

العوامل المؤثرة على رغبة الممرضة في ترك العمل، مدينة الرياض، السعودية

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الأستاذ المساعد في الإدارة الصحية - برنامج الماجستير في إدارة الصحة والمستشفيات - كلية العلوم الإدارية - جامعة الملك سعود - الرياض - المملكة العربية السعودية

(قُدّم للنشر في ٢٧/١١/١٤١٤هـ؛ وقبل للنشر في ٥/٥/١٤١٥هـ)

ملخص البحث. تهدف هذه الدراسة إلى تحديد العوامل المؤثرة على قرار الممرضة لعدم الاستمرار في التعاقد مع المستشفى التي تعمل به. لقد تم تصميم وتوزيع استمارة لذلك في ثلاثة مستشفيات بمدينة الرياض، وشملت الدراسة ٤٨٨ ممرضة. دلت النتائج على أن ما يقارب ٦٥, ٤٣٪ منهن قد أبدین الرغبة في استمرار التعاقد، بينما ٣٥, ٥٦٪ منهن قد أبدین عدم رغبتهن في استمرار التعاقد. من ناحية مدى تأثير العوامل الديموغرافية على قرارهن في الاستمرار أو عدمه، أظهرت النتائج أن الإقامة مع الزوج ومستوى تعليم الممرضة ومستوى الراتب الشهري، وكذلك مدى تكيف الممرضة مع البيئة السعودية جميعها لها علاقة معنوية بقرارهن يعتد بها إحصائياً.

أما من ناحية العوامل ذات العلاقة بالعمل، دلت نتائج الدراسة أن هناك علاقة معنوية يعتد بها إحصائياً بين قرارهن بالاستمرار أو عدمه والعوامل التالية: ضغط العمل، الاستقلالية في العمل، الاستمتاع في العمل، مدى تقدير واحترام المدير والاتصال مع المرضى وعوائلهم. وعندما سُئلت الممرضات اللائي قررن عدم الرغبة في استمرار التعاقد عن أهم العوامل التي تؤثر على قرارهن للرحيل، فقد ذكرن العوامل التالية: سوء إدارة المستشفى، عدم الرضا الوظيفي، زيادة العبء في العمل، عدم وجود حوافز مادية، عدم وجود احترام للممرضة، عدم وجود فرصة للتطوير، أسباب شخصية وعائلية وأخيراً انخفاض مستوى الراتب الشهري.

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the level of the professional nurse. This is based on the premise that staff with lower level of education and training can perform many of the duties being performed by professional nurses.

In conclusion, it has been observed that certain aspects of the work environment within the control of the hospital administration contribute to the nurses' decision to quit and eventually leave the organization. Nurse retention could be increased through appropriate administrative action designed to address the problem areas. The findings underscore the significance of designing appropriate administrative policies and procedures that may help increase nurse retention. Such policies may include targeting on-the-job training sessions, providing continuing education opportunities, and establishing career ladder options for nurses in various administrative and technical levels.

One aspect of turnover that has received minimum attention until the late 1970s is the concept of "intent to stay", or anticipated turnover [23]. By fully understanding this concept, nursing administrators will be able to prepare different ways of handling turnover problems. By analyzing and understanding the factors that affect the nurses' intent to stay, administrators will be guided in evaluating the types and number of positions that are likely to be vacated. This knowledge will be important in manpower planning.

One of the costs associated with turnover of nursing staff is the added resources necessary to orient new staff hired to fill the vacant positions. Thus, by reducing turnover one will be able to minimize orientation and training costs in the long run. More importantly, by retaining nurses one may be working towards a secure and stabilized health care manpower in general, and nursing manpower, in particular.

Longitudinal studies involving multiple data points should be conducted to capture the dynamic processes involved in nurses' intention to leave and actual turnover in Saudi hospitals. Yet, the present study demonstrates the impact of various demographic, organizational and attitudinal variables on nurses' intention to quit. Our study is likely a pioneering one in the Saudi healthcare system.

Conclusively, it would be prudent to cross-validate the present study's findings on nurses' intention to leave in other healthcare organizations because different Saudi hospitals have diverse abilities and capabilities with regard to financial and non-financial incentives.

the provision of healthcare. There should be a standardized employee salaries and fringe benefits among the different Saudi healthcare systems.

It is observed that hospitals included in this study did not have recreational facilities for their employees. We strongly suggest that hospital administrators should provide recreational facilities for their employees. Such facilities have positive impacts on nurses' perceived stress, job dissatisfaction and their adaptation to Saudi environment and culture.

