Assessment of nurse retention challenges and strategies in Lebanese hospitals: the perspective of nursing directors

FADI EL-JARDALI MPH, PhD[1], MIRVAT MERHI MS[2], DIANA JAMAL MPH[3], NUHAD DUMIT BSN, MA, PhD[4] and GLADYS MOURO BSN, MSN[5]

[1]Assistant Professor, *Department of Health Management and Policy, Faculty of Health Sciences, American University of Beirut, Beirut,*[2]Research Assistant, *Department of Health Management and Policy, Faculty of Health Sciences, American University of Beirut, Beirut,*[3]Research Assistant, *Department of Health Management and Policy, Faculty of Health Sciences, American University of Beirut, Beirut,* [4]Clinical Assistant Professor, *School of Nursing, Faculty of Medicine, American University of Beirut, Beirut and* [5]Assistant Hospital Director for Nursing Services, *American University of Beirut Medical Center, Beirut, Lebanon*

Correspondence
Fadi El-Jardali
Department of Health Management and Policy, Faculty of Health Sciences
American University of Beirut
Riad El-Solh Beirut
1107 2020
Beirut
Lebanon
E-mail: fe08@aub.edu.lb

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Aim Assess nurse retention challenges and strategies as perceived by nursing directors in Lebanese hospitals.
Background The Kampala Health Workforce Declaration stressed the importance of retaining an effective, responsive and equitably distributed health workforce, particularly nurses. Little is known about nurse retention challenges and strategies in Lebanon.
Methods Nursing directors of 76 hospitals participated and were sent a two-page survey on perceived retention challenges and hospital-based retention strategies.
Results Retention challenges included unsatisfactory salary, unsuitable shifts and working hours, as well as better opportunities in other areas within or outside Lebanon. Retention strategies included implementing financial rewards and benefits, a salary scale, staff development, praise and improving work environment. Nursing directors did not address all perceived challenges in their strategies.
Implications for nursing management To better manage the nursing workforce, nursing directors should regularly measure and monitor nurse turnover rates and also their causes and predictors. Nursing directors should develop, implement and evaluate retention strategies. More information is needed on the management and leadership capacities of nursing directors in addition to their span of control.
Conclusion Nursing directors are facing challenges in retaining their nurses. If these problems are not addressed, Lebanon will continue to lose competent and skilled nurses.

Keywords: Lebanon, low- and middle-income countries, nurse retention, nursing directors, retention strategies

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Introduction

Issues related to nurse retention constitute major challenges for nursing directors in many countries. The critical shortage of qualified and well-trained staff posses a challenge in meeting the health care requirements of the growing population (Gullatte & Jirasakhiran 2005, Tourangeau & Cranley 2006) particularly in low- and middle-income countries (LMICs). The Kampala Declaration, that emerged from the First Global Forum on Human Resources for Health held in Uganda (2008), focused on the importance of retaining an effective, responsive and equitably distributed health workforce, particularly nurses (Global Health Workforce Alliance 2008).

Many LMICs have voiced concerns regarding their nursing shortage which can vary from six nurses per 100 000 in Uganda (Buchan & Calman 2004) to 118 per 100 000 in Lebanon [World Health Organization (WHO) 2006]. Shortages also vary on a regional level; for instance, Africa has the lowest health workforce density followed by the eastern mediterranean region (EMR), whereas the Americas have the highest workforce density. The global health workforce shortage is close to 4.3 million workers [World Health Organization (WHO) 2006]. To meet the average density for LMICs in the African Region, Sub-Saharan Africa needs an estimated 600 000 additional nurses (Nguyen *et al.* 2008). Moreover, the future demand for nurses is expected to increase by 40% whereas the actual number is only expected to grow by 6% (Stanton & Rutherford 2004).

Evidence shows that shortages are a symptom of inadequate policies on recruitment and retention of health care workers (Zurn *et al.* 2005). While the nursing shortage is a critical challenge to both developed and developing countries alike, the burden weighs more heavily on developing countries that are dealing with poor health indicators and lack of complete and reliable information about their health workforce in general, and nurses in particular. It is believed that low nurse density is associated with poor health outcomes (El-Jardali *et al.* 2007). The Global Nursing Review Institute indicated that the lack of planning and management of human resources are major causes of poor retention of nurses and poor career development prospects in developing countries (Rafferty *et al.* 2005).

