



AMERICAN UNIVERSITY OF BEIRUT

EXPLORATORY STUDY OF REGISTERED NURSES'  
TURNOVER AT A PRIVATE MEDICAL CENTER IN  
LEBANON

by  
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AMERICAN UNIVERSITY OF BEIRUT

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## AN ABSTRACT OF THE PROJECT OF

Mona Said Shorba for Master of Science  
Major: Nursing – Administration Track

Title: Exploratory Study of Registered Nurses' Turnover at a Private Medical Center in Lebanon

Introduction: According to WHO 2017 report, the density of nurses and midwives is projected to fall short from 9 million to 7.6 million by 2030. This shortage will worsen in African and Eastern Mediterranean Regions. Many factors are contributing to the shortage in nurses, among which is high nurse turnover rate. High nurse turnover rate is caused by several factors such as low job satisfaction, burnout, and the intent to leave the workplace or the nursing profession. This project aims at exploring nurses' personal perceptions of turnover and retention at Bellevue Medical Center (BMC). More specifically, this project highlights 1) nurses' perspectives about the reasons behind high nurse turnover at BMC; and 2) nurses' personal views about effective strategies they believe could be applied or need to be applied by BMC administration to reduce nurse turnover at the organization.

Methods: This project is a qualitative research. We used in-depth interviews with staff nurses in 3 medical-surgical units at BMC. Purposive sampling was used to identify interviewees. The sample included RNs, both men and women between the ages of 23 and 55, having more than one year of experience. Data was collected and transcribed. Data analysis was performed using MAXQDA software. Themes and categories were extracted from the transcripts as findings of the study.

Results: Two major themes emerged from the interviews: theme I, Nurses expressed their views about the scope of the turnover problem at a national level and the related factors associated with it; theme II, Nurses shared their perspectives of the various retention strategies used at the institutional level. Nurses expressed that the problem is widespread and has been seriously impeding the quality of health sector services. A bad image of the profession and its prospects is creating major shifts in terms of the number of students applying to nursing schools, number of years nurses remain in their jobs, and maintaining/retaining experienced staff in health institutions. Turnover is caused by factors related to personal plans, as well as job related factors, salary, and availability of better job opportunities. Turnover leads to several outcomes, including shortage of experienced nurses, increase in training expenses, increase in workload and stress on other staff, increase in medical errors, discouraging students from applying to schools of Nursing, decrease in quality patient care and healthcare services in general, in addition to relocation to other industries. Several retention strategies and recommendations have also been shared in this study.

Conclusion: Health institutions need to conduct more qualitative studies at an institutional level to tailor retention strategies to their context and reduce nurse turnover.

## ILLUSTRATIONS

<b>Figure</b>		<b>Page</b>
1.	Conceptual Framework of WHO's Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020.....	10

## TABLES

<b>Table</b>		<b>Page</b>
1.1.	Nurses Statistics in Lebanon (2012-2017).....	3
2.1	World Health Assembly Resolutions on Nursing and Midwifery.....	9



## CONTENTS

ACKNOWLEDGEMENTS .....	v
ABSTRACT .....	vi
LIST OF ILLUSTRATIONS.....	vii
LIST OF TABLES.....	viii

### Chapter

I. INTRODUCTION.....	1
A. Theoretical Background .....	3
B. Study Setting Background .....	4
1. For university degree holders: the applicant .....	5
2. For technical degree holders: the applicant.....	5
C. Significance of the Study .....	6
D. Aim of the Study .....	7
II. LITERATURE REVIEW.....	8
A. Scope of the Nurse Turnover Problem .....	8
B. Definition .....	10
C. Determinants .....	12
D. Consequences .....	13
E. Reflection of related literature.....	15

III. METHODOLOGY .....	16
A. Design and Sample .....	17
B. Procedures .....	18
C. Data Collection .....	20
D. Data Analysis .....	21
E. Human Subjects' Protection.....	22
IV. FINDINGS .....	24
A. Theme I: Nurses expressed their views about the scope of the turnover problem at a national level and the related factors associated with it.....	25
1. Scope of Nurse Turnover in Lebanon .....	25
2. Perceived Factors Affecting Nurse Turnover in Lebanon.....	27
a. Personal Plans .....	27
b. Job-related Factors.....	29
c. Salary.....	32
d. Availability of better opportunities.....	33
e. Societal view of the Nursing profession.....	34
3. Perceived Consequences of Nurse Turnover in Lebanon.....	35
a. Shortage of experienced nurses.....	35
b. Increase in workload leads to errors.....	36
c. Influencing other colleagues to leave.....	37
d. Relocating to other industries.....	38
e. Discouraging prospective students from pursuing nursing	39
B. Theme II: Nurses shared their perspectives of the various retention strategies used at the institutional level.....	39
1. Turnover Reduction Strategies/Retention Strategies.....	39
a. Satisfaction Survey.....	40
b. Month #13 Salary .....	41
c. Floating Nurse .....	42
d. Open House Event .....	43

e. Others .....	43
2. Assessment of Retention Strategies .....	44
a. Relationship with Management.....	44
b. Acknowledgement/Recognition .....	44
c. Facilitations .....	45
d. Work Environment.....	45
e. Support for Education.....	45
V. DISCUSSION AND CONCLUSION.....	47
A. Recommendations .....	48
B. Conclusion .....	51
Appendix	
I. CONSENT FORM .....	52
II. INTERVIEW GUIDE.....	56
BIBLIOGRAPHY.....	58

# CHAPTER I

## INTRODUCTION

In July 2017, the World Health Organization (WHO) reported that 48% of its 194 member states have less than three nurses per 1000 population, and 27% have one nurse per 1000 population (World Health Organization, 2017). According to the same report, the density of nurses and midwives is projected to fall short from 9 million to 7.6 million by 2030. This shortage will worsen in African and Eastern Mediterranean Regions. Many factors are contributing to the shortage in nurses, among which is high nurse turnover rate. High nurse turnover rate is caused by several factors such as low job satisfaction, burnout, and the intent to leave the workplace or the nursing profession (Nantsupawat, et al., 2017). Nurse turnover rate is a critical determinant of the state of quality healthcare. The higher the nurse turnover rate, the higher the pressure will be on the healthcare staff, and the higher the risk of erroneous diagnosis, medication, and treatment.

A statistical report issued by the Order of Nurses in Lebanon back in 2016, presents five main observations displayed in Table 1.1 Firstly, the number of nurses has increased remarkably from 10,000 nurses in 2012 to 14,000 nurses in 2016. However, this increase is not sufficient to cover the shortage in bed-side care nurses. According to the President of the Order of Nurses in Lebanon, Dr. Nuhad Dumit, there are 12,000 hospital beds which require an average of two nurses per bed; hence a total of 24,000 bed-side nurses (Obeid, 2016). In contrast to the demand of bed-side nurses, the supply is very short.

Secondly, the number of female nurses constitutes around 80% of the total number of nurses throughout the period of 2012-2016.

Thirdly, the number of nurses with a university degree (BS) is almost equivalent to that of the technical degrees (BT and TS).

Fourthly, registered nurses tend to work in different institutions other than healthcare institutions, such as insurance companies and schools.

Lastly, the population of nurses is quite young with more than 75% between the ages of 21 and 40 years. This means that this population will highly be controlling the change in the turnover rate. The younger the population, the more likely they will be seeking better job opportunities. Hence, the more they are satisfied with the work conditions, the lower the turnover rate would become.

These observations are core factors which will be addressed throughout the interviews conducted for the purpose of this research study.

**Table 1.1:** Nurses Statistics in Lebanon (2012-2016)

Registered Nurses	2016	2015	2014	2013	2012
<b>GENDER</b>					
<i>Female</i>	79.84%	80.18%	80.42%	80.44%	80.66%
<i>Male</i>	20.16%	19.82%	19.58%	19.56%	19.34%
<b>AGE RANGE</b>					
<i>Less than 21</i>	0.10%	0.04%	0.08%	0.19%	0.14%
<i>21-40</i>	74.56%	75.64%	76.55%	78.95%	79.64%
<i>41-60</i>	22.70%	21.96%	21.09%	18.91%	18.39%
<i>Older than 60</i>	2.64%	2.37%	2.28%	1.95%	1.83%
<b>EDUCATION</b>					
<i>BS Nursing</i>	48.52%	47.79%	46.76%	47.46%	46.81%
<i>TS Nursing</i>	34.72%	33.16%	33.93%	33.27%	33.13%
<i>BT Nursing</i>	18.89%	19.06%	19.31%	19.27%	20.06%
<b>WORK COUNTRY</b>					
<i>Lebanon</i>	74.46%	75.93%	78.66%	70.19%	71.20%
<i>Abroad</i>	4.93%	5.34%	5.34%	2.97%	3.06%
<b>WORK INSTITUTION</b>					
<i>Hospital</i>	62.64%	63.96%	66.28%	61.17%	61.64%
<i>PHCs</i>	3.54%	3.45%	3.57%	3.32%	3.38%
<i>Companies</i>	2.20%	2.23%	2.01%	1.26%	1.73%
<i>Universities</i>	1.20%	1.24%	1.26%	1.20%	1.21%
<i>Schools &amp; Nurseries</i>	1.21%	1.23%	1.25%	0.76%	0.84%
<i>Technical School</i>	1.13%	1.18%	1.33%	1.11%	1.14%
<i>Insurance</i>	0.87%	0.89%	0.88%	0.35%	0.28%
<i>Others</i>	1.66%	1.75%	2.07%	1.01%	0.97%
<b>Total RNs</b>	<b>14,110</b>	<b>13,343</b>	<b>12,522</b>	<b>10,889</b>	<b>10,079</b>

Source: Order of Nurses in Lebanon, Statistics Report, 2016

## A. Theoretical Background

Although there is no standard definition for nurse turnover, literature identifies it as nurses leaving their job for different reasons (Kovner, Brewer, Fatehi, & Jun, 2014). Nurse turnover is a critical health human resources issue which is indicative of nurse dissatisfaction and necessitates dire retention strategies (O'Brien-Pallas et al, 2006). Nurse turnover rates are caused by individual and organizational factors (Chen et al, 2008). Individual factors include job satisfaction, burnout from chronic work stress,

and demographic factors such as gender, age, marital status, level of education, and years of experience (Ramoo et al, 2013). Organizational factors include the work environment, culture, work demands, and social support (Chen et al, 2008; Trautmann et al, 2015; Zhang Yuan, 2012). Furthermore, Kovner et al (2014) identified four types of turnover: voluntary, involuntary, functional, and dysfunctional. In response to the social and economic burden created by nurse turnover, several retention strategies are suggested by literature. El-Jardali et al (2008) suggested developing Human Resources for Health to address health sector's human capital issues such as career advancement policies, educational curricula, and creating financial and personal incentives for job retention. Furthermore, improving the work environment in terms of supply of nurses, job stress, professional growth opportunities, and promoting autonomy and empowerment at work are highly advised (Upenieks, 2005).

