

**Nurse Turnover in India: Factors Impacting Nurse Decisions to Leave
Employment**

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Abstract: *Nursing turnover remains problematic, yet research with nurses is scarce in India. Turnover intentions were examined in this study to identify the critical reasons of the problem and to provide hospitals with information regarding job satisfaction as it is associated with turnover intention. Interviews were conducted with one hundred and forty-four nurses and top management personnel from eight hospitals in southern India. We compared high attrition hospitals with low attrition hospitals and identified three key themes that distinguished between them: nature of the organization, nature of employees and HR strategy for turnover intentions. The research results could help identify strategies for hospitals that will minimize the high rates of turnover while optimizing the levels of staff retention.*

Keywords: Turnover, Job retention, Nurses, India, Hospitals, Strategy

Nurse turnover is an ongoing problem in most countries and has become intense in recent years (World Health organization, 2006a). Existing studies have identified various reasons for nurse turnover including but not limited to job satisfaction (e.g., Palmer, 2014; Hairr et al., 2014; Cortese, 2007) work stress, low salary, lack of recognition (Ngunen et al., 2008); and international job opportunities (Guardian news service, 2004). More than one thousand studies have been conducted about nurse turnover and related issues, mostly in Western Countries with a few exceptions in Asia – Malaysia, Taiwan, Singapore, China, and Philippines (e.g., Cai & Zhou, 2009; Omar et al., 2013; Fang, 2001). Although it is logical to expect that nurse turnover would affect patient care in hospitals, we know very little about nurse turnover in India. More importantly, research done in the past has examined the issue using only nurse's responses and little effort has been made to interview hospital management to identify the nurse retention strategies used by them. We contribute by examining turnover intention with nurses, while simultaneously examining retention strategies with the hospital management in India. Since there is no universal reason for the nurses' leaving the job, understanding the causes for turnover should provide an opportunity for hospital administration to address the issues and make appropriate changes to retain nurses.

LITERATURE ON NURSE TURNOVER

One of the major problems confronting healthcare organizations around the globe is nurse turnover. Turnover in this study is viewed as the nurses who leave their respective jobs from hospitals. The turnover issue has triggered many researchers to identify the reasons associated with the same as it not only interrupts the patient care, but also the hospital administration as they have to constantly recruit and train nurses. Most of the research has identified that the most important reason for turnover intention is job satisfaction (e.g., Hairr et al., 2014; Palmer, 2014). Nurse turnover is even worse in developing countries as trained nurses are hopping to international locations for better salary, benefits, and working conditions (Omar et al., 2013). As many developed countries face acute shortage of nurses, they poach nurses from developing countries. Existing studies have identified that the nursing profession experiences a higher turnover rate when compared to other professions. For example, turnover rates have been reported to be 10% in Taiwan (Zurn et al., 2005), 15-39% in England; 17% each in Canada and Germany (Aiken et al., 2001), 20% in Australia (Hogan et al., 2007); 23% in the United States and 30% in Scotland (Aiken et al., 2001). The turnover intentions across the globe differ among nurses. For instance, USA nurses reported low morale, job dissatisfaction and number of patients assigned to them as their reasons to quit (Hairr et al., 2014; Griffeth et al., 2000). In Uganda, nurses quit their jobs due to work stress, low salaries, and desire for professional development (Nguyen et al., 2008). Ecuadorian nurses' turnover intentions are associated with their salary dissatisfaction (Palmer, 2014). These results suggest that there is no universal reason for nurse turnover.

Indian Context: Nurse Turnover and Retention

Employee turnover has increased over the last decade in Indian hospitals. In addition to the recruitment of nurses, meeting their needs to retain them is a huge challenge for the human resources (HR) personnel (Srinivasan & Chandwani, 2014). The major reason for this tremendous

change is the growth of the healthcare industry in recent years, from a level of mere survival in the past to a current demand for excellence. Especially in urban areas, many hospitals are providing unique healthcare services which create tough competition among the hospitals, which has compelled to have skilled manpower for such services. Due to the demand and supply gap, nurses sometimes work for long hours. The work overload is found to be one of the major reasons for nurse turnover. Officially, India has a surplus of nurses (8 million today against 3.8 million in the last decade (Guardian news service, 2004). As a result, many developed countries are poaching nurses not only because India has more nurses, but also because they speak fluent English, and they are predominantly young (under the age group 30). Although surplus nurses are available in India, nurse shortage occurs at every level of the healthcare system (Bulletin of World Health Organization, 2010).

