion opportunities, educational opportunities, satisfaction with current job, professional status and educational leave. The average value determined for the work environment index in nursing was one of the lowest among the studies conducted to date (32).

1.2 The aim

The aim was to analyse the self-reported intentions and reasons for leaving a hospital due to job dissatisfaction by nurses in Slovenian hospitals. We included a range of reasons previously identified in meta-analyses of the evidence, covering demographic data as well as self-reported satisfaction with current job and career choice in nursing, job characteristics, workload and evaluation of hospital management performance.

2 METHODS

2.1 Study design

A cross-sectional study was conducted. We followed the RN4CAST research protocol (31).

2.2 Sample and settings

All Slovenian general hospitals (N = 10) and university hospitals (N=2) were invited to participate in the study. Of these, eight from the former group and two from the latter decided to participate. All employed nurses and healthcare assistants working in direct patient care and in adult surgery and internal medicine departments were included (31) (N=2813). The response rate was 35.91% (n=1010); 848 (83.96%) of respondents were female and 160 were male (15.84%). The sample included 403 nurses (40%) and 605 (60%) healthcare assistants (HCAs). On average, they had been employed for 21.42 years (SD=3.40). In nursing, the average length of employment was 15.34 years (SD=11.12). Respondents' average age was 37.02 years (SD=10.65).

2.3 Instrument

We employed the Emotional Exhaustion subscale of the Maslach Burnout Inventory for Human Services Survey (MBI-HSS) (33). The scale has seven response options (0-never, 1-a few times a year or less, 2-once a month or less, 3-a few times a month, 4-once a week, 5-a few times a week, 6-every day). A higher score implies a higher degree of emotional exhaustion. The use of the emotional exhaustion subscale is conceptually and empirically well justified, as it is considered a core element of burnout (34, 35). Good scale reliability was achieved (n=9; α=0.883).
Regarding the respondents' work characteristics, data was collected using the RN4CAST survey methodology (31): satisfaction with current work and professional aspects of work (1-very dissatisfied, 2-somewhat dissatisfied, 3-moderately satisfied, 4-very satisfied) (n=10; α=0.891). Various scales with one question were used to describe the conditions in the working environment (1-bad, 2-fair, 3-good, 4-excellent), intention to leave the hospital (1-yes, 2-no), and satisfaction with the decision to work in nursing (1-very dissatisfied, 2-somewhat dissatisfied, 3-fairly satisfied, 4-very satisfied). Various scales with one question were

used to review the confidence of hospital management in resolving patient care issues, and patient readiness for discharge (1-not at all confident, 2-somewhat confident, 3-reliably confident, 4-very confident), the overall score for patient safety (1-failing, 2-poor, 3-acceptable, 4-very good, 5-excellent) and the overall quality of patient care on the ward/department (1-poor, 2-adequate, 3-good, 4-excellent) (31). Data on overtime in the last month was collected. We used the previously developed recommendations for the translation process (36).

2.4 Ethical approval and data collection

The Slovenian National Medical Ethics Committee approved the study (No. 0120-488/2019/6, January 7, 2020). The study was conducted in accordance with the Helsinki declaration (37). The participants gave their written consent to participate in the study and gave permission to publish the results of the study in scientific journals (online, open-access). The data was collected before the outbreak of the epidemic in Slovenia from 10 February to 7 March 2020. The period of data collection was two weeks for each hospital. The management appointed research coordinators who administered questionnaires printed on paper. The respondents returned them at the agreed collection point in a sealed envelope.

2.5 Data analysis

The statistical package SPSS 22 was used for data analysis. Univariate, bivariate statistical analyses and multivariate analyses were performed. Statistical significance was defined at $p < 0.05$.

3 RESULTS

One in two respondents (n=515; 51.5%) expressed the intention of leaving the hospital within a year because they were dissatisfied with their current job, and 14% (n=139) of them intended to leave nursing. A total of 555 respondents (55.7%) would recommend the hospital as a good work place to other nurses. On the last working day before completing the questionnaire, the nurses' average daily working time was 9 hours and 42 minutes (SD=5.518). Table 1 describes the average satisfaction score with different job characteristics, emotional exhaustion, the results by variable, and the differences between respondent groups according to whether they intended to leave the hospital or stay, the relationship between the variables and the decision to recommend the hospital to other nurses as a good work place. For all observed variables in Table 1, we found significant differences between respondents who intend to leave the hospital and those who do not. We linked the observed independent variables with the variable "recommendation of the

hospital to a colleague as a good workplace" and found significant positive and negative correlations (Table 1). No differences were found between educational level and gender for the variables in Table 1.