## **B. Study Setting Background**

The nursing sector in Lebanon is regulated by the Order of Nurses in Lebanon (ONL). Since its establishment in 2002, ONL has been working on “governing and distinguishing the nursing profession, setting the professional standards and encouraging the retention of nurses within their working environment” (Alameddine, et al., 2017). Nurses can only practice the nursing profession upon registering with the Order, which grants them the title of Registered Nurse (RN) upon meeting all of the following criteria (Order of Nurses in Lebanon, 2016):

**1. *for university degree holders: the applicant***

- a. Is a holder of the Lebanese baccalaureate certificate or its official equivalent upon completion of 12 years of school education,
- b. Obtained a Bachelor's in Nursing (BSN) degree upon completion of the requirements of a 3-year nursing program in a university acknowledged by the Lebanese government
- c. Passed the colloquium administered by the Ministry of Higher Education, and
- d. Obtained licensure from the Ministry of Public Health

**2. *for technical degree holders: the applicant***

- a. Is a holder of high diploma in nursing issued from the Ministry of Vocational and Technical Education upon completion of the requirements of a 3-year Technical Baccalaureate Diploma in Nursing (BT) after 9 years of school education, followed by 3-year Superior Technician Diploma (TS) in Nursing,
- b. Passed the national exam administered by the Directorate of Technical Education, and
- c. Obtained licensure from the Ministry of Public Health
- d. Both BT and TS are obtained upon enrollment in technical programs at centers for technical sciences.

To address the above-mentioned concerns about high nurse turnover, this project sought to interview RNs working in bedside care to solicit their opinions/perceptions about nurse turnover. For that matter, we chose a private medical



center to conduct our interviews in the hope that we will be able to replicate this study on a wider range of hospitals; both private and public.

This study has taken place at the Bellevue Medical Center; a private university healthcare institution established in 2010. The hospital has received accreditation from the Joint Commission International (JCI) and has expressed its interest in being the site for this study.

### **C. Significance of the study**

There is rich literature on nurse retention; however, there is limited research on retention strategies in Lebanon (El-Jardali, Merhi, Jamal, Dumit, & Mouro, 2009). This qualitative study will add an in-depth understanding of turnover and retention to the quantitative national retention studies conducted in Lebanon. Nurse retention issues in healthcare institutions in Lebanon have received high attention only in the past decade in response to job market developments, economic and political stability, and organizational transformations (reference or delete).

Nurses' turnover in Lebanon is becoming increasingly alarming phenomenon, particularly among young nurses. This study provides further insight into the factors behind such personal decision and highlights nurses' incentives to stay in the job. Additionally, since nation-wide studies on nurse turnover are relatively few, this study paves the way for more healthcare centers (HCC) to become more involved in studies tackling nurse turnover. This helps HCCs identify facility-specific factors to address and reduce nurse turnover.

## **D. Aim of the study**

This project aims at exploring nurses' personal perceptions of turnover and retention at Bellevue Medical Center (BMC). More specifically, this project highlights 1) nurses' perspectives about the reasons behind high nurse turnover at BMC; and 2) nurses' personal views about effective strategies they believe could be applied or need to be applied by BMC administration to reduce nurse turnover at the organization.

## CHAPTER II

### LITERATURE REVIEW

Literature on the topic of nurse turnover and retention is extensive, particularly with the vast interest this topic has gained at international levels. To provide a clearer perspective on the scope of the nurse turnover dilemma facing health institutions globally, this chapter covers the scope of the nurse turnover problem, its definition, determinants, and consequences.

#### **A. Scope of the Nurse Turnover Problem**

Most literature on the topic has tackled the determinants, as well as potential action steps at organizational levels; however, few studies have discussed the impact of nurse turnover on the health systems and the patient (Hayes, et al., 2006). To establish this linkage between the determinants and the consequences of nurse turnover, we need to first recognize the factors leading to this problem and how it has manifested.

Turnover is not an emerging concept; it has been occurring for many years within different occupational areas, including the health sector. Work on mitigating the complications of shortage in nurses has been in progress since 1950 (Table 2.1).

**Table 2.1:** World Health Assembly Resolutions on Nursing and Midwifery

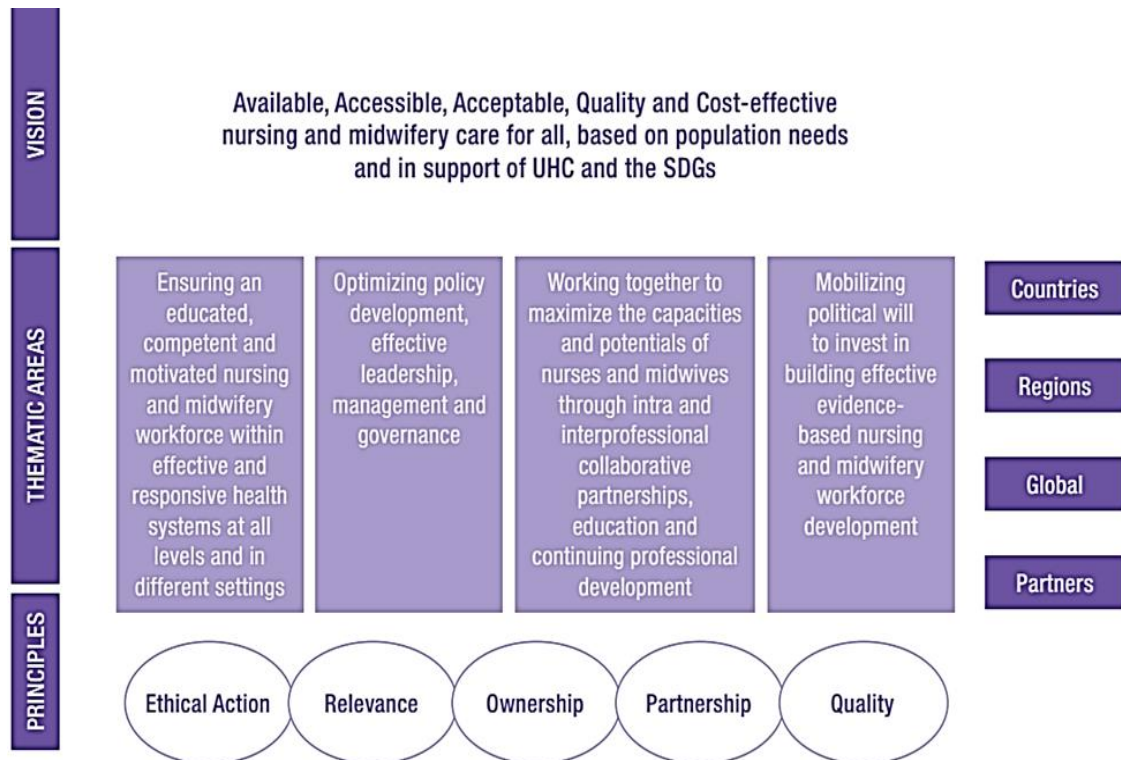
YEAR	RESOLUTION
2011	WHA64.7: Strengthening nursing and midwifery
2006	WHA59.27: Strengthening nursing and midwifery
2001	WHA54.12: Strengthening nursing and midwifery
1996	WHA49.1: Strengthening nursing and midwifery
1992	WHA45.5: Strengthening nursing and midwifery in support of strategies for health for all
1989	WHA42.27: Strengthening nursing/midwifery in support of the strategy for health for all
1983	WHA36.11: The role of nursing/midwifery personnel in the Strategy for Health for All
1977	WHA30.48: The role of nursing/midwifery personnel in primary health care teams
1950	WHA3.67: Increasing and improving the supply and use of nurses
1949	WHA2.77: Expert Committee on Nursing

Source: Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020

To complement these efforts, the World Health Organization (WHO) published the Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020. The report emphasized the critical role nurses play in reducing the implications which economic growth, unhealthy lifestyles, and shift in population pyramid impose on global population health. However, this role is hampered by the sharp decline in the number of nurses and midwives in many countries. According to same report, the number of nurses and midwives constitutes more than 50% of the global health workforce, amounting to about 21 million nurses and midwives. With the high nurse turnover rate, and the increase in global health issues, the estimated supply of bedside nurses will not be sufficient to accommodate the high demand. This raises great concerns regarding the quality of the healthcare system and the future wellness of the population. For this reason, the action plan developed by WHO focuses not only on

empowering and developing nurses, but also on engaging external stakeholders in the process at different levels: national, regional, and global (Figure 2.1)

**Figure 1:** Conceptual Framework of WHO’s Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020



Source: Global Strategic Directions for Strengthening Nursing and Midwifery 2016-2020

## B. Definition

There is no standard definition in literature for nurse turnover. Such lack of a consistent definition makes it difficult to compare RN turnover between different geographic areas. Nevertheless, there is a consensus that views nurse turnover as nurses leaving an organization; regardless of the factors behind this turnover (Kovner, Brewer, Fatehi, & Jun, 2014). There are five distinct classifications of turnover: 1)

voluntary and involuntary, 2) functional and dysfunctional, 3) avoidable and unavoidable, 4) internal and external, and 5) skilled and unskilled (Rajan, 2013).

Voluntary turnover is based on the employee's personal choice to leave her/his current job, for whatever reason they deem viable. Involuntary turnover, however, is when an employee is forced to leave their work for reasons such as facility closure, dismissal, or others. Functional turnover is when an employee leaves an organization, but the organization is not concerned with this decision, whereas dysfunctional turnover is when the organization is concerned with an employee leaving (Dalton, Krackhardt, & Porter, 1981). Functional turnover is said to be a beneficial step to the organization because it improves the functionality of the organization, from the organization's perspective. This is contrary to dysfunctional turnover which might disrupt an organization's work process and productivity. Unavoidable turnover is beyond an employer's control such as an employee's decision to get married or relocate to another geographic area (Taylor, 1999). However, avoidable turnover relates to factors which the employer can control starting with the selection of the employee and the job offer. Internal turnover refers to employees leaving one position to another within the same organization, contrary the external turnover where an employee leaves the organization. Finally, skilled turnover relates to skilled employees leaving their job; hence putting the organization under the pressure of finding qualified replacements. Unskilled turnover, however, refers to unskilled employees leaving their positions. This type of turnover is welcomed by the organization because it reduces organizational burden and allows the replacement of unskilled employees with skilled personnel (Jones & Gates, 2007; Rajan, 2013).

