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Nurse Turnover: A Challenge Need A Solution

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Abstract

High nurse turnover rates remain a pressing concern for healthcare leadership and researchers. The concepts of turnover, employment stability, and retention are intricately linked, highlighting the financial burden of staff turnover and recruitment. The difficulty of recruiting nurses within understaffed environments further emphasizes the unclear impact of turnover on patient care quality and safety. This paper acknowledges the complexity of the issue, with factors impacting various healthcare sectors. In our study, we aim to highlight the concerns about nurses experiencing a misalignment between their workplace and values, along with higher burnout and lower knowledge-sharing tendencies.

Introduction

Within healthcare workforce analyses, the frequent departure of registered nurses (RNs), commonly referred to as turnover, serves as a critical indicator[1] (1). This metric can shed light on the job market, with higher turnover rates potentially reflecting a greater abundance of available positions (2). Furthermore, persistently high turnover within an organization may point towards an unsatisfactory work environment. While a single, universally accepted definition of turnover is lacking, it generally encompasses the act of an individual leaving their employment (3).

A substantial body of research underscores the substantial financial implications of RN turnover for healthcare organizations and broader society. Given that a significant portion (44%) of healthcare funding comes from government sources, organizational costs ultimately translate into increased societal expenses. Studies conducted from 1990 to 2010 documented the significant variability in replacement costs associated with RN turnover, ranging from $10,098 to $88,000 per departing nurse (4).

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Furthermore, investigations focused on large hospitals (exceeding 600 beds) revealed a ratio of RN turnover costs to RN salaries ranging from 0.31 to 1.3. This translates to annual organizational costs for RN turnover estimated at $5.9 million to $6.4 million. Extrapolating these findings to a national scale suggests total yearly expenses associated with new RN turnover could range from $1.4 billion to $2.1 billion (4).

Mounting evidence suggests a detrimental link between healthcare worker turnover and both operational effectiveness and patient well-being (5). This connection is manifested in various ways. Research in the context of nursing homes demonstrates an inverse relationship between RN turnover rates and quality metrics such as physical restraints, contractures, and pressure ulcers. Similarly, studies indicate a positive correlation between high levels of RN turnover and unit-based patient falls, and between nurse manager turnover and the occurrence of pressure ulcers (6).

Our goal in doing this review is to provide a thorough analysis of the relevant literature in order to look at recent discoveries about nursing turnover and its causes and effects. We also hope to highlight methodological issues and the implications of new data for future research.

Causes of turnover

A significant challenge in studying RN turnover lies in the absence of a standardized definition. This lack of uniformity hinders data comparison and analysis. The Interagency Collaborative on Nursing Statistics (ICONS) multi-group document, despite offering a definition in 1993, currently omits one (2005) (1). Furthermore, organizational practices vary, with some collecting data solely on voluntary turnover and others excluding retirees or those returning to school. Literature suggests a more prevalent definition that encompasses the movement of nursing staff within a hospital setting, including both departures and transfers (7).

The core definition of RN turnover, encompassing both voluntary and involuntary departures, can be adapted for use across diverse settings. However, a major limitation lies in the lack of consistent differentiation between these two categories within most studies (7). This inconsistency hinders comparisons across research, settings, and even professions. Some researchers define turnover broadly as any job change, while others restrict it to leaving the organization or even the nursing profession altogether (8). Voluntary turnover typically refers to employees who choose to leave an organization (although the interpretation of "choice" can be subjective). Involuntary turnover, on the other hand, includes dismissals, leaves of absence due to severe illness or death, and potentially even retirements (whose classification as voluntary or involuntary can vary) (8).

