Original Article

# Towards an understanding of clinical nurses challenges that leads intention to leave

Leyla Alilu [1]
Vahid Zamanzadeh[2]
Marjaneh M. Fooladi[3]
Leila Valizadeh[4]
Hosein Habibzadeh [1]

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## Abstract

**Objective:** Clinical nursing is the most important feature of the nursing profession and similar to the global community. The study objective was to identify and describe the challenges and why Iranian nurses leave their profession.

**Methods:** Qualitative methods were applied to describe nursing practice challenges through in-depth and semi-structured interview of 16 Iranian nurses with 2 to 15 years of work experience in 2014 by asking: "*Please tell me about your challenges at work and why nurses are leaving the nursing profession?*" Obtained data were analyzed using conventional content analysis.

**Results:** Analyzed data revealed four thematic categories as 1) unfriendly workplace, 2) lack of opportunity for professional advancement, 3) work stress, and 4) ethical issues.

**Conclusion:** Recognizing nursing challenges in clinical setting can help faculty in academia and administrators in healthcare institutions to develop policies to reduce pitfalls and prevent attrition.

**Corresponding author**
Leila Valizadeh
East Azerbaijan, Tabriz,
Univesity Main St, Irã.
valizadehl@tbzmed.ac.ir

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[1]Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Urmia University of Medical Sciences, Urmia, Iran.
[2]Department of Medical Surgical Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran.
[3]University of Jordan, Amman, Jordan.
[4]Department of Pediatric Nursing, Faculty of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran.

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# Introduction

Global healthcare system is facing increasing challenges, especially in clinical settings with an explosion of aging population and economic constraints, which in turn puts pressure on every aspect of the healthcare workforce, where nurses as the largest group comprise of 80%.[1] Nurses hold a wide variety of roles and responsibilities and remain at the forefront of patient encounter within the healthcare system.[2] Patient satisfaction with the quality of healthcare delivery can be directly influenced with any disturbance or conflict within the nursing profession.[3] Exploring and understanding nurses' professional challenges enable authorities to address the prerequisites and improve work environment for better quality of care.[4]

In a study by Long et al.[5] majority of nurses felt being abused due to the lack of professional autonomy, respect and recognition, which led to contemplation to leave the nursing profession (75%) and actual departure from nursing (9%). Nursing shortage cannot be resolved if sources of job dissatisfaction are not identifies and revised.

There are no official figures on the nursing shortage in Iran, but given the 75 million populations in 2013, only 100,000 nurses are in the workforce, while an estimated 240,000 nurses are needed to address the healthcare needs of the population. Accordingly, instead of the standards of nurse-bed ratio of 1.5: 2, there are only 0.9 nurses for each bed in Iran.[6,7] In another study on the Iranian nurses, the average job attrition rate is high[8,9] and only one third of Iranian nurses (34%) are satisfied with their jobs[1] with a direct effect on their intention to leave nursing. Given the current nursing shortage in Iran and predicted worsening of the situation due to nurses' retirement, population growth and the increasing aging population,[10] it seems essential to address the current nursing challenges in clinical areas and decrease professional attrition rates by increased job satisfaction.

Nurse Managers have their own perspective on the stressful clinical nursing environment that pushes nurses out of workforce. Subsequent studies have referred to the chronic state of a tense atmosphere that brings nurses to the point of physical and emotional exhaustion.[11] Nurses have expressed that patient care is no longer the healthcare system priority,[12] and nurse manager are told to overcome the financial restraint, maximize nursing services and minimize staffing. Such a profit based formula contributes to professional dissatisfaction and nurses leaving their profession at an alarming rate.[13]

Other studies have focused on the nursing shortage and professional responsibilities in Iran, and few have addressed the clinical nursing challenges such as ethical concerns[9] or work and nurse-family conflicts.[3] Hassani and Jodatkordlar[14] reported need for comprehensive studies on clinical nursing issues, and found that studies from other countries have used specific culture-based variables not suitable for Iran. This comprehensive study investigated Iranian nursing challenges aimed at finding a solution to the professional attrition rate.

