Job insecurity and intent to leave the nursing profession in Europe

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To determine the occupational factors affecting nurses' decision to leave their profession before reaching retirement age, a large epidemiological study (Nurses' early exit study – NEXT) was carried out in ten European countries. Altogether 32,037 registered nurses answered a questionnaire, covering, for example, questions on job insecurity and intention to leave nursing work. The data were analysed statistically using Chi² test and binary logistic regression models.

Concern about becoming unemployed and difficulties to find a new job if laid off was reported by 40% of the respondents. More than half of the respondents were worried about their qualitative job security (being transferred to another job or changes in work schedule), while less than 40% had concerns about becoming unable to work. Thoughts about leaving the profession were reported by 15% of the respondents.

The hypothesis, that nurses will show higher intention to leave if they experience high levels of job insecurity, was partly supported by the results of the study. The concern about the qualitative aspects of job security correlated positively with intent to leave nursing in almost all the participating countries; most strongly among the Finnish and Norwegian nurses. The relationship between the concern about employment security and intent to leave varied from country to country, probably due to differences in the labour market situation. The correlation was positive for the Dutch and British nurses while, for the Polish and German sample, nurses who reported worry about their employment security appeared to be less willing to leave the profession than those who were not too worried. The concern about being unable to work correlated positively with intent to leave in several countries, reflecting the demands of the profession.

The effects of job insecurity can be reduced if nurses feel that they are important to the health care institution they work for, and that the institution cares about them, and values their opinion.

Keywords: concern about being unable to work; Europe; intent to leave; nursing sector; quantitative and qualitative job insecurity

Introduction

Today, there is a substantial shortage of active nurses in almost all EU countries. Demographic changes, that is, a decrease in the proportion of younger people together with an increase in the proportion of older people in the working population, as well as an increase in the number of people over 64 within the coming 20 to 30 years, might even worsen this situation if no action is taken (Taunton, Boyle, Woods, Hansen and Bott 1997; North et al. 2005).

In many European countries, the nursing staff predominantly belong to the younger age groups. Middle-aged and older nurses often leave their profession prematurely, and
more often compared with other occupational groups. Since it is the oldest members of the population who require the most care, the pressure on the health care service will significantly increase (see Hasselhorn, Mueller and Tackenberg 2003 for more detailed information). It is not known yet how the increasing future demands for nursing can be met. The question is: who will provide the care needed in the coming decades?

In theory, there are four ways in which the pool of active nurses might be increased: 1) increasing the input by providing more educational facilities (see Kirpal 2004, for limitations in this respect); 2) immigration of nursing staff from other countries (see Widerszal-Bazyl et al. 2003, for obstacles in this matter); 3) raising the retirement age (however, in many countries, already today, there are only a few nurses who are active in their profession until normal retirement age); and 4) the apparently most effective way, by promoting the retention of existing nursing staff.

This paper focuses upon experiences of job insecurity among nursing staff in the participating EU countries, with the aim of understanding whether there are differences according to gender, age, and employment contract. Moreover, the aim is investigate the relationship between job insecurity and intent to leave nursing within the national samples. Assessment of perceptions of facets of job insecurity, and their implications in terms of turnover rate appear to be of theoretical and empirical relevance. The literature suggests that the fear of losing one’s job could in fact be as detrimental as losing the job itself, while numerous studies indicate that job insecurity may indeed have important consequences for both employees and working organizations (Ashford, Lee and Bobko 1989; Davy, Kinicki and Scheck 1991; De Witte 1999; Sverke, Hellgren and Näswall 2002; Chirumbolo and Hellgren 2003).

In this paper, we consider departure from healthcare work before one’s ordinary retirement age to be neutral in value. We want to take into consideration the fact that early departure from the profession might also be advantageous for certain individuals, for example, for those with severe health problems, or for those who wish to further their careers in other directions. The decision to leave the nursing profession is likely to be the result of a process with numerous, simultaneous underlying causes, that are both pushing and pulling. Push factors circumscribe adversely perceived aspects that make people want to stop working in the way they are doing so currently (e.g., conflicts at work or ill health), while pull factors are attractive incentives from outside such as further studies or favourable conditions for early retirement. In the NEXT study, as many of these aspects as possible are assessed to facilitate the understanding of ‘premature departure from the nursing profession’ (Hasselhorn et al. 2003).