Attrition rate with nurses working in hospitals causes great expense and disruption in workforce as hospitals continuously engage in recruiting, training, and placing nurses only to watch them leave. The attrition rate in India is expected to be 15-30% mainly because Indian workers are aspirational and individualistic (Srinivasan & Chandwani, 2014). As the demand for the nurse professionals has increased faster than supply, the costs of attracting employees and difficulties acculturating them have increased (Brockett, 2006). Although the importance of selecting and retaining nurses is frequently addressed in studies (e.g., Palmer, 2014; Hairr et al., 2014), very few studies have examined this phenomenon in India. There are some studies that address the healthcare sector in Indian context, but most of these studies have been restricted to rural India (Pathak et al., 1981; Sharma & Narang, 2011).

Despite the challenges faced by healthcare administration to deal with attrition of nurses in India, there is relatively little empirical research done to identify the nurses' intention to leave, and the strategy practiced by hospitals to retain them. A thorough understanding of the issue requires knowledge of the nurses' perceptions regarding the decision to leave their respective jobs. Nurse turnover research done so far has mostly focused on Western countries and very few

attempts have been made in India (e.g., Srinivasan & Chandwani, 2014). Therefore it is worthwhile to do research in India to identify the reasons for turnover as these differ from one country to another. Also, existing research has focused only on one side, viz., nurses to identify their turnover intentions and no research has been done to identify the retention strategies adopted by the healthcare administration. Our aim is to obtain a comprehensive understanding of nurse turnover in India. For this purpose, we interviewed nurses employed in eight hospitals in Southern India to understand their perspective on the issue. We also interviewed key managers in these hospitals to complete the understanding gained from interviewing nurses. To our knowledge, studies such as ours have not been done in India.

METHODS

Keeping in view the exploratory nature of the study, a qualitative approach has been adopted to identify the nurses' intention to leave. We used narrative interviews (Gabriel, 2000) aimed at gathering stories relative to their work experiences that caused the job satisfaction or dissatisfaction which may eventually be related to their intention to stay/quit. Eight private sector hospitals (various sizes, locations) were included in the study, for which data were collected through semi-structured interviews which included open ended questions. Over a one month period, one hundred and forty-four individual interviews with nurses and top management were conducted, with an average duration per interview of one hour. The management personnel were contacted first to seek permission to conduct interviews, and to explain the objective of this research prior data collection. The interviews then took place with both managers and nurses. Seven management personnel were interviewed, (one was not available; see table 2,3) in addition to one hundred and thirty seven nurses of different levels including freshers and experienced staff such as superintendent (see table 2). Two separate interview guidelines were used, one each for nurses and management personnel. The interview guide developed for management consisted of few general questions to identify the participants' position, responsibilities, followed by twelve main questions that were open ended to enable the participants to articulate their opinions and to

identify a deeper understanding of the responses. The questions pertained to the selection criteria and retention strategy of nurses. The interview guide developed for nurses consisted of few general questions and thirteen main questions pertaining to motivation in job, likes and dislikes, stress, pressure and career advancement in job. Hospitals of different sizes were chosen randomly through personal contacts in Southern India. Demographic data showed that the average age group of nurses (79.7%) was in 20's and 84% were female. Most of the nurses (75%) had 1-10 years of experience in this profession. 86% participants were working as staff nurse. These statistics showed that most of the nurse participants were young, had worked at the hospitals for a considerable amount of time (refer table 2).

Detailed notes were taken during the interviews and transcribed in unabridged form (Miles & Hubermann, 1994). All the interviews were subsequently coded. The coding process entailed extracting relevant categories, themes and concepts from the data. The aim of the content analysis was to identify the most frequent reasons for turnover intention by nurses, and the retention strategies by hospital administration. This analysis resulted in developing narratives, quotes, which, served as exemplars (Sommer & Sommer, 1991). Two researchers coded the data independently in most of the cases, and any differences that arose in the themes were identified and reconciled in all instances.

