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# Working conditions and intent to leave the profession among nursing staff in Europe

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FIFTH FRAMEWORK PROGRAMME

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## 22 *Intent to leave nursing in the Netherlands*

Esther van der Schoot and Beatrice van der Heijden

### **Introduction**

In 2001, 319,600 nurses, health care takers, and assistant nurses were working in the health care sector in the Netherlands (Van der Windt, 2002). This is approximately 4.6% of the total workforce (CBS, 2002). The percentage of nurses, health care takers, and assistant nurses was respectively, 63.2%, 18.7%, and 18.1%. 27.1% of the above-mentioned total population of 319,600 works in hospitals, 36.2% in nursing and old peoples' homes, and 36.3% in home care institutions (AZWINFO, 2002).

From 1991 until 2000 the average growth in health care personnel was about 1.8%. For the upcoming years (until 2005) it is expected that the health care workforce will grow with about 2.5%. Until 2004 the increase will temporarily be slightly higher (more than 3%) in order to diminish the existing waiting lists (Calsbeek et al., 2001; Van der Windt, 2002).

All work fields in the health care sector are reporting problems with obtaining nurses, health care takers and assistant nurses. In home care institutions the shortage is 1000 full time equivalents (fte), nursing and old peoples' homes report 1,900 fte, and in hospitals 1200 fte can hardly be filled up. The percentage of vacancies that can hardly be filled up for (assistant) nurses and health care takers, stayed almost the same in 2001 (in comparison with 2000) (Van der Windt, 2002).

10.9% of the (assistant) nurses and health care takers left their profession. This rate is higher compared with the fluctuation rate of the total working population. Moreover, the flow increases (slightly) faster compared with the one in the total economy. The same applies for the number of employees that change jobs within the same profession (7.2%) versus the number of (assistant) nurses and health care takers (5.4%) (AZWINFO, 2002; CBS, 2002; Van der Windt, 2002; Van Essen et al., 2001). Reasons frequently mentioned to look for another job in one's own profession are: the need for work (25%), more possibilities to develop oneself (24%), travelling time (22%), and career perspectives (20%).

Most internal mobility of (assistant) nurses and health care takers can be found in hospitals (10%) and nursing homes (10%). The ones in home care institutions and old people's homes are respectively 3% and 2% (Allaart et al., 2001).

(Assistant) Nurses and health care takers have different reasons to quit their job completely (Messchendorp et al., 2002; Van Dijk et al., 2002). Resignation is most frequently mentioned (especially in home care: 12.2%). Secondly, limited

contracts, followed by retirement, and retirement for health reasons. Dismissal is hardly mentioned in contrast to the total labor market (0.5% versus 1.2%) (Calsbeek et al., 2001).

Most people stop working completely due to health reasons (35%), followed by family motives (33%) and parenthood (28%). One's physical workload seems to play an essential role as well (11%). Only 8% reported work pressure as a reason to quit labor (AZWINFO, 2002).

In order to prevent premature departure of health care personnel in the Netherlands, the NEXT-Study has been performed. In the following sections we will go into the methodology of the study.

## **Methods**

### *Recruitment of institutions*

Different steps have been taken in order to select the Dutch participating institutions. Firstly, the country was divided in five regions (north, south, east, west and middle). Secondly, for each region, twenty hospitals, forty nursing and old peoples' homes, and twenty home care institutions were selected randomly. The selection was based upon information regarding the distribution of the population that was obtained from the Internet, and from the Chamber of Commerce, and by using addresses from national federations of health care institutions. Although we did our utmost to obtain a representative sample, it was necessary to make use of the so-called convenient sampling strategy. Due to two recently performed large surveys (Messchendorp et al., 2002; Van Dijk et al., 2002) many health care institutions, especially in the western part of the Netherlands, indicated that their employees were supposed to be research fatigue and therefore reluctant to cooperate. Moreover, following economic drawbacks, many institutions were in the middle of a fusion and/or reorganisation implying that the management team decided not to participate to scientific studies in order to prevent more unnecessary stress for their workforce.

After contacting the STO-network (Cooperating Top Clinical Hospitals (10) another three hospitals decided to participate in the NEXT-Study. In the end, 28 health care institutions (9 hospitals, 15 nursing and old peoples' homes, and 4 home care institutions) appeared to be interested to participate in our study. However, six old peoples' and nursing homes drew back before the final agreements were made.

The total Dutch sample consist of 4024 respondents. The distribution over type of institution is as follows: 63% in hospitals, 18.5% in nursing and old peoples' homes, and 18.2% in home care institutions. Unfortunately and due to a combination of factors that have been explained above, we have not obtained a representative spread of the different institutions by region.