**Experiencing job insecurity**

Job insecurity is interpreted as a psychosocial job stressor. It has been found to be associated with, for example, self-reported health and well-being, job satisfaction, organizational commitment, and intent to leave the job and/or the organization (Caplan, Cobb, French, van Harrison and Pinneau 1975; Tombaugh and White 1990; Catalona 1991; Boroson and Burgess 1992; Dekker and Schaufeli 1995; Barling and Kelloway 1996; Rosenblatt and Ruvio 1996; Hellgren, Sverke and Isaksson 1998; Mauno 1999; Ferrie, Shipley, Stansfeld and Marmot 2002). Studies on job insecurity can be divided into those that have examined self-perceived job insecurity, and those wherein job insecurity has been externally attributed by researchers, for example, to downsizing, restructuring or workplace closure (Greenglass, Burke and Fiksenbaum 2002). As job insecurity is highly context-dependent, experiencing it may affect employees who, ultimately, are not made redundant, as much as
those who have to give up their job. Job insecurity arising from the threat of losing a particular job may lead to loss of employment security if subsequent jobs prove hard to find (Bartley and Ferrie 2001).

In general, job insecurity is defined as ‘the discrepancy between the level of security a person experiences and the level he or she might prefer’ (Greenhalgh and Rosenblatt 1984; Hartley, Jacobson, Klandermans and Van Vuren 1991; Klandermans and Van Vuuren 1999). Bartley and Ferrie (2001) separate the concepts of ‘job security’ and ‘employment security’. According to them, job security represents the ability to remain in a particular job, while employment security represents the likelihood of being able to remain in paid employment.

Obviously, even if one appears to have high employability (or career potential) (Van der Heijde and Van der Heijden 2006), the labour market is crucial in the sense that a suitable job should be available. The effects of so-called employment opportunities are determined by both environmental factors (labour market), and by the individual’s perception of his or her career potential. While some individuals feel stimulated at moderate levels of uncertainty, others may be overwhelmed by worries about not being able to cope with future demands.

In this respect, ‘employment predictability’, that is, the possibility to develop expectancies and to generate rules about one’s work environment, determines the employee’s capacity to anticipate future developments and demands. Predictability may be increasingly important in a world where there is a general trend towards lower levels of predictability. The necessity of actively searching out information in order to reduce uncertainty and to be able to control future possibilities puts additional demands on the individual.

New trends and changes in working life, such as internationalization and intensification, may lower the levels of employment opportunities for many employees. These changes probably decrease the possibility of predicting the future. Work organizations change rapidly and individual employees are more and more urged to find out which new knowledge and what new skills are required in order to adapt and remain in a desired job.

Job insecurity can be approached using a global definition or a multi-dimensional definition (Mauno 1999). Globally defined, job insecurity signifies the threat of job loss or the endangerment of job continuity, while from a multi-dimensional point of view, it refers not only to the amount of uncertainty an employee feels about his or her job continuity, but also to the (dis)continuity of certain dimensions of the job or of valued conditions of the particular employment, such as opportunities for promotion, or the possibility of being laid off and losing one’s work-related social network.

Hellgren et al. (1998) differentiate between quantitative and qualitative job insecurity and perceive them as two dimensions of perceived loss of continuity in a job situation. Quantitative job insecurity refers to concerns about the future existence of the present job, that is, perceived threats of imminent job loss. Qualitative job insecurity refers to perceptions of potential loss of quality in the employment relationship, such as deterioration of working conditions, demotion, lack of career opportunities, unfavourable salary development, and concerns about the person–organization fit in the future.

In the NEXT study, self-perceived job insecurity refers to both employment security, that is, the quantitative dimension, and to qualitative job insecurity. Health care institutions, like many other organizations, may be forced to make cuts due to a shortage of funding. Since nursing professionals are the largest group employed by hospitals, their so-called employment predictability is strongly affected by downsizing and closure.
The International Journal of Human Resource Management

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of wards. Moreover, the job insecurity experienced by nurses is often a result of seeing others losing their jobs, adding to the stress experienced by nurses today.

The aim of the study

This study focuses upon nurses’ experiences of job insecurity with the aim of examining three of its facets: quantitative and qualitative job insecurity, as well as concern about being unable to work. The aim is to investigate differences in job insecurity experiences according to gender, age, and employment contract as well as differences among nursing staff in the participating EU countries. The research hypothesis focused on in this paper is that nurses will, generally, have a higher intention to leave, if they experience high levels of job insecurity. Thus, the aim is also to investigate the relationship between job insecurity and intent to leave nursing, and more specifically, to study whether the relationship differs according to gender, age, and employment contract within the national samples.