Furthermore, the present study is of the opinion that work-related variables have direct effects on nurses' intention to leave. These work-related variables are: perceived job stress, autonomy at work, perceived job enjoyment, being appreciated by supervisor, and having difficulties in communicating with patients and their families. This indicates that nurses' affective reactions based on both the appraisal of their specific jobs and their evaluation of the organization as a whole are important attitudinal predictors of the decision to leave.

This study found that job stress was a statistically significant predictor of nurses' intent to quit their jobs. The idea is supported by an earlier finding of Mann and Jefferson [18] and Fields *et al.* [13].

With regard to nurses' perceptions of being appreciated by supervisors, our finding confirms the findings of Shenton and Hamm [21] which suggest that every nurse at every level in a hospital has to feel that the skills they have are appreciated and recognized and wherever possible, utilized. When this does not happen, they are likely to look for jobs where such skills and potentials are appreciated. Thus, it is important for managers to listen to their subordinates, and be open and supportive of their needs. This can be done through well-conducted regular appraisal meetings that will eventually lead managers to take feasible and appropriate action once the employee's need is identified.

Regarding work overload and its impact on nurses' tendency to leave, although the findings of this study do not support the findings of previous studies [5,8], the author personally believes that work overload may exert an influence on nurses' intention to resign. For instance, a study conducted by Powills [22] showed that 44% of the duties performed by registered nurses (RNs) could have been performed by nonprofessional personnel [22]. It is believed that nurses should be allowed to spend more time with patients by relieving them of non-nursing duties. To make this possible, many hospitals are experimenting with restructuring caregiver positions below

Conclusions

It has been stated that many hospital executives incorrectly perceived nursing tendency to quit their jobs as being inevitable and determined by factors beyond management's control [8]. Consequently, more tasks and activities had too often been devoted to recruitment rather than retention strategies. Yet a large part of nurses' tendency to leave is not inevitable as documented by a number of studies [19,20].

The present study confirms that many socio-demographic variables are associated with nurses' intention to leave their hospital, more specifically, living without their spouses, nurses' educational background, monthly salary and adaptation to Saudi environment and culture.

This study believes that more continuous educational and professional growth opportunities should be available to nurses. These continuous educational programs should include not only the upgrading of cognitive and conative skills but emphasize on behavioral and attitudinal skills as well. By conducting such programs, nurses should be up to date with the changes and development in their respective fields. This will eventually give them certain degree of confidence regarding their professional role. It is also important for nurses to grow and develop their nursing skills, and those who desire to make career progression should be supported and provided with opportunities to do so.

It was observed that salaries in the Saudi healthcare systems are not standardized. That is, nurses with the same qualification, experiences and working hours do not receive the same salary. This is due to the fact that there is no nationally standardized salary for employees. For instance, nurses who work in military hospitals may receive higher salaries than those who work in the MOH hospitals. Furthermore, nurses who work in the MOH may receive higher salaries than nurses who have personal contract with private contract management company. Also, one might see that two nurses working in the same hospital with the same qualification, experiences and working hours receive different salaries and fringe benefits. The existence of such unstandardized policies may cause a lot of avoidable problems which among others include employee commitment, dissatisfaction and eventual intention to leave the employing organization.

Therefore, this study is of the opinion that the MOH be considered as the main provider of healthcare services and also the main government body responsible for

