

## ORIGINAL ARTICLE

**Factors affecting the Staff Turnover and its Impact on Quality Care in Tertiary Care Hospital**FARZANA MEHBOOB ALI<sup>1</sup>, ATIYYAH ADEEL<sup>2</sup>, WASIF MASOOD<sup>3</sup>, SOFIA NOREEN<sup>4</sup>, DANISH AHMED<sup>5</sup>, DANISH ALI SIDDIQUI<sup>6</sup><sup>1,2,4,5,6</sup>Nursing Instructor, Indus College of Nursing and Midwifery, Karachi<sup>3</sup>Physiotherapist, Shaheed Mohtarma Benazir Bhutto Institute of Trauma, KarachiCorresponding author: Farzana Mehboob Ali, Email: [Mithanifarzana86@gmail.com](mailto:Mithanifarzana86@gmail.com), Cell: 0322-3097540**ABSTRACT**

**Background:** When hospital staff leave their positions, it may be difficult to satisfy patients' demands and maintain a good standard of care, which in turn can put more pressure on the remaining staff. The outcome may be a dramatic shift in how nurses conduct in their employment, with repercussions including decreased job satisfaction, decreased productivity, and even employee turnover.

**Objective:** The goal of this research was to identify the causes of staff turnover in tertiary care hospitals.

**Methods:** shaheed mohtarma benazir Bhutto institute of trauma a tertiary care hospitals in karachi, participants were included in a cross-sectional study, from 01/05/2022 to 31/10/2022. Participants had to be registered staff with at least a year of experience working in a clinical environment at either hospital. Quota sampling was used to pick staff from hospitals, stratified by shift, with signed informed permission from each participant. Information was gathered by a self-administered questionnaire with four parts (Brooks' assessment of QNWL, Anticipated Turnover Scale (ATS), free-form questions, and demographic details).

**Results:** A total 80 participants were recruited to carry out the present study. According to the cutoff for willingness to depart as determined by the ATS (> 3.5), 61% of people are interested in finding another employment. Hospital employees were more likely to be dissatisfied with their quality of life on the job if the QNWL cutoff satisfaction level ( $\leq 4.2$ ) was lower. There was an equal gap in discontentment between men and women on the quality of their work lives. There is a considerable increase in work dissatisfaction among participants between the ages of 31-40 (19%) (P0.000). Nonetheless, those between the ages of 41- 50 accounted for the largest percentage of respondents (21%) who were interested in leaving their current place of employment.

**Conclusion:** Because of the implications and effects on patient care, the QNWL and nurse turnover pose serious difficulties for healthcare organizations.

**Keywords:** staff turnover, survey-base, quality of life, Tertiary hospital

**INTRODUCTION**

Staff turnover has a significant impact on the cost and quality of healthcare services (HS), making retention an important issue for the industry. There was no hindrance to the employee's continuing work, such as a physical impairment or a decision by firm management, since the employee voluntarily left. Healthcare continues to have a high turnover rate (1). About half of the consultants in the North West of England, according to Murray (2000), want to retire before turning 60 (2). The NHS Levers Study 2001 in the United Kingdom found that among healthcare workers, nurses and midwives had the greatest turnover rate. In 2000-2001, turnover among nurses and midwives was 33% annually (3). The healthcare industry is suffering from a serious scarcity of workers due to high turnover. Separation, interim replacement, recruiting and selection, as well as induction and training charges, may add up to a significant chunk of a company's budget (4). The loss of income and of possible competitive advantage are difficult to measure, and neither are the expenses associated with poor productivity of new workers while learning and of departing employees while working less efficiently during the notice period (5). The loss of expertise, the interruption of operations, the waste of time, and the effect on employee morale are further consequences. Yet, the issues of which employee turnover may be prevented and how to control it have been discussed but not resolved (6). Now, more than ever, access to quality tertiary health care (THC) is critical. Due to an aging population and an increase in chronic illnesses, there will be a significant rise in the need for tertiary healthcare providers (7). Tertiary care clinics, however, are experiencing severe shortages of available medical professionals on a global scale. A deficit of between 7,300 and 43,100 tertiary care doctors is expected by 2030 in the United States, according to the Association of American Medical Colleges (AAMC) (8). There is a severe shortage of primary care physicians since so few medical students and residents are interested in the field. As a result, keeping primary care physicians employed should be a higher priority. The notion of planned behavior asserts that an individual's intentions about their behavior are highly predictive of that behavior (9). Current thinking is that turnover intention, as the

antecedent of resignation, is more illuminating than turnover rate.

