



## CHAPTER I INTRODUCTION & BACKGROUND

At present, manpower development has been recognized as an important factor affecting socio-economic development of the whole country. So that each country attempt to develop manpower, both qauntitative and quanlitative aspect.

Health manpower problem in Thailand has been changed upon health problems and solving strategies in each period of time. The National Health Development Plan has appeared in the First National Health Manpower Development Plan until the Seventh one, and Health Manpower Development Plan has also been under The National Health Plan. Health manpower is the first priority toward systematizing health services for solving health problems of the country.

Health Services, health promotion and curative are some of the major fields in Public Health. Since nurses must take important roles in every area of health services, and be more important as the scientific and technology are developed, population is increasing rapidly, health service is expanded widely, more over, people pay more attention to their health and get longer life and, of course need more health services. Qualified nurse is greater in demand and become severe problem (Yauwaluk Lauhachinda, 1976).

Turnover of staff nurse is an important problem in Thailand as well as in every countries. It leads to my important problem in many level of health services

especially to provide ineffective care services in hospital from general hospital level through district hospital level, as well as care services in University hospitals, where quality and effectiveness are emphasized. Even though recruitment new staff nurses have to be done, however, nursing is a profession requires skill and experience, so it takes sometime that new staff nurses would be able to take more responsibilities and 24 hours of working time by shift would make their satisfaction decrease and turnover rate increase (Aree Preuksaraj, et al., 1991).

Lack of nursing personnel is a major problem of the country, in the past, the nurse profession was not well recognized, professional nurses changed their careers or migrated to Western countries frequently (Chaloem Varavithya, 1982).

With the five passed years, Economic Growth in Thailand is highly increases, especially in private sector for example private hospitals and many companies concerning health and beauty services need a great number of nurses. Each year a lot of nurses resign from their post in government hospitals due to the better salary and working condition that caused a big lost of personnel.

Turnover among registered nurses has been conceptualized as a behavioral form employee withdrawal (Locke, 1984). The literature suggests that before the actual turnover behavior occurs, the nurse experiences intentions to stay in or to leave the employing organization (Hinshaw, Smeltzer, & Atwood, 1987, Weisman,

Chase, & Alexander, 1981, Price & Muller,1981). The employee may or may not act upon those intention(Locke,1984).

Turnover of nursing staff in hospitals is a serious problem to nursing administrators because of its consequences in terms of comprised quality patient care and economic costs and staff morale ( Hinshaw & Atwood, 1983; Price & Muller,1981).

Quality of patient care is affected by turnover because the hospital lacks sufficient staff in numbers and quality to adequately meet patients' needs( Wolf, 1981 ). Hospitals incur exorbitant costs resulting from high turnover due to recruitment, socializing replacements during orientation when they arenot fully function, and overtime performed by others during the period of turnover ( Brief, 1976). An adjusted cost estimate,madein 1978, determined that the cost for replacing a registered nurse ranged up to \$ 2000.00 and included only orientation, training and processing costs (Seybolt,Pavett&Walker,1978).

Turnover of nursing staff also creates nurse shortages in hospitals which subsequently places unreasonable amounts of job pressure on remaining staff nurses and adversely affects their morale.Nurses become dissatisfied with their work when they are overworked and unable to give the type of care they know their patients need (Wolf,1981).

Turnover among hospital nurses,if unplanned, may complicate the success of efforts to forcast human resource

planning in hospitals requires knowledge of the present and future availability of employees ( Schuler & Youngblood ,1986). While some turnover is desirable, high turnover rates have a devastating effect on the cost and quality of patient care.

The phenomenon of turnover is complex and numerous investigators have identified relationship between job stress, job satisfaction, and staff nurses turnover ( Hinshaw & Atwood, 1981).

Chulalongkorn hospital has been providing the health care services for people in Bangkok and other provinces of Thailand for more than 70 years. In spite of long services duration there is still inadequate services as number of nurses decrease while that the patient increase.

Each year , staff nurses at Chulalongkorn hospital resigned from their post around 30 persons, and the recruitment can not catch with the lost.