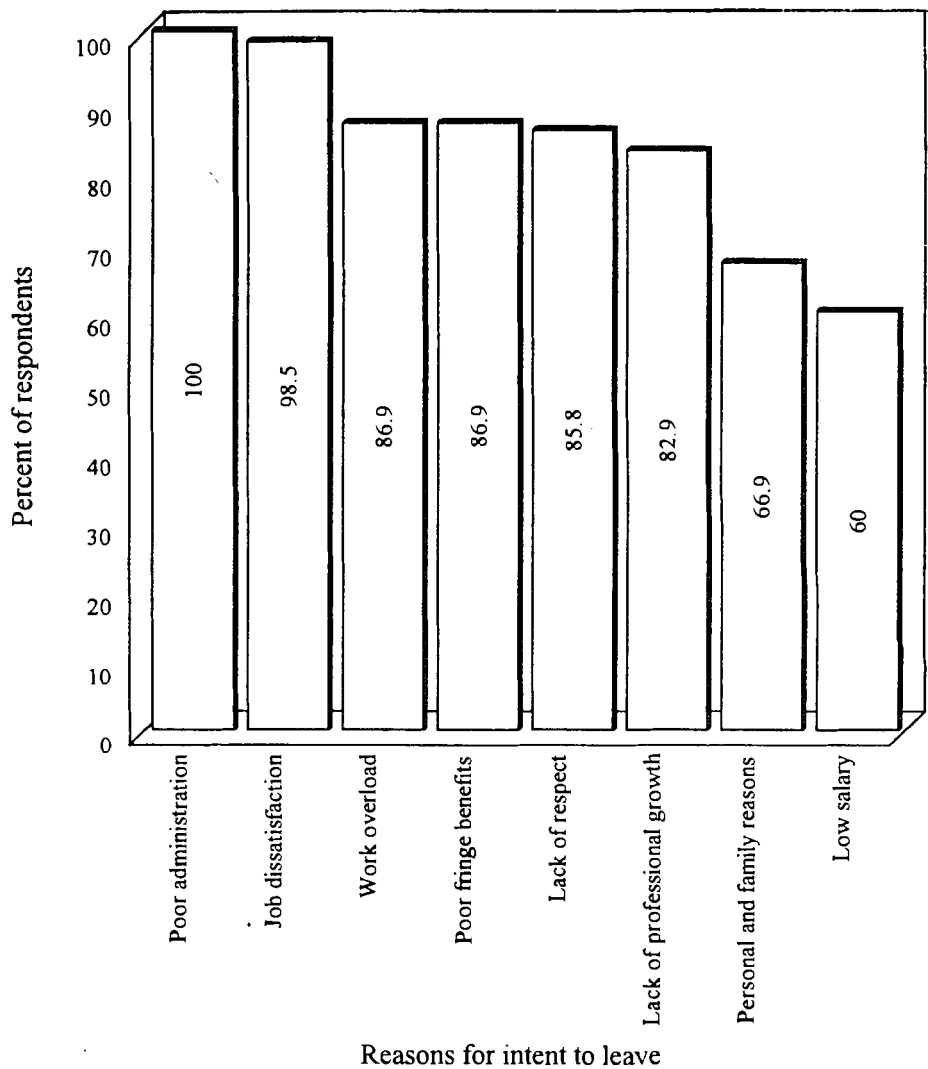


Fig. 1. Magnitude of factors perceived by nurses as reasons for intent to leave the hospital in Riyadh city, Saudi Arabia, 1994.

nurses who intended to stay. Chi-square test showed that there was a statistically significant difference between these two groups with regard to communication with patients and their families. That is, at $\alpha = 0.05$, the nurses' intention to stay or leave the hospital was significantly affected by their having or not having difficulty in communicating with patients and their families. However, these two variables had a weak relationship as shown by a Cramer's V value of 0.14.

Nurses were also asked if they encountered any form of discrimination in their jobs. It was found that 74.5% of the respondents experienced some form of discrimination in their job. Out of the 275 nurses who intended to leave, 263 (95.64%) reported that they had encountered some form of discrimination; and out of the 213 who intended to stay, 198 (92.96%) reported the same. The computed χ^2 value of 1.65 was less than the tabulated χ^2 value of 3.841 with $df = 1$. This means that the nurses' intent to leave or stay was not significantly affected by discrimination.

With regard to variables perceived by nurses as variables that influenced their intention to leave their hospital, Fig. 1 indicates the frequency distribution of the most important factors considered by nurses to have had influenced their decision. It was found that all nurses who intended to leave (275) perceived that poor administration was one of the major factors that influenced their decision to leave. Of those 275 nurses, 271 (98.55%) indicated that job dissatisfaction was one of the main reasons why they wanted to leave. The third most important was work overload, as 239 (86.9%) of the nurses who intended to leave indicated. The same number of nurses cited poor fringe benefits as one of the factors that influenced their intention to leave.

Two hundred thirty-six (85.82%) of the nurses indicated that perceived lack of respect was a major determining factor in their decision to leave the hospital. Perceived lack of professional growth was another important variable that affected the nurses' intention to leave. This was indicated by 228 (82.91%) of the nurses who intended to leave. Personal and family reasons were cited by 184 (66.91%) nurses as a major factor that influenced their intention to leave. Low salary was also an important variable which influenced nurses' intention to leave according to 165 (60%) of the nurses who intended to leave.

Table 3. (Contd).

