

Factors Promoting Retention of Nurses in Three Private Hospitals of Lahore: A Cross Sectional Descriptive Survey

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Abstract

Introduction: Pakistan has a large number of professional nurses but a higher rate of turnover contributes towards the shortage of nurses which is intensified by nurses' immigration, lack of recruitment of new nurses and retirement of senior nurses. **Aim:** The study aimed at examining the factors that increase retention of nurses. **Research Method:** The study is descriptive cross sectional with a sample of 150 nurses including both the genders, from 3 private hospitals located in Pakistan. A convenient sampling technique was used. The data collection was done through close ended questionnaires based on 20 questions. Data collection was done quantitatively and then data was entered in SPSS. Correlation and regression tests were performed. **Findings:** The analysis revealed that 91.3% nurses are loyal to their hospitals but, 8.7% nurses can switch the hospital for different reasons. It was also found that the idea of leaving the job based on the intention of moving to abroad and public sector was higher than the retirement and other causes. Resultantly, enhancements in nurses' work environments have the ability to decrease nurses' job burnout and turnover and increase patients' satisfaction. **Recommendations:** Hospital leaders should implement effective strategies to encourage nurses to continue their job by motivation, strengthening management skills within the hospital and improving a positive work environment by promoting teamwork, continuous learning, trust, respect and flexible arrangements which can lead towards achieving better results. However, further studies quantitatively and qualitatively can explore more factors related to dissatisfaction of nurses. Health systems policy makers should lead by developing related strategies for the retention of nurses.

Keywords

Retention of Nurses, Shortage of Nurses, Turnover, Workforce

1. Introduction

Nurses are the major vital part of the human resources in the health sector. But most of the hospitals are facing the problem of nurse's turnover. Shortage of nurses and high turnover rate is a global problem which is badly affecting the health care systems all over the world and thus, making the retention of nurses a worldwide challenge [1]. Therefore, it is better to deal with existing nurses than to hire nurses [2]. Employee layoff policies are designed by organizations to meet the needs of employees, leading to increase job satisfaction and significantly reduce the cost of hiring and training of employees [3].

In Pakistan, high turnover rate contributes to the shortage of nurses. Many factors are considered responsible for turnover of nurses for example; seeking better opportunity and migration [4], low salary status [5], work environment [6] age related retirement and nurse's images [7]. Furthermore, World Health Report (2006) listed Pakistan as one of the seven countries with the worst shortage of nurse personnel [8]. The international ratio of nurse to doctor is the ratio of 4 nurses to 1 doctor, and the ratio in Pakistan is 3.5 doctors to 1 nurse. The international ratio of nurses to patients is 1:35 [9], while in Pakistan; the ratio of nurses to patients is 1:4500 [10]. According to the Census Organization, the population of Punjab in 2009 was approximately 90 million. Only 9000 nurses work in Punjab, and the ratio in Punjab is even worse, at 1:10,000 [11].

According to [12], there are around 136 institutes that offer degrees, diploma and certificate programs of nursing in Pakistan, but these institutes are not enough to produce the desired number of nurses. According to WHO ratio of doctors to nurses should be 1:3 however this is reversed in the case of Pakistan where ratio of doctors to nurses is 3:1 [13]. Reference [14] states, that the International Standards of patient care require 8 nurses for 1 doctor but in Pakistan there is only 1 nurse existing for 3 practicing doctors and in some areas this ratio is as low as 1:6.

1.1. Problem Statement

Retention of employees is imperative for the organizations and health sector has no exception. There are different factors related to job retention of nurses but such factors are not explored by the researchers in Pakistan.

1.2. Significance of the Study

Retention of nurses in the health care system is of concern to nursing communities throughout the world, especially in high income countries. The nursing

shortage results in a “brain drain” of this vital source from low income countries. The frequent replacement of nurses results in increasing the cost of hospitalization, selection and training and affects the daily workflow of the hospital, thereby affecting patient satisfaction. Furthermore, various studies have found certain factors of high turnover of nurses like poor hospital conditions, poor wages, unhealthy human resource systems, insufficient welfare facilities and lack of professionalism.

It was observed by the researcher that in the selected hospitals, nurses’ turnover was high. Upon inquiring, few factors were found responsible for high turnover of the nurses; for example, location of the hospitals, poor salary, unhealthy human resource practices, inadequate welfare facilities and lack of professionalism. It is inevitable to analyze the impact of turnover of nurses on performance of the hospital and make hospital management aware about those factors so as to enable them analyzing the factors producing turnover among nurses and take necessary steps to correct the same. Hence, the present study is undertaken with the objectives of identifying the factors that influence the retention of the nurses in their current job and suitable suggestions to control and prevent turnover of nurses.

1.3. Objectives of the Study

The objectives of this study are to:

- 1) Identify factors that influence the retention of the nurses in their current job.
- 2) Recommend strategies on the basis of study findings that could retain nurses.

1.4. Hypothesis

H1: Positive fulfillment of Maslow hierarchy of needs of Nurses has a positive impact on the job retention of the nurses from the selected hospitals.