Methodology

Sample and procedure

The NEXT study has adopted a cross-cultural prospective design and is performed in the same way in all participating countries: Belgium, Finland, France, Germany, Great Britain, Italy, the Netherlands, Poland and Slovakia, and, with some exceptions, Sweden. In addition, Norway was an associate member of the study group (not funded by the EU). The study includes hospitals, nursing homes, home care, and out-patient care institutions. The study design is described more thoroughly in the overall report entitled Working Conditions and Intent to Leave the Profession among Nursing Staff in Europe (Hasselhorn et al. 2003). This contribution focuses on the first measurement, and is based on the initial or basic questionnaire assessment that was carried out between October 2002 and June 2003.

Altogether 623 health care institutions were involved in the NEXT study (185 hospitals 187 nursing homes, 74 home care, and 177 out-patient care institutions). The initial questionnaire was sent out to a total of 77,681 nurses covering all qualification levels (Table 1) of whom 39,893 returned the questionnaire. The response rate is 51% for the aggregated sample and varies among the participating countries from 32% to 77%. To enable a better comparison among the different countries, the data that have been used for the analysis in this article are limited to registered nurses with or without a specialization. As such, the total number of respondents amounts to 32,037.

Measures

Job insecurity

Five questions with dichotomous responses (‘yes’ and ‘no’) have been used to determine the experience of job insecurity: 1) Are you worried about becoming unemployed?; 2) Are you worried about being unable to work?; 3) Are you worried about difficulties finding another job if you become unemployed?; 4) Are you worried about being transferred to another job/place of work that you do not want?; and (5) Are you worried about receiving a new work schedule which does not suit you? The questions have been adopted from the so-called Copenhagen Psychosocial Questionnaire (Kristensen, Hannerz, Hogh and Borg 2005). Items one and three measure quantitative job insecurity; the variable
‘quantitative job insecurity’ was a combination of these two items. The value of the variable was ‘yes’ if the respondent answered ‘yes’ to one or both items, otherwise it was ‘no’. Items four and five measure qualitative job insecurity; the variable ‘qualitative job insecurity’ was formulated in the same way as the quantitative one. Item two has been used as a single item.

**Intent to leave**

‘Intent to leave’ has been measured by means of one item: ‘How often during the course of the past year have you thought about giving up nursing and starting a different kind of job?’ A five-point rating scale has been used: 1) ‘never’; 2) ‘some times a year’; 3) ‘some times a month’; 4) ‘some times a week’; and 5) ‘every day’.

**Control variables and interactors**

Gender, age and general health have been entered in the analyses as control variables, and, in addition, ‘level of health care training’ (specialized versus non-specialized registered nurses) and ‘employment contract’ as possible interactors.

**General health** has been measured by means of the so-called SF-36 scale (Ware and Sherbourne 1992). The five items to be answered on a five-point rating scale are: 1) ‘In general, would you say your health is . . .’?; 2) ‘I seem to get sick a little easier than other people’; 3) ‘I am as healthy as anybody I know’; 4) ‘I expect my health to get worse’; and 5) ‘My health is excellent’. For the first item the answer categories are: ‘poor’, ‘fair’, ‘good’, ‘very good’, ‘excellent’, while for the other four items the scale anchors are: ‘definitely false’, ‘mostly false’, ‘don’t know’, ‘mostly true’, ‘definitely true’.

**Employment contract** has been measured by means of the following question: ‘Do you have a permanent employment contract’ with dichotomous responses (‘yes’ and ‘no’).
Data handling and analyses

Data entry and processing has been organized by each national team according to a commonly agreed upon protocol that has been strictly followed across the participating countries. The national data sets were forwarded to the coordinator of the study (the German team) and merged into a common data set. SPSS 11.0 has been used for data handling.

Data analysis has been conducted using SPSS 11.5. Differences in prevalence of job insecurity have been calculated by means of Chi² tests. In the analyses regarding the relationship between job insecurity and intent to leave, the research sample has been dichotomized with respect to the intensity of thinking about leaving. The first category of nurses consists of those considering leaving nursing several times a month or even more often, while the second category consists of those considering leaving some times a year, or never.

Binary logistic regression models have been used to calculate adjusted odds ratios (ORs) for intent to leave, and their 95% confidence intervals (CIs), according to experiences of job insecurity (Hosmer and Lemeshow 1989). Analyses have been adjusted for potential confounders: gender, age, and general health.

Results

Job insecurity experiences

Among the total sample, more than half of the respondents indicated concern about their qualitative job security (that is, being transferred to another job inside their organization, or about changes in their work schedule), while less than 40% had concerns about their employment security or about becoming unable to work (Figure 1).