Variable	Intended to stay	Intended to leave	Statistical inference		
	N (%)	N (%)	Chi-square	Cramer's V	P-value
Communication with patients and their families			8.96	0.14	0.003*
No difficulty in communicating	107 (50.23)	101 (36.73)			
Have difficulty in communicating	106 (49.77)	174 (63.27)			
Total	213 (100.00)	275 (100.00)			
Encountered discrimination			1.65	0.06	0.199
Yes	198 (92.96)	263 (95.64)			
No	15 (7.04)	12 (4.36)			
Total	213 (100.00)	275 (100.00)			

* It means that this variable is statistically significant at $P < 0.05$.

opposite. How did appreciation by supervisors affect the nurses' decision to stay or leave the hospital? As indicated in Table 3, about 44% of nurses who intended to leave reported that they were not appreciated by their supervisors, compared to 26% of those who intended to stay. Chi-square test yielded a computed value of 16.56 which was greater than the tabulated value of 3.841 with $df = 1$. This means that there was a statistically significant difference between these two groups regarding the effect of appreciation by supervisors. However, a Cramer's V value of 0.18 indicated that there was a weak relationship between the nurses' intent to stay or leave and appreciation of their work by their supervisors.

Since most of the nurses were non-Arabs, they were asked whether they had difficulty in communicating with patients and their families. About 57% of nurses reported that they had difficulty in communicating with patients and their families, whereas 43% expressed no difficulties in communication. When asked as to what extent communication with patients and their families influenced nurses' intention to leave or stay, data show that about two-thirds of nurses who intended to leave reported that they had difficulty in communication, compared to about 49.8% of

Table 3. Frequency distribution, Chi-square and Cramer's V values of work-related variables included in the study of nurses' intention to leave their hospitals, Riyadh city, Saudi Arabia, 1994 (n=488)

Variable	Intended to stay	Intended to leave	Statistical inference		
	N (%)	N (%)	Chi-square	Cramer's V	P-value
Job was stressful			23.66	0.22	0.000*
Not stressful	61 (28.64)	31 (11.27)			
Stressful	152 (71.36)	244 (88.73)			
Total	213 (100.00)	275 (100.00)			
Had autonomy at work			9.52	0.14	0.002*
Yes	183 (85.92)	205 (74.55)			
No	30 (14.08)	70 (25.45)			
Total	213 (100.00)	275 (100.00)			
Job enjoyment			49.97	0.32	0.000*
Yes	184 (86.38)	156 (56.73)			
No	29 (13.62)	119 (43.27)			
Total	213 (100.00)	275 (100.00)			
Length of work at the Hospital			0.03	0.01	0.866
< 5 years	113 (53.05)	148 (53.82)			
5 years or more	100 (46.95)	127 (46.18)			
Total	213 (100.00)	275 (100.00)			
Appreciated by Supervisor			16.56	0.18	0.000*
Appreciated	158 (74.18)	155 (56.36)			
Not appreciated	55 (25.82)	120 (43.64)			
Total	213 (100.00)	275 (100.00)			

χ^2 value of 23.66 was greater than the tabulated χ^2 value of 3.841 with $df = 1$. This indicates that at $\alpha = 0.05$, the nurses' intention to stay or leave the hospital was significantly affected by job stress. However, there was a moderate association between these two variables as shown by a Cramer's V value of 0.22.

Regarding autonomy at work, 79.51% of the respondents indicated that they could exercise autonomy in carrying out their duties, and only 20.49% showed otherwise. Of those who intended to leave 74.55% indicated that they had autonomy in their job, compared with 85.92% of those who intended to stay. Results of the chi-square test yielded a computed value of 9.52 which was greater than the tabulated values of 3.841 with $df = 1$. This means that there was a statistically significant difference between these two groups with reference to the impact of autonomy on their decision to leave or stay in the hospital. Thus, at $\alpha = 0.05$, the nurses' decision to stay or leave the hospital was significantly influenced by having autonomy in their work. However, there was also a weak association between these two variables based on Cramer's V value of 0.14.

As to the question of enjoyment in their job, 60.67% of the respondents had a positive response. That is, they enjoyed their job. On the other hand, 30.33% of the respondents indicated that they did not enjoy their job. Of those who intended to leave, 43.27% reported that they did not enjoy their job, compared to the 13.62% of those who intended to stay. Since the computed χ^2 value of 49.97 was greater than the tabulated χ^2 value of 3.841 with $df = 1$, the null hypothesis can be rejected. This means that at $\alpha = 0.05$, job enjoyment had a statistically significant influence on the nurses' intent to stay or leave the hospital. These two variables had a moderate relationship as shown by a Cramer's V value of 0.32.

Taking the length of time the nurses had been working in the hospitals as a variable, it was found that 53.48% of the respondents had been working in the hospital for less than five years at the time of the survey. On the other hand, 46.52% had been working in the hospital for five years or more. Of those who intended to leave, 46.18% had been working on the hospital for five years or more, and almost the same percentage (46.95%) of those who intended to stay had been working in the hospital for the same period. Results of the chi-square test yielded a computed value of 0.03 which was less than the tabulated value of 3.841 with $df = 1$. Thus, the null hypothesis can be accepted. This means that there was no statistically significant difference between the two groups regarding length of work in the hospital.

