CHAPTER III:

REVIEW OF LITERATURE

- Reviews on Health Care Industry
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CHAPTER – III

REVIEW OF LITERATURE

John W. Medcof and John G. Wegener¹ in their study of 1992 concluded that “This study has shown that nursing units differ in the routineness of work technology and in the opportunities they offer to satisfy the need for achievement. Despite this difference in technology, however, they do not differ in the opportunities they offer to satisfy the need for nurturance. The difference in opportunities to satisfy the need for achievement was shown to be related to job satisfaction. The implications of this for nursing administrators suggest this line of research should be extended.”

Robert F. Hodgin et al² in their study of 2010 concluded that “We grouped the statistically significant benefits from employment as pay, schedule flexibility, and growth opportunity, and the statistically significant costs as travel time to work, patient behavior, facility conditions, supervisor relations, and family needs. Our categorization of the factors and the chi-square analysis correlates suggest that the benefit and cost aspects are somehow weighed by each nurse in the decision to leave the institution or to remain. We note with interest that five characteristics—gender, education level, job title, State of West Virginia region, and facility size—showed no significant correlation to any listed reason for the long-term-care nurses’ separation from their employer. We offer these findings as a step toward defining useful variables to help explain long-term-care nurse turnover in more sophisticated analyses, suggested by recent and relevant literature. Further work to affirm our results, operationally define each dimension and determine the direction of causality in well-structured models would aid the goal of addressing the long-term nursing

² Robert F. Hodgin, Ashish Chandra and Crystal Weaver, “Correlates to Long-Term-Care Nurse Turnover: Survey Results from the State of West Virginia”, Hospital Topics, 88(4):91-97, 2010
care needs of aging U.S. citizens and perhaps suggest policies to control the institutional costs of long-term-care nurse turnover.”

Irving M. Lane et al\(^3\) in their study of 1988 concluded that “The goal of the present research was to identify the determinants of a nurse's decision to intend to leave her profession. Using the theory of reasoned action (Ajzen and Fishbein, 1980; Fishbein, 1980), significant predictors were identified which accounted for 52 per cent of the variance in differential intention. The significant predictors were an attitudinal component (differential attitude), a social influence component (differential subjective norm), a personal normative component (differential moral obligation), and two specific beliefs (likelihood of changing occupations and attitude towards another occupation). These predictors held up well under replication procedures with only attitude toward another occupation not featured in both analyses. In fact, this particular variable reemerged as a significant predictor in the composite sample. When these findings are combined with those of a recent meta-analysis (Steel and Ovalle, 1984) which revealed that the best predictor of turnover is intention, we now have a reasonably accurate view of the factors influencing nurses in remaining in or leaving their profession. Clearly the present research did not develop a comprehensive model of the nurse's decision to leave her profession. Additional research is needed to learn about the beliefs underlying the nurse's attitude toward her profession and about the importance of various specific referents (e.g. spouse, parents, coworkers) which determine the normative influence on her to leave her profession.”

Irving M. Lane et al\(^4\) in their study of 1991 concluded that “The results of this research indicate that numerous organizational factors are of importance in understanding a nurse's beliefs about her job. Previous research suggests that these beliefs about the job are weighted highly when nurses make turnover decisions

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(Prestholdt et al., 1987). Determining the importance of organizational factors fills the biggest gap in developing a comprehensive model of nurse turnover based on the theory of reasoned action (Ajzen and Fishbein, 1980; Fishbein, 1980). The results of Prestholdt et al. (1987) indicated which belief factors are the most important for understanding nursing turnover. When their results are integrated with those of the present research, four organizational factors emerge as being relevant to nursing turnover. They are: Hospital's Emphasis on Nursing, Influence of Nurses, Evaluation of Director of Nursing, Evaluation of Immediate Supervisor.”

Lillie Lum et al. in their work of 1998 concluded that “the findings of this study show that both personal and organizational factors have an impact upon nurses' turnover intentions. Both simple and multivariate analyses indicate that an association exists between turnover intent, as measured by job seeking behavior, and the variables job satisfaction, pay satisfaction, and organizational commitment. This supports the basic assumption underlying this study, that, when nurses are satisfied with their jobs and pay, and feel committed to the organization, they are less likely to terminate employment voluntarily. Further, pay attitudes, unlike job satisfaction generally, affect turnover intent directly”.

Walter L. Johnson in his work of 1957 concluded that “from the data of this study we can tentatively suggest that the attrition problem is greatest for the voluntary agencies, due to higher attrition rates and to recruitment from the younger group of nurses. Then some the health departments which, by recruiting from the group of young nurses, open themselves up to losses through marriage and childbearing. The schools presumably have a somewhat less severe problem than either of the other two types of agencies since they have lower loss rates and recruit from a presumably more stable group of nurses. We are not warranted in drawing further conclusions or making other inferences from this kind of census data. These

5 Lillie Lum, John Kervin, Kathleen Clark, Frank Reid and Wendy Sirola, “Explaining Nursing Turnover Intent: Job Satisfaction, Pay Satisfaction, or Organizational Commitment?”, Journal of Organizational Behavior, Vol. 19, No. 3 (May, 1998), pp. 305-320
findings may not be new to public health nurses or to people working with them. However, they do indicate a need to make on-the-spot studies of personnel turnover in different situations, and to seek reasons for variations by the systematic study of individual nurses who resign from nursing positions.”