However, the experiences of job insecurity varied a lot among the participating countries, that is to say, the differences in each aspect of insecurity appeared to be statistically significant (Chi² (9) = 3,186–10,348, p < .001). In Poland and Slovakia, nurses seemed to be notably more concerned about their job security compared with nurses in the other participating countries. More specifically, Polish and Slovakian nurses appeared to be more worried about employment security, than about the qualitative aspects of their work, or about being unable to work, while the nurses from other countries...
seemed to be more concerned about their qualitative job security compared with their worries about becoming unemployed or unable to work.

The fear of becoming unemployed or the concern about difficulties finding another job appeared to be extremely high among Polish and Slovakian nurses, as 92% of the Polish and 87% of the Slovakian respondents expressed serious concerns regarding these issues. This outcome is in sharp contrast with the outcomes of nurses in the other participating countries; for example only a few of the Dutch and Norwegian nurses expressed concerns about these facets of job insecurity (14% and 16%, respectively).

Moreover, more than 70% of the Polish and Slovakian nurses expressed anxiety about their qualitative job security. Also Italian and French nurses quite commonly expressed worries about being transferred to another job inside their organization, or about changes in their work schedule compared with nurses from other countries. The Dutch nurses seemed to be least worried about this, closely followed by the Finnish nurses.

Correspondingly, the scores for worrying about becoming unable to work were highest in Poland and Slovakia, and lowest in the Netherlands.

**Job insecurity by gender, age and employment contract**

All aspects of job insecurity experiences differed significantly according to gender ($\chi^2 (1) = 10–198$, $p < .001$) This might be partly attributable to the large number of respondents, that is, the considerable power of the statistical tests. However, the differences between male and female nurses in qualitative job insecurity and in worry about being unable to work were rather small, whereas in the case of quantitative job insecurity, they were greater: 39% of female and 27% of male nurses appeared to be worried about their employment security. However, the proportion of men in the total sample was only 11%, so this outcome has to be interpreted with care.

In six out of ten countries the proportion of men was lower than 10%. The proportion of men was 26% for Italian, 17% for German, 12% for French and 10% for Dutch nurses. In these countries’ samples, the gender differences in experiences of quantitative job insecurity and worry about being unable to work appeared to be very small. In the case of qualitative job insecurity, the gender difference was found only for the Italian nurses; 73% of the female and 61% of the male nurses reported being worried about it ($\chi^2 (1) = 66$, $p < .001$).

All aspects of job insecurity experiences differed according to age ($\chi^2 (7) = 231–262$, $p < .001$) (Figure 2).
When looking at all the countries in the study, the concern about quantitative job
insecurity and worrying about one’s work ability appeared to increase with age, and was
found to be highest for the age group of 50 to 54 years, with a slight decrease thereafter.
Similarly, the experience of qualitative job insecurity among young respondents increased
with age, but appeared to turn to a decrease as early as after the age of 30. The oldest
nurses seemed to be least concerned about being transferred to another job/place of work,
or about being given an unsuitable work schedule.

When looking at quantitative job insecurity experiences by age across the different
countries, some countries showed considerable discrepancies from the overall outcomes
(Figure 3). For this analysis the two youngest age groups (19 to 24 and 25 to 29 years) have
been combined because of the small number of respondents in some national samples in
the youngest age group.

Quantitative job insecurity experiences differed by age in all countries
(Chi^2 (7) = 33–180, p < .001) except for Italy. The pattern of the relationship between
these two variables appeared to be different across countries. Among Belgian, British, Dutch
and French nurses, the pattern was similar to that of the total sample. The same applies to the
German ones, yet, contrary to the above, their concern began to increase only once the nurses
had reached their forties, and after that it increased rather sharply. The pattern appeared to be
the reverse among the Finnish sample, where nurses in the youngest age groups were clearly
more worried about their employment security compared with others. As they get older their
concern decreases rather strongly, and then increases again among the oldest nurses. Also in
Norway, nurses under the age of 30 were more worried about their employment security than
nurses aged from 30 to 54 years, but their level of concern was much lower compared with
Finnish nurses. In the Polish and Slovakian samples, the concern appeared to be substantial
among nurses under 55 years of age. After that age it decreased remarkably. However, the
number of respondents aged 55 years or more was only 65 for the Polish sample and 66 for
the Slovakian sample.