Null H1₀: Positive fulfillment of Maslow hierarchy of needs of Nurses has a negative impact on the job retention of the nurses from the selected hospitals.

1.5. Research Questions

- 1) What are the factors that influence the retention of nurses in their current job?
- 2) What are the strategies that could retain professional nurses in their current job?

1.6. Gap Analysis

Globally, there is a lot of work done about this specific issue. In Pakistan’s context, there are few studies about the job burnout and job retention of doctors but there is no study available about the job retention of nurses. The present study aims to fulfill the existing gap.

1.7. Demographic Information

Demographic information included information pertaining to the private sector of employment, length of service, birth year, gender, intention to leave or stay, career plans, factors liked or disliked in their current organization.

1.8. Pilot Study

A structured questionnaire was used, which was pre tested for content validity and reliability. A sample of ten nurses was implied from Shalimar hospital, Lahore as per inclusion and exclusion criteria. A non-probability convenient sampling technique for data collection was used. Performa was easy and understandable for the participants and the reliability of the questionnaire was 76.38%.

1.9. Operational Definitions

1.9.1. Retention

The definition of retention is the clause that encourages nursing staff to stay in the work environment.

1.9.2. Turnover

It is the rate at which workers are replaced with new staff members in an organization.

1.9.3. Private Healthcare Facility

It is a private organization providing healthcare services to patients/clients and the goal is to earn money.

2. Literature Review

In the following, different aspects of literature about the topic have been given.

2.1. Factors Affecting the Retention of Nurses

Globally, there is sufficient literature about the factors affecting the retention of nurses like environmental degradation, bad operating surroundings, loss of availability of devices, sexual harassment, lack of group support and absence of recognition.

2.1.1. Changing Demographic Nature of the Nursing Workforce

Work environment conditions play an important role in employee flexibility, productivity, job satisfaction [15] and providing good working environment for nurses, improving effective nursing services, job satisfaction and job security [16] improve nurse satisfaction. In addition, providing clinical equipment and resources in the clinical sector can improve the work environment, provide training facilities, and enhance quality care so that employees can make the most of their potential [16].

2.1.2. Stress and Burnout in Working Environment

Occupational problems affect nursing retention rates; most nurses will expe-

rience traumatic experiences [17]. The literature indicates that newly graduated nurses quit their nursing careers because of job dissatisfaction, fatigue, and frustration, and sought alternative employment [18].

2.1.3. Health Professionals' Relationship

Less professional interaction between nurses and physicians, lack of teamwork, lack of confidentiality that undermines patient dignity, and specific clinical factors for patient care that affect nurses [19]. Registered nurses who leave their jobs for two to three years show unexpected working conditions such as unreasonable conflict, harassment, and lack of clinical professional support [19].

2.1.4. Staff Turnover

Reference [20] says, Employee turnover is a situation where employees exit the organization voluntarily for various reasons or are relieved by the organisation or retire, thereby affecting the organization, most times negatively in terms of costs and the capacity to deliver the minimum required services. In relation of nursing staff turnover, the effects of turnover in the organization includes lack of experience and knowledgeable staff, work overload on remaining staff, frustration and poor patient care.

2.1.5. Remuneration, Compensation and Fringe Benefits

Various studies have confirmed that highly paid employees can keep their jobs. Finnish nurses showed positive feedback on monetary rewards and other benefits. Some countries have improved remuneration packages to increase barriers for nurses [21]. An employee salary scale that adapts to life needs will lead to employee job satisfaction [22].

2.1.6. Managerial and Leadership Support

Skilled managers need to identify problems in the unit, identify misconduct for themselves and others, identify staff needs, use critical thinking in problem solving, and encourage communication. The use of derogatory language to use unscrupulous supervisors organized by subordinates could adversely affect the perception of nurses in the medical field [23].

2.1.7. Responsibility

A study conducted in Jordan stated that nurses working in hospitals need independence, a sense of responsibility and hope that it will be led by a co-director of a nurse. Nurses also note that more independence is affected by supportive management, education and experience. It was also found that occupational independence is directly related to a position and a certain level of experience in a nurse's work [24].

2.1.8. Prospective of Pakistan

A study conducted in Islamabad, Pakistan showed that working conditions were more comfortable and working relations with male coworkers were friendlier in

private hospital as compared to public hospitals. Private hospital nurses were more satisfied with positive feedback of their performance, professional growth, and promotion system [25]. Furthermore, a study conducted at a private hospital in Karachi showed that attractive salary, melting pot benefits, promotion plan, favorable working environment, support staff and career development opportunities were the keys to improving the level of nursing care in private hospitals [26]. Another study conducted by reference [27] on Nurses' job satisfaction and willingness to stay in private hospitals found that majority of nurses were dissatisfied. The reasons for dissatisfaction were work, performance and the relationship between nurses and doctors.

2.2. Conceptual Framework for the Study

The theoretical framework for this study was based on the “Maslow’s Hierarchy of Needs Theory”, the theory of need is the basis for explaining, analyzing, or interpreting a nurse’s needs. The theory looks at the needs and motivations of the people and emphasizes the fact that workers are driven by different things at different times in their lives (See **Figure 1**).

