

## NURSES EXODUS: EXAMINING THE CONSEQUENCES OF HIGH TURNOVER ON PATIENT CARE IN ISLAMABAD

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### ABSTRACT

Nurse's turnover is a major problem to all health care organizations because of its strong effects on client health outcomes, motivating to work and provision of quality patient care. This study explores the push and pulls factors contributing to nurse turnover and the resulting impact on healthcare delivery. To identify the factors contributing to nurse's turnover. To assess the impact on patient care outcomes including quality of care and patientsatisfaction. A quantitative, descriptive research design was adopted. Data was collected from 263 nurses in three hospitals using a validate questionnaire. Statistical analysis was performed usingSPSS version 26. Nurse turnover adversely impacts health care delivery, resulting in delays in patient care, andpatient health outcomes.

### INTRODUCTION

A nurse's resignation from a hospital or other health-care facility can be attributed to a variety of factors, including job insecurity or instability, dissatisfaction with pay and benefits, opportunities for career advancement, an inconvenient work environment, and other factors. Turnover intention is the estimated probability that an employee will leave their current job or organization and look forward to finding another job in the near future. The significant impact that nurse turnover has on patient outcomes, employee engagement, job discontent, and the delivery of high-quality patient care makes it a significant issue for all healthcare companies. The study sought to ascertain how nurse turnover affected the provision of healthcare.

The backbone of any healthcare system is the health workforce, which includes medical, nursing, and allied health professionals. Investments in the health sector lower the burden of disease, increase productivity, and eventually boost the nation's economy. Pakistan is typically faced with a severe shortage of qualified health professionals, particularly the nursing staff, which is the backbone of all healthcare systems worldwide. Nurses play an amazing role in helping doctors with every facet of patient care, ensuring that patients receive the best care possible at every stage (1).

Due to deficiencies in nursing faculty, facilities, and professional supervision, nursing institutions provide low-quality work. It is practical to stay up to date with current developments in nursing

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education and practice in order to provide a workforce of skilled and competent nurses who will improve clinical outcomes. As stated by the Pakistan

According to the Economic Survey 2020–2021, there were 116,659 registered nurses in Pakistan in 2020, serving a population of over 200 million. The Pakistan Nursing Council advises a nurse-to-patient ratio of 3:10 in general wards of Pakistani hospitals, but the current ratio is 1: 40 ].(2.)

The lack of qualified nurses filling open positions further exacerbates the shortage of nurses actually providing services, which in turn compromises the quality of nursing care. The desire to relocate abroad, especially to the Gulf countries, is another factor contributing to this nursing strength shortage, as many nurses choose to work abroad in search of better financial incentives. (3)

The tendency of nurses to leave the profession is not stopped by the option of silent quitting, which is a form of defensive attitude of self-preservation for nurses in the difficult working environment. Since turnover intention is a powerful predictor of real turnover behavior, healthcare organizations' administrations around the world should look for quick fixes for the components related to turnover intention (4) In the healthcare industry of Islamabad and Rawalpindi, the interplay between psychological empowerment, job satisfaction, and turnover intentions is pivotal for understanding the factors that influence registered nurses' commitment to their roles. Psychological empowerment, which encompasses feelings of autonomy, competence, meaningfulness, and impact, has been shown to enhance job satisfaction among nurses (5)

Nursing turnover has been a global problem exacerbated by the recent health issues (6,7) Alarmingly, nursing turnover shows a consistent increasing rate over the years. In fact, the International Council of Nurses (ICN) projected that 13 million nurses are needed to fill the global nursing shortage [7].