RN turnover, though not inherently detrimental or advantageous, necessitates ongoing organizational efforts for effective management. Eberly et al. (2009) identified four complementary approaches to understanding the dynamics of turnover. Most pertinent to this discussion is the fourth approach, which emphasizes the organization's perspective on the circumstances surrounding an employee's departure (9). This framework differentiates between functional turnover, which signifies the departure of underperforming employees, and dysfunctional turnover, which involves the loss of high-performing individuals. Notably, Eberly et al. suggest that managers play a critical role in influencing the nature of turnover. This includes decisions regarding whether to discourage dysfunctional turnover by retaining valuable employees or, conversely, encourage functional turnover by facilitating the exit of low performers. Consequently, managers are tasked with making crucial distinctions between employees they aim to retain and those whose departure may be beneficial (9, 10).

Numerous factors beyond individual and employer choices influence both voluntary and involuntary turnover. These determinants, encompassing any variable directly or indirectly related to turnover, are categorized into various frameworks by different scholars. Mobley (1982) proposes four key classes: (1) the economic climate (e.g., job availability), (2) organizational factors (leadership, reward systems, and job design shaping the work environment), (3) individual characteristics (work-related and non-work-related), and (4) integrative variables (e.g., satisfaction and turnover intentions) (11). Alipour et al. (2020) offer an alternative classification system, encompassing (1) personal characteristics, (2) satisfaction, (3) other work experience dimensions, (4) external environment factors, (5) behavioral predictors, and (6) cognitions (12). Notably, Mobley (1982) further distinguishes between internal individual variables, such as job-related values, expectations, and abilities, and external ones like a spouse's career, family considerations, and leisure preferences.

The wide discrepancies observed in reported RN turnover rates arise from a combination of factors, including measurement inconsistencies, sample selection variations, and response rate fluctuations (1, 13, 14). Most research in this domain utilizes organization-based samples, where researchers might survey a set of hospitals (e.g., 50) to estimate the average hospital turnover rate. Even the calculation of this average value can vary. Some researchers calculate the mean of individual hospital rates, while others calculate the overall rate by summing the individual numerators (number of employees leaving) and dividing by the summed denominators (total number of employees). This difference in calculation methods, particularly in situations where hospital sizes vary, can lead to distinct turnover rates (15). When comparing reported rates, readers should critically evaluate the definition of turnover used, the sampling framework employed, and the response rate achieved, alongside the overall quality assessment of the study's evidence (16).

Researchers employ diverse quantitative methods to measure organizational turnover, leading to potential variations in reported rates (17). Some calculate the denominator as the average number of employees between the beginning and end of the study period, while others use the number of employees at either the beginning or the end (18). Notably, employing the end-of-period number as the denominator when an organization is downsizing can inflate the calculated turnover rate compared to using the beginning-of-period number. Furthermore, researchers may choose to count either full-time equivalent (FTE) positions (where two part-time employees count as one) or individual employees ("bodies" as some refer to them). Reinier et al. (2005) advocate for using the number of individual employees rather than FTEs, suggesting the possibility of calculating separate turnover percentages for full-time and part-time employees within this framework (19).

In addition, the broader concept of workforce stability is linked to turnover. While high turnover might suggest frequent onboarding of new hires, potentially indicating a stable workforce, the departure of nurses with diverse experience levels within an organization would reflect decreased stability (20).

Rates of nurse turnover

Identifying and comparing accurate RN turnover rates presents a significant challenge for policymakers and managers. Reported rates exhibit substantial variation across time, settings, and even the definitions used. For example, research conducted in the 1970s documented a 19% turnover rate among nonsupervisory RNs (4). Furthermore, studies conducted between 1983 and 1991 revealed that yearly turnover rates for RNs in nursing homes ranged from as low as 21% to as high as 55% (21). These significant discrepancies highlight the complexities involved in establishing reliable and comparable benchmarks for RN turnover across different contexts (22).