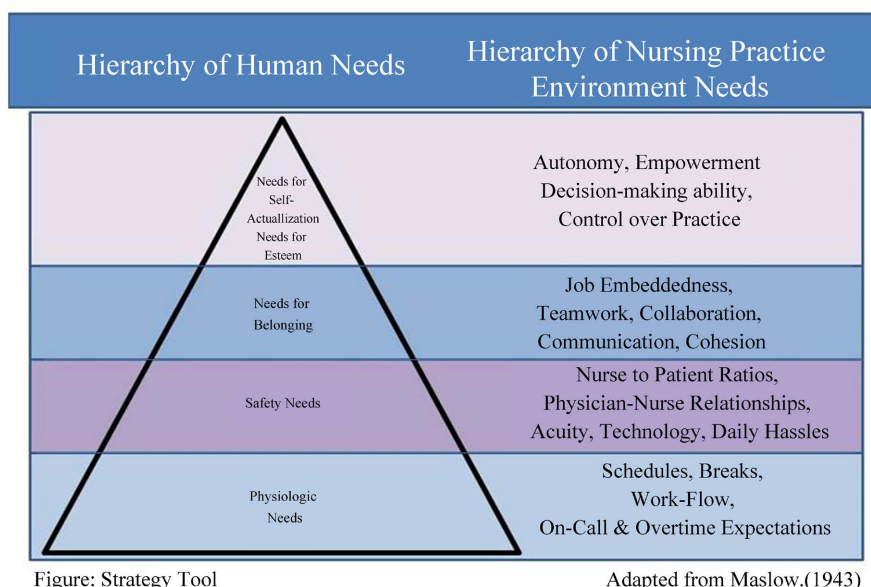


Figure 1. Strategy tool.

3. Methodology

A Descriptive cross-sectional quantitative study design was used in this study. By applying convenient sampling techniques, nurses from selected hospitals in Pakistan were recruited. The subjects are 150 nurses from 3 private hospitals, including both the gender. Data collection was done from the participants through close ended questionnaires based on 20 questions. Data collection was done quantitatively and then data was entered in SPSS. Respondents of present study were promised that their personal information will remain confidential and used

for educational purpose only.

3.1. Sample Size Calculation

$$n = \frac{Z^2 (1 - a/2) P (1 - P)}{d^2}$$

$Z^2 (1 - a/2)$ = for 95% confidence level = 1.51

n = Sample size = 150

d = Margin of error = 8%

3.2. Data Analysis

This research aggregates the responses of survey respondents into a scale. The aggregated responses have been recorded in SPSS version 20 of the test. In SPSS, reliability tests have been conducted to determine the reliability of the problem scale. Each research scale has undergone Cronbach's Alpha. Correlation tests have been performed to assess the relationship between the study variables in detail. In order to assess the relationship between the variable factors and the research variables, regression tests were performed on each pair of independent variables and dependent variables to perform regression analysis. The results of all the above tests have been interpreted to guide the conclusion. After obtaining the research test results in SPSS and interpreting the regression output as a model summary, ANOVA table and coefficients, the research hypothesis have been tested.

4. Results

Descriptive statistics are used to aggregate data and statistics. The total frequency (n) is expressed as a percentage (%) rounded to the first decimal place. This may cause certain percentages to not necessarily produce 100% of the total.

4.1. Demographic Data

Among 150 participants, 77 (51.3%) nurses were aged < 25 years, 65 (43.3%) were aged between 25 - 35 years and only 8 (5.3%) were aged > 35 years. In this study, both the gender participated. Total participants were 150 and among them, 125 (83.3%) nurses were female and 25 (16.7%) were male. Participants with different marital status like married and unmarried were included, total participants were 150 and it was found that most of the nurses that is 126 (84.0%) were single and 24 (16.0%) were married. 1 (0.7%) became a qualified nurse during 1971-1980, 3 (2.0%) became professional nurses during the years 1991-2000, 23 (15.3%) were qualified during the years 2001-2010 and 123 (82.0%) passed their exam during 2011-2015. Regarding work experience of the participants, 117 (78%) were working in the organization from 0 - 5 years, 17 (11.3%) were working from 6 - 10 years, 7 (4.7%) were working from 11 - 15 years and 9 (6%) have work experience of more than 15 years. As far as their professional preparation is concerned, 42 (28%) were BSc Nursing degree holders and 108 (72%) had done their Diploma in Nursing.

4.2. Factors Affecting Nurses Retention in Workplace

In response to the question regarding intention to leave the organization, 13 (8.7%) replied that they intend to leave their organization, whereas, 137 (91.3%) replied that they would not leave their organization. It was asked from the participants if they have plan to leave the organization next year. In response to this question, total 150 participants responded and among them, 16 (10.7%) were interested to leave their organization during the next year. In further explaining the intention to leave the current organization, 8 (5.3%) replied that they will leave for working overseas, 7 (4.7%) replied that they want to move from public to private sector, 3 (2%) gave other reasons to leave their current organization and majority of them (88%) did not responded. Upon asking the question about the shortage of professional nurses, 132 (88.0%) replied that there is a shortage of professional nurses in their hospital, whereas, 18 (12.0%) replied that there is no shortage. Inquiring about the reason to leave the organization, 132 (88%) did not responded, long duty hours (12 to 30 hours) was the concern of 4 (2.7%) participants, however, working environment is not appropriate was shown by 8 (5.3%), 2 (1.3%) stated salary issues as their reason, and domestic problems was the cause of 4 (2.7%) respondents.