A person's likelihood of really leaving their present job and finding a new one may be gauged by looking at their turnover intention (10, 11). According to Hom and Griffeth, a person's "turnover intention" is the degree to which they want to leave an organisation voluntarily. Turnover occurs because of deliberate action. When an employee decides to leave their work, they start looking for other employment opportunities, and eventually they leave for better opportunities (12). After analyzing data from several research, Steel and Ovalle found a half-point link between turnover intent and actual turnover. According to a 5-year follow-up research, family doctors in England who expressed a strong desire to leave their positions were 4.48 times as likely as those who did not to actually quit by that point. Consistent with these findings, we find that a higher turnover outlook predicts a higher risk of actual departure (13). It would be more effective to address the causes of employee turnover than the turnover itself. The purpose of the study was to determine the factors affecting the staff turnover and its impact on quality care in tertiary care hospital.

**METHODOLOGY**

Shaheed mohtarma benazir Bhutto institute of trauma a tertiary hospitals in karachi, participants were included in a cross-sectional study, from 01/05/2022 to 31/10/2022. Participants had to be registered staff with at least a year of experience working in a clinical environment at either hospital. Quota sampling was used to pick staff from hospitals, stratified by shift, with signed informed permission from each participant. Since English is the primary language used in the hospital, self-reported questionnaires were administered in English to gather data. Cover letters, questionnaires, and return envelopes were all part of the research package that was sent out to participants. Participants were reminded by the research coordinator to send their completed surveys to the hospital's postal service in a sealed, anonymous envelope. The goals of this research were addressed by using two instruments: the Brooks' survey of QNWL (14) and the anticipated turnover scale (ATS) (15). Researchers were given authorization to distribute and collect data using questionnaires created by the

study's creators. The QNWL is a self-reported questionnaire with 42 questions distributed over four scales (work life/home life, work design, work surroundings, and work the world) that assess various aspects of the working experience. The work-life balance is the point where Staff's professional and personal lives meet. The work design criterion defines the core activities that make up hospital staff's jobs. When considering staff work environments, it's important to consider the many practice contexts in which they operate. The term "work world dimension" is used to describe the aftereffects of widespread social influences and shifts in hospital staff practice. Respondent staff are asked to indicate on a Likert scale from 1 (strongly disagree) to 6 (strongly agree) how much they agree or disagree with each statement. If the mean of the responses was less than 4.2, it was seen as a sign of discontent with the quality of the respondents' working lives. Construct validity is 0.89, and reliability is 0.90, therefore this scale is quite reliable. There are 12 questions on the ATS that staff will answer on their own. Hinshaw and Atwood developed this instrument to study nurse turnover intentions. It gauges workers' thoughts and feelings about quitting their existing positions. The ATS questionnaire uses a 7-point Likert scale, with responses ranging from "strongly agree" to "strongly disagree." The components of the instrument reflected the likelihood and duration of a worker's departure from their current position. The overall score was determined by adding up the points for each component of the scale and then dividing by the total number of components. Higher ratings indicate a stronger desire to quit the present position. Average responses higher than 3.5 indicated a greater likelihood of a job change. In addition to the results from the QNWL and ATS scales, we also collected demographic information (age, gender, marital status, number of family members living in hospital, number of children, primary family caregiver, number of years of nursing experience, number of years of nursing experience in Saudi Arabia, current nursing position, number of years working in the current position, monthly income, and having additional financial benefits) that could have an impact on the results. Because of their separate impacts, demographic factors should be examined as potential causes of employee turnover. SPSS version 26 was used for all data entry and analysis. Percentages and frequency counts were provided for categorical variables. Comparatively, averages were used to represent continuous variables like ATS and QNWL test results. Mean scores on the ATS and QNWL were analyzed using an independent samples t-test and analysis of variance to see how they correlated with survey takers' demographics. In this case, statistical significance was defined as a two-tailed P-value  $\leq 0.05$ .

## RESULTS

A total 80 participants were recruited to carry out the present study. Participant's demographic characteristics were presented in Table 1. Majority of the participants were between 41-50 years old

(32%). This study has equal proportion of the male and female respondents. Majority of the participants were married (67%) and have children (66%). Majority of the participants were involved in primary care giving (54%). Most of the participants have Master's level of education (31%). Majority of the surveyed participants have experience of more than 15 years (43%). 61% of individuals were willing to quit their present post, as measured by the ATS limit for willingness to leave ( $> 3.5$ ). QNWL cutoff satisfaction threshold ( $\leq 4.2$ ) showed that 56% of participating hospital staff were unhappy with their quality of work life. Table 2 displays the correlation between demographic factors and QNWL and ATS cut scores. Both males and females were equally not satisfied with their job quality. Participants between age 31-40 years (19%) show more dissatisfaction in their jobs, with a significant difference of 0.000. while most participants (21%) want to leave their present job were in age group of 41-50. Majority of the married women were dissatisfied with their job (38%) and wants to leave their current job (48%).