Karen M. Conrad et al, in their study of 1985, found that “The occupational health nurses in this sample were, basically, veteran employees. They had been in both the nursing profession, in general, and occupational health nursing, in particular, for a long while. They were usually diploma graduates and worked, most often, for a manufacturing company. As a whole, they were not any more satisfied with their jobs than a normative group of hospital nurses. However, when the various dimensions of job satisfaction were considered, differences between these groups emerged. Occupational health nurses were significantly more satisfied with compensation, creativity, and independence. Hospital nurses were significantly more satisfied with advancement, authority, co-workers, responsibility, security, and technical supervision. Most of these differences were expected. The five least satisfying job rewards for occupational health nurses were advancement opportunities, company policies and practices, compensation, technical supervision, and recognition. The job rewards that occupational health nurses found the most satisfying were social service, moral values, independence, achievement, and activity. These results provided confirmation that both intrinsic and extrinsic rewards can be sources of both satisfaction and dissatisfaction for occupational health nurses.”

Carol S. Weisman et al in their study of 1981 concluded that “The findings of this panel study reveal that nursing turnover may be viewed as the product of a predictable process in which both personal attributes of nurses and job related attributes exert influence at various stages. Specific job and nursing unit attributes

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8 Carol S. Weisman, Cheryl S. Alexander and Gary A. Chase, “Determinants of Hospital Staff Nurse Turnover” Medical Care, Vol. 19, No. 4 (Apr., 1981), pp. 431-443
that are under the control of administrators have been shown to influence perceived autonomy, job satisfaction or intent to leave directly, although the organizational context appears to determine to some extent which attributes will be salient in a given hospital. Only intent to leave and shorter job tenure have significant direct effects on turnover in this study. High turnover therefore appears to create a vicious cycle, as turnover necessitates hiring new nurses to replace resigners, who in turn are at higher risk for resignation.”

Vari M Drennan and Claire Goodman⁹ in their work of 2011 concluded that ‘The findings of this study demonstrate that recognition of the need to retain experienced nurses as providers of patient care is not sufficient to embed striated occupational roles such as nurse consultant within primary care and community organizations. Nurse consultants were new roles that were superimposed on existing services and as a consequence had to repeatedly negotiate and justify their role and purpose. This was easier to achieve when nurse consultants addressed service priorities that no other professional group believed was their responsibility. Models of striated career advancement do not offer service providers the flexibility and responsiveness that current reactive approaches to the development of nurse clinicians do in the short term. However it is a wasteful approach that cannot be sustained. The challenge for all health care systems is to address increasing demands within available finances: clinical careers for nurses that ensure their expertise is retained remunerated and shared with more junior staff is a key component of that. This case example demonstrates how tantalizingly close the nurse consultant initiative came in these settings to achieving that clinical career pathway but more work was required to normalize clinician and managers’ beliefs in the relevance and need for the role. Those looking to embed these types of nursing workforce innovations should pay due regard to these issues.”

F. R. Gartner et al\textsuperscript{10} in their work of 2012 concluded that “The Nurses Work Functioning Questionnaire (NWFQ), a 50-item multidimensional measure of impaired work functioning in nurses and allied health professionals due to CMDs, was developed. Its seven subscales, with high-content validity and good internal consistency, cover the full range of impaired work functioning of nurses and allied health professionals with CMDs. The individual subscale scores give insight into the precise aspects of impaired work functioning, allowing for tailoring of interventions for individual needs. Therefore, the NWFQ demonstrates both breadth and depth of measurement, while allowing for self-administration within a reasonable amount of time.”

T. Kankaanranta and P. Rissanen\textsuperscript{11} in their work of 2009 concluded that “Although our results mostly confirm previous findings and theoretical hypotheses, there are a few limitations as well. Our model was static by nature, not allowing any lifecycle choices. Therefore, our results should be taken as the short-term response of nurses’ labor supply to the variables used in analysis. However, wage can also be seen as an important factor in the long term, if it increases the number of new entrants into nursing. Another limitation is that we employed cross-sectional data, not allowing control for unobservable heterogeneity, such as factors related to motivation. In addition, we report associations, not causal effects. However, our data were rather rich and diversified, and did make it possible to thoroughly analyze, e.g., the effects of working conditions on labor supply. This study provides new evidence for policy development by including detailed information about working practices and employment characteristics, as well as behavioral aspects of nurses’ choices in labor markets. The most important finding from a labor market policy point of view is that, even though wage elasticity was quite small, the effect on the hours supplied was significant. However, wages alone may not sufficiently increase the labor supply

\textsuperscript{10} F. R. Gartner, K. Nieuwenhuijsen, F. J. H. van Dijk and J. K. Sluiter, “Impaired work functioning due to common mental disorders in nurses and allied health professionals: the Nurses Work Functioning Questionnaire”, \textit{Int Arch Occup Environ Health} (2012)

from the current stock of nurses; other elements, such as contractual conditions, seem to play an important role as well. We also suggest that, e.g., possibilities for professional development and promotion should be devised so that nurses can expect to advance in their career. Although these factors do not fall within the scope of this study, they will be analyzed in papers to come."

Nicholas G Castle\(^\text{12}\) in his work of 2006 concluded that job satisfaction of nursing home administrators (NHAs) has important implications for nursing home staff, the nursing home industry, and quality of care. Other studies have shown strong linkages between job satisfaction (dissatisfaction) and job performance and turnover. The nursing home administrator job satisfaction questionnaire NHA-JSQ could be used to examine similar relationships for administrators (i.e., job (dis)satisfaction and job performance and turnover). Moreover, it is clear that NHAs have a pivotal position in nursing homes. It is our hope that the NHA-JSQ be used, first, to further show the importance of NHAs in improving nursing home care, and second, to further improve the working conditions for NHAs themselves."