### *Participation*

For all participating health care institutions, a thorough discussion with a representative from the personnel department took place. We gave an explanation of the criteria for participation and we made samples of employees appropriate for the NEXT-survey.

In order to facilitate data gathering, in each participating institution a contact person has been pointed out. Most health care institutions distributed the questionnaires themselves among the respondents. For two institutions, the University of Twente sent the questionnaires to the home addresses of the respondents. Two other institutions took care themselves for sending the questionnaires to the home addresses of the respondents. In the remaining institutions, our contact persons made sure that the questionnaires were handed out at work meetings or distributed by means of the mailboxes at the health care institute. The contact persons have been asked several times by phone and in person to remind the respondents to fill out and to return the questionnaire.

Participation turned out to be low in general, and for some institutions (nursing and old peoples' homes) very low, due to sickness of the head nurse, who was also responsible for the NEXT-Study and/or a very high workload. One of the home care institutions was in a reorganisation process. This caused a lot of trouble regarding the distribution of questionnaires. The most important hindrance here was the fact that it was not documented to whom the questionnaires were handed out.

In general, the response rate of (assistant) nurses and health care takers working in home care is lowest. Inquiry pointed out that the questions were not too appealing due to specific formulations, such as: 'A doctor ordering what appears to be inappropriate treatment for a patient.' and 'Uncertainty regarding the operation and functioning of specialised equipment.' Apparently, these type of questions refer to situations that are not so common in home care settings.

*Table 1. Overview over participating institutions and staff in the Dutch 'basic assessment'.*

| institution                    | number of institutions | n staff approached | n staff responded | response rate | range of response rates |
|--------------------------------|------------------------|--------------------|-------------------|---------------|-------------------------|
| hospitals                      | 9                      | 5019               | 2520              | 50,2%         | 41.4% - 83.3%           |
| nursing and old peoples' homes | 9                      | 1138               | 753               | 66,2%         | 10.0% - 52.0%           |
| home care institutions         | 4                      | 3054               | 745               | 24.4%         | 12.6% - 46.5%           |
| unclassified                   | 0                      | 0                  | 1                 |               |                         |
| <i>total</i>                   | <i>22</i>              | <i>9211</i>        | <i>4019</i>       | <i>43.6%</i>  | <i>10.0% - 83.3%</i>    |

### Data entry

Data entry was done manually by a specialised data entry agency, fully based upon the codebook as developed by the NEXT-consortium. After receiving the computerised data set, the University of Twente cleaned the data.

### Statistical analysis

The following data analyses have been conducted with SPSS 10.0 and 11.0.

## Results

Nursing staff working in hospitals comprised 62.7% of all respondents, those working in old peoples' homes and nursing homes comprised 18.8%, and those working in home care comprised 18.5% (see Table 2). The average age of the total sample is 39.19 years.

Table 2. Participants in the Netherlands by type of institution, gender and age.

| type of institution            | sex           | n            | %            | mean age     | st. dev. age |
|--------------------------------|---------------|--------------|--------------|--------------|--------------|
| hospitals                      | female        | 2,184        | 86.9         | 39.21        | 9.73         |
|                                | male          | 330          | 13.1         | 38.13        | 9.41         |
|                                | <i>all</i>    | <i>2,514</i> | <i>100.0</i> | <i>38.13</i> | <i>9.39</i>  |
| old peoples' and nursing homes | female        | 716          | 95.1         | 39.20        | 9.82         |
|                                | male          | 37           | 4.9          | 38.39        | 9.58         |
|                                | <i>all</i>    | <i>753</i>   | <i>100.0</i> | <i>38.04</i> | <i>9.92</i>  |
| home care                      | female        | 736          | 99.2         | 39.22        | 9.82         |
|                                | male          | 6            | 0.8          | 42.31        | 9.41         |
|                                | <i>all</i>    | <i>742</i>   | <i>100.0</i> | <i>43.97</i> | <i>9.23</i>  |
| <i>all</i>                     | <i>female</i> | <i>3,636</i> | <i>90.7</i>  | <i>39.21</i> | <i>9.82</i>  |
|                                | <i>male</i>   | <i>373</i>   | <i>9.3</i>   | <i>39.03</i> | <i>8.89</i>  |
| <i>all</i>                     | <i>all</i>    | <i>4,009</i> | <i>100.0</i> | <i>39.19</i> | <i>9.73</i>  |

### Intent to leave

Of the 3951 respondents, 3.6% thought of giving up nursing completely ('intent to leave', ITL) *daily* or *weekly*, an additional 5.3% considered this *monthly* (see Table 3). However, ITL varied with respect to a) gender, b) age, c) type of institution, d) qualification, e) seniority, f) health and work ability, and g) exhaustion ('burnout').