## **C. Determinants**

There are countless factors which promote nurse turnover. According to Chen et al (2008), nurse turnover is caused by individual and organizational factors.

Individual factors include job satisfaction, burnout from chronic work stress, nurse demographics factors, as well as personal characteristics such as gender, age, marital status, level of education, and years of experience (Ramoo et al, 2013). Demographic characteristics are particularly important because turnover is highest during the early years of employment especially among fresh graduates (Stokowski, 2014). Also, the higher a nurse's education level and background, the better the quality of health services provided, the less a patient's hospitalization period, but the higher the risk of leaving for better job opportunities (Chau, 2015).

Organizational factors include the work environment, culture, commitment, work demands, and social support (Zhang Yuan, 2012; Chen et al, 2008; Trautmann et al, 2015). Leadership style, job security, and occupational health programs also play an integral organizational role in influencing nurse turnover. Furthermore, there is an inverse relationship between availability of job opportunities and nurse turnover.

Turnover rates tend to increase when there are many opportunities available in the job market, and there are unsatisfied nurses (Stokowski, 2014). Under this condition, there are plenty of jobs which a nurse could apply to. Therefore, nurses tend to remain in an unpleasant work environment when they are unable to secure an alternative job. An unhealthy work environment is comprised of several components; mainly the nurse-to-patient ratio, salary, and lack of hospital service provision. On the one hand, nurses face difficulty in attending to the needs of all their patients in the little time they have during

their shifts. On the other hand, the workload taken up by the nurses drains them both physically and emotionally. The salary is also a critical aspect of nurse turnover; it either discourages nurses from performing well in their profession or pushes students away from applying. Another element of high nurse turnover is the lack of adequate monitoring of healthcare institutions' adherence to the regulations governing the nursing sector. This issue is particularly crucial in remote geographic areas within any country. Further factors behind nurse turnover include, but are not limited to, workplace relationships with the management and colleagues as well (Punke, 2013). Such an open-door environment creates reassurance among nurses that they can voice out their concerns and requests to the management team. Punke (2013) also explains that development opportunities foster a supportive environment which motivates nurses to invest in. The more the opportunities for personal and professional enhancement, the more nurses would be willing to stay within a healthcare institution.

These factors along with others facing the healthcare system, contribute to the manifestation of high nurse turnover rate. The consequences of these manifestations are highlighted in the next section.

## **D. Consequences**

High nurse turnover brings about many negative outcomes. Such outcomes include patient dissatisfaction, jeopardized patient safety, increased mortality rate, as well as damaged reputation of the healthcare system and institutions (Rajan, 2013).



Jones and Gates (2007) classified high turnover consequences into two groups: economic costs and non-economic costs. Economic costs consist of costs which are directly related to the activity in question. These costs include financial losses/returns, decrease in qualified health human capital, as well as poor quality service. On the non-economic side, concerns were mainly about developing actions plans that address the ramifications of the high turnover rate. These plans include retaining/attracting experienced nurses, maintaining quality healthcare services, in addition to increased turnover caused by the workload carried by the existing staff (Jones & Gates, 2007).

Hunt (2009) provides additional implications of high nurse turnover, including decreased quality of patient care, loss of patients either due to damaged institutional reputation or patient's death, increased contingent staff costs, increased nurse and medical staff turnover, increased staffing costs, and increased accident and absenteeism rates. According to WHO, high turnover rates ultimately lead to disrupting organizational performance, reducing team efficiency, and causing a loss of institutional knowledge (Hunt, 2009). Despite the negative implications of the high turnover, turnover may well be beneficial for the institution as it provides an opportunity to "match personnel skills better to workplace needs, facilitate the introduction of new ideas into well-established organizations, and increase organizational flexibility" (World Health Organization, 2006, p.98)

## **E. Reflection on related literature**

As evidenced from the literature available on the topic, nurse turnover has been well researched at international levels. However, there remains a dire need for further studies that would describe how the situation actually looks like on the ground. This gap in literature requires additional research to help us understand the reasons behind the increase in nurse turnover rate in individual countries such as Lebanon. We also noticed that many of the studies on this topic were not funded, but rather an individual effort on behalf of the author. This observation, acknowledging international interest in strengthening the nursing workforce and retaining qualified nurses, calls for funding research on nurse turnover.

## CHAPTER III

### METHODOLOGY

This project explores the perceptions of registered nurses about high Registered Nurses (RNs) turnover rate at the Bellevue Medical Center (BMC). This chapter introduces the methodology used to recruit the participants, collect, and analyze the data. The study takes place at BMC with RNs who have been working there and are better able to provide significant input on the topic. Also, when participants work at the organization they are better able to assess the situation and help us provide more substantial recommendations for the reduction of high RN turnover rate at BMC.

#### Setting

Lebanon is suffering from high nurse turnover (El-Jardali, Merhi, Jamal, Dumit, & Mouro, 2009). Nurses' turnover is both critical and costly; it jeopardizes the quality of healthcare services provided. Also, it compromises the availability of sufficient human capital of qualified nurses in health organizations (Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002). One of hospitals experiencing nurse turnover in Lebanon, is the Bellevue Medical Center (BMC). The project took place at the medical surgical units. Within these units, the total number of RNs is around 20 nurses. These units provide a convenient setting for our study project because they are prone to high turnover as it will be evidenced throughout the findings of this study.

BMC is a private, family-owned medical center, operating with more than 170 beds. The institution aims at investing in its medical staff as part of its strategic direction for 2017-2020, in addition to continuously improving patient care at its

facility. Accordingly, BMC has expressed its interest in being the site for this study to investigate RN satisfaction and develop corresponding retention strategies.

## **A. Design and Sample**

This project adopts qualitative research design which allows the researcher to gain closer perspective of the issue being tackled. Since we aim to explore nurses' views on turnover and retention strategies implemented by BMC, qualitative methods constitute effective tools for explaining people's perspective of the issue at hand. We used in-depth interviews with staff nurses, who are affected by the retention strategies utilized. According to Hennink et al (2010), in-depth interviews allow the researcher to capture the issue through the perspectives of the interviewees as well as the meaning they attach to it. For this reason, we used semi-structured interviews, which are characterized by a fixed set of questions for all the interviewees to minimize variation, maintain time efficiency, and promote easier analysis and comparison (Kvale, 1996). As a result, we were able to understand nurses' views about turnover and how impactful were the retention strategies adopted by BMC administration.

For the purpose of this project, we used purposive sampling to identify the interviewees. This type of sampling selection is based on personal judgment of sample representativeness (Babbie, 2005). The sample included registered nurses, working at the Bellevue Medical Center (BMC), men and women between the ages of 23 and 45, having a minimum of one year of experience. Other characteristics which we were interested in collecting were the last degree attained by the RNs, the total number of

working experience, and the RNs' marital status. The marital status was included to explore if there were any discrepancies in the perceptions or intention to leave between married RNs versus non-married RNs. The total number of RNs at BMC exceeds 40 nurses and 10-12 nurses for a qualitative project meets the sample size we are targeting for this study. This number gives us enough insight into the RNs' personal perspectives about nurses' turnover and the effectiveness of BMC's retention strategies.

## **B. Procedures**

After securing the approval of the Institutional Review Board of the university, and that of BMC's administration and nursing services department, data collection started. The first step in that direction was to recruit study participants.

In order to recruit study participants, the investigator established contact with the nurse administrator/nursing director at BMC to explain the study and request approval to conduct the study at their premise. A copy of the IRB approved proposal, the interview documents, as well as the flier were shared with the BMC nursing director. Upon receiving the consent of BMC administration to initiate the study, the investigator contacted the Director of the Nursing department at BMC to explain the recruitment guidelines. It is crucial that study participants are informed about the study details and that they voluntarily accept to take part in the study. Accordingly, the nursing department at BMC contacted the unit managers, informed them about the study, and requested that they disseminate the study details to the RNs in their units. The unit managers also received the study flier to gain a clearer perspective about the

study and the targeted participants. Fliers invited registered nurses, both females and males with a minimum of one year of experience, to volunteer for the study describing the study purpose and the voluntary nature of the participation. The flier also included contact information of the investigator, for those interested in being interviewed for the study. The interview time and place were arranged at the convenience of the volunteering participant. Due to their tight work schedule, the RNs were interviewed by a CITI certified research assistant, in a private room at BMC.

A list of interested participants and their availability schedule was prepared. Accordingly, we proceeded with scheduling the interviews at BMC, at the convenience of the participant.

Upon meeting with the study participant at the scheduled time and place, and before the start of the interview, the student investigator and the CITI certified research assistant took the time to explain the details of the study as they are stated in the informed consent form (Appendix-A). The research assistant (RA) explained the information either in colloquial Arabic or in English, after asking the participants for their language preference for the interview. Both the student investigator and the RA addressed any questions that the participants had before the interview. We explained that the participant may interrupt the interview at any time to ask any questions they may have. We also clarified that the participant may stop the interview at any time either permanently or to resume at a later time. Afterwards, we provided the participant with a copy of the consent form to read carefully and ask any questions s/he may have about the study and the study process. After addressing the participant's questions, we requested that the participants add their signature where needed on two copies of the

informed consent form. One copy was given to the participant while the second copy was kept for 3 years (as per AUB's archival policy) with the research team in a locked drawer in the faculty mentor's office at the Hariri School of Nursing at AUB.

To protect the participants' privacy, the research team ensured the privacy of the setting at which the interview took place, and followed what the consent form mentioned in terms of not revealing the content of the interview and not using identifiers that would otherwise reveal the participant's identity throughout the research process.

### **C. Data Collection**

Once the consent form was signed by the study participant and inquiries were addressed, the participant was involved in an in-depth interview conducted in a private room at BMC. The room changed from one unit to another, however, privacy was always ensured. The interview guide used during the interviews is provided in Appendix-B.