Trevor Murrells et al\(^\text{13}\) in their work of 2008 concluded that “the impact of time on job satisfaction in early career is highly dependent upon specific jobs, even within the same profession. Adult, children’s and mental health nurses work in different contexts and settings, often with very different organizational cultures and all of this may lead to a very different experience. Of course individuals choosing these career paths may also differ in terms of characteristics and aspirations and this also may influence the development of satisfaction. There is no single, simple answer to the trend in job satisfaction over time. Future research should focus upon understanding whether particular job characteristics could explain these findings and should not simply explore satisfaction as a unitary construct when looking at variation over time since contradictory findings emerge from different aspects of

\(^{12}\) Nicholas G Castle, “An instrument to measure job satisfaction of nursing home Administrators”, Research article, BMC Medical Research Methodology October 2006

\(^{13}\) Trevor Murrells, Sarah Robinson and Peter Griffiths, “Job satisfaction trends during nurses’ early career”, Research article, BMC Nursing, June 2008
satisfaction. Further research that investigates the benefits of a formal one year preceptor ship or probationary period would also come in very useful.”

Wen-Hsien Ho et al\textsuperscript{14} in their work of 2009 concluded that “According to the nurses’ views, there are five major results in this study: (1) job rotation among nurses could have an effect on their job satisfaction; (2) job rotation could have an effect on organizational commitment; (3) job satisfaction could have a positive effect on organizational commitment; (4) role stress among nurses could have a negative effect on their job satisfaction; and (5) role stress could have a negative effect on their organizational commitment.”

Kethi Mullei et al\textsuperscript{15} in their work of 2010 concluded that “The issue of workforce shortage and mal-distribution is complex and not unique to the nursing cadre or to Kenya. Poor infrastructure, limited training opportunities, high workloads, inadequate supplies and supervision, undisclosed job locations for public sector jobs, and most recently political instability all continue to be barriers to successful rural recruitment and retention. Interestingly we found no suggestion that those born in or with experience working in rural areas are more willing to seek rural employment. While donor funded short-term contracts have increased recruitment in recent years, it is possible that their impact will be compromised by their unpopularity among nurses due to their lack of pension plans and job security. The most popular proposed policy intervention among respondents was the provision of additional financial incentives for rural posting, though these may be more effective if implemented as part of a multi-dimensional package. Such a package would require collaboration between economic and health policy-makers to earmark funding to not only secure salaries but also improve working conditions. It should

\textsuperscript{14} Wen-Hsien Ho, Ching Sheng Chang, Ying-Ling Shih and Rong- Da Liang, “Effects of job rotation and role stress among nurses on job satisfaction and organizational commitment”, Research article, BMC Health Services Research, January 2009

\textsuperscript{15} Kethi Mullei, Sandra Mudhune, Jackline Wafula, Eunice Masamo3, Michael English, Catherine Goodman, Mylene Lagarde and Duane Blaauw, “Attracting and retaining health workers in rural areas: investigating nurses’ views on rural posts and policy interventions”, BMC Health Services Research 2010
also be accompanied by investment in information systems capable of monitoring its impact with rigor.”

Deborah Hennessy et al\textsuperscript{16} in their work of 2006 concluded that “The results of this survey demonstrate that there is little difference in how different grades of nurses perceive the nature of their role; in turn, this may reflect that in practice, nurses have to discharge whatever care is needed, irrespective of limits of competence. There is, then, clear need for specific job descriptions and competence levels by grade of nurse. This study has also shown the distinction in training needs by type of nurse and locality of work, which serves to demonstrate the importance of collecting systematic data prior to developing post basic training packages.”

Sara De Gieter et al\textsuperscript{17} in their work of 2006 concluded that “This study identified and categorized all rewards nurses receive for doing their job, starting from the perceptions of the nurses themselves, instead of from the formalized organizational reward systems or from the general reward literature. Indeed, the results indicated that nurses value not only financial rewards, but also non-financial and psychological rewards. Furthermore, rewarding potential and reward preferences also seemed to differ according to age and seniority. When establishing the most appropriate and cost-effective reward strategy, managers should therefore not rely only on their limited number of formalized financial reward possibilities, but should also acknowledge the value of non-financial and psychological rewards, which can easily be more individualized and thus more effective in stimulating nurses to perform to the best of their abilities.”

Grainne O’Loughlin and Chris Shanley\textsuperscript{18} in their work of 1998 concluded that “Swallowing problems occur in a large proportion of nursing home residents. Nursing staff bear most of the responsibility for assessing and managing these

\textsuperscript{16} Deborah Hennessy, Carolyn Hicks, Aflah Hilan and Yoanna Kawonal, “The training and development needs of nurses in Indonesia: paper 3 of 3”, Human Resources for Health, April 2006
\textsuperscript{17} Sara De Gieter, Rein De Cooman, Roland Pepermans, Ralf Caers, Cindy Du Bois and Marc Jegers, “Identifying nurses' rewards: a qualitative categorization study in Belgium”, Human Resources for Health, July 2006
problems because of the low number of speech pathologists employed in nursing homes. Although nurses take on this important responsibility, it is not normally included as part of the nurses formal training or continuing education programs. The literature contains some general articles with guidelines for assessing and feeding residents but does not contain any references to comprehensive, evaluated programs.”