4.3. Statistical Tests

4.3.1. Reliability

To check the reliability of the scales, Cronbach's Alpha test has been applied. Number of items in both of the scales was 6. If the reliability is more than 7, then the scales are considered reliable, so in this study, the scales were considered reliable (See **Table 1**).

Table 1. Reliability.

S. No.	Scale	Cronbach's Alpha
1	Retention	0.849
2	Positive Self-Actualization	0.817
3	Positive Esteem	0.863
4	Positive Belongings	0.819
5	Safety	0.799
6	Physiological Needs Fulfillment	0.850

Descriptive statics were applied to check the mean values of total response of the variables (See **Table 2**).

Table 2. Descriptive statistics.

	Descriptive Statistics				
	N	Minimum	Maximum	Mean	Std. Deviation
Retention	150	1.00	5.00	3.291	0.19348

Continued

Positive Self-Actualization	150	1.00	5.00	2.1449	1.26346
Positive Esteem	150	1.00	5.00	1.8116	0.94364
Positive Belongings	150	1.00	5.00	3.4203	0.96109
Safety	150	1.00	5.00	3.6522	1.02650
Physiological Needs Fulfillment	150	1.00	5.00	2.5217	0.97933
Valid N (listwise)	150				

4.3.2. Correlations

There was a significant correlation among all the variables. Sig value was 0.000, which is ideal in strong correlation (See **Table 3**).

Table 3. Correlation analysis.

	1	2	3	4	5	6
Retention	1					
Positive Self-Actualization	0.408**	1				
Positive Esteem	0.364**	0.408**	1			
Positive Belongings	0.326**	0.364**	0.793**	1		
Safety	0.463**	0.326**	0.300**	0.322**	1	
Physiological Needs Fulfillment	0.363**	0.463**	0.402**	0.457**	0.389**	1

$p < 0.01$, ** $p < 0.001$ $N = 150$ **. Correlation is significant at the 0.01 level (2-tailed).

4.3.3. Regression Analysis

The result showed that there is strong impact of the independent variable on dependent variable, as the significance value is 0.000 (See **Table 4**).

Table 4. Model summary.

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.437a	0.191	0.127	0.89045

a. Predictors: (Constant).

Table 5. ANOVA test.

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	11.816	5	2.363	2.980	0.018b
	Residual	49.952	63	0.793		
	Total	61.768	68			

a. Dependent Variable: Retention; b. Predictors: (Constant).

Table 6. Coefficient test.

Model	Coefficients ^a			T	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
Retention	2.872	0.643		4.466	0.000
Positive Self-Actualization	0.081	0.099	0.107	0.814	0.419
Positive Esteem	0.074	0.129	0.073	0.572	0.569
1 Positive Belongings	0.157	0.117	0.158	1.343	0.184
Safety	0.253	0.115	0.273	2.194	0.032
Physiological Needs Fulfillment	0.135	0.115	0.138	1.169	0.247

a. Dependent Variable: Retention

R measures the strength of linear relationship between IV and DV. R value between IV and DV is 0.437 which tells that if IV increases by 1 then DV will increase by 0.437 that is 43.7% positive variance. IV has strong positive correlation with DV in the presence of mediating variable. R square shows the magnitude of relationship between IV and DV (See **Tables 5-6**).

4.3.4. Hypothesis Status

Hypothesis status is given below in tabular form: (See **Table 7**).

Table 7. Hypothesis status.

S. No	Hypothesis	Status
1	Hypothesis 1	Accepted State

4.3.5. In Depth Item Analysis

Table below shows the responses of the participants in terms of a Likert Scale options between “strongly disagree”, “disagree”, “Don’t Know” “agree” and “strongly agree” (See **Table 8**).

Table 8. Item analysis.

S.#	Description	Strongly disagree	Disagree	Don't know	Agree	Strongly agree	p-value
1	A competitive salary	6 4%	27 18%	-	82 54%.7	35 23.3%	0.002 (*S)
2	Hospital share options	18 12%	31 20.7%	8 5.3%	74 49.3%	19 12.7%	0.027 (S)
3	Health care benefits (medical aid & insurance)	1 0.7%	13 8.7%	5 3.3%	81 54%	50 33.3%	0.192 (*NS)
4	Late shift allowance	18 12%	16 10.7%	4 2.7%	91 60.7%	21 14%	0.003 (S)