The data also show that 64.1% of the respondents reported that their work was appreciated by their supervisors, compared to 35.9% of those who reported the

degree in nursing, whereas less than 3% had a master's degree in nursing. The same table shows that about 80% of nurses who intended to leave had a baccalaureate degree in nursing, compared with 47.4% of those who intended to stay and had the same qualification. The computed χ^2 value of 53.98 was greater than the tabulated χ^2 value of 3.841 with $df = 1$. This means that at $\alpha = 0.05$, adaptation to Saudi a significant influence on the nurses' decision to stay or leave the hospital. A Cramer's V value of 0.33 indicated a moderate association between educational attainment and the nurses' intent to stay or leave the hospital.

Data indicate that more than half of the respondents (51.8%) earned a monthly income of less than SR 3,000 and approximately 39.5% earned a monthly income between SR 3,000 and SR 6,000. Did monthly income have an impact on nurses' intention to stay or leave their hospitals? Data show that 97% of nurses who intended to leave had a monthly income of less than SR 6,000 compared with 84% of those who intended to stay. The Chi-square test revealed that there was a statistically significant difference between the two groups of nurses with regard to monthly salary. Since the computed χ^2 values of 25.35 was greater than the tabulated χ^2 value of 5.991 with $df = 2$, we rejected the null hypothesis. This means that at $\alpha = 0.05$, monthly salary had a significant impact on the nurses' decision on whether to stay or leave the hospital. However, there was a moderate association between these two variables as shown by a Cramer's V value of 0.23.

Nurses were asked about the extent of their adaptation to Saudi environment and culture. About 45% of them reported that it was easy to adapt to the Saudi environment. On the other hand, 55% of them expressed difficulties in adapting to the environment. Was there a statistically significant difference between nurses' intention to leave or stay with regard to their adaptation to the Saudi environment and culture? Table 2 indicates that 65% of nurses who intended to leave reported having difficulties with adaptation, compared with 43% of nurses who intended to stay and expressed difficulties. The computed χ^2 value of 23.49 was greater than the tabulated χ^2 values of 3.841 with $df = 1$. This means that at $\alpha = 0.05$, adaptation to Saudi environment and culture had a significant influence on the nurses' decision on whether to stay or leave the hospital. However, a Cramer's V value of 0.22 indicated a moderate relationship between these two variables.

Also, nurses were asked about how stressful their jobs were; 81.1% of the respondents reported that their jobs were stressful, whereas less than 20% reported the opposite. Had job stress got any significant influence on nurses' intent to stay or leave the hospital? Table 3 reveals that about 89% of nurses who intended to leave expressed stress in their jobs, compared to 71.4% of those who intended to stay. The computed

Table 2. (Contd).

Variable	Intended to stay	Intended to leave	Statistical inference		
	N (%)	N (%)	Chi-square	Cramer's V	P-value
Bachelor's degree with master's units	9 (4.23)	5 (1.82)			
Master's degree	10 (4.69)	4 (1.45)			
Total	213 (100.00)	275 (100.00)			
Monthly salary			26.45	0.23	0.000*
< SR 3,000	105 (49.30)	148 (53.82)			
SR 3,000-SR 5,999	74 (34.74)	119 (43.27)			
SR 6,000 or more	34 (15.96)	8 (2.91)			
Total	213 (100.00)	275 (100.00)			
Adaptation to Saudi environ- ment and culture			23.49	0.22	0.000*
Easy to adapt	122 (57.28)	97 (35.27)			
Difficult to adapt	91 (42.72)	178 (64.73)			
Total	213 (100.00)	275 (100.00)			

* It means that this variable is statistically significant at $P < 0.05$.

Majority of the respondents (92.4%) were non-Muslims. Had religion got any impact on nurses' intention to leave or stay? Data show that 94.2% of the nurses who intended to leave were non-Muslim and 90% of those who intended to stay were also non-Muslim. As indicated by the same table, the computed χ^2 value of 2.80 was less than the tabulated χ^2 value of 3.841 with $df = 1$. Thus, the nurses' religion did have a statistically significant impact on their intent to stay or to leave the hospital.