For qualitative job insecurity, the differences between the age groups were not
obvious, even though they appeared to be statistically significant for all countries

![Figure 3. Experiences of quantitative job insecurity by age in countries where results differed from overall outcomes.](image-url)
(Chi² (7) = 15–52, p < .001, .01), except for Germany. Differing from the general picture, the concern about being transferred to another job/place of work, or being given an unsuitable work schedule increased slightly with age among the Dutch and British nurses (Chi² (7) = 34, p < .001 and Chi² (7) = 15, p < .05, respectively). The Italian nurses experienced an equal amount of concern across the age groups up to their fifties, after which it seemed to decrease (Chi² (7) = 49, p < .001).

Worrying about being unable to work appeared to be different across age groups for all countries, except for Germany, Norway and Slovakia. The concern about work ability increased with age among Belgian, British, Dutch, Finnish, French, Italian and Polish nurses (Chi² (7) = 34–69, p < .001), but, for the Italian and Polish nurses, the worry appear to turn down for the middle-aged.

When looking at job insecurity according to the nurses’ employment contract, only quantitative job insecurity experiences differed. As might be expected, nurses with a temporary contract appeared to be more worried about their employment security compared with those with a permanent contract (Chi² (1) = 161, p < .001) (Figure 4). The experiences of qualitative job insecurity and worries about being unable to work did not differ by employment contract in any of the participating countries.

Finnish nurses with a temporary contract appeared to be remarkably more worried about their employment security compared with nurses with a permanent contract (Chi² (1) = 361, p < .001). Similarly, Belgian, Dutch and German nurses with a temporary contract were more concerned compared with nurses working on a permanent contract basis (Chi² (1) = 17, p < .001, Chi² (1) = 41, p < .001 and Chi² (1) = 4.9, p < .05, respectively). For British, French, Italian, Polish and Slovakian nurses, no differences according to employment contract could be found. For the Norwegian sample, information regarding the employment contract was missing, and thus could not be included in the analyses.

**Intent to leave the nursing profession**

Of the total group of 32,037 respondents, 7.3% reported thinking daily or some times a week of giving up nursing, while 8% considered it some times a month (Figure 5). Thoughts about leaving the nursing profession were notably most common among the British nurses, of whom 37% considered it monthly or even more often. One-fifth
of the Italian, and nearly one-fifth of the German respondents thought about leaving equally often. Nurses from our samples in Poland, Belgium, Norway and the Netherlands considered giving up nursing most seldom (8.6%, 9.2%, 9.4%, and 10.0%, respectively).

**Job insecurity and intent to leave the nursing profession**

The association between experiences of job insecurity and intention to leave varied, depending on the aspect of insecurity (Table 2), and also according to country (Table 3).

In the total sample, quantitative job insecurity experiences appeared to be negatively related to intent to leave (OR 0.79; adjusted for age, gender and health), while qualitative job insecurity (OR 1.42), and nurses’ concern about being unable to work (OR 1.16) appeared to be positively related to intent to leave the nursing profession.

Like in the total sample, quantitative job insecurity experiences were negatively related to intention to leave the nursing profession in Germany and Poland (Table 3). For these countries the concern about employment security seemed to be associated with a decreased intention to leave (OR 0.71 and 0.62, respectively). On the contrary, the worry about employment security was related to increased intention to leave for the Dutch

![Figure 5. Thoughts about leaving the nursing profession.](image)

Table 2. The association of job insecurity experience with intention to leave the nursing profession (often).

<table>
<thead>
<tr>
<th>The aspect of job insecurity</th>
<th>OR</th>
<th>95% CI</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantitative job insecurity experiences</td>
<td>no 1.00</td>
<td></td>
<td>yes 0.92</td>
<td>0.86–0.98</td>
</tr>
<tr>
<td>Qualitative job insecurity experiences</td>
<td>no 1.00</td>
<td></td>
<td>yes 1.62</td>
<td>1.51–1.73</td>
</tr>
<tr>
<td>Worry about becoming unable to work</td>
<td>no 1.00</td>
<td></td>
<td>yes 1.36</td>
<td>1.27–1.45</td>
</tr>
</tbody>
</table>

Notes: 1For the Norwegian sample, adjusted only for age and gender (the variable ‘health’ is missing); *p ≤ 0.05; **p ≤ 0.01; ***p ≤ 0.001.
For these countries, nurses who reported worrying more about their employment security appeared to be more willing to leave the profession compared with those who were not too worried.

Experiences of qualitative job insecurity appeared to have more impact on intent to leave nursing compared with experiences of quantitative job insecurity. A significant positive correlation was found for all countries, except for Poland and Slovakia. The direction of the relationship appeared to be similar across countries. The Finnish and Norwegian nurses who were concerned about being transferred or being given an unsuitable schedule, most commonly expressed thoughts about leaving the nursing profession (OR 2.00 for both samples).