Continued

5	Housing subsidy	6 4%	16 10.7%	11 7.3%	88 58.7%	29 19.3%	0.092 (NS)
6	Annual revision of salary	5 3.3%	7 4.7%	6 4%	97 64.7%	34 22.7%	0.193 (NS)
7	Incentives for working unsocial hours	19 12.7%	41 27.3%	22 14.7%	52 34.7%	16 10.7%	0.300 (S)
8	Retirement benefits	4 2.7%	13 8.7%	12 8%	92 61.3%	29 19.3%	0.723 (NS)
9	Certificate and qualification bonus	5 3.3%	12 8%	7 4.7%	94 62.7%	32 21.3%	0.884 (NS)
10	Meal vouchers when on duty	22 14.7%	60 40%	8 5.3%	45 30%	15 10%	0.622 (NS)
11	Child care facilities at work	11 7.3%	19 12.7%	16 10.7%	78 52%	26 17.3%	0.200 (S)
12	Well ventilated rest-rooms for nurses	27 18%	16 10.7%	4 2.7%	70 46.7%	33 22%	0.006 (S)
13	Reward for outstanding performance	5 3.3%	17 11.3%	4 2.7%	78 52%	46 30.7%	0.088 (NS)
14	Respect from management and physicians/doctors	3 2%	4 2.7%	1 0.7%	69 46%	73 48.7%	0.102 (NS)
15	Safety rules and regulations	-	4 2.7%	1 0.7%	77 51.3%	68 45.3%	0.044 (S)
16	Safe working environment	2 1.3%	1 0.7%	1 0.7%	90 60%	56 37.3%	0.224 (NS)
17	Flexible working hours, which I am allowed to choose	17 11.3%	21 14.0%	3 2.0%	66 44.0%	43 28.7%	0.442 (NS)
18	Team building excursions	3 2%	8 5.3%	5 3.3%	95 63.3%	39 26%	0.806 (NS)
19	Continuous feedback from management regarding performance	5 3.3%	10 6.7%	2 1.3%	101 67.3%	32 21.3%	1.00 (NS)
20	Opportunity and reward system	7 4.7%	9 6%	2 1.3%	81 54%	51 34%	0.7 (NS)

*S-Significant; *NS-Non-significant.

4.3.6. Leaving Organization and Competitive Salary

There was statistically significant association between leaving organization and salary (p-value 0.002) (See **Table 9**).

Table 9. Association between leaving organization and competitive salary.

Leaving organization	A competitive salary					Total	p-value 0.002
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	1 7.7%	7 53.8%	-	2 15.4%	3 23.1%	13 100.0%	

Continued

No	5	20	80	32	137
	3.6%	14.6%	58.4%	23.4%	100.0%
Total	6	27	82	35	150
	4.0%	18.0%	54.7%	23.3%	100.0%

4.3.7. Leaving Organization & Hospital Share Options

There was statistically significant association between leaving organization and Hospital share options (p-value 0.027) (See **Table 10**).

Table 10. Association between leaving organization and hospital share options.

Leaving organization	Hospital share options					Total	p-value 0.027
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	2	4	2	2	3	13	
	15.4%	30.8%	15.4%	15.4%	23.1%	100.0%	
No	16	27	6	72	16	137	
	11.7%	19.7%	4.4%	52.6%	11.7%	100.0%	
Total	18	31	8	74	19	150	
	12.0%	20.7%	5.3%	49.3%	12.7%	100.0%	

4.3.8. Leaving Organization & Health Care Benefits (Medical Aid and Insurance)

There was no statistically significant association between leaving organization and health care benefits (p-value 0.192) (See **Table 11**).

Table 11. Association between leaving organization and health care benefits.

Leaving organization	Health care benefits (medical aid and insurance)					Total	p-value 0.192
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0	3	1	5	4	13	
	0.0%	23.1%	7.7%	38.5%	30.8%	100.0%	
No	1	10	4	76	46	137	
	0.7%	7.3%	2.9%	55.5%	33.6%	100.0%	
Total	1	13	5	81	50	150	
	0.7%	8.7%	3.3%	54.0%	33.3%	100.0%	

4.3.9. Leaving Organization & Late Shift Allowance

There was statistically significant association between leaving organization and late shift allowance (p-value 0.003) (See **Table 12**).

Table 12. Association between leaving organization and late shift allowance.

Leaving organization	Late shift allowance					Total	p-value 0.003
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	5	1	2	4	1	13	
	38.5%	7.7%	15.4%	30.8%	7.7%	100.0%	
No	13	15	2	87	20	137	
	9.5%	10.9%	1.5%	63.5%	14.6%	100.0%	
Total	18	16	4	91	21	150	
	12.0%	10.7%	2.7%	60.7%	14.0%	100.0%	

4.3.10. Leaving Organization & Housing Subsidy

There was no statistically significant association between leaving organization and Housing subsidy (p-value 0.092) (See **Table 13**).

Table 13. Association between leaving organization and housing subsidy.

Leaving organization	Housing subsidy					Total	p-value 0.092
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	1	4	1	6	1	13	
	7.7%	30.8%	7.7%	46.2%	7.7%	100.0%	
No	5	12	10	82	28	137	
	3.6%	8.8%	7.3%	59.9%	20.4%	100.0%	
Total	6	16	11	88	29	150	
	4.0%	10.7%	7.3%	58.7%	19.3%	100.0%	

4.3.11. Leaving Organization & Annual Revision of Salary

There was no statistically significant association between leaving organization and Annual revision of salary (p-value 0.193) (See **Table 14**).