Regarding educational attainment, it was found that about 29% of the respondents had a diploma in nursing and almost two-thirds (65.4%) had a baccalaureate

Table 2. Frequency distribution, Chi-square and Cramer's V values of socio-demographic variables included in the study of nurses' intention to leave their hospitals, Riyadh city, Saudi Arabia, 1994 (n=488)

Variable	Intended to stay	Intended to leave	Statistical inference		
	N (%)	N (%)	Chi-square	Cramer's V	P-value
Age			4.22	0.09	0.121
Less than 30 years old	49 (23.00)	84 (30.55)			
30-39 years old	116 (54.46)	143 (52.00)			
40 years old or more	48 (22.54)	48 (17.45)			
Total	213 (100.00)	275 (100.00)			
Marital status			3.63	0.09	0.057
Married	158 (74.18)	182 (66.18)			
Not married	55 (25.82)	93 (33.82)			
Total	213 (100.00)	275 (100.00)			
Living with spouse			4.66	0.10	0.031*
Yes	110 (51.64)	115 (41.82)			
No	103 (48.36)	160 (58.18)			
Total	213 (100.00)	275 (100.00)			
Religion			2.80	0.08	0.094
Muslim	21 (9.86)	16 (5.82)			
Non-Muslim	192 (90.14)	259 (94.18)			
Total	213 (100.00)	275 (100.00)			
Educational attainment			53.98	0.33	0.000*
Diploma	93 (43.66)	48 (17.45)			
Bachelor's degree	101 (47.42)	218 (79.27)			

determine whether there was a relationship between the included independent variables (sociodemographic and work-related) and nurses' intent to leave their hospital. On the other hand, Cramer's V test was utilized to determine the strength of association between significant independent variables and nurses' intention to leave or stay in their hospital.

Data Analysis and Discussion

As mentioned earlier, one of the main objectives of the study was to determine the proportion of nurses who intended to leave their hospital. Of the 488 respondents, 213 (43.65%) indicated that they intended to stay, while 275 (56.35%) indicated that they intended to leave.

Data show that more than half of the respondents (53.1%) were between 30 and 39 years old, and 19.7% were 40 years old or more. The rest were less than 30 years old. Table 2 indicates that the computed Chi-square (χ^2) value was equal to 4.21 which was less than the tabulated χ^2 value (7.815), with two degrees of freedom (df). Therefore, the null hypothesis can be accepted. That is, there was no statistically significant difference between nurses who intended to leave and those who intended to stay with regard to their age ($P=0.121$).

Data further show that about 70% of the respondents were married. With regard to relationship between nurses' intention to leave or stay and their marital status, results of the χ^2 -test revealed that the computed value of 3.63 was less than the tabulated value of 3.841 with $df = 1$. This means that there was no statistically significant difference between those who intended to stay and those who intended to leave in relation to their marital status ($P = 0.057$).

It was found that out of the 340 married nurses, more than half (53%) of them were living with their spouses. Data indicate that about 52.8% (182) of nurses who intended to leave were not living with their spouses, compared to 41.1% (158) of those who intended to stay. The Chi-square test yielded a computed value of 4.57 which was greater than the tabulated value of 3.841. Therefore, we reject the null hypothesis that there was no statistically significant difference between nurses who intended to stay and those who intended to leave with regard to living with their spouses. At the 0.05 level of significance (α) living with spouse had a significant impact on the nurses' decision on whether to stay or leave the hospital. However, a Cramer's V value of 0.12 indicated that there was a weak relationship between these two variables.

by faculty members from the College of Administrative Sciences of King Saud University.

The final version of the questionnaire included items on sociodemographic variables and work-related variables. The questionnaire also included an open-ended question to determine the perceived variables expected to influence the nurses' intent to leave their hospital. The items included in the questionnaire were developed by the researcher after a thorough investigation of available literature [8,13,18].

Table 1 indicates the response rates and sample distribution. Of the 600 questionnaires distributed, 488 were completed. The response rates were 82.6% at Riyadh Medical Complex, 75.4% at Prince Salman Hospital, and 84.2% at Sulaimaniah Pediatrics Hospital. The overall response rate was 81%.

Table 1. Sample of questionnaires distributed and completed by nurses at hospitals in the Riyadh city, Saudi Arabia, 1994.

Hospital name	Number of nurses	Questionnaires distributed	Questionnaires completed	Response rate
Riyadh Medical Complex	1,635	350	289	82.6%
Prince Salman Hospital	272	130	98	75.4%
Sulaimaniah Pediatrics Hospital	166	120	101	84.2%
Total	2,073	600	488	81.3%

The study sample consisted of 13 (2.7%) directors/assistant directors of nursing services, 119 (24.4%) head nurses/acting head nurses, 348 (71.3%) staff nurses, and 8 (1.6%) clinical instructors/nurse educators.

Basically, two major hypotheses are presented in this study:

1. There is a relationship between socio-demographic variables and the nurses' intention to leave their hospital; and
2. There is a relationship between work-related variables and nurses' intention to leave their hospital.