Davood Hayati et al\(^{19}\) in their work of 2014 concluded that “transformational leaders transfer their enthusiasm and high power to their subordinates by the way of modeling (Brief and Weiss, 2002). This manner can increase the power as a component of work engagement in workers. Idealized influence among these leaders can result in forming a specific belief among employees toward those leaders. Thus, and as a result, the followers identify with the leaders and match themselves with leaders’ expectations and aspirations. So, leaders can easily transmit their inspirational motivation to them. Consequently, it leads to make a positive vision by which, and by setting high standards, challenges the employees and establishes zeal along with optimism for attaining success in works.”

Nicholas G. Castle and John Engberg\(^{20}\) in their work of 2005 concluded that “The 1-year turnover rates identified in this study were 98.6%, 66.8%, and 55.4% for nurse aides, licensed practical nurses and registered nurses (NAs, LPNs and RNs) respectively. This adds to a rather large body of research during the past 20 years also showing high rates of staff turnover. Most importantly, we also show that very low or very high levels of NA + LPN turnover are associated with lower quality of care and that moderate to high levels of RN turnover are associated with lower quality of care.”

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20 Nicholas G. Castle and John Engberg, “Staff Turnover and Quality of Care in Nursing Homes”, *Medical Care*, Vol. 43, No. 6 (Jun., 2005), pp. 616-626
James W. Peltier et al\textsuperscript{21} in their work of 1999 concluded that “internal marketing efforts aimed at building strong financial, social, and structural bonds can have a positive impact on nurse loyalty. Adhering to the marketing-oriented staffing perspective takes a strong commitment on the part of all parties, including administration, physicians, nurses, technical support, and clerical support. The health care organization will need to apply resources, both economic and personnel, to ensure that the process is truly worthwhile. Especially important is to ensure that the knowledge generated from the relationship building process is communicated to the internal publics. To be worthwhile, commitment to the process is needed from nurses as well. It is their responsibility to allocate the time needed to provide informed input into the process. Moreover, the nurses will need to balance what is good for the institution against their individual priorities and concerns.”

Harriet Davidson et al\textsuperscript{22} in their work of 1997 concluded that “The major changes in the financing and delivery of health care could be expected to affect the work life of hospital-based nurses. It is clear that the ability to provide high quality care in a professional atmosphere is a serious concern of nurse. Finally, our results concerning turnover show that nurses who express the intent to leave at baseline were in fact significantly more likely to leave by the time of follow-up, and intent to leave was related to previous dissatisfaction with instrumental communication, routinization, perceived opportunity, and the ability to make decisions on the job. If the goal is to retain highly skilled nurses, models such as Integrated Clinical Practice will become increasingly important. Built on the professional practice model, it is designed to improve collaboration and continuity and to restructure hospital systems so as to keep highly skilled nurses in patient care. In the current climate, these initiatives may be more important than ever.”


\textsuperscript{22} Harriet Davidson, Patricia H. Folcarelli, Sybil Crawford, Laura J. Duprat and Joyce C. Clifford, “The Effects of Health Care Reforms on Job Satisfaction and Voluntary Turnover among Hospital-Based Nurses”, \textit{Medical Care}, Vol. 35, No. 6 (Jun., 1997), pp. 634-645
Dennis A. Ahlburg and Christine Brown Mahoney\textsuperscript{23} in their work of 1996 concluded that “higher wages would have only a modest effect on retaining nurses in the profession, unless large numbers are massed close to the retention decision point. But wages do have a role to play. In other work by the authors, we found that raising wages may help achieve a better allocation of existing nurses across hospitals by appreciably decreasing the time it takes hospitals to recruit nurses. However, increasing wages has the disadvantage of increasing the cost of healthcare unless nurses are substituted for more expensive doctors. Why nurses leave the profession may have more to do with the conditions of employment than with wages. Surveys of nurses (Mahoney 1991; Secretary's Commission on Nursing 1989) show that they desire a voice in decision-making processes, and increased autonomy and authority in their jobs. If this is not forthcoming they are likely to leave the profession. This suggests that internal organizational changes in the healthcare industry may be needed in addition to (or perhaps instead of) more money for nurses' wages.”

Karen M. Conrad et al\textsuperscript{24} in their work of 1985 found that “Occupational health nurses were significantly more satisfied with compensation, creativity, and independence. Hospital nurses were significantly more satisfied with advancement, authority, co-workers, responsibility, security, and technical supervision. Most of these differences were expected. The five least satisfying job rewards for occupational health nurses were advancement opportunities, company policies and practices, compensation, technical supervision, and recognition. The job rewards that occupational health nurses found the most satisfying were social service, moral values, independence, achievement, and activity. These results provided confirmation that both intrinsic and extrinsic rewards can be sources of both satisfaction and dissatisfaction for occupational health nurses.”


Majd Tawfeeq Mrayyan\textsuperscript{25} in his study of 2005 concluded that “This study provides evidence about the relationship between nurse job satisfaction and retention. A descriptive design using survey methods was used in this study. A convenience sample was obtained from public and private hospitals. Nurses reported their job satisfaction to be at a moderate level and nurses were neutral in reporting their retention. Nurses who work in private hospitals report higher levels of job satisfaction and reported higher intention to stay at their jobs than nurses in public hospitals. The findings emphasize the importance of promoting and maintaining positive work milieu, which is an essential step in enhancing nurse job satisfaction and retention for any health care organization. Nurse Managers must act with supportive professional leadership to enhance the practice environment.”