Table 14. Association between leaving organization and annual revision of salary.

Leaving organization	Annual revision of salary					Total	p-value 0.193
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0	1	2	6	4	13	
	0.0%	7.7%	15.4%	46.2%	30.8%	100.0%	
No		6	4	91	30	137	
	4.4%	4.4%	2.9%	66.4%	21.9%	100.0%	
Total	6	7	6	97	34	150	
	4.7%	4.7%	4.0%	64.7%	22.7%	100.0%	

4.3.12. Leaving Organization & Incentives for Working Unsocial Hours

There was statistically significant association between leaving organization and Incentives for working unsocial hours (p-value 0.300) (See **Table 15**).

Table 15. Association between leaving organization and incentives for working unsocial hours.

Leaving organization	Incentives for working unsocial hours					Total	p-value 0.300
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	3	5	1	2	2	13	
	23.1%	38.5%	7.7%	15.4%	15.4%	100.0%	
No	16	36	21	50	14	137	
	11.7%	26.3%	15.3%	36.5%	10.2%	100.0%	
Total	19	41	22	52	16	150	
	12.7%	27.3%	14.7%	34.7%	10.7%	100.0%	

4.3.13. Leaving Organization & Retirement Benefits

There was no statistically significant association between leaving organization and retirement benefits (p-value 0.723) (See **Table 16**).

Table 16. Association between leaving organization and retirement benefits.

Leaving organization	Retirement benefits					Total	p-value 0.723
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0	2	0	8	3	13	
	.0%	15.4%	.0%	61.5%	23.1%	100.0%	
No	4	11	12	84	26	137	
	2.9%	8.0%	8.8%	61.3%	19.0%	100.0%	
Total	4	13	12	92	29	150	
	2.7%	8.7%	8.0%	61.3%	19.3%	100.0%	

4.3.14. Leaving Organization & Certificate and Qualification Bonus

There was no statistically significant association between leaving organization and Certificate and qualification bonus (p-value 0.884) (See **Table 17**).

Table 17. Association between leaving organization and certificate and qualification bonus.

Leaving organization	Certificate and qualification bonus					Total	p-value 0.884
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0	0	0	10	3	13	
	0.0%	0.0%	0.0%	76.9%	23.1%	100.0%	

Continued

No	5	12	7	84	29	137
	3.6%	8.8%	5.1%	61.3%	21.2%	100.0%
Total	5	12	7	94	32	150
	3.3%	8.0%	4.7%	62.7%	21.3%	100.0%

4.3.15. Leaving Organization & Meal Vouchers at Duty

There was no statistically significant association between leaving organization and Meal vouchers when on duty (p-value 0.622) (See **Table 18**).

Table 18. Association between leaving organization and meal vouchers when on duty.

Leaving organization	Meal vouchers when on duty					Total	p-value 0.622
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	2	7	0	2	2	13	
	15.4%	53.8%	.0%	15.4%	15.4%	100.0%	
No	20	53	8	43	13	137	
	14.6%	38.7%	5.8%	31.4%	9.5%	100.0%	
Total	22	60	8	45	15	150	
	14.7%	40.0%	5.3%	30.0%	10.0%	100.0%	

4.3.16. Leaving Organization & Child Care Facilities at Work

There was statistically significant association between leaving organization and child care facilities (p-value 0.200) (See **Table 19**).

Table 19. Association between leaving organization and child care facilities.

Leaving organization	Child care facilities at work					Total	p-value 0.200
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	3	1	0	7	2	13	
	23.1%	7.7%	.0%	53.8%	15.4%	100.0%	
No	8	18	16	71	24	137	
	5.8%	13.1%	11.7%	51.8%	17.5%	100.0%	
Total	11	19	16	78	26	150	
	7.3%	12.7%	10.7%	52.0%	17.3%	100.0%	

4.3.17. Leaving Organization & Well Ventilated Rest-Rooms for Nurses

There was statistically significant association between leaving organization and well ventilated rest-rooms (p-value 0.006) (See **Table 20**).

Table 20. Association between leaving organization and well ventilated rest-rooms.

Leaving organization	Well ventilated rest-rooms for nurses					Total	p-value 0.006
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	3 23.1%	4 30.8%	0 0.0%	1 7.7%	5 38.5%	13 100.0%	
No	24 17.5%	12 8.8%	4 2.9%	69 50.4%	28 20.4%	137 100.0%	
Total	27 18.0%	16 10.7%	4 2.7%	70 46.7%	33 22.0%	150 100.0%	

4.3.18. Leaving Organization & Reward for Outstanding Performance

There was no statistically significant association between leaving organization and reward for outstanding performance (p-value 0.088) (See **Table 21**).

Table 21. Association between leaving organization and reward for outstanding performance.