In order to test the above two hypotheses, two non-parametric tests were utilized, namely Chi-square and Cramer's V tests. Chi-square test was performed to

Curry, *et al.* [17] conducted a survey that included 841 female nursing department employees from five western state hospitals. Findings indicated that job satisfaction was the most important determinant of nurses' intent to leave. Its effect was more than twice as strong as for commitment. It was also found that older nurses tended to express less intent to leave; and those nurses who changed jobs more frequently in the past expressed a higher level of intention to leave [17].

As far as medical intensive care units (MICUs) are concerned, Mann and Jefferson [18] cited the ten most important reasons why nurses left their job:

1. understaffing;
2. too stressful job;
3. poor scheduling;
4. non-supportive supervisors;
5. change in career goals;
6. family obligations;
7. not being appreciated by administration;
8. lack of leadership by supervisors;
9. lack of managerial skills by supervisors; and
10. inadequate supervision.

In 1990, Jolma [5] surveyed 123 medical-surgical nurses to determine the relationship between workload and turnover. Findings revealed that nurses' tendency to leave was associated with a large proportion of inexperienced and part-time nurses on a unit, low staff to patient ratios, and negative staff perceptions of working conditions [5].

Methodology

Subjects were drawn from three selected Ministry of Health (MOH) hospitals in the Riyadh city. These hospitals were: (1) Riyadh Medical Complex, (2) Prince Salman Hospital, and (3) Sulaimaniah Pediatrics Hospital. These hospitals were selected because of their relatively similar characteristics. The target population for this study was nurses who had worked in different nursing units of the hospital.

Data were collected from February to March 1994 with the use of a self-administered questionnaire. The questionnaires were distributed randomly among female nurses with the assistance of nursing department directors. This was done after earlier versions of the questionnaire were reviewed for their consistency and reliability

the findings of earlier studies conducted by Sheridan *et al.*, [11] and Michaels and Spector [12].

In 1989, Fields *et al.* [13] studied 117 dedicated burn care facilities in the USA. The reasons why registered nurses (RNs) in burn care facilities left their positions were grouped into three categories. These categories were:

1. the "not happy" group,
2. the "moving up" group, and
3. the "can't help it" group.

Category 1 included job dissatisfaction, low salaries, high work hours, heavy workload, interpersonal problems, and burn-out. Category 2 included promotion and furthering education. Pregnancy, relocation of spouse, marriage and medical causes were included in Category 3.

Further, the same study showed that the ratio of registered nurse per patient was negatively associated with nurses' turnover. Job dissatisfaction was also found to be the leading cause of nurses' departure from Burn Unit facilities. Measures of job dissatisfaction included low salaries, high work hours, heavy workload, interpersonal problems and burn-out [13]. These findings were consistent with the findings of Parasuraman [8] and Abelson [14].

In 1989, Benedict, *et al.* [15] conducted a retrospective study of 3,137 nurses' records during the 10-year period from 1970 to 1979. In general, findings showed that low satisfaction was consistently the major reason for nurses' termination over time. Also, results revealed that early attrition tended to be greater for those who were 25 years of age and older, white and had an associate degree. In the composite perspective, those being retained tended to be younger, non-white and baccalaureate nurses [15].

In 1984, a nonexperimental survey was conducted by Orsolits to examine the effects of organizational characteristics on nursing turnover. The study surveyed 2,155 nurse members of the Oncology Nursing Society in 1981. Data were collected from December 1981 to March 1, 1982. Findings of this study revealed that participation in decision making is strongly and directly related to nurses' intent to stay. That is, intent to stay increased as the participation in decision making increased. Also, it was found that nurse's age, length of service and salary were positively associated with nurses' intent to stay. Further, educational background was found to have a negative relationship with nurse's intent to stay [16].

qualitative nursing creating a vacuum where the less experience nurse is to become responsible for highly technical patient care.

More importantly, organizational performance may suffer if the person leaving had either an exceptional skill or held an important position. In addition, the tasks of the leaver will have to be assumed by those who remain, thereby affecting their own performance. If highly qualified and experienced nurses continue to leave the hospital, a relatively serious consequence is to the "brain drain" or the progressive loss of experienced staff. The existence of a high rate of nurses' intention to leave may cause frequent changes in duty schedules. This, in turn, may increase frustration and resentment, which can eventually lead to conflict among those who remain.

A further understanding of why certain groups of nurses attempt to quit their jobs would encourage us to modify institutional policies and procedures to fit current circumstances. This may explain why a great deal of research has been done to study the factors associated with nurses' intention to leave their jobs.