From a concerning aspect, WHO has estimated that the global number of nurses will decrease by approximately 7.6 million by 2030 (8) In certain developing nations, the nursing shortage is made worse by the ongoing movement of nurses from these nations to developed ones (Buchan et al., 2022). In order to lessen the need for additional

migrant nurse recruitment and to help create a globally sustainable

workforce, ICN advises developed nations to reassess their retention policies. (9)

The perception that the medical staff's needs for acceptance, respect, and support from coworkers or patients in clinical work have been met is known as a clinical sense of belonging. Those who do not feel like they belong care less about what they do and feel less responsible, which is important to know in order to reduce turnover behavior. (10)

## MATERIALS AND METHODS

### Research design

This study employed a quantitative method and descriptive cross sectional research study as it discussed and analyzed the push and pull factor of nurses turnover. Further, it address the problems on the push and pull factors of nurse and the implication on health care delivery.

### Sample size and sampling procedure

The participants of the study are total 796 nurses working in different department sample size was calculated by solvin's formula  $N = \frac{\text{total population}}{n} = \frac{\text{sample size}}{e}$  margin of error which is 0.05 working from the three (3) identified hospital, 28 PARTICIPANTES of which are from Hospital A, 286 from Hospital B and 482 from Hospital C while Hospital D refused to participate in the study thus they are excluded. The quantitative data was collected from the 263 nurses that were selected by probability systemic technique through ADOPTED self-made questionnaire. SYSTYMIC Sampling Technique was used in the selection of the participants. A total of 263 participants including all senior nurses, supervisors and chief nurses who have been working in the three (3) identified hospitals for 2 years or more participated in the study. (9) are from Hospital A, (94) from Hospital B and (160) from Hospital C.

### Data collection tools and procedures

The instruments used for data gathering was adopted a self-made questionnaire checked and validated by experts with a rating of 4.3 out of 5 points score which means very good. This questionnaire is composed of three (3) Parts. Part I pertains to the demographic profile of the participants. Part II consisted of the questions that

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determined the push and pull of nurse turnover and the participants were asked to answer the questions using the following scale: 1-Yes; 2-No. Part III is composed of items that pertain to the implications of nurse turnover on healthcare delivery system (11).

The number of Pakistan registered nurses included senior, junior, supervisors, and head nurses at the four (4) hospitals was first ascertained through a survey. After the IRB (Institutional review board) approved the project, a letter of authorization was sent in.

The researcher requested permission from the Research Ethics Board to perform the study and submitted requests to the managers of Hospitals A, B, C, and D. Following approval, the study's actual conduct began with a letter of consent informing participants of its goals, advantages, and their right to withdraw participation at any time if they believe their rights have been infringed. With absolute confidentiality and anonymity in mind, the researcher personally distributed and collected the validated survey questionnaire.

## Ethical considerations

Participants were told that participation was entirely optional and that the researcher would protect the privacy and confidentiality of the information shared with the departments and their affiliated hospital. The outcome of the study was presented to the university, research panel, validators, and general public without identifying the affiliated hospital; instead, each facility was represented by a letter of the alphabet, such as ABC, to guarantee that confidentiality is upheld. The subjects' informed permission was signed by the researchers after they received an Ethics Clearance from the Ethics Review Committee.

Statistical analysis

Data obtained were coded and analyzed using the Statistical Package for the Social Science (SPSS) version 26. Variables and research questions were analyzed using frequencies,

Percentage cumulative percentage, inferential statistics, correlation analysis, Pearson Correlation.

## RESULTS

### Causes of migration of nurses

The cause of nurses turnover including the push and pull factors. The nurses leave the country and having intention to work in the other country including factor are the pull factor included in the table 1 as: higher salaries, better benefits and compensation package, low nurse-patient ratio, upgrade nurses working skill, opportunity to travel and learn other culture, advanced technology, better socio-political and economic stability. The table also reported the major reasons that discourage nurses from working in their home country as: Low salary, No overtime, Poor/No health insurance coverage, Work overload and stressful working environment, Slow promotion, Limited opportunities for professional development, No competitive fringe benefits, Social-economic situation, No hazard pay is shown in table 1.