Colleen Beall et al\textsuperscript{26} in their work of 1994 concluded that “First, regarding recruitment, there was considerable unhappiness expressed about levels of pay, particularly among nurses new to the health department. Secondly, regarding retention, nurses with the highest job satisfaction were relatively new personnel with less than one year on the job. Community nursing differs from hospital nursing in that nurses work alone in rather isolated settings with limited access to co-workers and ancillary services. It is clear that the public health nurses in this study recognize the importance of their work despite dissatisfaction with some factors of their jobs. Job satisfaction has been identified as an important predictor of both intent to leave and actual turnover in nursing jobs. Thus, health departments and other home health agencies must respond to areas of dissatisfaction if they are to meet the health care needs of a growing number of home bound patients.”


Heather K. Spence Laschinger et al\(^27\) in their work of 2009 concluded that “The results suggest that working in environments that empower nurses to practice according to professional standards and that also are free of uncivil behaviors from supervisors and colleagues may protect them from burning out and may promote retention in the nursing work settings. Given the current workforce shortage in health care, every effort must be made to ensure that nurses are exposed to high quality work environments that engage them with their work. There are many anecdotal reports of workplace incivility in current fast paced health care settings. Our results suggest that workplace incivility is related to health professionals’ experiences of burnout and important retention factors. Supervisor incivility and burnout were particularly important determinants of turnover intentions. The results further highlight the need to ensure that professional practice environments foster high quality supervisory and collegial working relationships to ensure that highly skilled nurses remain engaged in their work and that adequate resources are in place for high quality patient care in today’s chaotic health care settings.”

Claire Storey et al \(^28\) in their work of 2009 concluded that “Retention of nurses, in particular older nurses, is dependent upon a number of distinct factors and it is unlikely that the shortfalls will be resolved without a comprehensive approach. The absence of policies specifically aimed at older nurses is a major barrier to addressing the nursing shortage. Workforce development initiatives and the contribution of nurses at both local and national levels are needed.”

Barbara Molina Kooker and Cynthia Kamikawa \(^29\) in their work of 2010 concluded that “Analysis and management of the nursing workforce is clearly a complex, dynamic process. It is disturbing that the demand for nursing care is

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\(^{28}\) Claire Storey, Francine Cheater, Jackie Ford and Brenda Leese, “Retention of nurses in the primary and community care workforce after the age of 50 years: database analysis and literature review”, Journal of Advanced Nursing, March 2009, pp: 1596-1605

increasing while available nursing resources are decreasing. Driving patient and nurse outcome data to the unit level, as with the Magnet Pilot Units and engagement of nurse managers and staff, as with peer-to-peer accountability through the Nurse Manager Council, has positively impacted patient and nurse outcomes. These strategies contributed to building the Magnet culture. The development of current staff nurses as clinical coaches contributed to decreasing turnover as well as improving their communication skills when dealing with conflict or difficult situations. Professional development of staff as new nurses, as coaches, or as nurse managers is a worthwhile investment from the perspective of the Chief Nursing Officer. The 56% reduction in nosocomial decubitus ulcer rate in the medical intensive care unit, the 23% improvement in nurse retention and the 80% reduction in vacancy rates have had a significant financial impact. Perhaps this impact is even more significant while the organization is dealing with decreased reimbursements, increased charity care and requirements to invest in high-cost technology to remain competitive in the current economy.”

Desiree Ritter\(^\text{30}\) in his work of 2011 concluded that “The current literature and evidence demonstrated a positive effect between healthy work environments and the retention of nurses in the hospital setting. It confirmed the disadvantages and often dangers of unhealthy work environments. The literature illustrated the benefits of healthy work environments to the patient, nurse and the hospital. It also discussed best practices related to healthy work environments. The importance of Magnet recognition was addressed and the causal relationship to healthy work environment was shown. Management as a key contributor was established. Retention and the interlinking to a healthy work environment were studied.”

Japie Greyling and Karel Stanz\(^\text{31}\) in their work of 2010 concluded that “The objective of this study was to investigate voluntary turnover among nursing


employees. It is clear from the research that this objective was met, as several determinants were identified that indicate to nursing employers which staff members are likely to terminate their employment. Nursing staff unanimously indicated that the most important reason that they would leave is related to unhappiness or discontent with their salary. It is therefore strongly suggested that employers investigate their current reward and recognition policies and practices to retain nursing staff. It is suggested that the hospital group should further investigate ways of making the work environment more conducive to creating rapport between management and nursing staff; more should be done within the workplace to create an environment where there is a spirit of co-operation and teamwork. This notion is supported by Jacobs (2005), in that employers can manage turnover by focusing on contextual factors.”

Ivica Glulasova et al\textsuperscript{32} in their study concluded that “The respondents - nurses - working on geriatric wards confirmed in their answers by 92\% that they have chosen to work with seniors during their studies. By the similar amount of answers, the respondents commented the question of their motivation at work; they have stated they are motivated especially by the feeling of a job well done. The problem obviously rests on inadequate financial valuation as well as on insufficient moral valuation by society. Nurses are worried about their legislative protection, the loss of their occupation, the attitude of the patients in the way of increasing of their claims disproportionately what often causes their physical and mental exhaustion.”