The concern about being unable to work appeared to be positively related to intent to leave for the majority of the national samples. The relationship was strongest for the French (OR 1.94), Finnish (OR 1.72), and Dutch nurses (OR 1.56). A significant relationship was also found for the British, Belgian, and Italian nurses. Worrying about the ability to work increased the amount of thoughts about giving up nursing and starting a different kind of job.

When looking at the correlations between job insecurity experiences and intent to leave across subgroups, age, as well as level of training, appeared to have a significant interaction effect (Table 4). No interaction effect of employment contract was found.

Nurses under 50 years of age had less intention to leave the nursing profession if they were concerned about their employment security; in the oldest age group no correlation was found. On the contrary, the association between qualitative job insecurity experiences and intention to leave the profession was stronger the older the nurses were. Also the concern about becoming unable to work correlated positively with intent to leave among the oldest nurses.

There were also differences between registered nurses and specialized registered nurses. If they were concerned about employment security, registered nurses had less
Table 4. The interaction effect of age and level of training on the relationship between job insecurity and intent to leave the nursing profession (often).

<table>
<thead>
<tr>
<th></th>
<th>Experiencing job insecurity</th>
<th>Qualitative job insecurity</th>
<th>Concern about becoming unable to work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR</td>
<td>95% CI</td>
<td>OR</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19–34</td>
<td>no</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>0.73***</td>
<td>0.65–0.83</td>
</tr>
<tr>
<td>35–49</td>
<td>no</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>0.77***</td>
<td>0.70–0.85</td>
</tr>
<tr>
<td>50+</td>
<td>no</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>1.11</td>
<td>0.89–1.38</td>
</tr>
<tr>
<td><strong>Level of training:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>registered nurse</td>
<td>no</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>0.73***</td>
<td>0.67–0.79</td>
</tr>
<tr>
<td>registered nurse with specialization</td>
<td>no</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>yes</td>
<td>1.32***</td>
<td>1.13–1.53</td>
</tr>
</tbody>
</table>

Notes: *p ≤ 0.05; **p ≤ 0.01; ***p ≤ 0.001.
intention to leave the profession, while the correlation was the opposite among nurses with more training. Registered nurses with specialized training also had thoughts about giving up nursing and starting a different kind of job if they were worried about becoming unable to work; this correlation was almost non-existent among registered nurses.

**Discussion and conclusions**

The aim of the present study was to examine job insecurity experiences among nursing staff, and to determine whether patterns of relationships between job insecurity experiences and intent to leave are the same across different age groups, in terms of gender, and in terms of employment contract.

**Prevalence of job insecurity experiences**

Our results show that concerns regarding the qualitative aspect of job insecurity, that is, being transferred inside the organization or facing changes in the work schedule, make nurses more anxious compared with concerns regarding employment security or becoming unable to work. This outcome has been found for all the participating countries, except for Poland and Slovakia, where nurses appeared to be more concerned about their employment security. The precarious situation in the labour market of these countries might ‘over-shadow’ the impact of qualitative aspects of job insecurity. Moreover, in Poland, several regulations ensure a relative stability of working conditions, that is to say, if a nurse is recruited to perform certain tasks, the stability of the job content is rather certain.

All in all, Polish and Slovakian nurses appeared to be most worried about all aspects of their job security, while the nurses in the Dutch sample expressed least concern.

As the proportion of men in our sample was rather small (11%), it is difficult to confidently draw any conclusions on gender differences. The main result that has been found concerns the relatively higher amount of quantitative job insecurity among women. Moreover, concerning country-specific gender differences, in all cases the female nurses appeared to experience more insecurity.

It is important to find possible explanations for these outcomes. It might be that, in general, women’s perception of their own employability is lower than that of men. Further research is needed to find out whether this hypothesis might be confirmed. However, the existence of such an effect has an impact on the labour market as nurses’ self-image certainly influences their behaviours and attitudes in recruitment situations.

As far as age effects are concerned, the nurses in the different age groups showed considerable differences across the countries. All in all, our results indicate that with age nurses appear to experience more quantitative job insecurity, except for the Finnish and Norwegian nurses. This result is important as it calls for more attention to be paid to the impact of age on employability (Van der Heijde and Van der Heijden 2006), and for the possibility that age-related stereotyping is apparent in working organizations, including those in the healthcare sector.