The interview was comprised of a series of seven (7) short background information and eight (8) open ended questions. The participants were requested to respond to the questions they voluntarily choose to answer. The interviews ranged between 20 and 40 minutes and were audio-recorded upon the consent of the participants, by checking that option on the informed consent form. All participants agreed to audio-recording, after being assured that the recordings will be safely kept in a locked file at the PI's office and will only be used for the purpose of analyzing the data

and writing this study. Throughout the interviews, the research assistant avoided mentioning any reference about the participant, particularly the name and any identifiers in order to protect the participant's identity and confidentiality of the information shared.

Before the interview started, the participants were informed that there will not be any compensation, whether monetary or in-kind, offered for taking part in this study. Since the interviews took place at a time and place of their choice, the participants did not endure any costs of transportation. This detail was clearly stated in both the flier and the consent form.

## **D. Data Analysis**

In qualitative research, data collection and data analysis go in parallel. After each interview was concluded, each recorded interview was transcribed verbatim by the research assistant. Each transcript was assigned a code name to protect the identity of the participant. The transcriptions were then coded using a coding scheme that is developed and agreed on by the research team. To clarify: The codes did not use any identifiers that lead to the participant. The codes are used solely for reference purposes during analysis of the information gathered.

All the codes were then transported from the transcriptions into the MAXQDA software to create a matrix-like spreadsheet that identifies the themes that have been developed from the interviews. Under each theme, the codes were used as reference to quotes or ideas that had been mentioned in the interviews. This facilitated the cross-



checking of information during analysis. Based on the themes collected, thematic analysis was used by the student researcher under supervision of the PI.

The recordings will not be shared, instead they will be safely kept in a password-protected folder on the PI's computer. All records pertaining to the interviews will be maintained for 3 years, after which they will be destroyed.

## **E. Human Subjects' Protection**

The approvals of both the Institutional Review Board at the American University of Beirut and AUBMC administration were both secured at the outset and prior to data collection. To protect the participants' privacy, the research assistant ensured the privacy of the setting at which the interview took place and followed what the consent form mentions in terms of not revealing the content of the interview and not using identifiers that would reveal the participant's identity throughout the research process.

There is minimal risk anticipated in this study because the study does not pose any physical, emotional or psychological distress to the participants. There will not be any risk posed on the participant before, during or after the conduct of this study.

The information gained were general, work related and not personal; hence they do not violate the participant's privacy. The interview did not request the participant's name or private information about the participants. The questions were merely about the work environment and suggestions for personal motivation. The participants' privacy and anonymity were preserved, the confidentiality of the

information shared was secured, and the procedural steps were supervised by the PI. Coordination with the IRB office was upheld in the event of any adverse situations. However, such situations were neither expected nor did they take place during this study.

During this data collection process, respondents were given full privacy and confidentiality. This study did not collect any information that might harm the privacy of the respondents. The participants had the freedom to not answer any question they did not feel comfortable answering. Interviews followed the established IRB protocol pertaining to privacy, confidentiality, and anonymity of the participant and the interview content. All records collected from the interviews were kept strictly confidential at all times. The study involved no benefits or risks to the interview subjects and their privacy. The data files, transcriptions and recording, will be safely stored in the PI's office in a password protected computer file and a locked drawer which only the PI and the research team have access to. Research records were only be used for analysis of the data collected. The data were available to the research team only and only used for the purpose of this thesis project. The subjects' participation was voluntary and refusal to participate did not involve any penalty.

At the management phase, the PI was closely monitoring the implementation and progress of the research project. The Principal Investigator will maintain the records for 3 years and then will destroy all files that contain individual data. Audio recordings will be permanently deleted from the computer files in which they are stored. As for the transcriptions, they will be shredded and then recycled.

## CHAPTER IV

### FINDINGS

Data collected for the purpose of this research was gathered from three (3) departments at Bellevue Medical Center (BMC): Orthopedic, medical, and surgical units. A total of nine (9) registered nurses (RNs) were interviewed; three (3) participants from each department. Whereas our target was to interview 10 nurses, we were only able to arrange for nine (9) interviews due to the overwhelming schedule of the nurses. The participants were all registered nurses and non-management. The interviews included five (5) male participants and four (4) female participants. Among the nine (9) participants, seven (7) held a Bachelor's degree in Nursing, whereas two (2) of them had earned a License Technique (TS) degree. The ages of the participants ranged between 22 and 43 years of age; seven (7) participants were in their 20s, one in his 30s, and one in her early 40s. Most of the participants were fresh graduates who had one (1) to three (3) years of professional experience. Three (3) participants, however, had more than five (5) years of experience in the field of nursing.

All the interviews were audio-recorded upon receiving the approvals of the participants. We encountered few disruptions during the interview process. These disruptions were addressed in a professional manner; hence, maintaining the privacy of the participant and the confidentiality of the information throughout the course of all interviews. Interviews took place in locked rooms at BMC, at a time convenient with the RN being interviewed. After transcribing and analyzing the data, two main themes

were identified under two particular headings: “RNs’ Perceptions of Turnover at the National level” and “RNs’ Perceptions of Turnover at the Institutional level”.

## **A. Theme-I: Nurses expressed their views about the scope of the turnover problem at a national level and the related factors associated with it**

Nurses expressed their views about the scope of the problem of nurse turnover at a national level, the related factors, as well as the resulting consequences.

### ***1. Scope of Nurse Turnover in Lebanon***

All RNs concurred that nurse turnover in Lebanon is widespread and has been seriously impeding the quality of health sector services. The interviewees asserted that the health sector in Lebanon has been witnessing major shifts in terms of the number of students applying to nursing schools, the number of years nurses remain in their jobs, and maintaining/retaining experienced staff in health institutions. No doubt, there is a vicious cycle of nurse turnover. As one RN summarized it:

*When we have shortages in the number of staff [at the institution], it is the skilled people who leave, and we will have to work with inexperienced staff who in turn gain experience and leave the organization (RN-7)*

This critical situation within the healthcare sector is not linked to specific healthcare institutions in Lebanon. On the contrary, the RNs saw that the problem is visible in most hospitals in Lebanon. They explained that the problem is manifested in several areas, starting with the number of population specializing in Nursing in

Lebanon. The decision whether or not to specialize in Nursing is not always a personal decision; it is mostly influenced by societal views about this profession. Unfortunately, society and some nurses have been building a negative image about nursing and its implications on a nurse's personal life.

*Some nurses say that it is too tiring. Some people say that once you are a bedside nurse, if you don't move up, you stay a bedside nurse and some people view it as a bad thing. (RN-3)*

As such, many RNs feel that their role is underestimated compared to that of a doctor. One nurse even used the term "disrespected" when referring to the way society perceived the role of nurses. This is why the nursing profession has been witnessing critical decrease in the level of commitment demonstrated by the fresh graduates.

*Many of my classmates, including myself, have changed lots of hospitals within only two years. We did not stay in one hospital or one floor. (RN-4)*

As a result, most nurses stay for less than 7 years within one healthcare institution.

*In most health institutions in Lebanon, most nurses stay for a period of 3-6 years, after which they either travel internally or abroad. Today, it is a challenge to find a nurse who has been working at the institution for at least 10 – 15 years. (RN-5)*

These observations predict that the nursing profession in Lebanon is heading towards an unknown. To develop and maintain a firmly grounded healthcare sector, a solid action plan needs to be adopted by the Ministry of Public Health and nursing regulatory bodies such as the Order of Nurses in Lebanon. Prior to devising the action

plan to reduce the RN turnover rate, it is instrumental to identify the factors behind this concept.

## ***2. Perceived Factors Affecting Nurse Turnover in Lebanon***

There is no doubt that many different factors lead to the increase in nurse turnover rate in Lebanon. The RNs interviewed highlighted a number of these factors based on their personal encounters and general observations throughout their years of study and work. These factors include but are not limited to the following: personal plans, job-related factors, salary, and the availability of better opportunities; in addition to the societal perception of the nursing profession.

### **a. Personal plans**

Personal plans are those decisions which determine the direction people take to fulfill- their personal goals and aspirations in life. Some RNs join the healthcare workforce for a limited number of years, enough for them to gain the practical experience they need to work abroad. This is seen mostly among male nurses because they have huge responsibilities on their shoulders to build their future.

*Both female nurses and male nurses, but mostly male nurses, already have a plan to work for around 3 years, to gain enough experience from such a JCI accredited healthcare institution. This allows them to get admitted immediately into any position. (RN-2)*

Another decision includes the willingness of nurses to pursue higher academic degrees and/or professional certifications to expand their knowledge base and get

promoted at work. Hence, some RNs view bedside care as a transitional phase in their career.

*I do not want to stop at a Bachelor's degree; I want to do more. I want to do Master's degree and I want to become a nurse manager.  
(RN-3)*

Marriage is also one of the decisions which compel female nurses in particular to either change their work schedule or leave bedside care.

*Many people, especially females, when they get pregnant, it is better for them [to leave bedside care]. They prefer not to work night shifts when they get married (RN-5)*

Another nurse added that:

*Females eventually get married. Our work has a lot of pressure, anxiety, and is tiring. Nurses have night shifts, there is stress; nursing is not an easy job. So, females get married and leave, and transfer their responsibilities to someone else. Hence, we will definitely have shortage in nurses; we always will (RN-7)*

Changing the area or even country of residence, may also well affect both a nurse's personal and professional lives. Therefore, proximity becomes another factor leading to nurses leaving their jobs at one organization to move to another.

*They leave because they feel it is a far hospital (RN-2)*

These examples of personal plans contribute to nurse shortage at the hospital; hence, they add to the workload at units experiencing nurse shortage as will be explained in the next set of factors.

b. Job-related Factors

Heavy workload, emotional stress, long shifts, nurse shortage, and weak team relations compel nurses to search for jobs that are more stable, simpler, and more comfortable. The shortage in the number of RNs increases the workload sometimes requiring 12-16 hours shifts rather than 8-hours shifts. Since recruitment is slow, this adds more to the physical and emotional pressures nurses must take on at work. Some nurses suggested that one factor could be their assignment to a unit different from the one they are actually interested to work in.