FINDINGS

We first categorized the participant hospitals into three levels of nurse turnover – Low, Average, and High Attrition hospitals using the following procedure. First, we interviewed the top management and asked them the following question: “Relative to other hospitals, what is the level of turnover in your hospital?” Additionally, we asked the nurses in the same hospital about their tenure and the average turnover of nurses in that hospital. We then matched the responses to these two questions. Through such procedure of cross validation, we were able to classify the hospitals into low, average and high categories. In other words, where top management said that there is low attrition rate, we found that nurses had worked in that hospital for longer

duration(e.g., 5 nurses in AL hospital each working there for 20 years). Based on these classifications, we identified two hospitals in low attrition, five in average and one in high attrition rate (See table 1). Based on the 144 interviews with top management and nurses, we identified three themes: (a) nature of the organization; (b) nature of the employees; (c) HR paradox, associated with nurse turnover intention. We describe the three themes below.

Nature of the Organization:

We found that the nature of the organization was different across the three groups of organizations. More specifically, hospitals where attrition rate was low had very flexible organization. Conversely, hospitals where attrition rate was high were relatively more bureaucratic. Hospitals where attrition rate is average, were in between these two extremes and therefore semi-flexible. Nurses overwhelmingly stated that one of the most important factors related to nurse turnover was the environment of the hospital. This was based on responses to three specific questions: (a) Reasons for joining this hospital; (b) what interested them in working for the hospital; (c) nature of working atmosphere.

Low Attrition Hospitals (LAH): 14 nurses (10.2%) reported the following reasons: flexible working hours, good management, no hierarchy, and extended help to family members. Based on the above, we identified that there is good relationship maintained between the management and the nurses. Based on this mutual understanding and strong relationship, nurses are just monitored on their performance, there is no formal performance evaluation. Nurses were assigned a variety of tasks, and were actively involved in all hospital activities (broad job description). These are characteristics of flexible organizations. Therefore, we classified the nature of the hospital was flexible (see table 4 for the interview quotes by participants).

Average Attrition Hospitals (AAH): 33 nurses (25%) documented other factors for working in the hospital: flexible duty hours, family reasons, hostel facilities, and to learn more in job. In these hospitals, the nurses were working for long hours (72 hours a week). Although the working environment is good there is a power distance between the management and the nurses. Also, the

administration lacks in providing the basic facilities (coffee breaks, toilets, and rest area). Hence we classified this category of hospitals as semi flexible.

High Attrition Hospitals (HAH): 67 nurses (49%) reported the reasons for working in the hospital: International brand name, technological advancements, and the unique healthcare services.

Nurses were assigned specific tasks and they were evaluated on their performance on frequent basis to identify the training needs, and to check their competency level. Some nurses (n=17%) reported that the hospital has strict guidelines (protocols) and the working environment is unfriendly. To some extent, the above statement suggests the working environment is rigid.

Therefore, we classified the nature of this hospital as bureaucratic and mechanistic (see table 4 for the interview quotes by participants).

Nature of the Employees:

The second theme that is related to the nurses' intention to stay or leave the organization is the nature of the employees. We found that the nature of employees differ among the three types of organizations. More specifically, we found the nurses had low career aspirations in low attrition hospitals, high career aspirations in high attrition hospitals, and between these two in average attrition hospitals. This identification was based on responses by nurses to multiple questions: (a) Opportunities for career advancement; (b) challenges in job; (c) involvement in decision making; (d) likes and dislikes in job; (e) desirable and objectionable nursing tasks.

LAH: We identified that most of the nurses were working for long time (20 Years) in the same hospital. They provide good patient care and help the hospital achieve its objective. They were partially involved in making the decision along with doctors. But the nurses worked in the same level since their joining and there were no career advancement opportunities except increases in pay. We observed that the nurses working in LAH do not have high career aspirations. There were relatively less opportunities for nurses to grow within the organization. Hence we identified the nature of employees as with low career aspirations (see table 4 for nurses' responses).