The wide discrepancies in reported RN turnover rates extend beyond comparisons across different contexts and persist even within single reports or studies. For instance, Kovner (2007) reported a range of 13% to 40% for RNs leaving their first job within a year, based on a sample of 240 hospital leaders (23). Similarly, studies conducted during periods of nurse shortages documented turnover rates ranging from 10.8% to 70.99% for RNs and 37% to 45% for licensed practical nurses (22).This variability is further highlighted by the contrasting figures presented by the American Health Care Association (2008) and NSI Nursing Solutions Inc. (2013) (4). The former reported a 41% turnover rate for nursing homes, exceeding the 9.5% rate reported by the latter for full-time and part-time bedside RNs in 2013 (based on a response rate of 145 out of 5,900 surveyed facilities). Additionally, the median tenure of RNs at 1.4 years which is considerably lower compared to the 4.4 years observed for the broader population of wage and salary workers (24). Regional variations also contribute to the overall inconsistency, as evidenced by the Healthcare Association of New York State (2013) reporting a 10.1% turnover rate for hospitals in 2012 (with a 66% response rate) and significant regional variations ranging from 7% to 14%. Similarly, Kramer et al. (2012) found a 3-year unit-based turnover rate of 23.8% among three cohorts of new RNs in a 28-hospital sample, with 9.7% of that turnover being involuntary (25).

Studies consistently report higher turnover rates among newly licensed registered nurses (NLRNs) compared to more experienced nurses. Brewer et al. (2023) investigated a sample of 1,653 NLRNs working in hospitals and found that within a year, 15.4% had left their initial employer, while an additional 14.5% switched employers and 0.9% were no longer practicing as RNs (26). Their findings further revealed that over a three-year period, nearly half (43.4%) of the NLRNs had left their first job. Similarly, Cho et al. (2012) conducted a survival analysis, estimating the probability of NLRNs remaining in their first job for one, two, and three years at 82.3%, 66.6%, and 53.7%, respectively. These findings highlight the concerning trend of higher turnover rates among new nurses, emphasizing the need for targeted interventions to improve retention in this critical workforce demographic (27).

Professional turnover, distinct from organizational turnover, involves RNs leaving nursing through license non-renewal, job changes outside nursing, or retirement. Studies indicate that the majority of licensed RNs remain employed in nursing, with hospitals being the primary practice setting. While some who leave organizations may return, others may permanently leave the profession. Research suggests varying proportions of non-working former nurses retire or pursue non-nursing careers. The lack of a national registry makes tracking career exits challenging (28).

Conclusion

This review comprehensively examined the complex issue of nurse turnover, analyzing relevant literature on its causes, measurement inconsistencies, and reported rates. The paper highlighted the financial burden associated with high turnover and its potential negative impact on patient care quality and safety. Additionally, it emphasized the need for further research to address methodological shortcomings and explore the diverse factors influencing nurse turnover across different healthcare settings.

Recommendations

To address the multifaceted challenge of nurse turnover, future research and practice efforts should focus on several key areas. Firstly, standardizing the definition and measurement of nurse turnover is crucial. Establishing a universally accepted definition and employing consistent methodologies across studies and institutions would enable more accurate comparisons and a clearer understanding of the phenomenon's true scope. Secondly,

investigating the specific reasons behind nurse turnover is essential. Conducting further research, particularly qualitative studies, can provide deeper insights into nurses' experiences and perceptions regarding their work environments, leading to a more comprehensive understanding of the factors influencing their decisions to leave. Thirdly, based on the findings from such investigations, healthcare organizations should develop and implement evidence-based interventions to retain nurses. These interventions could encompass strategies for improving work environments, fostering professional development opportunities, and promoting work-life balance. Finally, given the concerning trend of high turnover among newly licensed nurses, specific initiatives tailored to this population are crucial. These might include mentorship programs, flexible work arrangements, and targeted support to address the unique challenges faced by new nurses transitioning into the workforce. By implementing these recommendations, researchers, policymakers, and healthcare organizations can work collaboratively to develop a comprehensive understanding of nurse turnover and implement effective strategies to retain this critical workforce, ultimately improving patient care and ensuring a sustainable healthcare system.

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