Kate Shacklock and Yvonne Brunetto\textsuperscript{33} in their work of 2011 concluded that “In the context of global nurse shortages, the results of this study give compelling arguments for changes to healthcare policy and management. Key new knowledge has been revealed which means that generation-specific interventions to extend nurses’ working lives are now feasible. Nurses find meaning and importance in their

\textsuperscript{32} Ivica Glulasova, Jan Hruska, Jan Breza jun., Zuzana Bacikova, Eva Zacharova, “Research into the motivation of nurses for working in geriatric and long term ill sanatory departments”,

\textsuperscript{33} Kate Shacklock and Yvonne Brunetto, “The intention to continue nursing: work variables affecting three nurse generations in Australia”, Journal of Advanced Nursing, March 2011, 68(1), 36–46
work, and management and policy makers must ensure maximum exposure to nursing work and give sufficient support to undertake the work properly. There are important policy and management implications from these findings – repercussions for healthcare management, nurse managers, nurse educators, human resource managers and workforce planners, plus policy makers. If governments are serious about trying to increase the retention of nurses in hospitals and to reduce nurse shortages worldwide, then they need to capitalize on nurses’ inherent attachment to work, irrespective of generation.”

Carol S. Brewer et al34 in their work of 2011 concluded that “Turnover is an inevitable outcome of employment over time that employers can influence but not eliminate. The complexity of turnover problems means that there is no one solution to decreasing turnover; multiple points of intervention exist. The results of this study highlight the critical importance of satisfaction and organizational commitment in forming registered nurses’ (RN) intent to stay and give employers a roadmap for improving their turnover rates. The fact that most RNs stay in hospital employment indicates that hospital employers may be able to better determine RNs’ needs and match them to their jobs. In addition, the finding that ‘shocks’ such as injuries influence turnover is important, because injuries can be avoided. Hospital employers need to look carefully at methods that decrease injuries. As the continued importance of satisfaction and organizational commitment in this and previous studies have showed, attention to the fundamental concerns of nurses that increase satisfaction and organizational commitment is likely to increase Newly Licensed Registered Nurse’s (NLRN) intent to stay as well and ultimately reduce turnover. The goal for hospital employers should be to intervene before the intent to leave has formed. Research to identify precursors of turnover that are not avoidable may help to refine turnover models for NLRNs and allow more careful targeting of changes in the work setting.”

34 Carol S. Brewer, Christine T. Kovner, William Greene, Magdalene Tukov-Shuser and Maja Djukic, “Predictors of actual turnover in a national sample of newly licensed registered nurses employed in hospitals”, Journal of Advanced Nursing, April 2011, 68(3), 521–538,
Matthew R. Carter & Ann E. Tourangeau in their work of 2012 concluded that “One factor not addressed in this study as influencing nurse retention is changing role opportunities for nurses. Internationally, economic pressures have necessitated that employers examine and modify qualifications traditionally required for nurse positions, with this sometimes resulting in the substitution of nurses with less educated personnel. Alternatively, there is a concurrent expansion in nurse role opportunities where nurses are assuming new roles and leading new services. Role changes and new opportunities for nurses should be included in future research on nurse retention. One of the major external factors influencing turnover intentions of nursing staff is the prevailing economic environment. Given the pressures facing the National Health Service (NHS) over the coming years and the general uncertainty over the economic environment (e.g. would there be another job to move to, even if they wanted to move), what may happen in the future is that nurses ‘stay put’ despite not being satisfied, engaged or fulfilled etc. with their jobs. Thus, the focus may need to be not only how to ‘retain’ nurses, but more generally on how to promote satisfaction, engagement and fulfilment of nurses working in a healthcare setting.”

Jo-Ann V. Sawatzky and Carol L. Enns in their work of 2012 concluded that “This research contributes to the current body of evidence related to the issue of nursing retention. In addition, this study provides a voice for Emergency Department (ED) nurses regarding the issues that are specific to their unique work environment. The findings reveal key influencing and intermediary factors for ED nursing retention and intention to leave. This research provides insight for nurse managers to develop innovative, evidence-based strategies for the retention of nurses in Manitoba’s emergency departments. The insights gleaned from this research may also be applicable to other areas of nursing in this province and beyond. Ultimately,
addressing the issue of nursing retention will benefit the health-care system by having a favorable impact on economic, patient and nursing outcomes.”

**Nebiat Negussie** in his study of 2012 concluded that the finding of this study revealed that there is direct and positive relationship between rewards and nurses’ work motivation. On the other hand, nurses perceived that their organizations are not offering right amount of rewards and this has created low-level work motivation for them. The effectiveness of health quality and customer satisfaction is dependent upon the motivation of its employees. Therefore, it is recommended that Addis Ababa Health Bureau together with other concerning bodies should revise the current reward strategy for nurses. Finally, further research could compare between private and public hospitals to see if the type of organization impact the relationship between rewards and nurses’ work motivation.”

**Mohd Sobri Minai and Yasser Mansour Almansour** in their work of 2013 concluded that “Insight shows that the motivation factors influencing the satisfaction of the nurses include all the hypothesized factors except the factors of (i) support from peers on their nursing decision, (ii) working relationship with their peers, (iii) support from physicians for their nursing decisions and (iv) the time required for completing the indirect patient care. Factor three and four are most critical that require urgent attention to enhancing the satisfaction and motivation of the nurses. For the hygiene factors, besides the findings on the positive impact on the nurses job satisfaction, the nurses are found not to be satisfied with (i) the working hours pattern, (ii) direction on the departmental high level of clinical competence, (iii) satisfaction on salary (iv) adequate funding for health care premiums and (v) intellectual environment stimulation. Factors three to five are most critical to be given attention as these factors are claimed as not being provided to them. The study has revealed the factors impacting on the nurses in the environment dominated by 

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male nurses and identifies the factors relating to motivation and hygiene factors contributing to the nurses’ motivation. In this paper, the factors are listed according to their importance and shall provide crucial insight into the important factors contributing to the nurse job satisfaction.”