In many countries all over the world, the rate of nurse turnover has been increasing (Larrabee *et al.* 2003, Zurn *et al.* 2005). Turnover has several financial implications on the health service organizations and health care systems of several countries. Turnover in a health care organization can account for up to 5% of the annual operating budget (Waldman *et al.* 2004), and is possibly one of the largest contributors to total hospital costs (Zurn *et al.* 2005). The increase in nurse turnover has been met with a decrease in enrolment in nursing educational programmes in several countries. It has been reported that the number of students enrolled in nursing schools in Australia has decreased by 11% during the 1990s and is also expected to decrease worldwide (Cowin 2002).

Increase in nurse turnover can widen the patient-to-nurse ratio, therefore adding to the nurses' workload. Increasing nurses' workload may lead to a deterioration in the quality of care delivery hence affecting patient satisfaction and health care outcomes (Jones 2004). The quality of hospital care can be influenced by a shortage in nurses (Aiken *et al.* 2002). Better nurse staffing (as a function of higher nurse-to-patient ratios, skill mix, nursing hours per patient per day) was found to be positively associated with better quality of care (Aiken *et al.* 2002). For example, a study conducted on patients in a nursing home care facility found that each proportionate loss of a registered nurse would increase the risk of infection by around 20% and would increase the risk of hospitalization by approximately 80% (Zimmerman *et al.* 2002). Moreover, having better prepared nurses (higher educational credentials) was associated with lower patient mortality and decreased odds of failure to rescue (Aiken *et al.* 2003).

Many international studies have investigated the reasons why nurses leave work (Cartledge 2001, Shader *et al.* 2001, Larrabee *et al.* 2003, Coumber & Barriball 2007, Nguyen *et al.* 2008). According to these studies, multiple factors contribute to nurses' decision to leave; these factors relate to work stress, low salaries, desire for professional development and the lack of respect and recognition by society (Cartledge 2001, Nguyen *et al.* 2008). Other factors included dissatisfaction with the supervisor, inflexible schedules, desire to work in a different field, high workload and family reasons (Shader *et al.* 2001, Larrabee *et al.* 2003, Coumber & Barriball 2007). It was also reported that the likelihood of unsatisfied nurses to leave the profession was 65% higher than satisfied nurses (Shields & Ward 2001). Additionally, poor retention strategies can influence nurses' choice to leave the workforce (Tourangeau & Cranley 2006).

Many nurse retention strategies have been identified in the literature. Hensinger *et al.* (2004) maintain that cultural factors within a health organization such as acknowledging and valuing nurses' contribution, maintaining good relationships and workforce cohesion,

supporting newly hired nurses as well as encouraging and facilitating education would lead to better performance and consequently better retention. On the other hand, Vetter *et al.* (2001) suggested allowing for self-scheduling as a strategy for promoting high job satisfaction, maintaining staffing standards and improving retention.

The nursing leadership team, particularly nursing directors, can play a vital role in retaining nurses through using their managerial and leadership skills to create a positive culture that promotes retention (Anthony *et al.* 2005). Research shows that the relationship between nurses and their supervisors is a primary determinant of job satisfaction and consequently intent to stay (Wagner 2006). Managerial support is critical to retention and is also correlated with job satisfaction (Tourangeau & Cranley 2006). Examples of managerial support that nursing directors provide to their staff nurses are: listening to their staff, encouraging teamwork and communication (Force 2005) and offering an appropriate form of praise or recognition when it is well-deserved (Gullatte & Jirasakhiran 2005, O'Brien-Pallas *et al.* 2006). Nursing directors can also play a direct role in conflict resolution and in encouraging a positive organizational culture and socialization within and among units (Anthony *et al.* 2005, Gullatte & Jirasakhiran 2005). Force (2005) reported that nurses believe that a good relationship with their directors is an important factor in their decision to remain employed.

There is little research addressing nurse retention challenges in many LMICs including the strategies that are employed by nursing directors to face those challenges. Questions pertaining to these issues include: What do nursing directors perceive as the most important contributors to nurses' decision to leave? What are the strategies that nursing directors are employing to address nurse retention challenges? To what extent can nursing directors contribute to effective management of nurse retention issues?

The case in Lebanon

While a lot of work has been done on nurse retention in developed countries, a review of the literature revealed that little is known on nurse retention in the EMR, and Lebanon is no exception. Specifically, little is known on what retention challenges exist and which strategies work best for retaining nurses in Lebanon and the region. There is also a lack of a comprehensive database on the number and characteristics of nurses in Lebanon; despite the limited information, the country is perceived to suffer from a shortage of qualified nurses. Moreover, Lebanon has the 8th lowest nurse density in the EMR and is one of the source countries for some of the Gulf region such as the Kingdom of Saudi Arabia (KSA), Kuwait, United Arab Emirates (UAE) and Bahrain. Such countries are engaging in active recruitment of Lebanese nurses (El-Jardali *et al.* 2008).