AAH: Nurses working in these hospitals were willing to learn new things in the profession such as assisting in deliveries, surgeries and so on. The hospitals provide few opportunities with additional responsibilities for the nurses, but without any upgrade in the position. Nurses were making basic decisions for first aid and emergencies. Other decisions were taken by top management. We observed that the nurses working for AAHs were seeking more opportunities to learn in their career, whereas limited growth opportunities were provided. Some of the nurses working in these hospitals stated that there is a “Glass Ceiling” which prevents them to obtain upper level positions. As a result, many of them were likely to quit their respective jobs in search of better career opportunities. Based on the above, we categorized that the nature of employees as average career aspirations (see table 4 for nurses’ responses).

HAH: In contrast to the above two categories of hospitals, nurses working for HAH were found highly enthusiastic. Some (20%) nurses were making efforts to go abroad, and pursue higher studies for better career advancement opportunities. As the hospital meets international standards, provides unique healthcare services, more opportunities were available for nurses to grow within the organization through on-going training programs, staff development programs (e.g. attendance at international seminars, conferences). The hospital provided more opportunities for them to learn and move up in their career ladder. Empowerment is given to the experienced nurses for making decisions holding them responsible and accountable for outcomes of their actions, which contribute to their competence and satisfaction. As employees were always looking for challenges, additional responsibilities in their career, we classified nurses in this hospital as having highcareer aspirations. Nurses wanted to work for this hospital mainly because it served as an excellent launching pad for their global/international career. These nurses compared themselves with people in other professions where salary levels were relatively higher. Therefore, although this hospital provided higher career opportunities than LAH or AAH, these were not sufficient enough for the nurses with relatively high career aspirations (see table 4 for interview quotes by participant nurses).

HR Investment Paradox:

Another key theme we identified in our study is related to HR differences. We found that there is an important HR investment paradox in the context of nurse attrition in Indian hospitals. Specifically, hospitals where significant investment paradox is made in HR in the areas of recruitment, selection, training, appraisal, and benefits, we found higher attrition among nurses. In contrast, hospitals where relatively lower levels of investments were made in such HR practices, we found lower levels of attrition among nurses (see table 3). We explain this paradox in what follows:

Selection Criteria of Nurses: Based on the interviews with the top management, we observed that there is a huge difference in selection criteria of nurses across the three types of hospitals. Some nurses in low attrition hospitals do not have required qualification to perform tasks. Opportunities were given to those who were dedicated, passionate, and committed to this profession. This situation is mostly true for hospitals located in tier 2 cities as it is difficult to find qualified nurses to work in these locations. The hospitals provided many benefits such as: a) flexible working hours for those who travel from long distance; b) provide educational support to employee's children; c) offer free food, computer courses, accommodation for the needy, to motivate and retain the nurses. The story is slightly different in AAH. All the nurses working for these hospitals had the required qualification. Additionally, more experienced nurses were selected for senior positions, and less experienced were recruited for general nursing positions. These hospitals provide some benefits for the nurses: a) flexible working hours for employees with kids; and b) free food, accommodation, transportation. In contrast to the above, HAH used formal selection procedures to select nurses. These procedures involve various components such as written test, skills assessment, critical thinking test, and knowledge assessment to select the right talent for the position.

Training: Training is an important tool used by hospitals to improve nurse's productivity and performance. Intense training was given to all the employees except for those who have

previous experience, in all the three types of hospitals. Despite the commonality in the areas of training, there were clear differences across hospitals in the nature and scope of training. In LAH, job content training was offered to all non qualified people. In HAH, training was given to all the nurses, with or without prior experience. Additionally, training was an ongoing process and it was provided when nurses' performance was not meeting the standards, based on needs assessment resulting from performance appraisal.

Performance Appraisal: Although appraisal is used to assess an individual's performance and productivity in jobs, the hospitals in our sample followed different procedure to evaluate the nurses. In LAH, as there was good relationship between management and nurses, and most of them were working for more than two decades, the nurse's performance was informally monitored and there was no formal procedure. In contrast, HAH evaluate nurses once in 3- 6 months to monitor (a) training needs (b) competencies, and (c) performance. In between these two types of hospitals, the AAH evaluate employees mostly in informal way (not in documents) for making important personnel decisions.