# Methods

Nurses who participated in this study were selected from several teaching hospitals affiliated with the Tabriz and Uremia University of Medical Sciences in Iran. The sample selection process was based on the following criteria: 1) having a baccalaureate degree or higher, 2) having at least one year of work experience in clinical nursing practice, 3) nurses who left bedside nursing or still contemplating to leave the profession. A total of 16 nurses met the inclusion criteria and agreed to enroll in the study.

Before starting the study, nurses had present written informed consent to participate in the study. Information about the research and its goal was given to them, so that they have the right to withdraw at any stage. The information collected will be held confidential.

From October to February, 2014, participants engaged in semi-structured interviews asking open-ended questions to investigate nursing challenges for Iranian nurses in clinical practice. Researchers interviewed each participant in private for 30 to 65 minutes at work (n=8), outside of work environment (n=6), and by telephone (n=2),

due to geographical distance. The main question asked was to about professional challenges in clinical settings and reasons for wanting to leave the nursing profession. Interviews were recorded with permission and later transcribed. Verbatim raw data were computer coded using MAXQDA10 (version 10 R 160410 by udo kuckartz, Berlin, Germany), before analysis.

Among the 16 nurses who participated in this study, there were 14 women and 2 men between the ages of 24 to 47 years, of which 14 had a baccalaureate degree, two had a master's degree (one in nursing and one in non-nursing), and 2-15 years of clinical nursing experience in internal medicine, surgery, infectious disease, poison control, intensive adult care and emergency nursing care. Eleven of the participants were married and four were single.

Content analysis method as described by Hsieh& Shannon[15] was applied for its appropriate fit to meet the objectives of this study. Through inductive process, data were coded and categorized.[16] Data analysis continued simultaneously after the first interview until saturation was reached. Researchers encrypted the copied text, and discussed coding refinement for each emerging theme. Classified codes were categorized, compared and interpreted within the context of general transcripts.

For reporting of qualitative study finding, trustworthiness of methods instead of validity and reliability are widely considered[16] and for this study four supporting processes of trustworthiness such as conformability, dependability, credibility and transferability were applied. Credibility was confirmed by selecting the appropriate data collection method of interviews. Researchers interviewed participants for their views and experiences in their practice environment. Dependability was established by detailed and descriptive data analysis and direct references to individual professional experiences. Raw data were translated by a professional translator from Farsi (Persian) into English and back translated to preserve maximum accuracy of participant expressions within the context. Conformability and consistency of analysis were maintained through research team meetings to discuss and dissect the preliminary findings. Thematic analysis and coding process occurred through consensus, and transferability of findings were observed by a descriptive demographic to represent the nursing views within the professional context.[17]

The development of this study met national and international standards of ethics in research involving human subjects.

## Results

Content and thematic analysis revealed four major categories as I) unfriendly workplace, II) lack of opportunity for professional advancement, III) work stress, and IV) ethical issues. Each category had several subcategories as shown in chart 1. Participants' reflections for each category and subcategory are further expanded and later compared with other published studies.

### I: Unfriendly workplace

From this category, five subcategories emerged as I.1) discrimination, I.2) poor support, I.3) workplace conflict, I.4) lack of respect, and I.5) low status.

*I. 1.Discrimination,* referred to nurses facing discrimination by patients, doctors, hospital administrators and their peers as stated here:

*"Some of my colleagues knew how to be a sweet talker and gain favors from the head nurse and in return work less, get credit and praises for doing nothing, be assigned to less hectic wards and easier shifts…"* (Participant #2, age29, 5 years of work experience)

*I. 2. Poor support,* meant lack of understanding by the management team and easy to blame approach. Participants felt helpless when management did not value their efforts as reflected below:

*"If a patient or her relatives made a comment or complained to the nurse manager about a particular nurse, that nurse would be marked and treated differently without any investigation to find out what went wrong. There were occasions that patient was right or the nurse had a valid point, but management only assigned blame, instead of finding solution."* (Participant #9, age36, 3 years of work experience)

**Chart 1.** Categories, subcategories and codes

| Codes | Subcategories | Categories |
|---|---|---|
| Being favored by head nurse or others, getting praises, complementing one versus the other nurse performing the same task, assigning weekends and holidays to less favored nurses and easier shifts or wards to those favored, especially night shifts, getting credit for the work not done, not applying the same standard to all on equal bases,… | Discrimination | Unfriendly workplace |
| Disregard for nursing staff shortage and problems, making excuse, lack of support among the nurses, ignoring nurse-patient conflicts… | Poor support | |
| Resentments among nursing staff,experiencing humiliation, harassment and inappropriate treatment by physicians… | Workplace conflict | |
| Lack of mutual respect between nurses and disrespect from patients | Lack of respect | |
| Patient's high regards for physicians and no regards for nurses, nurses being mistreated by medical staff and students… | Low status | |
| Underrated capability, experience, expertise by nurses, unmentioned competencies to avoid promoting and paying more… | Lack of meritocracy | Lack of Opportunity for Professional Advancement |
| Inadequately equipped clinical settings, no plan for improvements, lack of hope for progress toward promotion, impossible to demonstrate high competency and clinical skills,… | No hope of promotion | |
| Unrecognized nurses, who save lives on daily basis, lack of attention to the competent skills… | Lack of appreciation for compassionate care | |
| High volume of work assigned to one nurse, mandatory overtime, and one nurse to do the job of three nurses… | Heavy workload | Work Stress |
| Economic based nursing shortage, driving nurses out of nursing, too many patients for too few nurses… | Lack of funds to employ more nurses | |
| Dissatisfied nurses, disrupted rhythm of life, lack of care continuity and relationship building | Rotating shift work | |
| No sense of belonging, creating unnecessary conflict, forcing nurses to do works in two different wards at the same time… | Rotation between wards as an assistant or support person | |
| High rate of admission, discharge, acuity level during one shift, having critically ill patients… | Reality shock and burnout | |
| Lack of compassion for colleagues in distress, cruel policies, a caring profession without care, inhumane demands when it is hard to concentrate… | Unfavorable conditions for appropriate and safe patient care | Ethical Issues |

I. 3. *Workplace conflict,* referred to the healthcare system and services offered by a multidisciplinary team, requiring cooperation among the groups. In such circumstances as indicated in other studies, conflictions would occur and create an unpleasant atmosphere for nurses and a participant indicated:

*"In some wards there is envy, jealousy, bickering, and backstabbing among the healthcare providers, creating a negative atmosphere with conflicts".* (Participant #4, age24, 2years of work experience)

I. 4. *Lack of respect,* was related to nurses in clinical setting being disregarded as reported below:

*"I remember an incidence where one of the hard-working nurses did everything and only forgot to stamp a nursing report. The nurse manager came and screamed at her while hitting her on the head with the patient's chart. I was so disturbed and embarrassed and still feel bad thinking about it. No one should be disrespected and abused like that. Respect is earned and should be mutually extended in a professional setting, but unfortunately nurses do not respect each other."* (Participant #11, age37, 3 years of work experience)

I. 5. *Low status* was participant's view of disregard for bedside nursing practice and identified as the main reason for leaving the profession as indicate here:

*"Many of us are very sad for the fact that physicians have such high status in the hospital, especially male doctors and we [nurse] are treated as worthless".* (Participant #1, age34, 4 years of work experience)

## II: Lack of opportunity for professional advancement

In this category participants focused on limited opportunities for professional development and three subcategories were highlighted as II.1) lack of meritocracy, II.2) no hope for promotion, and II.3) lack of appreciation for compassionate care. Some nurses felt that their work was repetitive and could remain unchanged until retirement. Many stated that professional development and advancement opportunities were limited and did not allow them to use their clinical knowledge and skills at their highest potential.