Following the significant associations in Table 1, we performed a logistic regression (Enter method) to identify the factors for the variable "intention to leave the hospital" using the multivariate method. The model in Table 2 contains 11 independent variables that explain the

variance of "intention to leave the hospital within a year because of job dissatisfaction". The full model of included factors was statistically significant (x^2 (10, N=582)=17.101, p<0.001), indicating that the constructed model identifies the differences between those who intend to leave the hospital and those who do not. Variance in 'intention to leave the hospital' was explained in 37.7% (Cox & Snell R-squared model) and 50.3% (Nagelkerke R-squared model). Six independent variables were found to be statistically significant and described the relationship with

Table 1. The results by variable and the differences between respondent groups in terms of the intention to leave the hospital or stay.

Independent variables	Dependent variables				
	n	M (SD)	Leave the hospital YES M (SD)	Leave the hospital NO M (SD)	t (p)
Burnout (ordinal 0-6)					
Emotional exhaustion	931	23.62 (10.589)	28.14 (9.479)	18.90 (9.544)	15.338 (<0.001)
Aspects of satisfaction (ordinal 1-4)					
Current job	1.003	2.96 (0.733)	2.64 (0.699)	3.29 (0.616)	-15.427 (<0.001)
Decision to work in nursing	988	2.89 (0.791)	2.62 (0.748)	3.11 (0.754)	-10.228 (<0.001)
Professional aspects of job (ordinal 1-4)	790	2.73 (0.675)	2.43 (0.630)	3.05 (0.552)	-14.983 (<0.001)
Management and patient safety					
Management resolve problems in patient care that I report. (ordinal 1-4)	998	2.57 (0.882)	2.26 (0.865)	2.89 (0.781)	-11.927 (<0.001)
Overall grade on patient safety in my department. (ordinal 1-5)	999	3.54 (0.858)	3.38 (0.897)	3.70 (0.780)	-5861 (<0.001)
Overtime hours per month (continues)	853	16.53 (15.237)	18.70 (15.652)	14.17 (14.359)	4.367 (<0.001)
Quality of nursing care in department (ordinal 1-4)	1005	3.03 (0.746)	2.88 (0.790)	3.19 (0.656)	-6.876 (<0.001)
Readiness of patients for discharge (ordinal 1-4)	1004	2.87 (0.664)	2.74 (0.706)	3.01 (0.583)	-6.546 (<0.001)
Undone necessary activities (continues)	1003	1.69 (0.244)	1.66 (0.245)	1.73 (0.233)	-4.958 (<0.001)

Note 1. n – Number of answers, M – Mean (4-point scale), SD – Standard deviation, t – t test, r – bivariate correlation coefficient, p - P-value. **Correlation is significant at the 0.01 level (2-tailed).
Note 2. The data on various aspects of the job have already been published (31).

Table 2. Logistic regression model for intention to leave the hospital for nurses in internal medicine and surgery departments of Slovenian hospitals.

"YES, I will leave the current hospital within a year because of job dissatisfaction."								
	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Satisfaction with current job	-1.020	0.265	14.874	1	**<0.001**	0.361	0.215	0.605
Management resolve problems in patient care	-0.604	0.155	15.181	1	**<0.001**	0.547	0.403	0.741
Overall grade on patient safety	0.210	0.164	1.638	1	0.201	1.234	0.894	1.703
Emotional exhaustion	0.452	0.115	15.486	1	**<0.001**	1.572	1.255	1.969
Professional aspects of job	-0.919	0.230	15.972	1	**<0.001**	0.399	0.254	0.626
Age	-0.047	0.011	18.789	1	**<0.001**	0.954	0.934	0.974
Overtime hours per month	0.021	0.007	8.047	1	**0.005**	1.021	1.007	1.037
Decision to work in nursing	-0.317	0.166	3.626	1	0.057	0.729	0.526	1.009
Quality of nursing care in department	0.060	0.190	0.101	1	0.750	1.062	0.732	1.541
Readiness of patients for discharge	-0.002	0.194	0.000	1	0.992	0.998	0.682	1.460
Undone necessary activities	0.262	0.297	0.774	1	0.379	1.299	0.725	2.327
Constant	7.020	1.280	30.071	1	<0.001	1119.11		

"intention to leave the hospital within a year because of job dissatisfaction". These include a younger age (OR=0.95, p<0.001), a lower evaluation of the professional aspects of the job (OR=0.39, p<0.001), a higher level of emotional exhaustion (OR=1.57, p<0.001), a lower ability of management to solve problems in patient care (OR=0.55, p<0.001), a lower level of satisfaction with the current job (OR=0.36, p<0.001) and a higher number of overtime hours per month (OR=1.02, p=0.005) (Table 2).