The rate of nursing staff resigned from Chulalongkorn Hospital by The Department of Nursing, 1991.

|               | YEAR NEW ADMISSION<br>OF STAFF NURSE | RESIGNATION OF<br>STAFF NURSE |
|---------------|--------------------------------------|-------------------------------|
| 1987          | 101                                  | 31                            |
| 1988          | 98                                   | 44                            |
| 1989          | 101                                  | 46                            |
| 1990          | 105                                  | 50                            |
| 1991(Jan-Sep) | 101                                  | 90                            |



Anticipated turnover is a procedure to help nurse executive can develop strategies to stabilize staff as well as plan for turnover and recruitment ( Hinshaw, Smelter, & Atwood, 1987).

Anticipated turnover is a model developed from the existing models of nursing turnover to be used predict the staff nurse turnover in the future.

In order to prevent turnover, the potential for turnover must be identified and evaluated before it occurs ( Hinshaw & Atwood, 1982). By examining factors which influence the staff nurses 'intent to leave the hospital, preventative measures can be devised and implemented to decrease the chance of actual turnover ( Hinshaw & Atwood, 1985).

The theoretical definition of anticipated turnover was as follow: " an employee 's intention to withdraw from the work setting in an observable way by terminating his/her position eventually at some unspecified time in the future" ( Hinshaw & Atwood, 1987 ).

Hinshaw (1980) viewed anticipated turnover as a variable with two dimensions. The two dimensions were (1) initial expectations of staying in the position, and (2) the certainty of anticipating leaving. Intent to remain in one's position has been studied with much less frequency than intent to leave, or anticipated turnover.



From the study of Hinshaw, Smeltzer & Atwood, 1987, revealed that tested the theoretical model of anticipated turnover among nursing staff. A major finding was that job satisfaction buffered job stress while job stress had no direct effect on anticipated turnover but only influenced job satisfaction. So this point, the research result could not predict the job stress variables both direct and indirect negative influences on anticipated turnover.

Researches in Thailand on anticipated turnover and knowledge of turnover process in nursing is somewhat limited. But there are some survey researches relevant to nurses' turnover.

Aree Preuksaraj, et al. (1991) studied a survey of nursing job satisfaction involved 440 registered nurses at Siriraj Hospital; 40.7% of those survey indicated that They were dissatisfied with their jobs. The causes of job dissatisfaction leading to resignation were having to work on nightshifts and difficult work, low salary, lack of job promotion and "burn-out".

The study of Supanee Wasin-amorn, 1986, was done on registered nurses graduated from the School of Nursing, Faculty of Medicine Ramathibodi hospital, Mahidol University. The result study revealed that 16.6% of overall nurses quit their nursing profession. It was also found that the reason for these nurses quitting their profession were further study in other area, became housewives, working abroad, or had private business respectively.

Srichaiyan, D. (1977) also studied the work conditions and the desire to change place of work were 434 nurses' ideas from Rajavithi and Ramathibodi Hospitals. The study revealed that there were differences in working conditions at Rajavithi and Ramathibodi Hospitals. The percentage of nurses who desired to change place of work was higher at Ramathibodi Hospital than that at Rajavithi Hospital. The factors which influence the desire to change place of work were the nurses' ideas about the amount of work assigned, salary level, the status of the nursing profession compared with other careers, promotion opportunities and handling by superiors of punishment and promotion, support by superiors for professional advancement, relationships with other nurses and doctors, etc.

In the study of 131 staff nurses, Yauwaluk Lauhachinda (1975) examined the opinions of staff nurses in the university hospital in Bangkok Metropolis concerning their job satisfaction and their intention to remain or to leave the job. She found, in part, that they satisfied with their job fairly. And also their satisfaction in regard to salary and benefits, opportunity for advancement and administrative policies were at low level.

Since there is insufficient evidence based on scientific method study about anticipated turnover among nursing personnel provided to the nurse executives in Chulalongkorn hospital, we attempt to take a more comprehensive study to understand the concept of anticipated turnover.

This concept is the theoretical model developed by Hinshaw A.S., and colleagues (1987), that would allow for a preventive orientation to retaining valuable staff in Chulalongkorn hospital.

The study will concentrate on the selected factors believed to influence anticipated turnover among professional nurses employed in Chulalongkorn hospital. Based on a theoretical model developed from the existing models of nursing turnover, it is essential to study in this field because this problem may turn worst. If we can prevent it in time, which will be good for this organization. Better understand the factors influenced the turnover rate of nursing staff at Chulalongkorn hospital, the nurse executives of the hospital will be able to prevent the loss of nursing staff before the problem become worst.