Nurse migration poses a major problem in Lebanon. In fact, one out of five registered nurses with a Bachelors of Science in Nursing (BSN) migrates out of Lebanon within 1–2 years of graduation (El-Jardali *et al.* 2008). Recent evidence showed that the most important reason for leaving was the lack of career development opportunities, followed by poor salaries, inequality with other health professionals and not being treated as a valued health professional. Moreover, in a recent study conducted in Lebanon, the lack of managerial support was also cited as a trigger for leaving (El-Jardali *et al.* 2008).

Lebanon has a perceived shortage in practicing nurses. However, data from the Lebanese Order of Nurses reveals that around 10% of nurses are currently unemployed and 61.6% of them are under the age of 30 indicating a lack of experienced nurses. This evidence, in addition to the fact that one out of every five nurses migrates within 1–2 years of graduation, signifies the need to develop targeted retention strategies for nurses in Lebanon (El-Jardali *et al.* 2008). In order to develop effective retention strategies, there is a need to first assess the current challenges and strategies employed in retaining nurses as perceived by nursing directors in the country.

Aim

The aim of this study was to assess nurse retention challenges and strategies in Lebanese hospitals as perceived by nursing directors. Specifically, the study aimed at assessing the perception of nursing directors about the challenges relating to nurse retention and the current strategies adopted. Additionally, this study helped determine the number and types of employed and resigned nurses over the past 3 years and the average nurse turnover rate and length of service (LOS) in sampled hospitals.

Methods

Study design

This national study included all hospitals in Lebanon (teaching/non-teaching, urban/rural, large/small) with

at least 20 beds. A two-page questionnaire targeting nursing directors was designed based on an extensive literature review and discussions with nursing administrators in major Lebanese hospitals and the Lebanese order of nurses. Survey questions were developed by a research panel composed of a research team and three nursing administrators. Questions were constructed in a way that best allows the nursing directors to document their viewpoints regarding nurse retention challenges and strategies. The research panel carefully worded the questions to ensure clarity and facilitate effective response. The questionnaire included item-based and open-ended questions. The item-based questions included the educational profile of employed and resigned nurses, in addition to average length of service and nurse turnover rate. The open-ended items encompassed specific questions relating to the main retention challenges faced by nursing directors as well as key strategies adopted to address these challenges.

The questionnaire was originally developed in English and then translated to Arabic as it is the primary language of most nursing directors. Back translation to English was conducted to validate the Arabic translation. The language option was given to the nursing directors and all preferred Arabic. After the questionnaire development was finalized, it was pilot tested for both language versions with 10 nursing administrators who worked closely with nursing directors but were excluded from the sample of participants who answered the questions. The 10 administrators were asked about the clarity of the questions, the format of the questionnaire and the clarity of instructions. They found the survey to be easy and straightforward. Based on the administrators' suggestions, minor changes were made to the wording of a few questions in the item-based section of the survey.

A list of hospitals having more than 20 beds in addition to the names of their nursing directors was obtained from the Lebanese order of nurses. A total of 139 hospitals in Lebanon matched this preset criterion. Out of this total, 121 hospitals were reached; the rest of the hospitals had either closed down or did not have a nursing director. Nursing directors were first approached through phone calls from the principal investigator. They were informed about the purpose and significance of the study. After initial consent to participate in the study, a letter addressed to the hospital administration as well as nursing directors was sent by fax along with the questionnaire. A time limit of 2 weeks was allotted to return the questionnaire. Nursing directors were asked to only include registered nurses in their responses, and to exclude nurse aides and practical nurses. The registered nurses included university graduates holding a BSN and technical school graduates holding technique superior (TS), baccalaureate technique (BT), license technique (LT) and Diploma.

Up to three reminders were sent to respondents over a period of 3 months, and the questionnaire was resent to some nursing directors when needed. Few questionnaires were sent by mail because of failure in fax transmission. A total of 76 directors (62.8%) returned the filled questionnaire. The hospitals that participated in the study were geographically distributed all over Lebanon (Figure 1).