Benefits: LAH are now offering attractive and innovative benefits ranging from retirement schemes to Employee provident fund (EPF); Employee savings insurance (ESI), educational support to children and so on. Nurses in AAH receive benefits in the form of free food, accommodation, transportation, subsidized healthcare prices for family. HAH support nurses' international conferences, sponsored certified program for career development in addition to free food and transportation.

Retention Practices: We identified various strategies adopted by hospitals to retain the talent: LAH provides good working conditions; fulfill nurses' needs; benefits, and maintain good relationship with them. In comparison, AAH provides good salary; safe work environment, and benefits. HAH provides competitive salary, comfortable working environment, and on-going training to upgrade knowledge. As can be seen from above, whereas competitive salaries are offered in HAH, the salary offered in LAH is relatively lower. Next, whereas in HAH sufficient

opportunities were provided for knowledge enhancement and job engagement, these were missing in LAH. Overall, whereas the hospitals with higher levels of attrition were characterized by a professional/comfortable working environment those with lower levels of attrition were characterized by increasingly higher levels of friendly and familial working environments (refer table 4 for interview quotes by participants).

DISCUSSION AND IMPLICATIONS

The results of the study show that the main issue with nurse turnover in India is the difficulty in providing career paths for so many enthusiastic workers who are highly motivated towards advancement, which has not been identified in the extant literature before. This finding constitutes a valuable contribution to the literature which concludes that intention to quit is mainly due to dissatisfaction resulting from other factors. (Palmer, 2014; Hairr et al., 2014). Non-availability of career path is more frustrating among nurses, especially in AAH and HAH. Indian nurses, especially those in our sample, are typically highly enthusiastic and look for challenges and opportunities in making decisions. Also most of the nurses are intrinsically motivated regardless of their level of aspirations. Nurses in our sample expressed their desire to give good quality patient care and provide counseling to patients which suggests that they are self motivated. As nurse turnover is challenging for many hospitals, very little is known about nurse turnover in India. More importantly, research done in the past has examined only the nurse's perspective, and little effort has been made to interview hospital management to identify retention strategies. We contribute by examining turnover intention with nurses, and retention strategies with the hospital management through interviews. Based on responses, we identified three types of hospitals, Low, Average, and High attrition hospitals. Additionally, we identified three main themes that differ across the hospitals viz., Nature of the organization, Nature of the employees, and HR investment paradox. Based on our analysis, we suggest that hospitals should provide a balanced emphasis on growth versus recruitment strategies.

Implications:

Nursing turnover is one of the biggest challenges for hospital administrators. The current study has identified a few factors which would warrant most attention in controlling turnover among nurses. At the top is a limited career advancement opportunity for nurses. In this study, career advancements directly and significantly influence nurses' turnover intention. HR investments should be matched with career aspirations of the available talent pool. It is important to track employees who are enthusiastic and excellent in their performance. Hospital management should motivate nurses by providing career advancement, compensation on par with the market standards to counter attrition. HR should carry out in-depth analysis of candidates' backgrounds, adaptability, likes and dislikes, and make the organization flexible to minimize nurses' attrition. Hospitals should also create good work culture and work out different strategies in line with organizational philosophy. HR has to find a balanced approach between growth and recruitment strategies, and involve the nurses in making decisions.

The study limitations include restricted geographical scope to Southern India and limited generalizability. Further research should be conducted all over India to document turnover in nursing.

CONCLUSIONS

Recruiting and retaining nurses is becoming a major challenge in India. Attrition rate among nurses were the highest because of their high demand in foreign countries. The reason for nurses' intention to leave is mainly a result of the tensions between nurses' aspirations and the opportunities available for advancement. The reasons for nurses' intention to leave are influenced by many factors which can be categorized into two types, viz., individual and management. Individual factors are mainly career aspirations, advancement, and motivation. Management factors consist of: poor relationship with nurses; unfriendly work environment; and motivation issues. Therefore, management could maintain smooth relationship with employees, provide career paths, and motivate nurses to increase the retention rate of nurses.