This study aims to meet the following objectives:

1. To determine the proportion of nurses who intend to leave their hospital in the Riyadh city;
2. To determine the influence of sociodemographic and work-related variables on nurses' intention to leave their hospital; and
3. To determine nurses' attitudes with regard to factors associated with their decision to resign.

Review of Literature

In the USA, a nursing turnover study was conducted by Parasuraman in 1989. This study consisted of 307 nurses employed in a large metropolitan hospital. The findings highlighted the importance of nurses' intention to leave as the most immediate determinant of actual turnover. It was found that various demographic, organizational and attitudinal variables contributed to nurses' intention to leave their hospital. Age, role conflict, work overload, appreciation by leaders, job satisfaction and organizational commitment were associated with nurses' intention to leave their employing organizations [8].

With regard to age, the findings of the above study were consistent with the findings of Weisman [9] and Seybolt [10]. The findings of Parasuraman regarding role conflict, work overload, job satisfaction and organizational commitment supported

riate health manpower. The 1992 Annual Health Report indicates that in the Ministry of Health (MOH) a majority of physicians (88.4%) and nurses (85.6%) are non-Saudi [1]. These figures reflect a serious threat to health manpower stability in the Kingdom since a majority of them are non-Arabs and may leave the country anytime for a variety of reasons.

In a broad sense, employees' intention to leave their employing organization refers to the potential movement by the work force out of an organization, that is, the potential termination of membership in an organization by an individual who received monetary compensation from that organization [2].

With regard to nursing manpower, it has been observed that nurses' intention to leave can be considered as an index of the stability of the nursing work force and as a good indicator of other severe issues in managing healthcare organizations [3,4]. The author strongly believes in the importance of investigating nurses' tendency to quit their jobs since nurses constitute the largest proportion of employees in the healthcare setting. Furthermore, nurses have been characterized as having a higher rate of turnover than any other health professionals. As cited by Jolma [5], nursing as a profession has a high rate of employment turnover. That is, nurses are three times more likely to quit their jobs than teachers and one-and-a-half times more likely to change jobs than social workers [5].

This study is significant because of the fact that nurses' tendency to leave their jobs may contribute to the increasing cost of health care delivery and therefore deserves a special attention. For instance, training new nurses for highly specialized health care is very expensive. The costs of orienting a new nurse include expenses for advertisement and recruitment and salaries for the orientees and instructors. Jolma and Weller [6] estimated the cost of replacing one nurse in the United States of America (USA) as ranging from \$2,000 to \$10,000 [6]. Furthermore, Marquis [7] cited that when a hospital reduced its annual attrition rate from 30% to 10%, its administration could save about \$320,000 annually [7]. The case is even worse for the Saudi health sector where the majority of health and medical manpower must be recruited from abroad. Moreover, hospital staff will be too emotionally exhausted to continuously train new nurses.

An important consequence of nurses' quitting of their job is the adverse effect on the quality of patients' care. A shortage of nurses or the lack of necessary experience of those who are available may seriously decrease the quality of nursing care provided to patients. In other words, nurses' decision to resign is a direct threat to

Factors which Influence Nurses' Intention to Leave the Hospital, Riyadh City, Saudi Arabia

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Abstract. The present study aimed to determine the variables related to nurses' intention to leave their hospital, with particular emphasis on sociodemographic and work-related variables. Through the use of self-administered questionnaire, data were collected from nurses who had worked in different units in three hospitals in Riyadh city: Riyadh Medical Complex, Prince Salman Hospital, and Sulaimaniah Pediatrics Hospital. Of the 488 respondents, 213 (43.65%) intended to stay, while 275 (56.35%) intended to leave. In terms of sociodemographic variables, it was found that the group of nurses who intended to leave was significantly different from the group of those who intended to stay in terms of the impact of living with spouse, educational attainment, monthly salary, and adaptation to Saudi environment and culture. With regard to work-related variables, the two groups of nurses were significantly different from each other in terms of job stress, autonomy at work, job enjoyment, appreciation by supervisor, and communication with patients and their families. The most important variables perceived by those who intended to leave to have affected their decision were poor administration, job dissatisfaction, work overload, poor fringe benefits, lack of respect, lack of professional growth, personal and family reasons, and low salary.

Introduction

Nursing departments across the health sector in the Kingdom of Saudi Arabia (KSA) are facing an increased demand for nursing services. This demand is influenced by different major variables, including, among others, severe shortage of Saudi nursing manpower and the use of new technologies that require complex patient care, etc. A dominant feature of the Saudi health care system is its heavy dependence on expat-