Leaving organization	Reward for outstanding performance					Total	p-value 0.088
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0 0.0%	2 15.4%	1 7.7%	3 23.1%	7 53.8%	13 100.0%	
No	5 3.6%	15 10.9%	3 2.2%	75 54.7%	39 28.5%	137 100.0%	
Total	5 3.3%	17 11.3%	4 2.7%	78 52.0%	46 30.7%	150 100.0%	

4.3.19. Leaving Organization & Respect from Management and Physicians/Doctors

There was no statistically significant association between leaving organization and Respect from management and physicians/doctors (p-value 0.102) (See **Table 22**).

Table 22. Association between leaving organization and respect from management.

Leaving organization	Respect from management and physicians/doctors					Total	p-value 0.102
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0 0.0%	1 7.7%	1 7.7%	5 38.5%	6 46.2%	13 100.0%	
No	3 2.2%	3 2.2%	0 0.0%	64 46.7%	67 48.9%	137 100.0%	
Total	3 2.0%	4 2.7%	1 0.7%	69 46.0%	73 48.7%	150 100.0%	

4.3.20. Leaving Organization & Safety Rules and Regulations

There was statistically significant association between leaving organization and Safety rules and regulations (p-value 0.044) (See **Table 23**).

Table 23. Association between leaving organization and safety rules and regulations).

Leaving organization	Safety rules and regulations					Total	p-value 0.044
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	-	0 0.0%	1 7.7%	9 69.2%	3 23.1%	13 100.0%	
No	-	4 2.9%	0 0.0%	68 49.6%	65 47.4%	137 100.0%	
Total		4 2.7%	1 0.7%	77 51.3%	68 45.3%	150 100.0%	

4.3.21. Leaving Organization & Safe Working Environment

There was no statistically significant association between leaving organization and Safe working environment (p-value 0.224) (See **Table 24**).

Table 24. Association between leaving organization and safe working environment.

Leaving organization	Safe working environment					Total	p-value 0.224
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0 0.0%	0 0.0%	1 7.7%	7 53.8%	5 38.5%	13 100.0%	
No	2 1.5%	1 0.7%	0 0.0%	83 60.6%	51 37.2%	137 100.0%	
Total	2 1.3%	1 .7%	1 0.7%	90 60.0%	56 37.3%	150 100.0%	

4.3.22. Leaving Organization & Flexible Working Hours

Table 25. Association between leaving organization and flexible working hours.

Leaving organization	Flexible working hours, which I am allowed to choose					Total	p-value 0.442
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	1 7.7%	4 30.8%	0 .0%	4 30.8%	4 30.8%	13 100.0%	
No	16 11.7%	17 12.4%	3 2.2%	62 45.3%	39 28.5%	137 100.0%	
Total	17 11.3%	21 14.0%	3 2.0%	66 44.0%	43 28.7%	150 100.0%	

There was no statistically significant association between leaving organization and Flexible working hours, which I am allowed to choose (p-value 0.442) (See **Table 25**).

4.3.23. Leaving Organization & Team Building Excursions

There was no statistically significant association between leaving organization and team building excursions (p-value 0.806) (See **Table 26**).

Table 26. Association between leaving organization and team building excursions..

Leaving organization	Team building excursions					Total	p-value 0.806
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0 0.0%	0 0.0%	0 0.0%	8 61.5%	5 38.5%	13 100.0%	
No	3 2.2%	8 5.8%	5 3.6%	87 63.5%	34 24.8%	137 100.0%	
Total	3 2.0%	8 5.3%	5 3.3%	95 63.3%	39 26.0%	150 100.0%	

4.3.24. Leaving Organization & Continuous Feedback from Management Regarding Performance

There was no statistically significant association between leaving organization and continues feedback. (P-value 1.00) (See **Table 27**).

Table 27. Association between leaving organization and continues feedback.

Leaving organization	Continuous feedback from management regarding performance					Total	p-value 1.00
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	0 0.0%	1 7.7%	0 0.0%	9 69.2%	3 23.1%	13 100.0%	
No	5 3.6%	9 6.6%	2 1.5%	92 67.2%	29 21.2%	137 100.0%	
Total	5 3.3%	10 6.7%	2 1.3%	101 67.3%	32 21.3%	150 100.0%	

4.3.25. Leaving Organization & Opportunity and Reward System

Table 28. Association between leaving organization and opportunity and reward system.

Leaving organization	Opportunity and reward system					Total	p-value 1.00
	Strongly disagree	Disagree	Don't Know	Agree	Strongly Agree		
Yes	1 7.7%	1 7.7%	0 0.0%	8 61.5%	3 23.1%	13 100.0%	

Continued

No	6 4.4%	8 5.8%	2 1.5%	73 53.3%	48 35.0%	137 100.0%
Total	7 4.7%	9 6.0%	2 1.3%	81 54.0%	51 34.0%	150 100.0%

There was no statistically significant association between leaving organization and Opportunity and reward system (p-value 1.00) (See **Table 28**).

4.4. Open Ended Findings

Data analysis revealed three major themes and categories as under: (See **Table 29**).

Table 29. Major themes and categories.