Below, these aspects will be looked at in relation to 'intent to leave the profession'. Where appropriate, the sample was dichotomised with respect to the intensity of thinking about leaving the profession. Those thinking of this 'weekly and more' were compared to those considering it less often or not at all. The underlying reasoning for the determination of the cut off point was that the occasional consideration (yearly, monthly) of such a step might be regarded as rather

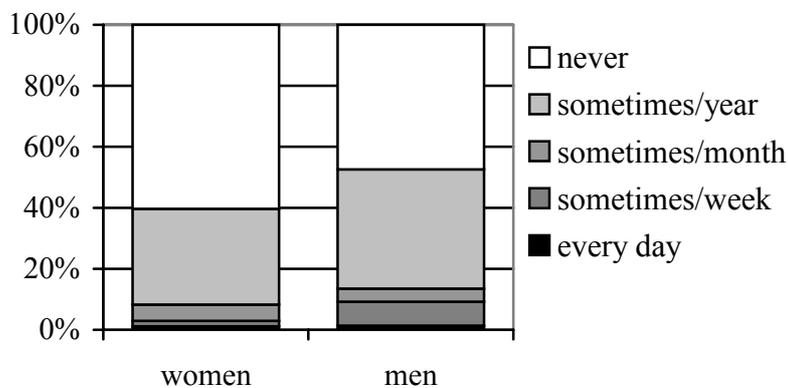
natural for most professionally active people. In contrast, weekly consideration was regarded to indicate a serious will to leave the profession.

*Table 3. Response distribution to the question: 'How often during the course of the past year have you thought about giving up nursing completely?'. (291 'not applicable', 68 missing)*

| answering category | frequency    | percent      |
|--------------------|--------------|--------------|
| never              | 2,162        | 59.1         |
| sometimes/year     | 1,175        | 32.1         |
| sometimes/month    | 194          | 5.3          |
| sometimes/week     | 83           | 2.3          |
| every day          | 46           | 1.3          |
| <i>all</i>         | <i>3,660</i> | <i>100.0</i> |

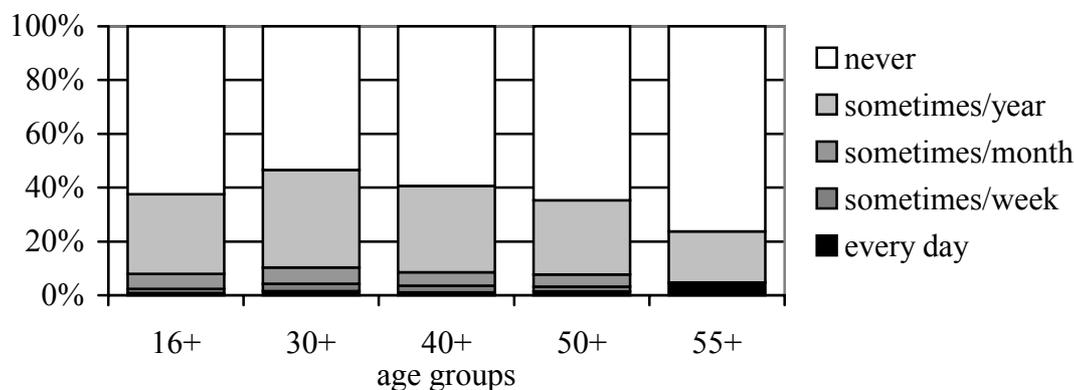
a) *Gender.* Responding men appear to have a somewhat higher tendency of considering leaving their profession. 7.8% of them considers leaving the profession weekly versus 1.7% of their female counterparts.

*Figure 1. Response by gender: 'How often during the course of the past year have you thought about giving up nursing completely?'. (n = 3653, n<sub>women</sub> = 3307, n<sub>men</sub> = 346)*



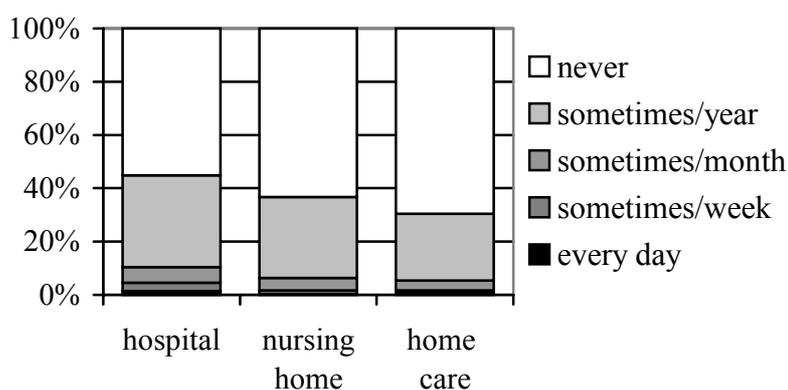
b) *Age.* Age is clearly associated with intent to leave (see Figure 2), however, not in a linear way. Younger nurses show a relatively high intent to leave with maximum levels among nurses in their thirties. Nursing staff in the highest age group (55+) consider leaving their profession the least.