*It could be that I request ICU, but get assigned to the medical-surgical units instead. But I do not like the medical-surgical unit [so, I do not work to the best of my ability and prefer to leave or request transfer to the ICU] (RN-4)*

Although assigning nurses to units is relatively a decision taken by nurse management based on the nurse shortage at those units, this decision also played a critical role in motivating a nurse to give their full capacity at work. If the nurse was not comfortable working at the unit they are assigned to, then they were highly likely to be dissatisfied with their job and considered leaving their job.

*If they [RNs] are emotionally satisfied, and their salaries are good, there is no reason for them to quit their job (RN-1)*

Not only is satisfaction related to unit assignment, but also to job security as well as promotion opportunities at work. In terms of job security, the concern is with respect to retirement plan and compensation received.

*In general, the problem a nurse faces is that they are not taking what is rightfully theirs. Unlike other public sectors, a nurse does not have job security. I would work for 10-20 years, but I have no clue what is waiting*



*for me when I retire. A military person at least knows they work throughout their youth, but will definitely enjoy retirement salary when they retire. A nurse does not. (RN-7)*

Lack of promotion opportunities are also highlighted by the RNs as driving factors for increased turnover.

*In most institutions, in case of vacancies, they resort to recruiting from outside the organization; especially if the vacancy is for a management position. No matter what level of education or how many years of experience a nurse has, recruiting from outside the organization is always a 1<sup>st</sup> option despite the fact that most organizations state that priority is for organizational staff.. Therefore, if an RN is ambitious and is seeking a promotion, then they are likely to quit (RN-6)*

However, bedside care nursing does not only emotionally drain the RN, it also affects their physical well-being.

*If you request an MRI for every nurse who has been in service for more than 10 years now, they would all be diagnosed with disc because of the high level of physical efforts this job requires. Also, these nurses who have been working for 10-15 years would be more prone to become obese because of the night shifts and changes in hormonal levels. (RN-6)*

Accordingly, nursing is perceived by bedside care RNs as both emotionally and physically draining and hectic. Workload was emphasized as one of the critical factors which led to turnover in bedside care. This workload was associated with three main factors: nurse-to-patient ratio, shift duration, and already existing shortage of nurses. As one RN stated:

*One factor is the 12-hours shift. They do not work for 12 hours abroad. The already existing shortage of nurses also poses a problem. These two factors create pressure at work because of the workload. This pushes the RN to leave, and increases turnover. This is also enhanced by the low salary paid to RNs. (RN-2)*

One RN explained that overload at work is due to disrespecting the nurse-to-patient ratio and this drives nurses away because not all can stand the work pressure. The high nurse-to-patient ratio promotes high nurse turnover. One nurse is not able to handle following up on more than 6 cases within a single shift, whereas the shortage of nurses sometimes necessitates a nurse-to-patient ratio of 1-to-10 or even 1-to-11.

*We have a shortage of nurses. We have to work overtime because there are not enough applicant. Or, they come but then leave in the probation period because they cannot handle the workload. These people might not be used to stress, especially when it comes to communicating with the patients' families (RN-5)*

Another RN elaborated that an RN experiences workload when the nurse-to-patient ration reaches more than 1:11. This reality creates a shock to the fresh graduates of the Nursing school. These graduates will experience wide discrepancy between what they are taught at school and what bedside care nursing actually looks like on the ground.

*They [academic institutions] tell you these details, but when you face reality; it is different than what you face in reality (RN-2)*

According to RNs interviewed, another factor might be the relationship between the team members themselves: team spirit, teamwork, and preferences; in addition to RN relationship with management.

*The problem could be in terms of the staff: teamwork and team spirit (RN-3)*

*If there are problems with the management, whether floor manager or institutional manager, a nurse cannot advance at their job. (RN-6)*

c. Salary

Salary was among the most debated issues during the discussion about high turnover rate in Lebanon. Nurses feel they work hard but do not get paid enough.

*It is hard to reach more than, let's say 2000\$, after 7 years. It takes a long time to reach this salary. In Lebanon, an employee is not compensated as s/he should be. (RN-5)*

One RN explained that money is unquestionably one of the factors which lead to shortage in nurses at a healthcare facility.

*Even if our work is humanitarian, eventually we are still interested in pay level. We cannot be working pro bono. As you know, we all have family expenses as well as other expenses (RN-1)*

Another RN added that the humanitarian aspect of the nursing profession is a critical constituent; nevertheless, an RN needs also to focus on planning for her/his personal life.

*...eventually, an RN needs to secure her/his future; they need to build a house and get married. They will not work in nursing only because they want to; it is not all about humanitarian work. They need something in return (RN-7)*

Because of these pressures on the RN, it will likely be that they start considering better job offers; mainly abroad.

*Since job offers abroad are more attractive, and because of the RN's needs [mentioned above], the RN will take the best offer that meets those needs. The RN will definitely not settle for an offer with least benefits, so s/he will definitely travel abroad (RN-7)*

The financial aspect of the nursing profession was among the factors all nurses emphasized most when asked about the factors which might lead to RN turnover in Lebanon. In case of discontent with the financial bundle offered by the job, better job opportunities are sought as will be explained in the next factor.

d. Availability of better opportunities

As we had mentioned in the previous sections, the availability of a number of institutions which attract registered nurses is providing RNs with alternatives to consider applying to. This presents better opportunities for the nurses to apply for.

*Opportunities are not only available in hospitals, but also in centers, insurance companies, and NGOs. Nurses may still apply to other hospitals, and may even work in the field of insurance or they may pursue higher academic degrees, and eventually leave the country. So, there is a problem in nursing turnover. (RN-5)*

Many RNs want to leave bedside care, and move to jobs that have a better work schedule, are more stable, and more comfortable.

*Many people want to leave bedside care because they want a fixed work schedule. They want to come to work from 8-5, so they go to insurance companies or NGOs (RN-4)*

*They want to change from bedside care to get a job in management or insurance, which makes them more relaxed [at work] (RN-3)*

*We work 12 hour shift, 15 days per month. We prefer to work 20 days per month, but leave at 3 p.m. (RN-6)*

Accordingly, RNs tend to leave their jobs to another industry mainly because of the nursing work schedule.

e. Societal view of the Nursing profession

Some RNs expressed their disappointment with the discouraging societal view of the nursing profession. This view portrays nursing as a non-rewarding and tiring job, and nurses as less informed than doctors and are often disrespected.

*In Lebanon, in the internships we used to go through, nurses were being disrespected. Doctors were always more important (RN-4)*

Some students even refrain from applying to nursing schools because of the discouraging view even nurses express about the profession.

*Because some nurses say that it is too tiring, and some people say that once you are a bedside nurse, you are always a bedside nurse. Some people view bedside care as a bad thing (RN-7)*

Another reason why RNs leave the institution they are working at simply because they did not expect the job to be demanding. Nurses tend to leave bedside care because they experience a discrepancy between what they were taught at school and how things actually work in reality. Not all nurses can endure the physical and emotional pressures they experience at work.

*In Lebanon, you know the situation: you cannot easily find a job. Many people turn to study nursing just because they know they can easily find a job within this major, not taking into consideration whether or not they would fit into this field. This creates a problem to them if they are unable to accommodate to hospital setting (RN-6)*

Based on the aforementioned set of turnover factors shared by the RNs interviewed, the perceived consequences will be highlighted in the next section.

### ***3. Perceived Consequences of Nurse Turnover in Lebanon***

Perceived consequences of high nurse turnover at the national level, as expressed by the interviewees, are categorized as: shortage of experienced nurses, increase in training expenses, increase in workload on other staff, increase in medical errors, influencing other colleagues to leave, discouraging prospective students from applying to nursing schools, decrease in quality of patient care and healthcare services in general, and relocation to other industries.

#### **a. Shortage of experienced nurses**

As a result of the work pressure and stress, bedside care RNs are likely to leave the institution. The challenge is when experienced nurses leave the healthcare institution. Experienced RNs carry with them years of professional know-how which had accumulated during their years of work as an RN. According to RN-3, the health sector is losing qualified personnel who have been driven out of the country to take care of people outside its borders.

*These are people who have received much education, graduated, and gained great experience through work and training. Instead of us investing in them and benefiting from their capacities, they are leaving the country. This definitely jeopardizes the quality of the healthcare sector. (RN-7)*

As a result of the shortage of experienced nurses, organizations incur additional training costs to equip the available RNs with the right skills to cover for the shortage in nurses and maintain quality of organizational healthcare services.

*At an organizational level, they are incurring great costs for trainings. Training is expensive. The more the turnover increases at the facility, the more trainings the organization has to conduct (RN-1)*

Shortage of experienced nurses poses another challenge with respect to the nurse-to-patient ratio, whereby the number of patients increases per nurse.

*It is a matter of supply and demand; the supply of RNs has decreased whereas we are receiving more patients. Surely, the hospital would not refuse to admit a patient just because they do not have a sufficient number of nurses. So, the ratio increases till it reaches 1:11 for example. The number of shifts increases and shifts become longer. Eventually, even those nurses who did not leave yet, they will do so because of the physical and emotional exhaustion (RN-6)*

**b. Increase in workload leads to errors**

As discussed in the earlier part of this chapter, there is a positive correlation between the increase in the number of nurses leaving bedside care and the respective workload on other staff working in the same unit. However, this increase in workload comes at a high cost for the healthcare institution at several levels.

The staff will be bearing all the duties of those who had left. This means that the physical and emotional pressures on the working team will increase; hence more overtime until a new recruit arrives.

*If there is a sharp shortage in bedside care RNs, the available RNs will need to cover almost 18 12-hours shifts instead of the 15 monthly duties. This means working for 5 or more days per week. (RN-6)*

The staff will experience more stress; which the bedside care RN is well off without it.

*The RN already has millions things to deal with outside work. Once s/he reaches work, s/he will need to put all issues aside and start*

*dealing with people. However, under such often recurring cases, the RN will not be able to hold his emotions for long and might eventually leave or collapse (RN-2).*

With stress and pressure, nurses will highly make more medical errors, as stated by two RNs:

*The nurse will be more tired and will maybe have more patients which increases the workload. When workload is increased, it is more probable that s/he will make error: medication errors and/or safety errors. (RN-3)*

As a result of increased overtime, increased stress, and increased medical errors, more turnover would result. The more the turnover, the more a healthcare center would be seeking to recruit fresh graduates. This in turn raises another issue with respect to patient safety.