In contrast with the other countries, in Finland, experiences of employment insecurity appeared to be more prevalent among young people. Moreover, nurses with temporary contracts were particularly more worried about their employment security in Finland, but this result was also found for Belgium, Germany and the Netherlands, although to a lesser degree. In Finland, the proportion of temporarily employed nurses has been rather large due to the economic crisis in the public sector in the beginning of the nineties, and as the young nurses tend to have temporary contracts this might explain their relatively great concern.
The results regarding the effects of age on experiences of qualitative job insecurity and worrying about being unable to work are less unambiguous, and the pattern of the relationship differs greatly across the participating countries. It is difficult to explain this result, and more research wherein nurses’ coping style and adaptability are taken into account might help us to better understand the impact of age.

Job insecurity experiences and intent to leave

Job insecurity, in particular one’s concern about being transferred inside the organization or changes in the work schedule, proved to be an important predictor of intent to leave. When looking at the results country by country, qualitative job insecurity experiences appeared to correlate positively with intent to leave nursing in all countries, except for Poland and Slovakia. The association was strongest for the Finnish and Norwegian nurses. As mentioned earlier, the primary concern among Polish and Slovakian nurses is becoming unemployed; concerns about unsuitable work schedules or changing tasks seemed to take second place. In the EU countries with a more favourable employment situation, quality of working conditions is perceived to be a more significant reason for nurses to consider leaving the profession. The correlation was stronger the older the nurses were; thus, the quality of working conditions seems to be of great concern to older nurses. Among the Finnish NEXT sample, satisfaction with work schedules also correlated with professional commitment, the correlation being strongest among the oldest nurses (Laine and Pentti 2006). In order to influence their continuing in their work, it is important to ensure the security and predictability of work schedules and job/place of work.

In terms of experiences of employment insecurity, the relationship with intent to leave was found to be positive among British and Dutch nurses. Obviously, these nurses do consider leaving in order to find a more secure workplace, and they assume that there might be better opportunities for doing so outside the nursing sector. On the other hand, the relationship between employment insecurity and intent to leave was negative for the German and Polish nurses. Presumably, those afraid of becoming unemployed are satisfied with simply having a job. They do not want to leave the profession because they can see no alternative on the job market, and they still believe in nursing. This same difference was found between registered nurses without and those with specialization. Obviously, there are also better employment opportunities for nurses with more training outside the nursing sector.

The concern about being unable to work correlated positively with intent to leave in several countries, most strongly for the French, Finnish and Dutch nurses. The nurses who were concerned about being unable to work more often considered leaving the profession. They also more often experienced poor health and work ability. They probably want to leave either because they feel that nursing work and working conditions may have a bad influence on their health and work ability, or they think that continuing in nursing work with reduced health and work ability will not be possible in the long run. Thus, a good solution for them would be to find a job outside nursing. They do not think about retiring, because the question which measured the intent to leave was phrased ‘How often have you thought about giving up nursing and starting a different kind of job?’.

Conclusions

The hypothesis that nurses will show higher intention to leave if they experience high levels of job insecurity was shown to be partially true in this study. Concern about the qualitative aspects of job security indeed correlated positively with intent to leave nursing, while the relationship between concern about employment security and intent to leave
varied from country to country, being positive for some countries and negative for others. The major explanation for this is probably the differences in labour markets. Concern about being unable to work correlated positively with intent to leave in several countries, reflecting the demands of the profession.

Practical implications

The effects of job insecurity can be considerably reduced, depending on whether nurses feel that they are important to the particular health care institution they work for, and whether the institution cares about them, and values their opinion. There are some strategies that can be implemented to deal with feelings of job insecurity and their effects on nurses. In the case of restructuring, for example, support, information sharing, and input to decision-making are all approaches that can be implemented to ameliorate feelings of distress associated with restructuring (Cameron, Freeman and Mishra 1991).

As regards support and information sharing, participation in social networks is a means to increase employees’ opportunities to take part in these activities. Networks involve interactions where the content of the relationship may be social, work-related, or a combination of both. People may gather together in functionally differentiated groups because of the fact that they have to interact to accomplish an organizationally defined task, or for social and informal reasons.

As far as the social aspect – social support – is concerned, networking might provide an important buffer function that may be exerted by means of contact, development of identity, control of stress or other burdens (Levine and Ursin 1991). As those working in nursing are exposed to emotional involvement, stress, work constraints and role uncertainty, there is an obvious need for talking things through with colleagues and supervisors. When it comes to situations of psychological stress, colleagues appear to be the most important source of support, particularly when, institutionally, that kind of support is lacking (Kirpal 2004).