#### RESEARCH QUESTION

##### PRIMARY RESEARCH QUESTION

What is the level of the anticipated turnover among professional nurses in Chulalongkorn Hospital?

##### SECONDARY RESEARCH QUESTION

What are the factors affecting the anticipated turnover ?



## OBJECTIVE

1. To determine the level of the anticipated turnover among professional nurses in Chulalongkorn Hospital.
2. To identify the selected factors affecting the anticipated turnover.
3. To give appropriate recommendation regarding prevent staff nurse turnover for nurse administrator.

## OPERATIONAL DEFINITIONS

Professional nurse: A licensed registered nurse with bachelor degree in nursing working full time on patient care unit in Chulalongkorn Hospital.

Anticipated turnover: Anticipated turnover is the employee's perception or opinion of the possibility of voluntarily terminating his or her present job ( Hinshaw & Atwood, 1984 ).

Perception of Workload: Perception of workload is one kind of stressor in the nurse's work experience, represented by the nurse's perception of the volume of labor requirements involved in getting the job accomplished ( Price & Mueller, 1986 ).

Perception of Instrument Communication : The nurse's perception of instrumental communication is the perceived degree to which information necessary for doing the job is

transmitted by the organization to its members ( Price & Mueller, 1986).

Autonomy : Autonomy is the degree to which the nurse perceives that job provides substantial freedom, independence, and discretion in scheduling work and in determining procedures to be used in performing the work.

Perception of the external labor market: Perception of the external labor market is the nurse's perception of the availability of alternative jobs in the organization's external environment, whether local, or non-local ( Price & Mueller, 1986).

Perception of the internal labor market: Perception of the internal labor market is the nurse's perception of promotional opportunities and/or job change alternatives within the organization in which the nurse is employed ( Price & Mueller, 1986).

Job Satisfaction: Job satisfaction is a positive emotional response to the job resulting from an appraisal of the job as fulfilling or allowing the fulfillment of the individual's job values ( Locke, 1984).

Job stress: A biological and psychological response encountered within the roles and functions of employment (Hinshaw & Atwood, 1983).

### THE HYPOTHESES

Among professional nurses employed in Chulalongkorn Hospital.

1. Age, kinship responsibility (number of children, marital status), workplace, tenure, work experience, salary, extra income, family income, spouse's workplace, and travelling to work are positively correlated with anticipated turnover.

2. The greater the perceived workload and stress, the higher the anticipated turnover.

3. The higher job satisfaction, instrumental communication and autonomy, the lower anticipated turnover.

4. The greater the perceived opportunity for alternative employment outside of the organization (external labor market), the higher the anticipated turnover.

5. The greater the perceived opportunity for promotion within the organization (internal labor market), the lower the anticipated turnover.

### ASSUMPTIONS

1. Responses from the nurses were accurate.
2. Turnover was a phenomenon that hospital organizations desired to minimize.
3. Anticipated turnover was a precursor of actual turnover.
4. Nurses' perceptions of factors were reality to the nurses.

### LIMITATIONS

1. The study was limited by the ability and willingness of each individual nurse to respond with self-reports of perceptions.
2. The self - reports were indirect measures from which the constructs could only be interferred.
3. Social desirability response bias may have affected the reliability of responses through its effect on error.
4. The cross - sectional survey design did not allow detection of seasonal fluctuations in anticipated turnover.
5. Actual was not measured in this study.

### JUSTIFICATION FOR THE STUDY

In addition to contributions to our body of knowledge on nursing turnover cited above, this study aimed to offer policy maker research based information which can be used in strategic planning to minimize nursing turnover.

While some turnover is desirable to bring new ideas and energy into organization (Prescott & Bowen, 1987), Price (1977) and Brief (1976) implicated turnover as the greatest cause of fiscal loss in personnel management.

In terms of the negative impact on quality patient care, high turnover rates have been linked with longer length of stay for patients and with deterioration in the quality of physical care (Garabaldi, Brodine, & Matsumiya,

1981). Stryker ((1981) suggested that there may be weakened agreement on goals and starndards of care with high levels of turnover. Finally, high nursing turnover rates have necessitated the increased use of supplemental nursing services from temporary agencies, the implications of which are yet unknown.