Table 1: Demographic parameters of the participants

Parameters	Categories	N (%)
Age Group	25-30	9 (11%)
	31-40	23 (28%)
	41-50	26 (32%)
	> 51	22 (27%)
Gender	Male	40 (50%)
	Female	40 (50%)
Marital Status	Single	23 (28%)
	Married	54 (67%)
	Widowed	2 (3%)
	Divorced	1 (1%)
Children	Yes	53 (66%)
	No	27 (33%)
Primary care giver	Yes	43 (54%)
	No	37 (46%)
Education level	Associate Degree	22 (28%)
	Diploma	22 (28%)
	Bachelor	11 (14%)
	Master's Degree	25 (31%)
Total years of experience	1-5	7 (9%)
	6-10	18 (23%)
	11-15	21 (26%)
	>15	34 (43%)
Monthly Salary (PKR)	25000	3 (4%)
	26000-35000	22 (28%)
	36000-45000	17 (21%)
	>45000	38 (48%)
Having additional financial benefits	Yes	51 (64%)
	No	29 (36%)
ATS CUT OFF	$\leq 3.5$	31 (39%)
	$> 3.5$	49 (61%)
QNWL Cut Off	$\leq 4.2$	45 (56%)
	$> 4.2$	35 (44%)

Table 2: Association of demographic characteristics with QNWL and ATS

		ATS		P Value	QNWL		P Value
		$\leq 3.5$ (n)	$> 3.5$ (n)		$\leq 4.2$	$> 4.2$	
Gender	Female	12	28	0.14	23	17	0.42
	Male	18	22		22	18	
Age	25-30	6	3	.000****	4	5	.000****
	31-40	7	16		15	8	
	41-50	9	17		11	15	
	>50	7	15		14	8	
Marital Status	Single	11	12	0.07	13	10	0.000****
	Married	16	38		30	24	
	Divorced	0	2		2	0	
	Widowed	0	1		0	1	
Children	Yes	18	35	0.001***	27	27	0.208
	NO	12	15		16	11	
Tertiary Care Giver	Yes	15	28	0.047*	26	17	0.741
	No	14	23		19	18	
Education	Associate Degree	9	13	.000****	9	13	.000****
	Diploma	6	16		13	9	
	Bachelor	4	7		7	4	
	Master's Degree	10	15		15	10	
Experience	1-5	5	2	.000****	3	4	.000****

	6-10	4	14		12	6	
	11-15	8	13		12	9	
	>15	12	22		18	16	
Salary	25000	3	0	.000****	1	2	.000****
	26000-35000	7	15		11	11	
	36000-45000	6	11		13	4	
	>45000	14	24		17	21	
	Yes	19	32		24	27	
Benefits	NO	11	18	0.001***	18	11	0.369

## DISCUSSION

This research is a first step toward comprehending the challenges faced by nurses in tertiary care settings and shedding light on an important topic that could have a negative impact on an organization's ability to meet the needs of its patients and maintain high standards of care if it is not properly assessed and managed. The vast majority of respondents in our survey (56%) were unhappy with their jobs, and 66% were planning to leave their current employers. Our finding exceeds what has been found in other research on nurses' intentions to leave the profession. Dissatisfaction with one's job as a nurse was documented in research by Brooks et al., who used the same QNWL scale to evaluate hospital staff (16). Almalki et al. did a survey with 508 primary health care staff in Saudi Arabia and found that the majority of them were unhappy with their jobs (17). A prospective study of 1417 hospital staff in Sweden found that 20% of them planned to quit the profession during the next five years (18). An international survey of 6469 hospital staff across seven European nations found that incentive frustration was associated with increased turnover intentions (19).

Previous research found that workers' monthly pay, duration of work experience, and organisation tenure were significant determinants of QNWL. We found that hospital staff' QNWL satisfaction is highly impacted by their total years of nursing experience, their total years of nursing experience in hospitals, and their monthly pay. The longer a nurse has been in practice, the more secure their position, and the higher their Quality of Life at Work (QNWL) (20, 21). Both Nayeri et al. (22) and Boonrod's (23) research failed to find a correlation between QNWL and years of job experience. Our findings mirrored those of earlier research in demonstrating that staff' intentions to leave their present jobs varied according to gender and the number of years they had spent in their current role. However, other research has shown no correlation between gender and workers' propensity to quit their jobs. The study has limitations due to the fact that it is a cross-sectional analysis of self-reported data. This suggests the need for more investigations using more rigorous methods and tools. The quality of hospital staff's knowledge and their ability to remember it need further research. Further longitudinal and interventional research is needed to evaluate the actual turnover rate among hospital staff in relation to their stated desire to leave their current positions. Expat staff' perspectives on QNWL and their intentions to leave their positions may be influenced by social and cultural conventions, although this topic needs further research.