Figure 2. Response by age: 'How often during the course of the past year have you thought about giving up nursing completely?'. ( $n = 3650$ ,  $n_{16+} = 762$ ,  $n_{30+} = 1162$ ,  $n_{40+} = 1152$ ,  $n_{50+} = 553$ ,  $n_{55+} = 21$ )



c) *Type of institution.* Nursing staff in hospitals considered leaving nursing to a higher degree (3.1% considered this at least weekly) compared with those working in nursing and old peoples' homes (1.3%), and in home care (0.3%). Working within home care institutions appears to be 'most attractive'. In this sector 69.6% of the nurses indicated that they never considered leaving the profession versus 55.1% in hospitals and 63.3% in nursing and old peoples' homes.

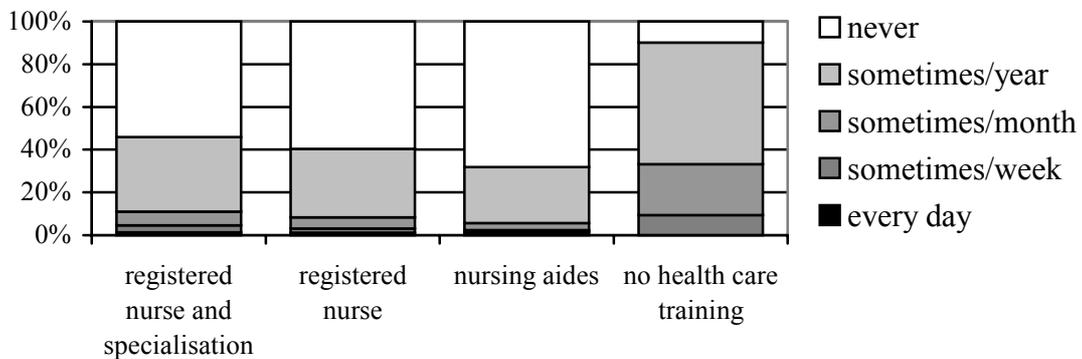
Figure 3. Frequency of 'intent to leave the nursing profession' by type of institution. ( $n_{total} = 3660$ ,  $n_{hospital} = 2359$ ,  $n_{nursing\ home} = 676$ ,  $n_{home\ care} = 625$ )



d) *Qualification level.* The wish to leave the profession is most pronounced among nurses with no health care training (see Figure 4). 26.3% of them thinks monthly of leaving the profession, and even 63.2% reported to consider it on a weekly basis. Nursing aids report the lowest intention to leave. 68.2% of them

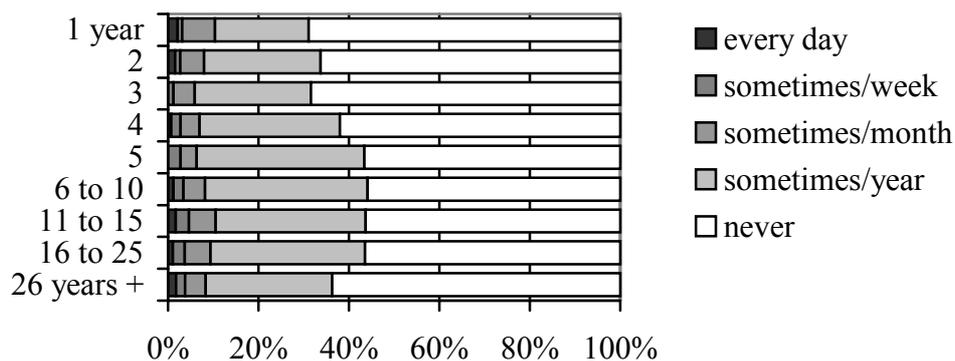
indicated that they never consider giving up the profession. The differences between the two types of registered nurses appear to be minimal.