*The more experience the RN has, the easier it is to deal with patients, and the better the diagnosis. All these details weigh heavily with the increase of turnover. A fresh graduate will not be able to deal with the patient in the same manner, and will not be as quick in the diagnosis. This will ultimately affect patient safety and lead to more medical errors. (RN-4)*

c. Influencing other colleagues to leave

When RNs were clarifying the reasons behind turnover and its implications, it was obvious that they were taken by the good work opportunities their friends had found abroad. Some RNs even declared that they too might be leaving work when the right opportunity arises.



*Personally, I have been applying abroad to other healthcare institutions to leave. Since there are no good opportunities in Lebanon, many are travelling abroad because of higher wages and to secure a good living standard (RN-3)*

Nurses emphasized that their role is not only humanitarian; they also deserve receiving a good pay. As discussed earlier, pay is a critical element for high turnover. Therefore pay definitely plays a role pushing RNs to leave bedside care. The better the pay and job prospects; elsewhere, the more RNs will be inclined to leave bedside care.

#### d. Relocating to other industries

Increase in nurse turnover rate is not only characterized by nurses leaving their positions, but also relocating their jobs. According to the RNs interviewed, nurses are heading more towards jobs within the insurance sector.

*Bedside nurses are increasingly working in the insurance sector. I have been hearing this for a long time now; mostly from female nurses. They do consultations in hospitals, seek approvals and such. Most work is done over the phone. (RN-2)*

Another field of work for nurses are paramedical jobs

*They work for 2-3 years maximum and then you find them working in paramedical jobs such as in nurseries or similar positions away from hospitals; because they cannot handle the pressure, the stress, and the overnights. (RN-6)*

Relocating to other job markets is no doubt beneficial for those markets because they are gaining more specialized working force. However, the healthcare services sector would still be at risk because neither the pool of bedside nurses available is

sufficient to cover the shortage, nor are there enough new entrants to reduce the gap created by this shortage.

e. Discouraging prospective students from pursuing nursing

Further to the above consequences, a critical point is nurses discouraging prospective students from applying to nursing school. As one RN stated,

*The problem increases when everyone starts discouraging prospective students from becoming nurses. They would say, you are better off doing something else. However, this is exactly the problem: not having enough RNs. So, imagine what the result would be if students no longer apply to nursing school (RN-1)*

## **B. Theme II: Nurses shared their perspectives of the various retention strategies used at the institutional level**

Under this theme, the RNs interviewed identified the strategies which Bellevue Medical Center (BMC) has adopted to reduce the high turnover rate at an institutional level. In particular, the RNs also provide their assessment of these strategies in terms of their effectiveness and recommendations for improvement.

### ***1. Turnover Reduction Strategies/Retention Strategies***

Based on the perceptions of the RNs interviewed at BMC, we identified several strategies which had been adopted by BMC in its effort to reduce the ramifications of the high bedside care registered nurses turnover rate. These strategies include, but are

not limited to introducing: periodic satisfaction surveys, month #13 salary, floating volunteer nurse, open house events, in addition to others.

a. Satisfaction Survey

Satisfaction surveys are introduced almost on an annual basis. This survey aims at collecting staff input on institutional performance and requesting suggestions on institutional programs for improvement. Based on the staff's replies to all the tasks mentioned in the survey, management holds a general meeting with the staff to discuss survey results and get further insight from them. In addition, the institution practices an open door policy whereby staff members have access to management personnel whenever they have any concerns to address. This created a family environment within BMC which promotes a sense of personal assurance.

*The satisfaction survey measures the percentage of employee content with several work aspects, ranging from the color of the paint to the relationship with the head manager. No matter how low the percentage is, the manager calls for a meeting with the unit staff to discuss the obtained percentages and identify possible solutions brought up by the staff themselves. This makes us feel that someone actually cares about us (RN-1)*

In addition to the above survey, BMC provides its employees with facilities that make their work at the hospital a comfortable experience.

*I have worked at other hospitals, but here we have our own kitchen, fridge, microwave, water, laundry services, and transportation services back and forth to our residence areas. These things make you want to stay more (RN-1)*

b. Month #13 Salary

BMC pays its employees an extra monthly salary, referred to as the 13<sup>th</sup> month salary. Although some RNs complained about not having a 14<sup>th</sup> and a 15<sup>th</sup> month's salaries, similar to other healthcare institutions, most RNs were grateful for this benefit.

*They pay us what is called a 13<sup>th</sup> month salary. This is paid in two installments; the 1<sup>st</sup> in month 6 and the 2<sup>nd</sup> in month. However, there are hospitals which are paying their RNs a month 14 salary and 15 salary (RN-3).*

Nonetheless, all RNs expressed their desire for increased financial returns: salary, bonus, and the 13<sup>th</sup> month. Increase in salary was a recurring request throughout the interviews. As one RN said:

*It is true that we are here to give our best. I am someone who is always willing to sacrifice for the other person, but we should acknowledge that we are all here for the pay. If I am given more tasks than I can handle, then my salary ought to increase as well. I cannot wait to be promoted to have an increase in my salary. I would definitely leave the country for a better pay, rather than work in another hospital in Lebanon. (RN-2)*

Without a salary increase, the RN is dependent on the overtimes, which are not always granted (RN-4). In addition, a promotion is not easily attainable because it requires years of work. For these reasons, the RNs insisted on an increase in salary as a means to reduce the physical and psychological exhaustion an RN experiences after years of work in bedside care. The alternative to this suggestion, as the RNs explained, is turnover:

*If an RN leaves, it is because s/he is seeking physical relief as well as psychological relief. S/he aims to reach a managerial position to work with minimal physical effort. When s/he is unable to reach such position, they decide to leave because cannot endure more physical and psychological pressure. (RN-2)*

Another suggestion is for management to share with the employees, including RNs, a clear plan of how to get a raise or a merit increase. Some RNs are not fully aware of the requirements to receive a merit increase of 5% in addition to the annual increase they receive:

*If there are tasks you could accomplish to receive a 2.5% merit increase, we need to know what they are and whether they apply to our career responsibilities. They might or might not apply. (RN-5)*

Although RNs at BMC receive an additional one-month salary, 13<sup>th</sup> month salary, some RNs preferred to receive this payment in one installment rather than two. RN-1 gave an example of a health institution that started paying three additional salaries, which he referred to as month#15. He called for paying additional salaries similar to highly-ranked health institutions.

Accordingly, the financial implications of working as a bedside RN are many. Therefore, RNs are emphasizing this point for their recommendations to be received well and to share their financial concerns as a health workforce.

### c. Floating Nurse

This is a nurse whose role is to cover for the shortage in nurses. However, it is not working as planned because the shortage is increasing and eventually the floating nurse is not able to handle the workload.

*They bring in people they call “floating nurses” who would cover for any nurse shortage. But we did not enjoy this addition much, because the shortage kept increasing and floating nurses would leave the organization because they cannot stand the load. At the meantime, I do not think there is a floating nurse here (RN-1)*

d. Open House Event

Nurses reported about events which BMC initiates periodically to introduce students to its premise and orient them around the different facilities available. During this event, students have the chance to ask nurses about the profession and any related inquiries. On the one hand, this event provides nurses with the opportunity to interact with the new generation of nurses, address their concerns, and engage in a marketing activity that develops their PR skills and communication skills. These nurses would also be promoting the professional image of the institution to prospective employees.

e. Others

As shared by participants, BMC provides its employees with the opportunity to engage in recreational activities to motivate them, release their tension, and allow them to socialize with each other beyond work hours. Such benefits include discounted gym subscription, financial bonus, trips, Christmas dinner, celebrating nurse day, as indicated by the interviewed nurses. In addition, they provide health insurance, medical insurance, in addition to providing nurses with English Language courses to become more proficient in English.

## ***2. Assessment of Retention Strategies***

To better address the strengths and shortcomings of BMC's strategies adopted to reduce the high turnover rate at its premise, participants were asked to provide their own input on these strategies in terms of how well BMC has achieved the goal of retaining bedside care RNs. Based on their personal and professional experiences at BMC, the RNs interviewed identified the below six areas as being successful in motivating them to stay longer within the organization.

### a. Relationship with Management

The RNs expressed their satisfaction and pleasure with the way they are being addressed and treated by the management team at BMC. This close and open-door relationship has encouraged the RNs to approach management with their concerns as well as their suggestions.

### b. Acknowledgement/Recognition

BMC initiated a regular tradition whereby employees' efforts and accomplishments are recognized before all employees. This creates a sense of appreciation by the employees for the institution's leadership team and motivates employees to give more to the institution. As one RN put it: "*they honor employee diligence, whether financially or morally*"

c. Facilitations

Many employees appreciate the transportation services which BMC provides, especially that it cuts significantly on the transportation costs of those who live within a geographically distant area. Also, RNs are admitted to first class healthcare services contrary to other employees who have the option of whether to apply for first class or second class healthcare services.

d. Work Environment

The work environment was referred to during the interviews as one of the incentives which encourage RNs to remain at BMC. This environment refers to both internal and external areas. One RN stated that the small population density leads to less workload and that increases preference to work at BMC rather than a city-centered healthcare institution. Another RN added that compared to other hospitals where there are many people roaming on the floors (visitors, patients, employees, etc...), the quiet environment at BMC allows a person to become emotionally and psychologically calm and able to give more at work.

e. Support for Education

The RNs emphasized that BMC supports an employee's willingness and passion to learn more and advance both professionally and academically. Examples of BMC's support for employee education includes attending workshops, trainings, and conferences. An RN explained that:



*I just recalled hearing that one of BMC's policies is to never reject a request by any employee to pursue education. On their staff schedule, the priority is always for those with academic commitments. Once they submit their course schedule, their unit supervisors would approve the schedule by designating study days as days off for the employee. (RN-7)*

Such support for education by the workplace motivates the employee to seize such opportunities and offer their utmost effort at work and for career advancement. Furthermore, according to the RNs, the institution used to compensate 12-hour shifts with 1.5 days; however, the overtime was reduced to 1.25 days. This not only affected an RN's overtime in terms of the days compensated, but also the financial reimbursement. One RN clearly stated:

*"I should be compensated 1.5 days for a 12-hours overtime I worked. Now, I am being compensated 1.25 days instead. This means that if my daily rate was LBP 100,000; then I now get paid LBP 25,000 less. They should reintroduce the 1.5 days overtime compensation. Employees will definitely be motivated" (RN-2)*

Despite that successful action steps undertaken by BMC to mitigate the shortcomings of high nurse turnover at its facilities, there are still many areas which BMC RNs shared to improve on and ensure higher satisfaction rate among RNs. These areas have included, but are not limited to, the recommendations suggested in the last chapter.

