The “Big Dip”

Mid-Career Nurses Show Decreased Satisfaction

Turnover among hospital nursing staff negatively impacts hospitals, patients, and nurses themselves.

- For hospitals, nurse turnover is associated with negative financial outcomes such as a higher average cost per discharge, lower return on assets, and decreased cash flow margins. In addition, there are the tangible and intangible costs of replacing registered nurses (RNs) that include advertising, interviewing, HR administrative time, union requirements, termination payouts, relieving allowances, training time, and increased overtime.
- For patients, facilities with high nurse turnover rates have been found to have higher-than-average patient mortality rates and length of stay.
- In turn, high patient-to-nurse ratios are associated with job dissatisfaction and burnout on the part of nurses, implying that turnover may create more turnover.

These negative outcomes combine to create a mandate for hospitals: Retain your long-tenured, well-seasoned nurses! Never an easy task, nurse retention will only become harder in the near future because the aging of the baby-boom generation will result in a drastic reduction in the RN workforce. Current data shows that a growing percentage of nurses intend to leave their job within one year. If those intentions are carried out, nurse vacancy rate will only get worse — an alarming prospect for health care.
In response to these alarming trends, hospitals are taking steps to ensure RN job satisfaction. “Onboarding,” the special attention paid to newlyhired nurses during their first months of employment, has become popular because data indicates that nurses are vulnerable to leaving the workplace early in their careers. But there may be other, equally important times of vulnerability that come later in nurses’ careers. Hospital HR personnel should watch for these times and take steps to retain more experienced nurses— who are more costly to replace. Rather than finding that job satisfaction steadily increases (or declines) with age, these researchers discovered that employees at the beginning and end of their working years were most satisfied, while those in their middle years were significantly less content.

The satisfaction disparity between the “mid-careers” and their peers suggests that the former group is especially vulnerable to turnover. If a similar U-shaped relationship holds for RNs working in hospitals, it would be a powerful rationale for programs aimed at retaining mid-career nurses. To this end, this study investigated the job satisfaction of RNs as a function of their tenure. The intent was to identify the relationship between tenure and job satisfaction, and to tease out specific aspects of an employee’s experience that will, if improved, create conditions for the greatest gains in turnover prevention.

Study data was drawn from the International Employee Satisfaction Database, compiled using the Press Ganey Employee Perspectives Survey. This instrument is a standardised measure of employee satisfaction composed of several demographic questions and 67 Likert-type items arranged into distinct sub-scales including Senior Leadership, Job Security, Pay, Benefits, Participation, Recognition, Supervisor, Teamwork/Coworkers, Staffing, Work Environment, Overall Organisation Impression, and Overall Job Fulfillment. Survey items are rated on a 4-point scale from Strongly Agree (1) to Strongly Disagree (4). After data collection, item scores are reversed and converted to a 100-point scale in order to facilitate interpretation.

Hospitals using the Employee Perspectives tool typically survey every 18 months. For this reason, surveys received by Press Ganey between January 1, 2005 and December 31, 2006 were included, with only the most current information for a facility used in the final analysis. From a database pool of 346,791 employees, a sample was drawn that included a total of 56,253 RNs from 439 facilities.

A cross-sectional analysis of the data was performed using one-way Multivariate Analysis of Variance across employee tenure for the survey dimensions. Based on their responses to the question “How long have you worked here?”, RNs in the sample were classified into 1 of 4 tenure groups: less than 2 years, 2 to 5 years, 6 to 10 years, and more than 10 years. The analysis indicated significant differences in satisfaction among the tenure groups. There was a dramatic difference between nurses who had been employed for less than 2 years and those who had been employed between 2 and 5 years and 6 and 10 years. The nurses who had been at the facility longer rated themselves less satisfied, a trend that was consistent across all dimensions of the survey. In addition, nurses who had been employed for more than 10 years rated specific aspects of their job satisfaction lower than did the “less than 2 years” tenure group. Only on the Pay, Fulfillment, and Staffing dimensions did the most senior nurses rate themselves as equally satisfied as the most junior, and only on the Benefits dimension did they rate themselves as more satisfied.

Two conclusions are suggested from these results. First, onboarding may not be the most pressing retention issue facing health care organisations—the loss of mid-career nurses may be the larger problem. Second, there are some areas of work satisfaction for nurses that may be more responsive to organisational efforts to reach higher aggregate levels of satisfaction.

In order to address nurse retention, organisations might focus on those areas that tend to yield relatively higher levels of satisfaction later in their career (e.g., pay, fulfillment, staffing, benefits). Organisations may want to focus on fulfillment, since it is the only dimension that does not require financial resources to address and it is the most highly correlated of all dimensions to intention to remain employed at the facility. The figure below shows the key dimensions of satisfaction, and overall satisfaction, by job tenure.
Alternatively, organisations might focus on those dimensions that never recover to initial levels of satisfaction expressed by less tenured nurses. Those include Participation, Recognition, Senior Leadership, and Job Security. These facets of job satisfaction exhibit the same basic trend: Relatively new employees express high levels of initial satisfaction; thereafter, satisfaction levels drop dramatically at 2 to 5 years of employment and stay nearly flat even after 10 years of employment.

A third alternative would be to focus on those areas that reflect the least satisfaction and the least rebounding — Participation, Senior Leadership, and Recognition. In conclusion, these results suggest that health care organisations may do well to focus on the relative satisfaction of their mid-career nurses. Opportunities to increase nurse job satisfaction across different facets of work may be an effective strategy to address retention.

References