Figure 4. Level of qualification by 'intent to leave'. ( $n_{total} = 3625$ ,  $n_{nurse+spec.} = 972$ ,  $n_{reg.nurse} = 2301$ ,  $n_{aides} = 333$ ,  $n_{no\ training} = 19$ )



e) *Seniority*. Figure 5 shows that the wish to leave the nursing profession is already prevalent among nurses in their earlier career stages. This tendency seems to increase over the years with a so-called 'peak' after 6-10 years of seniority. Nurses with the highest occupational seniority seem to report a somewhat lower wish to leave the profession.

Figure 5. Occupational seniority (without time for nursing education) in relation to 'intent to leave nursing'. ( $n_{total} = 3660$ ,  $n_{1year} = 193$ ,  $n_{2years} = 190$ ,  $n_{3years} = 171$ ,  $n_{4years} = 142$ ,  $n_{5years} = 143$ ,  $n_{6-10years} = 689$ ,  $n_{11-15years} = 716$ ,  $n_{16-25years} = 1019$ ,  $n_{26+years} = 397$ )



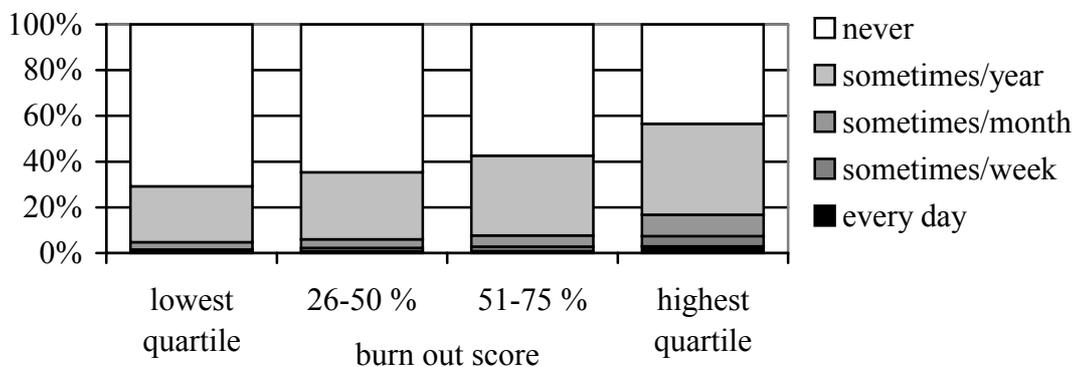
f) *Work ability*. Work ability appears to be a rather strong predictor of 'intent to leave the nursing profession'. A lower work ability is associated with a higher intent to leave.

Figure 6. Work Ability Score (WAI) in relation to 'intent to leave nursing'.  $n_{total} = 3588$ ,  $n_{poor (7-27)} = 85$ ,  $n_{moderate (28-36)} = 162$ ,  $n_{good (37-43)} = 1925$ ,  $n_{excellent (44-49)} = 1416$



g) *Exhaustion*. Burnout as an indicator for mental exhaustion is also clearly associated with intent to leave the profession (see Figure 7). A higher burnout score is associated with a higher intent to leave the nursing profession. 9.4% of the nurses with the highest burnout scores think about leaving the profession monthly, while 4.5% reports to consider it even weekly.

Figure 7. Burnout in relation to 'intent to leave nursing'. ( $n_{total} = 3637$ ,  $n_{lowest\ quartile} = 841$ ,  $n_{26-50\%} = 1101$ ,  $n_{51-75\%} = 752$ ,  $n_{highest\ quartile} = 943$ )



## Discussion

Our results indicate that the Dutch nursing staff is rather attached to their profession. A very serious consideration to leave, that is to say, thinking of it on a daily or weekly basis, is rather rare among nurses (3.6%). However, among those who do consider leaving the profession, some risk factors that are worth mentioning, come up.

As a lack of health care training seems to go together with a high intent to leave it is important to pay attention to schooling and development opportunities for nurses. Higher burnout scores and a lower work ability endanger nurses' attachment to their profession as well.

Men seem to be in a little disadvantage compared with women. Moreover, the intention to leave seems to be highest among nurses working in hospitals. As the wish to leave the profession is already prevalent among nurses in early career stages it is advisable to pay attention to the prevention of risk factors immediately after entry in the labor market.

The relatively high attachment of nurses in our sample to their profession may be seen as a positive sign. Yet, due to the enormous shortage of nursing staff, we have to find measures that consolidates their commitment in order to keep them in the profession in the long run.

In future stages of the longitudinal NEXT-Study we will consider the role of the so-called healthy worker effect, and we will report the actual departure from the nursing profession. Moreover, the relationship between different individual, work-related and institutional factors on the one hand, and premature departure on the other hand, will be investigated. In order to obtain a more differentiated view, subgroups of nurses, more specifically possible risk groups, will be studied.

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