### Perceived impact of the turnover on health care system

**Impact of turnover of nurses**  
The perceived impact of turnover on health-care services was reported in Table 2: It identified four severe impact of turnover as: The implications of nurse turnover over health care delivery, Health education, Communication teamwork and collaboration, Record management.

Table:1

Push and Pull Factors	Yes		No	
	f	%	f	%
1. Low salary	231	87.8	32	12.2
2. No overtime	223	84.8	40	15.2
3. Poor /No health insurance coverage	226	85.9	37	14.1
4. Work overload and stressful working environment	236	89.7	27	10.3
5. Slow promotion	234	89.0	29	11.0
6. Limited opportunities for professional development	241	91.6	22	8.4

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7. No competitive fringe benefits	223	84.8	40	15.2
8. Social-economic situation	237	90.1	26	9.9
9. No hazard pay	213	81.0	50	19.0
<b>Pull Factors</b>				
1. Higher salaries	236	89.7	27	10.3
2. Better benefits and compensation package	236	89.7	27	10.3
3. Lower nurse -patient ratio	231	87.8	32	12.2
4. More options in working hours	231	87.8	32	12.2
5. A chance to upgrade nurses working skills	241	91.6	22	8.4
6. Opportunity for family to migrate	233	88.6	30	11.4
7. Opportunity to travel and learn other cultures	233	88.6	30	11.4
8. Influence from peers and relatives	217	82.5	46	17.5
9. Advanced technology	250	95.1	13	4.9
10. Better socio-political and economic stability	241	91.6	22	8.4