Gisele Mbemba et al\textsuperscript{39} in their work of 2013 concluded that “This umbrella review reveals that financial incentives, supportive relationships in nursing (mentoring, clinical, supervision and preceptoring), Information and communication technologies (ICT) support and the career pathways for rural health constitute potential strategies that could influence the retention of nurses in rural and remote areas. Even though the impact of financial interventions is supported by two reviews, most of the studies included in these reviews are from the USA, making the results less applicable to countries with a different healthcare system such as Australia and Canada, or to low- and middle-income countries. In order to maximize the use of retention funding for the purpose of minimizing avoidable turnover, Buykx and colleagues suggest using a framework that addresses known determinants of poor retention which could support resource allocation decisions based on scientific evidence. Retention funding should also be seen as an ingredient of a comprehensive retention strategy developed on the basis of local needs. Finally, Buykx and colleagues suggest that the impact of strategies on subsequent workforce retention should be assessed using rigorous evaluation methods. Given the limited empirical evidence available on effective retention strategies for rural and remote nurses, we also encourage more research on the main determinants of nursing retention in rural and remote areas that could inform future strategies.”

Fadi El-Jardali et al\textsuperscript{40} in their study of 2013 concluded that “Study findings reflect a generally unstable and dissatisfied nursing workforce in rural and underserved areas in Lebanon. Such findings are disquieting to nursing planners,

\textsuperscript{39} Gisele Mbemba, Marie-Pierre Gagnon, Guy Pare and Jose Cote, “Interventions for supporting nurse retention in rural and remote areas: an umbrella review”, Human Resources for Health 2013

\textsuperscript{40} Fadi El-Jardali, Mohamad Alameddine, Diana Jamal, Hani Dimassi, Nuhad Y Dumit, Mary K McEwen, Maha Jaafar and Susan F Murray, “A national study on nurses’ retention in healthcare facilities in underserved areas in Lebanon” Human Resources for Health 2013
policy and decision makers as they cast a doubt on the sustainability and equity of providing health services to rural populations. Nevertheless, the study identifies multiple opportunities for intervention in order to rectify the situation and enhance the satisfaction and retention of the rural nursing workforce, with particular attention to the work setting. Our findings highlight that the nursing workforce is not homogeneous, and nurses may want different things at different life stages and in different settings. Primary healthcare, often seen as the poorer and less desirable cousin of the higher status hospital sector, comes out rather well in this survey. The less demanding nature of the job in this sector meant that it was better able to retain nurses despite the relatively poor amenities. The issue of how hospitals in those underserved areas can create a contented workforce that is willing to commit to the longer term seems to be a much greater challenge. Stakeholders are urged to work collaboratively to devise strategies and initiatives that would bolster the retention of nurses in underserved areas; especially younger nurses and those working in the hospital. Such strategies would help enhance access, quality and equity of care delivered in rural settings and would contribute to improving the retention of the healthcare system’s most valuable asset... nurses.”

Kalandyk H and Penar-Zadarko B. found\textsuperscript{41} in their work of 2013 concluded that “The low pay was considered as a main aspect of dissatisfaction in nursing, while financial security resulted in a feeling of satisfaction. Professional problems of the respondents correlated with health problems, job stress, experiencing tension, reduced motivation to work, an increase distance to the employees, and a feeling of dissatisfaction and frustration with the work. Age of respondents differentiates their health problems – the older people often were accompanied by disease of the spine, and the younger had allergies to disinfectants. The respondents were exposed to various forms of violence in the workplace, including raised voice, bad language, insulting, undermining nursing skills, spitting, pushing or beating.”

Sheri P. Palmer\(^{42}\) in his work of 2014 concluded that “Nursing turnover is a challenge in many hospitals worldwide, as well as in Guayaquil, Ecuador. This study was successful in identifying many issues relating to nurse satisfaction among the employees of this hospital. These issues may influence nurses to leave or stay in their job. Hospital and nursing administration can work together to implement strategies to increase nurse satisfaction, which may help in nursing retention. Although an increased budget for wages would seem to be the cure for nurse turnover, there are other practical actions that can be investigated and utilized.”

Valda Upenieks\(^{43}\) in their work of 2003 concluded that “Magnet hospital features have been associated with lower turnover and higher levels of job satisfaction. These key organizational characteristics include such elements as decentralized organizational structures, emphasis on participatory management, value of professional nursing practice, and systematic communication between clinical nurses and leadership. Nurse involvement in decision making has been reported as the most significant variable explaining job satisfaction (Gleason-Scott et al., 1999). Magnet organizations have enabled professional nurses to be autonomous and empowered and to do for patients what they know should be done in a manner consistent with professional standards (Sullivan-Havens & Aiken, 1999). This philosophy of nursing excellence is crucial for attracting and retaining clinical nurses, as well as vital for enhancing job satisfaction and longevity -- a key strategy in surviving the nursing shortage. The national health care system is facing another significant nursing shortage, particularly in the acute inpatient setting. The belief has been that increasing nurses' salaries will attract more individuals to the profession. However, higher wages alone will not be a powerful enough magnet to retain the excellent nurses presently practicing. Nurses want to be appreciated and respected, and they want to take responsibility in the decision-making processes concerning


\(^{43}\) Valda Upenieks, “Recruitment and Retention Strategies: A Magnet Hospital Prevention Model”, *Nurs Econ.*, 2003;21(1)
patient care. One model that supports these claims and that has empirically demonstrated lower turnover rates of nurses is the "magnet hospital" model. The purpose of this study is to present a prevention model that can assist nurse executives in attracting and retaining nurses in the acute hospital setting. The model refers to the prevalence of the nursing shortage problem, the risk factors involved, and the underlying causes. The model also focuses on the supply side of the nursing shortage and provides recommendations on how best to increase the nursing supply.”