## CONCLUSION

Because of the repercussions and effects on patient care, the QNWL and nurse turnover were difficult challenges for healthcare institutions to tackle. Our research shows that hospital staff were not very satisfied with their QNWL, and that many of them plan to leave their jobs as a result of this. In order to improve QNWL and reduce turnover, the study's findings might inform future rules and concrete actions.

## REFERENCES

- Shen J, Leggett C. Factors affecting turnover and retention of hospital consultants and midwives. 2005.
- Murray-Prior R, Hart D, Dymond J. An analysis of farmer uptake of formal farm management training in Western Australia. Australian Journal of Experimental Agriculture. 2000;40(4):557-70.

- Ball J, Rafferty AM, Philippou J. 2.1. Context-organization of the health system, education and regulation.
- Campion M, Maertz C. years of voluntary turnover research: A review and critique. International Review of Industrial and Organizational Psychology.13:49-81.
- Van Lerberghe W. The world health report 2008: primary health care: now more than ever: World Health Organization; 2008.
- Zerehi MR. How is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?: A Comprehensive Evidence Review: American College of Physicians; 2008.
- Boniol M, Kunjumen T, Nair TS, Siyam A, Campbell J, Diallo K. The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal'health coverage? BMJ global health. 2022;7(6):e009316.
- Markit I. The complexities of physician supply and demand: Projections from 2015 to 2030. Association of American Medical Colleges. 2017.
- Ajzen I. The theory of planned behavior. Organizational behavior and human decision processes. 1991;50(2):179-211.
- Zhang Y, Feng X. The relationship between job satisfaction, burnout, and turnover intention among physicians from urban state-owned medical institutions in Hubei, China: a cross-sectional study. BMC health services research. 2011;11(1):1-13.
- Brewer CS, Kovner CT, Greene W, Cheng Y. Predictors of RNs' intent to work and work decisions 1 year later in a US national sample. International Journal of Nursing Studies. 2009;46(7):940-56.
- Hom PW, Griffeth RW. Structural equations modeling test of a turnover theory: Cross-sectional and longitudinal analyses. Journal of applied psychology. 1991;76(3):350.
- Steel RP, Ovalle NK. A review and meta-analysis of research on the relationship between behavioral intentions and employee turnover. Journal of applied psychology. 1984;69(4):673.
- Brooks BA. Development of an instrument to measure quality of nurses' worklife: University of Illinois at Chicago, Health Sciences Center; 2001.
- Gerber RM, Hinshaw AS, Atwood J. Anticipated turnover among nursing staff. The Arizona Nurse. 1983;36(4):5-8.
- Brooks B, Storjell J, Omoike O, Ohlson S, Stemler I, Shaver J, Brown A. Assessing the quality of nursing work life. Nurs Adm Q. 2007;31(2):152-7.18.
- Almalki MJ, FitzGerald G, Clark M. The relationship between quality of work life and turnover intention of primary health care nurses in Saudi Arabia. BMC health services research. 2012;12(1):1-11.
- Rudman A, Gustavsson P, Hultell D. A prospective study of nurses' intentions to leave the profession during their first five years of practice in Sweden. International journal of nursing studies. 2014;51(4):612-24.
- Li J, Galatsch M, Siegrist J, Müller BH, Hasselhorn HM, group ENS. Reward frustration at work and intention to leave the nursing profession—Prospective results from the European longitudinal NEXT study. International journal of nursing studies. 2011;48(5):628-35.
- Sharhraky Vahed A, Mardani Hamuleh M, Asadi Bidmeshki E, Heidari M, Hamed Shahraky S. Assessment of the items of SCL90 test with quality of work life among Amiralmomemini Hospital personnel of Zabol City. Avicenna Journal of Clinical Medicine. 2011;18(2):50-5.
- Dargahi H, Changizi V, JAZAYERI GE. RADIOLOGY EMPLOYEES'QUALITY OF WORK LIFE. 2012.
- Dehghan Nayeri N, Salehi T, Ali Asadi Noghabi A. Quality of work life and productivity among Iranian nurses. Contemporary nurse. 2011;39(1):106-18.
- Wallapa Boonrod R. Quality of working life: perceptions of professional nurses at Phramongkutklao Hospital. J Med Assoc Thai. 2009;92(1):S7-15.