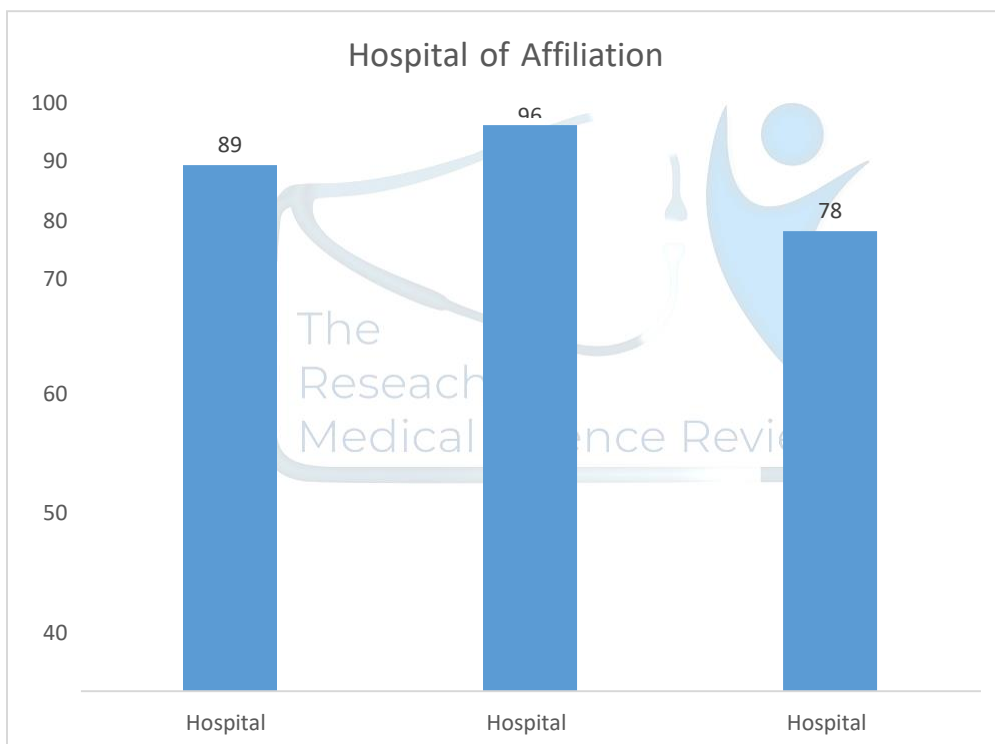
**Table 2:**

The implications of nurse turnover over health care delivery	Yes		No	
1. Less time spent to perform bedside care and basic nursing procedures	221	84	42	16
2. Increase /risk in medication error	240	91.3	23	8.7
3. Decrease efficiency and effectiveness of nursing care	203	77.2	60	22.8
4. Delay nursing response to client /watcher's call	248	94.3	15	5.7
5. Increase the client's complaint on nursing care provided	240	91.3	23	8.7
6. Increase risk of nosocomial infection	218	82.9	45	17.1
7. Delay discharge	230	87.5	33	12.5
8. Increase client's wait time for diagnose test / procedures	245	93.2	18	6.8
9. Lack of focus on the demand or needs of patient and their family members	230	87.5	33	12.5
10. Less/no time for nurses to detect complications	228	86.7	35	13.3
11. Increase the incidence of complication and /or adverse events during the hospitalization	198	75.3	65	24.7
<b>Health education</b>				
12. Insufficient time to give health education to clients and family	235	89.4	28	10.6
13. Inadequate individual client's health education	221	84	42	16
14. Less time or time to provide a specific group health education	241	91.6	22	8.4
15. Inadequate nurse's education on how client's and the family will take care of their illness or injury	236	89.7	27	10.3
<b>Communication teamwork and collaboration</b>				
16. Problems /conditions are not address in a timely manner	219	83.3	44	16.7
17. lack /or no time for nurses communication with the client and members of the family	225	85.6	38	14.4

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18. Increase staff communication problem	217	82.5	46	17.5
19. Failure of the nurses to communicate clients condition to significant health team members	241	91.6	22	8.4
20. Poor referral to member of the healthcare team	178	67.7	85	32.3
21. Less or no time to discuss client condition with members of the health care team	186	70.7	77	29.3
<b>Record management</b>				
22. Mismanagement of nurses of client's records	229	87.1	34	12.9
23. Failure of the nurses to document some important client information	235	89.4	28	10.6
24. Increase risk for inaccurate information	209	79.5	53	20.3

Graph: Table 3



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**Table 4: Correlation between Push Factors**

	Lowsalary	Novertime	Poor/No health insurance	Work overload/stressful working environment	Slow promotion	Limited opportunities	No competitive	Social-economic situation	No hazard
Lowsalary	1	.879**	.920**	.909**	.946**	.812**	.879**	.890**	.768*
Novertime	.879**	1	.955**	.799**	.831**	.713**	1.000**	.782**	.874*
Poor/No health insurance	.920**	.955**	1	.836**	.870**	.747**	.955**	.819**	.835*
Work overload/stressful working environment	.909**	.799**	.836**	1	.961**	.893**	.799**	.979**	.698*
Slow promotion	.946**	.831**	.870**	.961**	1	.858**	.831**	.941**	.727*
Limited opportunities	.812**	.713**	.747**	.893**	.858**	1	.713**	.912**	.624*
No competitive	.879**	1.000**	.955**	.799**	.831**	.713**	1	.782**	.874*
Social-economic situation	.890**	.782**	.819**	.979**	.941**	.912**	.782**	1	.684*
No hazard	.768**	.874**	.835**	.698**	.727**	.624**	.874**	.684**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Interpretation:** There is strong positive correlation between Slow promotion and Low salary that is ( $r=.946^{**}$ ).