“Theme	Categories
General factors that can influence professional nurse retention	1.1 Working conditions
	1.2 Scheduling of working hours
	1.3 Professional development
	1.4 Rewards and benefits
	1.5 Relationships at work
	1.6 Re-attracting retired nurses
	1.7 Image of nursing
	1.8 Impact of values
Organisational factors that could influence professional nurse retention	2.1 Safety in the workplace
	2.2 Lack of resources.
	2.3 Organizational policy and strategic planning
	2.4 Organizational culture
	2.5 Organizational change
Role of organization’s management in enhancing professional nurse retention	3.1 Empowering nurse managers
	3.2 Communication
	3.3 Training and development
	3.4 Leadership role
	3.5 Management skills
	3.6 Managerial attributes
	3.7 Manager’s role in retention”

The findings of this study revealed that 91.3% of nurses do not want to leave their job. Factors that contributed to the retention of nurses in their job were rewards of outstanding performance, respect from management and physicians/doctors, safety rules and regulations and safe working environments. Furthermore, statistically significant association was found between subject leaving organization and hospital share option that is P-Value 0.027, whereas, no statistically significant association was found between leaving the health care benefits that is P-Value 0.192. And there was no statistically significant association was found between leaving organization and reward for outstanding performance (P-Value 0.088). Likewise, no statistically significant association was present

between leaving the organization and respect from managers and physicians (P-Value 0.102).

5. Discussion

As far as demographic profile of the participants is concerned, 83.3% nurses were female, as similar to [28] study. This finding is significant as nursing is a female dominating profession. Most of the nurses were younger than 35 yrs. This finding is contrary to the results of the [29] study where they found a mean age of 40 with an SD of 11.2 years. However, similar results were reported by [28] that is 99 % were between the ages of 21 - 25 years. This shows that there are more aged nurses working in western countries. Another attribute of study is qualification of participants that is 28% were degree holder while majority (72%) was diploma holders, whereas, international studies reported BSN degree holders as majority of the participants [29].

Regarding the duration of working in the current organization, majority (78%) were working in the organization from five years which shows the employees were retained in the private hospitals. This search is consistent with the results of [30].

91.3% of nurses from private sectors do not want to leave their job whereas, 8.7% of nurses wanted or intended to leave the current job. Main Factors that contributed to the retention of nurses in their job were; rewards of outstanding performance, respect form management and physicians/doctors, safety rules and regulations and safe working environments. Furthermore, statistically significant association was found between subject leaving organization and hospital share option that is P-Value 0.027, whereas, no statistically significant association was found between nurses leaving the organization and health care benefits with a is P-Value 0.192. And there was no statistically significant association found between nurses leaving organization and reward for outstanding performance (P-Value 0.088). Likewise, no statistically significant association was present between nurses leaving the organization and respect from managers and physicians (P-Value 0.102).

Retention factors are Safe Working Environment and respect from management. This finding substantiated the findings of [31] also found that the quality of work life is important factor in intention to leave the organization.

The shortage of nurses had some negative consequences on the nurses working in organization of this study for example, physical and mental stress, exhaustion, anxiety and work overload. Similarly, [32] also reported that work load, lack of workforce, lack of autonomy and non-nursing tasks were included in turnover intentions.

5.1. Strength

- 1) Selection process was well designed.
- 2) Sample was representative of the population.

- 3) Collected data was easy to analyses.
- 4) Data was consistent, precise and reliable.
- 5) The study established preliminary evidence in planning a future advance study.
- 6) This study found some of the substantial reasons that have resulted in nurses' job dissatisfaction and turnover.

5.2. Limitations

- 1) Study results may not be generalized because of non-probability sampling
- 2) Data collection may take more time
- 3) A large sample size may give a clearer depiction of scenario.
- 4) Large number of male participants could have had an effect on the findings, as males might have different needs from those of females.
- 5) Data was collected from institutions with almost similar facilities, environment and stakeholders. Variation in context and types of hospital management system might have brought different results.
- 6) Current study is descriptive and cross sectional this could have been conducted as analytical or qualitatively.

5.3. Recommendations

- 1) There should be created more supportive professional nursing exercises so that nurses can fully develop their potential for professional interaction. This can be done by developing a clinical ladder that can be improved within the organization.
- 2) Motivate working nurses by decreasing the workload and developing a reward system for nurses based on the workload.
- 3) By strengthening mutual leadership and management skills within the hospital, opportunities are created to attract and retain nurses.
- 4) Improve a positive work environment by promoting teamwork, promoting continuous learning, trust, respect and flexible arrangements.
- 5) Future studies should explore additional factors, related to retention of nurses like the relationships of nurses with their patients, patient's family members that affect the satisfaction level of nurses with their jobs.
- 6) Additionally, studies should be conducted to investigate these issues one by one in deeper context and devise methods for developing a nurturing workplace that understands nurse's needs.
- 7) Current study findings will help health systems policy makers, including those at Federal and organizational level to develop and implement effective strategies to improve the satisfaction level of nurses at health sector and to minimize the factors leading to shortage and will improve the retention of nurses.

6. Conclusion

Loss of registered nurses will affect the long-term functioning of medical facili-

ties [33]. The results of the current study states that majority of the nurses do not want to leave the job. However, those who want to leave state the reason as being bad working environment, long working hours, behavior of colleagues and intention to get rid of low pay.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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