Pratyay Pratim Datta and Debalina Datta\textsuperscript{44} in their work of 2013 concluded that “For an organizational output its employees’ satisfaction as well as motivation to do work is the main key factors. It is well known that motivated employees improve the productivity of any organization which ultimately helps the organization in reaching its goal. Overall the front office staffs were more satisfied as employees in the organizations. The management authority should pay sufficient attention to improve the productivity of the organizations by arranging regular meeting with the employees and fulfilling their needs.”

Shivangee Singh and Pankaj Kant Dixit\textsuperscript{45} in their work of 2011 concluded that “Employees comprise the most vital assets of the company. In a work place where employees are not able to use their full potential and not heard and valued, they are likely to leave because of stress and frustration. They need transparent work environment to work in. In a transparent environment where employees get a sense of achievement and belongingness, where they can best utilize their potential and realize their skills. They love to be the essential part of such organization and the company is benefited with a stronger, reliable work-force harboring bright new ideas for its growth.”

\textsuperscript{44} Pratyay Pratim Datta and Debalina Datta, “A Study On Motivation And Satisfaction Of Employees In Corporate Hospitals In Kolkata, India”, \textit{National Journal Of Medical Research, Volume 3,Issue 1, Jan – March 2013, pp: 56-59}

Persefoni Lambrou et al\textsuperscript{46} in their study of 2010 concluded that “this study showed that motivation was influenced by both financial and non-financial incentives. The main motivating factors for the health workers in this public hospital sample were appreciation by managers and colleagues, a stable job/income and training. The main discouraging factors were related to low salaries and difficult working conditions. Activities associated with appreciation such as performance management are currently not optimally implemented, as health workers perceive supervision as control, selection for training as unclear and unequal and performance measurement as not useful. The kind of non-financial incentives identified should be taken into consideration when developing human resource management strategies. The knowledge of motivation factors and factors leading to increased job satisfaction allow the implementation of targeted strategies of continuous improvement.”

Kelli Burton\textsuperscript{47} in his study of 2012 concluded that “Motivation is a complex concept and can help or harm an organization depending on how it is used within an organization. If a manager takes the time to understand the needs of his/her employees, then the recognition can be extremely useful. There have been many philosophers, who have tried to understand what motivates people, but every person is different and a theory cannot describe all people. It is understandable the managers have a full time job and do not have much down time to be spending on rewards, but it also gives them the opportunity to understand their employees and connect with them on a personal level. Managers are not the only ones who can recognize others in the workplace. Employees can recognize each other as well. It has been proven to that one can not directly motivate someone else, but they can give them the tools they need to motivate themselves. Managers are the resources for employees and they should make sure that their work environment is pleasant and desirable. This will help the productivity and improvement of their employees. If the above suggestions are implemented properly, managers will have a fully motivated team.”

M.A.T. Matsie\textsuperscript{48} in his thesis of 2008 concluded that “Health sector policy makers and health facility managers must recognize the importance of work motivation in reaching sector and organization goals, and they must understand the links between their current policies and worker motivation. The results suggested that improving motivation to perform well will require multiple interventions. Hence it is very important to ensure that different motivational strategies are in place and implemented correctly. In a hospital set-up it is important that employees are motivated as their performance affects the wellbeing of patients and the community in which they operate. The researcher concludes that different external motivators (motivational factors) should be used simultaneously to stimulate employees' motivation as different employees and people in general are motivated by different things. For example, other people are motivated by money (market related salaries, performance bonuses, overtime payments); others by a conducive working environment (good supportive relationship with managers, supervisors and colleagues and also by promotional possibilities); others by growth and learning opportunities (training); while others are motivated from within themselves, self-driven and take responsibility for themselves and their performance (internal locus of control). Others are motivated and credit others for their success or failures (external locus of control) which all have an impact on the way they perform their duties and to the overall productivity of the company.”

Sebahattin TAŞ et al\textsuperscript{49} in their work of 2012 concluded that “It is seen in the medical institutions that hospital administrations apply to tools such as course, seminar, social activities and appreciating but these are not considered sufficient by employees. However this case brings the wage rise expectation, when considering people who say “I prefer having a high title to having a job of higher salary” form the

\textsuperscript{48} M.A.T. Matsie, “The impact of motivation on Employee performance at level one District hospitals, with special Reference to Metsimaholo district Hospital in Sasolburg”, November 2008

\textsuperscript{49} Sebahattin TAŞ, Dr.Selin Aygen Zetter and Murat Çaylak, “The Motivation Of Hospital Staff Members: An Implementation In Antalya Province”, International Journal of Social Sciences, February 2013, vol 8, no.1
majority, it is seen that the idea that activities done for increasing motivation is insufficient is not only because of the low level of gaining wage rise reward. It is obvious that the gaining earthly reward of the medical institution employees while doing their job is important for motivation but also that they will not work harder just to gain earthly reward. This case shows that the sense of belonging to their professions and workplaces is great. The case that people who have worked more than one hospital say that the current hospital administration is more eager to increase motivation can be explained in that hospital administrations give more importance to motivation activities as a matter of policy as time goes by. However, as reflected in the answers, these studies have not reached the sufficient level yet.”

# END OF CHAPTER #