II. 1. *Lack of meritocracy,* referred to acknowledging individual's level of competency and one of participants indicated:

*"We have highly educated and skilled nurses who work as staff nurses while they can be assigned to a place more suitable to their capabilities. Some of my colleagues have years of experience and near retirement, but they are still working as staff nurses instead of being promoted to mentor our new graduates and*

*when I see them, I can picture my own professional future without recognition or promotion."* (Participant #10, age33, 1.5 years of work experience)

II. 2. *No hope of promotion* was a belief among the participants, where they felt disillusioned and contemplated their eventual departure from the nursing profession as stated below:

*"When I started working here, I was the same age as many of our medical interns and residents in 2nd and 3rd year training. I was the nurse who taught them how to do procedures. I see them move up and I am still "the nurse."* (Participant #12, age34, 5 years of work experience)

II. 3. *Lack of appreciation for compassionate care* was about being recognized for providing competent nursing care with compassion and according to patient's healthcare needs. Participants believed care and compassion was the right way rather than perceiving nursing as a job to make a living. They were convinced that competent care void of compassion is substandard care as stated here:

*"We had a stab wound injury and bleeding was controlled by a pressure dressing. An intern came in and just stood there. I immediately comforted the patient; cleaned, and sutured the wound before applying a sterile dressing. The next morning when the patient was being discharged, our charge nurse wrote an incident report that patient received an extra 100 cc serum infusion as a poor reflection on my nursing care*." (Participant #7, age24, 3 years of work experience)

## III. Work stress

From this category, five subcategories emerged as III.1) heavy workload, III.2) lack of funds to employ more nurses, III.3) rotating shift work, III.4) rotation between wards as an assistant or support person, and III.5) reality shock and burnouts.

*III. 1. Heavy workload* was reported by all participants, stating physical demands and psychological fatigue leading to job dissatisfaction as reflected here:

*"We are assigned to care for many acute and severely ill patients and each patient demands constant care around the clock …and there is high levels of stress associated with accomplishing the tasks on time."* (Participant #16, age31, 10 years of work experience)

III. *2. Lack of funds to employ more nurses* referred to participants' view of fewer nurses working and carrying a heavy patient load. They reported emotional exhausted similar to other studies nurses in clinical settings experiencing burnout and fatigue as shared below:

*"One night, I was responsible for 40 patients and one of them crashed into a critical condition and took us from 9 pm to 3 am to stabilize him without any additional staffing or management support. There are many nurses in Iran, but no funds."* (Participant #15, age45, 12 years of work experience)

*III. 3. Rotating Shift work* was a major concern and a participant expressed:

*"Rotating shifts between day and night are major disruptions to my life rhythm and the main reason for me to feel dissatisfied at work."* (Participant #13, age25, 1.5 years of work experience)

*III. 4. Rotation between wards as an assistant* was a concern for every participant in this study and one expressed the following:

*"For seven months, I was assigned to the ward for Medical Drug Resistance-Tuberculosis (MDR-TB), and later, I was like a football passed to different wards. It is a tormenting situation for the lack of continuity in patient care and developing professional relationships with colleagues. I was often sent to the infectious disease ward and changed from morning to evening to night shifts."* (Participant #3, age26, 3 years of work experience)

*III. 5. Reality shock and Burnout* were associated with situations involving care of very ill patients; frequent admissions and discharges, shift and ward changes, patient demise, and even patient escape from the hospital in some instances. This level of stress was described by a participant as:

*"During one of my shifts, I was assigned to 5 acutely ill patients with endotracheal tubes and everyone needed constant care and I was at a breaking point."* (Participant #6, age41, 8 years of work experience)

## IV. Ethical issues

This category generated value-based discussion on ethical issues experienced by the participants with only one subcategory.