As to the work-related aspect, social networks, representing the human, innovative side of organizations, play a key role in these turbulent and exciting times when expansion of professional knowledge and skills, that is, guarding one’s employability in order to prevent experiences of job insecurity, is becoming more important (Mueller 1991). The success of a social network depends on the ability of employees to exchange and to apply relevant information, especially where rapid technological changes or re-organizations are taking place and, consequently, job requirements are being modified (Boerlijst 1994).

Limitations of the study

Because of the cross-sectional nature of the data, causal conclusions can not be drawn. A longitudinal study might reduce these limitations, although such a design also has limitations, such as the problem of selecting appropriate time intervals (Kessler and Greenberg 1981; Frese and Zapf 1988). In future research reports regarding the NEXT study, we will do an in-depth examination of causal patterns (see Hasselhorn et al. 2003 for more details).

As we have used self-report measures, both for the predictor variables, that is, the facets of job security, and for the dependent variable, that is, intent to leave, a common-method bias may exist (Podsakoff, MacKenzie, Lee and Podsakoff 2003). In order to increase the validity of the results, nurses’ self-assessments and supervisor assessments might be combined in future analyses.
**Recommendations for further research**

Research wherein the impact of internal and external labour market opportunities is taken into account might enhance our understanding of the pattern of relationships. That is to say, employment opportunities could be used as a control variable in future research designs, as the perception of these is supposed to highly influence nurses’ turnover rate. Even when serious increases are perceived in your job insecurity, if there is a lack of suitable jobs available, you might prefer to stay in your current employment as your employability (or career potential) is something to be concerned about, and in fact, might be in danger. This implies that employment opportunities may moderate the effects of job insecurity on intent to leave and actual turnover. More specifically, in the case of a lack of employment opportunities, health care organizations might already face detrimental effects, even in a situation of low turnover, as their staff might show a high organizational tenure, and yet not be strongly committed to the profession. As outlined above, such a situation might increase the pressure within the health care institution, as well as decrease the quality of patient care. A perceived lack of employment opportunities has already been shown to be significantly related to health and well-being (Caplan et al. 1975; Catalona 1991; Sverke et al. 2002; Mauno, Kinnunen, Mäkikangas and Nätti 2005), all being strong predictors of intent to leave the profession.

Nowadays, job insecurity as a result of lack of employability is a risk factor for all individual employees (Van Dam 2004; Van der Heijde and Van der Heijden 2006). In this respect, employment predictability is an important concept to consider. It refers to the possibility to develop expectancies and to generate rules about one’s work environment. As such, it determines the employee’s capacity to anticipate future developments and demands. Predictability may be of great importance in a world where there is a trend towards lower levels of predictability. The necessity of actively searching out information in order to reduce uncertainty and to be able to control future possibilities places additional demands on the employee, implying that social support is all the more important. Employees with a high amount of employability (or career potential) possibly suffer less from low predictability as they have a high capability of mastery. However, employees with a decreased career potential are vulnerable.

Employment predictability within the nursing profession is determined both by environmental factors (labour market) and by the nurse’s perception of his or her career potential. While some nurses feel stimulated at moderate levels of uncertainty, others may be overwhelmed by worries about not being able to cope with future demands. Despite the clear recognition in recent turnover models (Hom, Caranikas-Walker, Prussia and Griffeth 1992; Bretz, Boudreau and Judge 1994) that two basic market opportunity destinations are available – internal and external – little is known about how these alternatives affect turnover patterns (Mano-Negrín and Tzafrir 2004). Thus, there is a theoretical and empirical need to take a more comprehensive look at the impact of labour market circumstances on feelings of job insecurity and intent to leave, as well as on actual turnover, and at how this effect can be combated. To do this, micro- and meso-level models, taking into account individual, job-related, and organizational characteristics ought to be integrated with so-called micro-sociological models describing labour market circumstances and opportunities (Hulin, Roznowski and Hachiya 1985).

Finally, one should realize that job insecurity has two dimensions: an objective (real regional job market for a profession) and a subjective (individual’s perceived job insecurity) one. It may be assumed that they correlate with each other. In contrast to the objective dimension, the subjective dimension is likely to be influenced by the individual’s
personality, previous history and experiences, health perception and social ties. In this study, we have used the nurses’ intention to leave the profession as the outcome variable. The decision to leave the profession is the endpoint of a subjective consideration process. Perceived job insecurity may thus be assumed to be much closer to this outcome than the objective measures, and might therefore be – especially in countries where nurses are needed – a more relevant indicator for health care institutions when attempting to retain nurses.

Note
1. EU-financed project QLK6-CT-2001-00475.

References