## CHAPTER V

### DISCUSSION AND CONCLUSION

This project aimed to explore the concept of high registered nurse turnover rate at a private medical center in Lebanon. Bellevue Medical Center was generous enough to allow us to conduct the study at its premise and the administrators and nurses were very welcoming. The two main areas of investigation under this study were: (1) the factors behind high turnover rate in Lebanon and at BMC, and (2) the consequences resulting from the high turnover. Recommendations were shared by the RNs to develop a clear image of how the situation stands and what and how RNs actually assess the efforts being done by administration at BMC.

The RNs voiced out several recommendations which they request BMC applies at the institution. These recommendations were based either on personal circumstances or comparison with other health institutions whether national or regional, or even prior work experiences. Most recommendations relate to financial aspects of the nursing job. The rationale used by the RNs is that the increase in workload should be positively associated with increased salaries and improved benefits.

A clearly obvious consequence of high nurse turnover is the shortage of nurses. This shortage results from nurses leaving the organization to pursue better job opportunities abroad or within the country. This shortage can be either temporary or long-term, depending on the period of time it takes the institution to recruit new nurses. However, shortage in the number of RNs has integral implications on the quality of healthcare services provided by an institution. The quality of healthcare services is

associated with a decrease in the number of experienced staff and an increase in the number of fresh graduates. This necessitates further training sessions to enhance the capabilities of the staff member and their future work opportunities.

Several reasons have been stated by the RNs when prompted to share potential driving forces behind nurses to leave bedside care and pursue work opportunities abroad. The main assumption was: better pay and less workload. The decline in the quality of healthcare services was attributed to the institution's inability to wait up for the right recruits to approach it. Hence, recruiting was based on need rather than qualifications.

## **A. Recommendations**

With the increased shortage in nursing staff, the lengthy process to recruit new nurses, and the decrease in the number of applicants to this field of study, it becomes important for a healthcare institution to provide different types of trainings which accommodate to the level of experience of the new recruits. Trainings will need to be extensive, time-bound, and introduce new/creative approaches to perform tasks as swiftly as possible. These trainings may be provided in the form of workshops or webinars or even as regular classes. The topics and the frequency of the trainings will need to be specified by the institution itself, depending on its assessment of the skills and knowledge gaps inherent within the new recruits.

Accordingly, the more the recruits, the more the number of trainings needed, and therefore the more the training expenses incurred by the healthcare institution as a result of shortage in nurses.

We have established earlier that there is a positive correlation between the increase in the number of nurses leaving bedside care and the respective workload on other staff working in the same unit. However, this increase in workload comes at a high cost for the healthcare institution at several levels. This increase in turnover fosters the negative image which society is promoting about the nursing profession. Hence, more students will refrain from pursuing nursing studies and the shortage of bedside nurses will escalate; putting the nursing profession at a very risky situation. Therefore, more campaigns need to be organized to promote nursing as a profession rather than only as assistants whose role is portrayed as very basic rather than influential.

Salaries also appeared to be among the primary reasons behind leaving the institution to join another. In fact, there is a positive correlation between the salary scale and the RNs willingness to stay. The more the salary and the corresponding benefits, the less the nurse is willing to stay at the healthcare institution. We ought to differentiate between the humanitarian component of the nursing profession and reality

Further research is mandatory to highlight the challenges and implications of shortage in nurses on different socio-economic aspects of the Lebanese economy; particularly on the quality of healthcare services and mortality rates. This increase in turnover fosters the negative image which society is promoting about the nursing profession. Hence, more students will refrain from pursuing nursing studies and the shortage of bedside nurses will escalate; putting the nursing profession at a very risky situation

Benefits mentioned in the interviews included overtime, medications, and annual leaves. The RNs emphasized their need for increased overtime ratio, free access to medications, and increased number of annual leaves. The majority of RNs interviewed

complained that they do not have free access to medications. RNs explained that they pay the full amount of the medications and it is up to them to recollect the costs of these medications from the National Social Security Fund (NSSF). It was clear during the interviews that this issue was disturbing to the RNs.

Annual leaves have also been raised during the interviews. RNs need to be able to take their annual leaves, but it is not possible with the workload resulting from the shortage in bedside care RNs. One RN explained that he has not been able to take his due vacation throughout his years of employment in the organization due to the shortage in the number of nurses who can cover his shift.

An additional request addressed the educational allowance RNs receive and suggested that instead of covering only two children, it would be great if they cover more than two children per family.

Further recommendations have also been shared by the RNs, but do not fall under any of the previous categories discussed under this theme.

One suggestion is for management to identify the work schedule of all RNs on the floor, check the nurses requesting a fixed schedule and reassign those nurses on floors where a fixed shift is offered. Based on RN's suggestion, a personnel may transfer from one floor to another based on the shifts they are looking for. Another suggestion is for management to focus on job satisfaction and weigh the areas they are investing in within the health facility.

Additionally, management needs to further work on RN satisfaction. Some RNs would prefer a reallocation of funds with respect to the money spent on yoga classes for example. RNs recommend not spend money on activities which employees are not

interested in, but rather spend them on recognizing employees, acknowledging their efforts and awarding them with souvenirs.

RNs with a degree from a technical/vocational institution, called for equating their degree to a university degree through contracting with a university abroad which would in turn train, instruct, and screen the applicants before granting them a university degree.

There were many ideas and recommendations which the RNs were eager to share during the interviews. However, the complexity of the turnover dilemma poses a challenge towards achieving all these recommendations. To successfully implement the myriad of action steps in question, we need to acknowledge the input shared by the RNs and share the results of this study with BMC for them to be able to address these challenges at an early stage before they escalate further.

## **B. Conclusion**

This study highlighted the perceptions of RNs on turnover based on their personal experience in the field. The findings of this study coincide with those of the literature on Lebanon. The problem is both national and institutional. RN personal views are crucial to address institutional turnover issues. Therefore, health institutions need to conduct more qualitative studies at an institutional level and collectively to bring nation-wide reduction in nurse turnover. Policies alone are not enough. Identifying and resolving the problem must start at the institutional level.

# APPENDIX I

## CONSENT FORM

Research project title:  
**Exploratory Study of Registered Nurses' Turnover in a Private Medical Center in Lebanon**

Principal Investigator: Dr Nuhad Yazbik-Dumit  
Student Investigator: Mona Shorba, RN  
Volunteer Research Assistant: Zahraa Shaito, MA  
School of Nursing, American University of Beirut

Greetings. My name is Mona Shorba and I am a graduate student at Hariri School of Nursing at AUB. I am currently conducting interviews for my thesis project titled: "Exploratory Study of Registered Nurses' Turnover in a Private Medical Center in Lebanon". This project is being conducted in partial fulfillment of my Masters degree in Nursing. I would like to invite you to participate in a research study that aims to investigate the perceptions and views of registered nurses at the Bellevue Medical Center (BMC) about turnover and retention in different units.

I would like to take a few minutes to explain why I am inviting you to participate and what will be done with the information you provide me with. Please stop me at any time if you have any questions. After I have told you more about this project, you can decide whether or not you would like to participate.

Participants are recruited through fliers distributed at the different units at BMC. These fliers include an explanation of the study as well as the contact information of the research team, to be contacted by interested participants. I will be recruiting and interviewing a sample of 10-12 registered nurses, males and females, from Bellevue Medical Center (BMC) about turnover and retention in these units with regards to the reasons promoting nurses turnover at BMC as well as effective retention strategies to reduce nurse turnover at the site. Participation is completely voluntary and the interviews will take place in a place of your choice, or if available, a private room at the Hospital.

I will be using qualitative in-depth interviews which will take approximately 45 to 75 minutes of your time. During the interview, I will ask you approximately 8 open ended questions and a few routine questions about your age, educational background, and work experience. If at any time you do not wish to answer any particular question in the interview, please feel free not to. If at any time you would like to stop participating, please tell me. We can take a break, stop and continue at a later date, or stop altogether. You will not be penalized in any way for deciding to stop participation at any time and your relation with Bellevue Medical Center will not be effected in any way. Refusal to participate in this study will also involve no loss to you and will not affect your relationship the Bellevue Medical Center.

All data collected will be treated as confidential information. Your name or any identifiers will not be included in this research. All data collected from the study participants will be aggregated data and will have no identifiers that could be linked to

your personal responses. This collected information will be used in published research as well as in academic presentations.

All interview files will be kept in locked drawers in the research office of the PI. Data analysis will also take place in the PI's office. To meet AUB archives policy data will be stored at least for three years after study completion, after which all interviews will be destroyed. You will receive no direct benefits or compensation for your participation in this study.

I would like to audio-record this interview so as to make sure that I accurately capture all the information you provide. These recordings will be safely stored in the PI's office in a password protected computer file which only the research team has access to and will use. The interview recordings will be conducted and transcribed by me as the research assistant helping the research team, in preparation for the analysis. Only the aggregated data from the interviews (which will have no identifiers) will be written up. You may still participate in the interview if you do not wish for it to be taped.

**Please do not refer to specific names /people in your responses**

If you have questions, you are free to ask them now. If you have questions later, you may contact Ms. Mona Shorba at the American University of Beirut Medical Center 01-350000 extension 6309 email [ms56@aub.edu.lb](mailto:ms56@aub.edu.lb) or the PI: Dr Nuhad Yazbik-Dumit at the same address, phone 01-350000 extension 5955 email [ny00@aub.edu.lb](mailto:ny00@aub.edu.lb).

If you have any questions about your rights as a participant in this research, you can contact the Institutional Review Board at the American University of Beirut at 01-374374 extension 5445 or Email: [irb@aub.edu.lb](mailto:irb@aub.edu.lb)

**Do you voluntarily consent to take part in this study?**

Yes                       No                      **Date** \_\_\_\_\_

**Do you also voluntarily consent to this interview being audio-recorded?**

Yes                       No                      **Date** \_\_\_\_\_

We may wish to quote from this interview either in the presentations or articles resulting from this work. A made-up name will be used in order to protect your identity.

**Do you voluntarily consent to allow me to use quotes from this interview?**

Yes                       No                      **Date** \_\_\_\_\_

**Researcher's name** \_\_\_\_\_ **Researcher's signature:** \_\_\_\_\_  
**Place of the Interview** \_\_\_\_\_

**Date of the interview** \_\_\_\_\_ **Time of the interview** \_\_\_\_\_

You will be given a copy of this consent form with your signature. Thank you.