4 DISCUSSION

Our aim was to investigate the reasons for leaving the hospital due to job dissatisfaction among nurses working in the internal medicine and surgery departments of Slovenian hospitals. The data were collected before the outbreak of the epidemic in Slovenia. Compared to other European countries, the study in Slovenia revealed the highest proportion (51.5%) of respondents expressing an intention to leave their hospital within a year because of job dissatisfaction in the pre-COVID 19 period (8, 9, 26, 35). The most recent studies in Greece showed an intention to leave of 50.2% (38), and in Ireland 30% (39); the data for both studies was collected in 2023. De Vries et al. (9) calculated in a meta-analysis that the intention to leave the workplace in European studies at the time of COVID 19 was on average 38% and Aiken et al. (40) 33% in five EU countries. The Slovenian intention to leave the hospital at the beginning of 2020 was very high.

The nurses in our survey worked an average of 16 hours per month beyond the agreed one month working time of 174 hours. The excessive workload can lead to exhaustion, which reduces nurses' job satisfaction (40), and is the strongest predictor of intention to leave (38). In our study, nurses who intended to leave their hospital also felt significantly more exhausted. Some variables reported in international studies were not found to be typical in our study, such as education level (41) and gender (5, 8, 11, 42).

The variables observed in our study (Table 1) have also been associated with intention to leave the hospital in other studies and are also summarised by the authors for the period before (6-8, 10, 11, 14-18), during and after COVID-19 (9, 12, 13, 44, 45).

For the "intention to leave the hospital within a year because of job dissatisfaction", we identified six significant variables which explained the variable in a maximum 50%. The strongest factors in our model, also recognised in other pre-COVID studies and those during COVID 19 (6-9, 43), were younger age, professional aspect of job (status of nurses) and emotional exhaustion. The performance of management in solving problems at work and satisfaction with current job was the next level of factors for intention to leave the hospital. Previous studies showed that management that responds poorly or does not respond

to problems raised by employees regarding patient work significantly encourages the departure of nurses from the hospital (20, 21, 41). Next, overtime hours were significant in our multivariate model and revealed a lot about the work-life balance as experienced by the respondent. In other studies, advancement opportunities and decision-making authority in patient care were also found to be important in retaining nurses in the profession (5, 17, 18, 42).

4.1 Implications for managers in healthcare system

Aiken et al. (44) pointed out that most hospitals have not made significant improvements in staffing or the working environment in the last decade; policy makers should require hospitals to meet safe minimum standards for nurse staffing. Continuing chronic understaffing and unacceptable working conditions in hospitals will not restore public and nurses' confidence in hospitals. The importance of the number of nurses employed for patient health outcomes appears to be an explanatory factor in the Slovenian study (46).

One of the most important tasks of managers and leaders is to create a favourable working environment for nurses with effective and qualified leaders. Managers need to understand that a salary increase for nurses is not enough to retain these workers; salary and adequate working conditions are important, their absence leads to dissatisfaction, while achievements and recognition increase job satisfaction and performance. Policies aimed at increasing nurse autonomy, allowing post-graduate specialisations, recognising Master of Nursing degrees in clinical settings, providing recognition and improving communication are effective in increasing job satisfaction and decreasing turnover.

4.2 Limitations

First, the results reflect the views and experiences of the nurses who participated in the survey. The response rate was relatively modest and may have led to response bias—especially if those with stronger opinions were more likely to respond. Secondly, the study focused exclusively on internal medicine and surgical departments and excluded other hospital areas that may have different organisational cultures and working conditions. Thirdly, the use of self-report data raises the possibility that certain responses may be both over- and under-reported because work environment and job satisfaction perceptions are inherently subjective and may vary over time and between individuals. Finally, the study is cross-sectional and thus narrows our capacity for drawing causal conclusions. While the regression models show significant relationships, they do not allow conclusions to be drawn on the direction or time course of these relationships.

5 CONCLUSIONS

This study highlights the variables of nurse retention which are in the domain of tasks and responsibilities of hospital managers and leaders. Factors for nurse retention that should be considered by management and national healthcare policy are preventing emotional exhaustion, creating conditions for a stimulating work environment, solving problems highlighted by staff and prioritising the professional development of nurses, thus improving their status at the hospital.

INFORMED CONSENT

The participants gave their written informed consent to participate in the study and gave permission to publish the results of the study in scientific journals (online, open-access). The study was conducted in accordance with the Helsinki Declaration.

CONFLICTS OF INTEREST

The authors report no conflicts of interest. The manuscript has not been published and is not under consideration for publication elsewhere.

ETHICAL APROVAL

The Slovenian National Medical Ethics Committee approved the study (No. 0120-488/2019/6, 7 January 2020).

AVAILABILITY OF DATA AND MATERIALS

The data sets used and/or analysed during the current study are available from the first author of this article.

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