*IV. 1. Unfavorable conditions for appropriate and safe patient care.* Participants had serious concerns for the low quality of care due to overcrowded wards and economically driven nursing shortage, which often led to providing substandard care as shared below:

*"Almost every day we are assigned to more patients than we can care for. During one shift, I was assigned to 20 patients with several scheduled medications, dressing changes, blood tests, and intravenous injections and had to write an elaborate nursing report on each patient. In such a case I struggle to decide which task to perform and which to put aside. At the end of shift, I feel dissatisfied for providing substandard care."* (Participant #8, age25, 2 years of work experience)

### Another participant reported:

*"I was on duty in the neonatal unit and one of our female nurses received a call that her baby at home had high fever, but our nursing supervisor did not allow her to leave one hour earlier to care for her infant. That nurse was in such distress and cried the entire shift while caring for other babies and could not concentrate on her work… this is ethically wrong."* (Participant #5, age35, 15 years of work experience).

## Discussion

Nurses expressed concerns about the practice environment, including unfriendly work environment, work stress, limited opportunities for professional advancement and ethical issues. Results of this study are consistent with the growing body of published research providing evidence that nursing care has a direct effect on patient's health outcomes and the quality of nursing care is influenced by nurses' fatigue, frustration, low perception of care quality and lastly, planning to leave the profession.[18] Stress and tension at work lead to job dissatisfaction and attrition. In contrast, a positive work environment helps retention of nurses with adequate staffing and resources. Job satisfaction motivates nurses to be a part of the decision making process, advocate for high quality nursing care and improve nurse-physician relationships.[19,20] In fact, nurses who worked in an excellent working environment provided the highest quality nursing care and experienced "real shock" when they worked in a stress free environment.[21]

In a study by Chamani *et al.*,[10] nurses described job satisfaction in relation with a respectful working environment, friendly professional collaboration, fair division of tasks without discrimination, and competency based professional advancement.[10] Nurses who worked in high stress and unfriendly environments showed less attention span or desire to advocate for their patients. Researchers found that nurses thrive on positive reinforcement and support from the nursing supervisor and achieve more success on the job due to positive emotional state. Nurses who felt unappreciated and emotionally fatigued showed inappropriate behavior toward their patients.[22] In the women in Chaves *et al.*[23] study, the importance and degree of concern about job security was evident and in the men, the predominant motivation was participation in important decisions, and the flexibility and freedom at work.

In this study we found that the feeling job pressure in a clinical setting was a major challenge for nurses and consistent with findings by Laschinger and colleagues,[24] which identified workload and limited staffing as the main reasons for wanting to leave the nursing profession. Aiken[18], studied 10,319 nurses from 303 hospitals and concludes that adequate staffing and administrative support were among the most important factors for improving the job quality for nurses and patient care.[25] The findings of this study are in accordance with the results reported by Zuzelo[26] and Epstein,[27] who investigated hospital nurses and their professional ethical dilemmas similar to Range&Rotherham[28] and Mattozinho& Freitas[29] stating that ethical issues caused emotional burden among nurses and led to attrition.

In this study we explored the experiences of 16 clinical nurses with similar educational and cultural background and examined their professional views and understanding of professional challenges in nursing. The cross-sectional sample was selected and longitudinal prospective approach was applied to reach significant findings and discover issues related to job dissatisfaction leading to attrition.

## Conclusion

Retention of nurses in nursing practice has been a major concern for nurse managers in Iran. The findings of this study provide recommendations on how to retain nurses and acknowledge the high level of stress and patient demands. Career advancement and personal development opportunities should be offered to include various updates on clinical skills, promotion, and competency based recognition. Employment process should include an exit interview to explore what went wrong and why nurses are leaving their profession. This study aimed to enhance understanding of the current work environment for the Iranian nurses and suggest organizational reviews to identify ineffective policies in order to reduce burnout, turnover and attrition of nurses in their profession.

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### Collaborations

Alilu L, Zamanzadeh V, Valizadeh L, Fooladi MM, and Habibzadeh H contributed to the design of the study, analyzed and interpreted data. They were also responsible to draft the paper, critical review and final approval of proofs.

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