## استمارة موافقة للاشتراك

عنوان الدراسة البحثية:

دراسة استكشافية لسرعة التغير الوظيفي عند الممرضين والممرضات المسجلين في مركز طبي خاص  
في لبنان

الباحث الرئيسي: الدكتورة نهاد يزبك-ضومط،

الطالب الباحث: منى شوريا

مساعدة باحث متطوعة: زهراء شعيتو

كلية التمريض في الجامعة الأميركية في بيروت

تحياتي

اسمي منى شوريا وأنا طالبة دراسات عليا في كلية الحريري للتمريض في الجامعة الأميركية في بيروت. أقوم حاليا بإجراء مقابلات لدراساتي البحثية تحت عنوان: "دراسة استكشافية لسرعة التغير الوظيفي عند الممرضين والممرضات المسجلين في مركز طبي خاص في لبنان". إن هذه الدراسة البحثية تشكل مشروع التخرج لرسالة الدراسات العليا في التمريض. أود أن أدعوك للمشاركة في دراسة بحثية تهدف إلى التحقيق في آراء الممرضين والممرضات المسجلين في لبنان والذين يعملون في مركز بلفيو الطبي، حول سرعة التغير الوظيفي وإعادة اكتساب الممرضين والممرضات المسجلين في أقسام طبية مختلفة.

بداية، أود أن آخذ بضع دقائق لشرح سبب دعوتك للمشاركة وكيف ستستخدم المعلومات التي ستزودني بها. إذا كان لديك أية أسئلة، باستطاعتك الطلب الي بالتوقف في أي وقت. بعد الاطلاع على تفاصيل هذا المشروع، يمكنك أن تقرر ما إذا كنت ترغب في المشاركة أم لا.

يتم استقطاب المشاركين في هذه الدراسة من خلال مناشير يتم توزيعها في أقسام طبية مختلفة في مركز بلفيو الطبي. ستتضمن هذه المناشير شرحا وافيا عن الدراسة بالإضافة الى تفاصيل الاتصال بفريق البحث كي يتواصل معهم المشاركون المتطوعون. سوف يتم تطويع وإجراء المقابلات مع عينة من 10-12 ممرض وممرضة، في مركز بلفيو الطبي، للتحديث عن سرعة التغير الوظيفي وإعادة اكتساب الممرضين والممرضات المسجلين في هذا المركز. إن مشاركتك طوعية تماما. وسيتم اجراء المقابلات في مكان تختاره، او في غرفة خاصة في المستشفى في حال توفرت.

سوف أستخدم المقابلات المعمقة والتي سوف تستغرق حوالي 45 الى 75 دقيقة من وقتك. خلال المقابلة، سوف أطلب منك الاجابة عن ما يقارب 8 أسئلة مفتوحة وعدد قليل من الأسئلة الروتينية عن عمرك، والخلفية العلمية، والخبرة الوظيفية. ان كنت في أي وقت لا ترغبون في الإجابة عن أي سؤال معين في المقابلة، فلا تتردد في القيام بذلك. إذا كنت ترغب في التوقف عن المشاركة في أي وقت، يرجى إعلامي بذلك. يمكننا أخذ قسط من الراحة، أو التوقف ومتابعة المقابلة في وقت لاحق، أو توقيف المقابلة تماما. لن يتم معاقبتك بأي شكل من الأشكال بسبب اتخاذك القرار بالتوقف عن المشاركة في أي وقت. كما ان علاقتك مع مركز بلفيو الطبي لن تتأثر البتة. إن الإعراض عن المشاركة في هذه الدراسة لن يتضمن اية خسارة شخصية لأي من المنافع ولن يؤثر على علاقتك الشخصية با مركز بلفيو الطبي.

سوف يتم التعامل مع جميع البيانات التي يتم جمعها على أنها معلومات سرية. لن يتم ادراج اسمك أو أية معلومات تعرف عنك في هذا البحث. إن جميع البيانات التي يتم جمعها من المشاركين في الدراسة هي بيانات عامة وليس فيها اية معلومات تعرف عنك او قد تكون مرتبطة بايجاباتك الشخصية. سيتم استخدام المعلومات التي يتم جمعها في منشورات بحثية وكذلك في عروض أكاديمية.

سوف يتم الاحتفاظ بجميع ملفات المقابلات في أدراج مغلقة في مكتب الباحث الاساسي. كما سيتم تحليل المعلومات

في مكتب الباحث الأساسي. بهدف العمل وفق سياسة الأرشفة في الجامعة الأميركية في بيروت، سوف يتم تخزين البيانات السياسية على الأقل لمدة ثلاث سنوات بعد انتهاء الدراسة، وبعد ذلك سيتم اتلاف جميع المقابلات.

لن تكون هناك اية فوائد مباشرة أو تعويضات لمشاركتك في هذه الدراسة.

أود أن أقوم بتسجيل هذه المقابلة صوتياً وذلك للتأكد من التقاط كافة المعلومات التي تدلي بها بدقة. سيتم تخزين هذه التسجيلات بأمان في مكتب الباحث الأساسي في ملف على كمبيوتر محمي بكلمة سر متوفرة فقط لفريق البحث. سيتم إجراء المقابلات وتفرغ تسجيلات المقابلة من قبلي كمساعدة باحث استعداداً لتحليلها. سوف تركز كتابة البحث فقط على البيانات المجمعّة من المقابلات (التي لن يكون لها معرفات). يمكنك المشاركة في المقابلة حتى ان كنت لا ترغب في أن تكون مسجلة.

### الرجاء عدم ذكر أسماء أشخاص ضمن الأجوبة

إذا كانت لديك أية أسئلة، يمكنك التقدم بها الآن. إذا كانت لديك أسئلة في وقت لاحق، يمكنك الاتصال بالسيدة منى شوربا في المركز الطبي في الجامعة الأميركية في بيروت 01-374374 المقسم 6309 البريد الإلكتروني [ms56@aub.edu.lb](mailto:ms56@aub.edu.lb) أو بالباحث الأساسي: الدكتورة نهاد يزبك-ظومط على نفس العنوان، الهاتف 01-374374 المقسم 5955 البريد الإلكتروني [ny00@aub.edu.lb](mailto:ny00@aub.edu.lb)

إذا كانت لديك أية أسئلة حول حقوقك كمشارك في هذا البحث، يمكنك الاتصال بمجلس المراجعة المؤسسية في الجامعة الأميركية في بيروت على الرقم 01-374374 المقسم 5445 أو البريد الإلكتروني: [irb@aub.edu.lb](mailto:irb@aub.edu.lb)

هل توافق طوعاً على المشاركة في الدراسة؟  نعم  لا التاريخ: \_\_\_\_\_

هل توافق طوعاً على التسجيل الصوتي لهذه المقابلة؟

نعم  لا التاريخ: \_\_\_\_\_

قد نقتبس من هذه المقابلة سواء في العروض أو المقالات الناتجة عن هذا العمل. عندها سيتم استخدام اسم مستعار من أجل حماية هويتك.

هل توافق على السماح لي باستخدام مقتطفات من هذه المقابلة؟

نعم  لا التاريخ: \_\_\_\_\_

اسم الباحث: \_\_\_\_\_ توقيع الباحث: \_\_\_\_\_

مكان المقابلة: \_\_\_\_\_

تاريخ المقابلة: \_\_\_\_\_ وقت المقابلة: \_\_\_\_\_

ستعطى نسخة من طلب الموافقة هذا مع توقيعك.  
شكراً.

## APPENDIX II

### INTERVIEW GUIDE

#### I. First Level Questions: Background Information

- a. *Gender:* \_\_\_\_\_
- b. *Age/Age range:* \_\_\_\_\_
- c. *Level of Education:* \_\_\_\_\_
- d. *Job level:*             management                             non-management
- e. *Years of Experience in this field:* \_\_\_\_\_
- f. *Years Working for Current Organization:* \_\_\_\_\_

#### II. Second Level Questions: The Organization

- a. Would you consider high RN turnover to be a problem? Please explain
- b. What factors do you believe drive RNs to change or leave work?
- c. What are the consequences for high RN turnover?
- d. What is your organization doing to reduce high turnover rate at Bellevue Medical Center (BMC)?
- e. Can you describe the programs that your organization has/is implementing to reduce high turnover rate at Bellevue Medical Center (BMC)?
- f. In what ways have these programs been successful?
- g. In what ways have these programs been unsuccessful?
- i. What do you believe needs to be done to further reduce high turnover rate at Bellevue Medical Center (BMC)?

## أسئلة المقابلة

### المستوى الأول الأسئلة: معلومات أساسية

- أ. الجنس: \_\_\_\_\_
- ب. الفئة العمرية / العمر \_\_\_\_\_
- ج. المستوى التعليمي \_\_\_\_\_
- هـ. الوظيفة  إداري  غير إداري
- و. سنوات من الخبرة في هذا المجال \_\_\_\_\_
- ز. سنوات من العمل في المؤسسة الحالية \_\_\_\_\_

### أسئلة المستوى الثاني: تنظيم

أ. برأيك، هل تشكّل سرعة التغيّر الوظيفي العالية للممرضين والممرضات المسجلين في لبنان مشكلة؟

يرجى توضيح

ب. ما هي العوامل التي تعتقد انها تدفع بالممرضين والممرضات المسجلين في لبنان لتغيير أو ترك

العمل؟

ج. ما هي النتائج المترتبة على سرعة التغيّر الوظيفي العالية للممرضين والممرضات المسجلين في لبنان؟

د. ما الذي تقوم به مؤسستك للحد من ارتفاع سرعة التغيّر الوظيفي العالية للممرضين والممرضات في

مركز بلفيو الطبي؟

هـ. هل بإمكانك وصف البرامج التي تعتمد عليها مؤسستك للحد من ارتفاع سرعة التغيّر الوظيفي العالية

للممرضين والممرضات مركز بلفيو الطبي؟

و. كيف كانت هذه البرامج ناجحة؟

ز. كيف كانت هذه البرامج غير ناجحة؟

ح. ما الذي ينبغي فعله أضافيا للحد من سرعة التغيّر الوظيفي العالية للممرضين والممرضات في مركز

بلفيو الطبي؟

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