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Table 1 :Themes identified from Content Analysis of Interviews

Characteristics of the Hospital	Low Attrition	Average Attrition	High Attrition
Participant Hospital	ALA, BA = (2) ^a	SR, SP,SM, LI, SA = (5) ^a	AP = (1) ^a
Number of Nurse Participants	14	33	90
Nature of the organization	Very Flexible/organic	Semi Flexible	Bureaucratic/Mechanistic
Nature of the employees	Low career aspirations	Medium career aspirations	High career aspirations
<u>HR Investment Paradox</u>			
Selection Criteria of Nurses	<ul style="list-style-type: none"> ❖ Committed & dedicated to work, quality in work 	<ul style="list-style-type: none"> ❖ Experienced nurses for senior positions (e.g., Nurse SP). Experienced or fresher's for nursing positions 	<ul style="list-style-type: none"> ❖ Experienced for Nursing Officer, Nurse SP. Freshers or experienced for nursing positions. selection based on – written test, skills assessment, critical thinking, knowledge assessment
Training	<ul style="list-style-type: none"> ❖ Training on all aspects to non qualified people. ❖ No training for qualified or experienced nurses 	<ul style="list-style-type: none"> ❖ Limited training ❖ No training for experienced nurses 	<ul style="list-style-type: none"> ❖ Intensive training on all the aspects to all both experienced and fresher's
Performance Appraisal	<ul style="list-style-type: none"> ❖ No formal evaluation, but performance is monitored 	<ul style="list-style-type: none"> ❖ Performance is evaluated, (informal) but not in documents. ❖ Performance (informal) is evaluated for increment purpose 	<ul style="list-style-type: none"> ❖ Performance is evaluated in one month for fresh employees. ❖ Performance is evaluated once in 3 months, 6 months to check for (1) training needs; (2) competencies; (3) reassessment if not satisfied with nurse tasks.
Benefits	<ul style="list-style-type: none"> ❖ EPF, ESI, Educational support, Free Computer course 	<ul style="list-style-type: none"> ❖ EPF, Free food, hostel, transportation, healthcare benefits to 	<ul style="list-style-type: none"> ❖ Free food, transportation, and subsidized hostel room, Sponsored Certified 1 Year

Work – Life Balance	<ul style="list-style-type: none"> ❖ Extended help to the family members ❖ Flexibility in working hours depending on the family situation 	<p style="text-align: center;">family members</p> <ul style="list-style-type: none"> ❖ Discount on surgeries for patient's family 	<p style="text-align: center;">program for Nurse Specialist. Conferences supported by the hospital.</p> <ul style="list-style-type: none"> ❖ No benefits for employee's family
Retention of Nurses	<ul style="list-style-type: none"> ❖ Good working atmosphere ❖ Fulfilling the nurses needs ❖ Good relationship with the employees ❖ Free food & accommodation ❖ PF, ESI, Pension 	<ul style="list-style-type: none"> ❖ Free food, accommodation ❖ Good salary ❖ Maintain good relationship ❖ Encouragement ❖ Safe working environment 	<ul style="list-style-type: none"> ❖ Training ❖ Offer competitive salary ❖ Staff engagement program, ❖ On going training to upgrade the knowledge ❖ Comfortable working environment for nurses

^a ALA, BA, SR, SP, SM, LI,SA, AP represents the code of participating hospitals.

Table 2: Demographic Characteristics of Participants

<u>Age (includes Nurses& Management)</u>	
20 - 30	= 114 (79.7%)
31 - 40	= 16 (11%)
41 -50	= 8 (5%)
< 51	= 6 (4.7%)
<u>Gender (includes Nurse & Management)</u>	
Female	= 121 (84%)
Male	= 23 (15.7%)
<u>Work Experience for Nurse participants</u>	
0 – 1 Year	= 25(18%)
1 – 10 years	= 102(75%)
11 – 20 Years	= 4 (3%)
21 – 30 years	= 4(3%)
31 years & Above	= 2 (1.5%)
<u>Participants Position in Hospital</u>	
Nursing SP/ Incharge	= 13 (9.5%)
Nurse Instructor/Technician	= 6 (4.4%)
General Nurse/Staff Nurse	= 118 (86 %)
Top Management	= 7
<u>Responsibilities</u>	
Patient care	= 104 (76%)
Ward Incharge	= 19 (14%)
Trainer/Incharge	= 14 (10%)

