

CHAPTER II

REVIEW LITERATURE

INTRODUCTION

In the review of literature concern with the rate and reasons for turnover of the graduate nurses from the hospital was explored. These nursing personnel have key roles in nursing management activities in the hospital. Gail. A. Wolf explained that the average turnover rate for registered nurses are approximately 32 % according the American Nurses Association of nurses and 40 % of them turnover was due to conflict with the supervisor, social and individual problems, financial problem and dislike of administrative policy. Dorothy et al stated that the culture is the combination of the symbols language, assumption, and behaviors that overtly manifested and Organization norm and values. The related Literature is grouped in the following ways.

1. Studies conducted about general problems of graduate nurses.

During World War II, women held industrial positions that were previously dominated by men. After the war, the

sex discrimination in job again made women return to their prewar roles as wives and mothers and to the "female" professions of nursing and teaching. In the early 1960's the Health facilities Act and the nurse Training Act facilitated the increment of graduate nurses. Even in those days, women have shifted in increasing numbers to other occupations, thus by leading to the shortage of nurses. It was found that even in depressed economic times, newspapers usually had "wanted" columns for nurses, indicating clearly the shortage of nurses (Sigardson - 1982). The factors associated with the shortage of nurses thus clearly demanded the attention of all concerned authorities and researchers. Toft and Anderson (1981) defined a numbers of variables in this regard. According to them the nursing stress turnover, has to be looked at in view of the physical environment, the psychological environment and the social environment. The physical environment includes nurses work load, staffing and scheduling problems, inadequate time to complete nursing tasks and the emotional support of patients. The psychological environment covers stress due to suffering and death of patient, inadequate preparation to deal with emotional needs, lack of staff support, uncertainty concerning treatment. The social environment addresses the conflict with physicians, conflict with other nurses and supervisors. Regarding the conflict with physicians the stress arises from improper interactions between nurse and

physician, and also the nurse's fear of making mistakes concerning treatment in the absence of a physicians and a disagreement concerning treatment.

2. Studies conducted with economic problems.

Foft et al (1988), study although comprehensive, is yet incomplete, in the sense that the study lacks the coverage of economic gain, opportunity cost, and professional upliftment. Curry et al (1985) made extensive study in the turnover of graduate nurses. According to them, the determinate of turnover are opportunity cost (the availability of alternative jobs outside the organization); Routinization (the extent of which power is concentrated); Instrumental communication (information concerning the job is formally transmitted by the organization); Integration (the extent to which the employee has close friends); Pay (Money and its equivalents); Distributive Justice (Relationship between job performance inputs and rewards); Promotional opportunity; Role overload; Professionalism: General Training; Kinship responsibility; Work unit size; Job satisfaction; and Job commitment. A number of independent studies have been conducted along this line.

3. Studies about problems and conflicts between supervisors.

For instance, White (1980) identified the turnover

of (17 to 20 %) of nurses in California hospital. The reasons cited were domination from administrative hierarchies, lack of administrative support, low wage, conflict with administrator, lack of professional upliftment and higher opportunity cost, if worked under donor agency. Some of the problems/stress of nurses have been defined as Burn-out Churnis (cited in Nursing Time, 1987) described Burn-out as a "negative changes in attitude and behavior of work in response to job stress". Firth (1987) reported that as per increment in qualification of nurses, the stress increases due to long job hours. The author also envisaged the need of proper communication between nurses and other medical staffs, defined responsibility and authority. The importance of interpersonal and organizational support in order to avoid and professional depression was also assessed. Similar, nature of problems was examined by Lyons in 1970. In addition to the suggestion of Firth (1987), Lyon had stressed the importance of bringing staff's belonging toward the organization. News pan (1981) had examined the symptoms of burn-out. He stresses that burn-out problem gradually increases and as a manager, one has to take care at an initial stage. A negligence in initial stage may cause expense in managing burn-out problem. The early symptoms of burn-out are absentees, frustration, in discipline and un, co-operative. Alexander C.S. et al (1982) reported that autonomy was an important determinant

of job satisfaction and turnover. The study indicated that nurses' perceptions of autonomy are influenced by both personal characteristics of the nurse and structural features of the units. The nurses's sense of personal efficacy and the relationship she had with her head nurse were two important determinants of autonomy across all units.

Seybolt (1980) reported 46 % of nurses are with their career development, because of lack of opportunity for professional upliftment. Absenteesm less interest and less commitment towards the work was common. It was thus recommended a need for "Nursing Advisor Council" and also recommended the improvement in management system within the organization, particularly in reference to supervisors. Baired (1987) further illustrated that moral of nursing managers and improvement in nursing system can potentially change the negative attitude of nurses and thus by bring satisfactory work. Donna K. Buechler (1985) on the other hand stresses the need of support groups which hope to reduce the work related stress.