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Table 5: Pearson Correlation between Pull Factors

Correlations										
	Higher salaries	Better benefits	Lower nurse-patient ratio	working hours	nurses working skills	family to migrate	learn other cultures	peers and relatives	Advanced technology	socio-political and economic stability
Higher salaries	1	1.000**	.909**	.909**	.893**	.943**	.943**	.735**	.674**	.893**
Better benefits	1.000**	1	.909**	.909**	.893**	.943**	.943**	.735**	.674**	.893**
Lower nurse-patient ratio	.909**	.909**	1	1.000**	.812**	.964**	.964**	.808**	.613**	.812**
working hours	.909**	.909**	1.000**	1	.812**	.964**	.964**	.808**	.613**	.812**
nurses working skills	.893**	.893**	.812**	.812**	1	.842**	.842**	.656**	.755**	1.000**
family to migrate	.943**	.943**	.964**	.964**	.842**	1	1.000**	.779**	.636**	.842**
learn other cultures	.943**	.943**	.964**	.964**	.842**	1.000**	1	.779**	.636**	.842**
peers and relatives	.735**	.735**	.808**	.808**	.656**	.779**	.779**	1	.495**	.656**
Advanced technology	.674**	.674**	.613**	.613**	.755**	.636**	.636**	.495**	1	.755**
socio-political and economic stability	.893**	.893**	.812**	.812**	1.000**	.842**	.842**	.656**	.755**	1

\*\* . Correlation is significant at the 0.01 level (2-tailed).

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## DISCUSSION

The study's findings demonstrated that improved working conditions, increased career prospects or advancement, and other factors are the main drivers of nurses' migration to industrialized nations.

The main factors driving out Pakistan's nurses are low pay, limited career options, a lack of educational opportunities, an unstable economy, unstable retirement benefits, an unstable political climate, and a poorly funded health care system. Other factors include the availability of better training opportunities and attractive benefits.

Nurses' inclination to leave their jobs is influenced by push and pull factors both directly and indirectly. The possibility that nurses may declare their intention to leave is decreased by praising their efforts, making sure they have the tools they need to care for patients, and offering them incentives and chances for advancement.

The goals of healthcare organization management should be to guarantee sufficient nursing staffing, financial incentives, career advancement chances, and supervisor assistance. Additionally, organizational support raises nurses' happiness and lowers burnout. The proportion of nurses reporting turnover intention falls as burnout declines and nurse satisfaction rises. (12)

The primary organizational factor linked to higher job satisfaction is a positive work environment, which is defined by a sufficient number of nurses, sufficient resources, less work, competitive pay and benefits, chances for growth and advancement, acknowledgment of the role of nurses, and efficient supervision. (13)

Nurse turnover is a significant issue that has garnered international attention from healthcare organizations. In addition to advocating for policy attention and support through education, training, legislation, and employment systems, the World Health Organization has asked for additional investment in human resources for nurses (14). Higher nurse turnover rates will surely have a major detrimental effect on the healthcare system, even though claimed global nurse turnover rates are inconsistent.

not just increasing the financial strain on healthcare facilities, but it may also have a negative impact on how nursing human resources are allocated, nurses' job satisfaction, and patient health outcomes (15)

## Limitations

In this study there are number of limitations that should be considered that the data is collected from only female nurses because the recruitment is mostly for the female

nurses and second limitation towards turnover is observed in one city of Pakistan which is Islamabad

Third is Time limitation. Because of these limitation results cannot be generalize.

## CONCLUSION

This combination of descriptive statistics (frequency and percentages) and inferential statistics (correlation analysis) provides a detailed picture of factors influencing nurse turnover and its impact on healthcare delivery. There is strong positive correlation between Slow promotion and Low salary. Furthermore, it have the negative effects on the patients provision of quality of care with shortage of nurses due to increasing turnover and major cause of increasing pressure and burden on existing nurses working in the different hospitals in the Islamabad and Rawalpindi The approach helps identify key areas for intervention, like improving salaries, reducing workloads, and enhancing professional development opportunities.

## Acknowledgments

The authors wish to sincerely thank all nurses who participated in the study.

## Financial support and sponsorship

Nil

## Recommendation

- Manage Work overload and stressful working environment
- Provide compensation package
- Provide suitable health insurance coverage
- Better benefits
- Provide more opportunities for professional development



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