Table 3: Managerial responses

Low attrition Rate	Average attrition rate	High Attrition rate
<p>No of Participant Hospitals: 2</p> <p>Participant Position:</p> <ul style="list-style-type: none"> ▪ Founder/MD <p>Selection of Nurses:</p> <ul style="list-style-type: none"> ▪ Dedication ▪ Commitment ▪ Qualification <p>Career Growth Opportunities:</p> <ul style="list-style-type: none"> ▪ Good treatment ▪ Free communication course and computer course <p>Nurses treatment by management</p> <ul style="list-style-type: none"> ▪ Good ▪ Treat well <p>Reasons for nursing leaving:</p> <ul style="list-style-type: none"> ▪ Not committed to work ▪ Youngsters are lazy ▪ Travelling distance matters ▪ Marriage ▪ Higher studies <p>Retention Strategies:</p> <ul style="list-style-type: none"> ▪ Take care of nurses ▪ Provide family atmosphere ▪ Meet their needs ▪ Flexible ▪ Understanding ▪ Benefits – PF, ESI ▪ Free accommodation, healthcare, food 	<ul style="list-style-type: none"> ▪ 5 <ul style="list-style-type: none"> ▪ HR officer/Head HR <ul style="list-style-type: none"> ▪ Experienced or Freshers ▪ Flexibility <ul style="list-style-type: none"> ▪ Increase salary ▪ Ward incharge opportunities <ul style="list-style-type: none"> ▪ Decent way ▪ Well treated <ul style="list-style-type: none"> ▪ Lack of salary ▪ Family situation ▪ Friends working in other hospital ▪ Not understanding the doctors <ul style="list-style-type: none"> ▪ Satisfy nurses ▪ Food ▪ Salary increment ▪ Recognition ▪ Encouragement ▪ Communicate with nurses ▪ Safe security in job and hostel 	<ul style="list-style-type: none"> ▪ 1 <ul style="list-style-type: none"> ▪ Nursing Director <ul style="list-style-type: none"> ▪ Experienced, freshers ▪ Training, written test, critical thinking & skills assessment, observation for 1 month <ul style="list-style-type: none"> ▪ Complete 4th year = Charge nurse ▪ 8-9th year = Nursing officer ▪ 10th year = Deputy Nursing SP ▪ 15 -20 years = Nursing SP <ul style="list-style-type: none"> ▪ Mostly yes ▪ Tantrum showed by external doctors <ul style="list-style-type: none"> ▪ Job abroad ▪ Government jobs ▪ Higher salary ▪ Marriage ▪ Higher studies ▪ Family reasons <ul style="list-style-type: none"> ▪ Training ▪ Competitive salary ▪ Staff engagement problem ▪ Comfortable work environment

Table 4: Interview Quotes by Participants

Participating Hospital	Responses by the Participants'
LAH	<p>Nature of the organization:</p> <p>Nurse participants document the following:</p> <p>“The doctors (management) are very kind and understanding. We are like a family here”.</p>
HAH	<p>Few nurses documented that:</p> <p>“When we need support, they do not provide us. This hospital is best for patient care. But nurses suffer a lot. The working atmosphere is not friendly. We are creating (it) ourselves.</p> <p>Nature of employees:</p> <p>Nurse participants reported the following:</p>
LAH	<p>“Opportunities are stable. Based on seniority and experience, promotion will be given”.</p>
AAH	<p>“Opportunities are given in the form of additional responsibilities in the task. But there is no upgrade in the position.</p>
HAH:	<p>“Yes opportunities are available based on the experience. After 3-4 years, there is some advancement in the profession”.</p>
	<p>Retention Strategies</p> <p>Top management have documented their retention strategies:</p>
LAH	<p>“We take care of nurses, provide family atmosphere, meet their needs, and maintain good relationship, flexible and understanding”.</p>
HAH	<p>“Training, career path is clear for nurses. Showing various avenues for meeting their needs. (Staff engagement program) Provide competitive salary. Nurse counselor is kept exclusively for training, and makes the nurses comfortable at work”.</p>