Stubbs et al (1986) in a study of 1008 National Health Service Nurses and nursing auxiliaries leaving their current position reported that 1.3 % of nurse turnover were for back pain. Further one nurse in 29 left their position with back pain as a main or contributory cause and 12 % of all nurse intended to leave for back pain as either a main

or contributory factor.

Landstrona et al (1980) revealed that employees early stage of turnover is burn-out which is like a epidemic. The turnover has critical financial impact on hospital. The financial loss of firing the experienced personal and hiring new staffs is tremendously higher. Baird (1987) on the other hand reported that many of the nurses left their job, emotionally and most of them were not reengaged in the job.

Dailey (1990) examined the perceptions of nurses relating to their work load, job stress, ability to dissipate job tension, and intentions to quit their jobs. The author found that experienced job-induced stress symptoms were predicted by tension discharge rate and perceptions of work roles. Tension discharge rate and symptoms of extended job-induced stress were found to be strong predictors of intentions to quit.

Helmer et al (1988) recommended the need of short and long term solutions to the turnover problem. The Author also explained that retention was more effective and less expensive than recruitment.

4. Studies concerning with policy of organization.

Pooyan et al (1990) explained that hospital continues to be the largest employer of nurses. In the

cases, where nurses are more frequently optening to work in alternate settings, it is particularly important for the acute care institution to know what factors influence turn-over.

Ortin (1990) agreed that simply the production of nurses will not solve the problem of recruiting and retaining the nurses. The nursing management and opportunity cost had a significant role in the continuity of nursing job. The author cited that Philippines graduates a substantial number of nurses each year. In 1989 alone, nearly 7,350 new nurses were successfully registered with the Professional Regulation Commission, bringing the total of over 160,000 nurses registered since 1922. Paradoxically, the country suffers from a shortage of nurse. The date clearly reveals the review of policy of organization.

Schofield (1986) had recommended that orientation programme for the view comments was highly necessary, and perhaps this programme could help gain in continuity and uniformity of the work. He further argued that health care organizations need dynamic systems and director of nursing or top level manager is one of the critical person to the effective management of a hospital. The orientation to new nurses service administrator must be carefully planned to achieve the accomplishments in shortest amount of time. According to the study, a new director of nurse will

probably participate in the planning of a month orientation, adjusting it to meet the individual needs.

Dorothy et al (1986) however, emphasizes on cultural value in the nursing management. He stated that culture is the combination of the symbols, language and behaviors that overly manifest an organizations norms and values. An understanding of organization culture concepts, can help managers enhance or expand personal management.

As per specific problem Gail et al (1981) reported that leave taking by nurses is very personal and emotionally intense experience, and often brings conflict with the immediate supervisor. The study suggested that the manager should know when to intervene or not to intervene the decision making in leave taking. The issue is important since the nurses perceived that either they could not express the depth of their distress without negative consequences or their voice was not heard.

Similar ideas were expressed earlier by Arujo (1980). The author had expressed that the work output of nurses directly depend on the ability of the chief executive officer, and co-operative work of medical staff and nursing service administrator. Equally important is the realization by authorities that creative nursing experience is beneficial to the hospital rather than looking for new

nurses.

Loveridge (1988) stressed the organizational policy effect on the turnover of nurses. The author reported that the retention can be improved by including staff nurses not only in the formulation of nurse standards of care, but also in unit standards of operation. It emphasizes also the decentralization of power for effective management of nursing.

Hart and Moore (1989) examined the relationship among determinants of organizational climate, staff utilization, inter disciplinary politics, reward and support services, and nurses stability in critical care units. In a sample survey of 192 critical care staff nurses, it was observed that significant inter Unit differences among organizational climate and nurse stability exist. Equally important is the domination of role of communication and interdisciplinary politics.

Mass (1989) described a model of professional nursing governance in an 800 bed long term care facility and discussed the model's implications for nursing educations. 70 Registered nurses, 330 axillary staff, and 50 other health professionals provide care for about 100 residential, 350 intermediate, and 350 skilled nursing care patients in the facility. The governance mode included a Registered

nurse organization that determined all standards for nursing practice, policies governing practice, and nursing clinical programming. Each registered nurse has 24 hour, seven-days a week authority and accountability for a patient care load. Average annual turnover among the nurses was 5 % and average length of employment was 7.5 years. Since the model was implemented, measures of patient welfare had increased. Experience with the governance model, indicated that nursing education curricula need to increase students'

Fawzy et al (1983) in a study to assess and compare the level of job satisfaction among five groups of Registered nurses working at UCLA hospital, reported that significant differences between some of the groups were found in demographic variables and in work-related variables such as involvement, task orientation work pressure, sense of authority on the job, and perceived communication with peers or other groups in the work environment. Nurses on medicine unit tended to have lower overall job satisfaction than those in the other units. The authors recommended the need of psychiatric Liaison Service for providing psychiatric support to the nurses and reducing high turnover rates.