It is worth noting that two types of educational programmes exist in Lebanon: these are university and

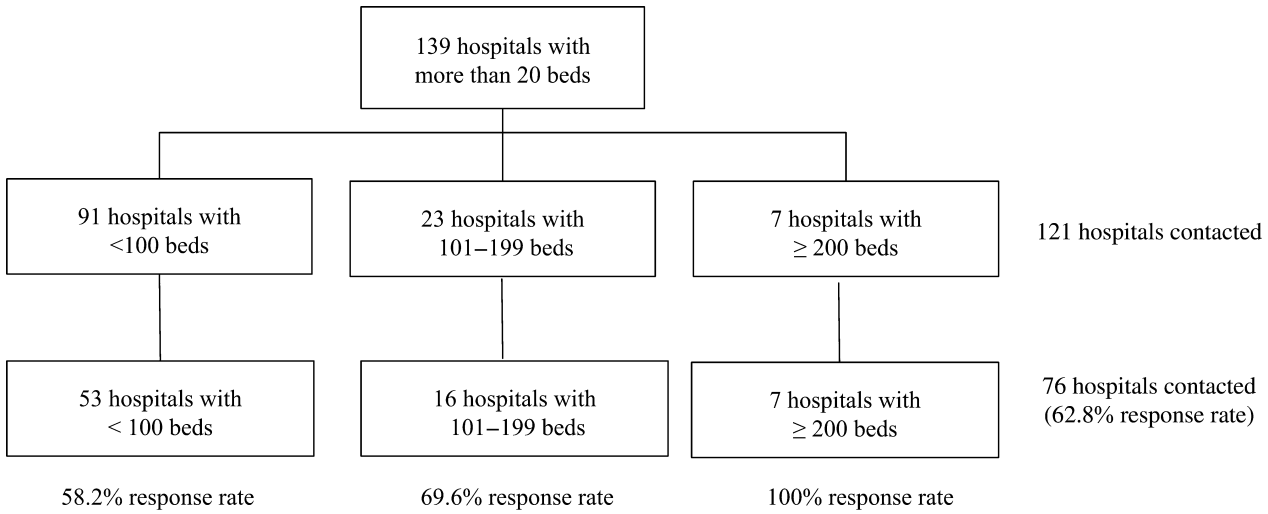

Figure 1
Distribution of contacted and surveyed hospitals by hospital size.

technical programmes (Abu Saad Huijer *et al.* 2005). While multiple authorities in Lebanon have information about the quality of the curricula of university nursing programmes, there is still lack of such information for technical programmes. University nursing programmes in Lebanon have been graduating BSN prepared nurses for more than 50 years (Abu Saad Huijer *et al.* 2005). Over the last decade or so, Lebanon has witnessed an unregulated growth of nursing technical schools with limited control from authorities in relation to educational curricula and practice. The lack of national accreditation standards for nursing schools and programmes (Abu Saad Huijer *et al.* 2005) might translate into poor control over the quality of education provided to graduates of technical schools. In Lebanon, university nursing graduates are better trained (Abu Saad Huijer *et al.* 2005) and this allows them to provide superior quality of care compared with technical nurses.

Before initiation of the study, ethical approval for this study was obtained from the university's research board.

Data analysis

Data was entered and analysed using SPSS 15.0 (SPSS Inc., Chicago, IL, USA). The quantitative data analysis included uni-variate and bi-variate analysis. The qualitative data analysis comprised thematic analysis to derive challenges and strategies related to nurse retention.

Quantitative data analysis

Distribution of nurses

Nursing directors provided us with information on employed and resigned nurses from 2004 to 2006. Degrees of registered nurses employed at the sampled hospitals included BSN, TS, BT, LT and Diploma. The total number of nurses employed and resigned for each year was calculated. The percentage of nurses employed and resigned within each degree type was also calculated.

Turnover rate and length of service

In the quantitative section of the questionnaire, nursing directors were asked to report nurse turnover rates in addition to the average LOS of nurses at their hospitals.

Qualitative data analysis

Reasons for leaving and retention strategies

Thematic analysis of the open-ended questions was conducted for the purpose of deriving the main retention challenges (reasons why nurses are leaving) as perceived by nursing directors in addition to the main retention strategies adopted by the hospital. Answers were coded and similar codes were grouped under categories. Related categories were then gathered under themes. Perceived reasons for leaving were compared against the adopted retention strategies to understand whether the adopted strategies are serving to mitigate the perceived challenges.

Thematic analysis followed both an inductive and deductive approach. In the inductive approach, themes were derived from the review of relevant literature whereas in the deductive approach, themes emerged based on the responses of nursing directors. The predetermined retention challenges included: lack of career advancement opportunities; financial issues; work-related issues; poor managerial support; and family reasons. The deductive analysis revealed other themes related to retention challenges including intent to migrate and lack of opportunities for continuing education.

As for retention strategies, the predetermined themes included financial incentives, improving managerial support and offering praise, improving scheduling, offering educational support and opportunities for career advancement and promotion. Themes derived from the deductive approach included work environment, offering transportation facilities and dormitories and creating a daycare centre within the hospitals (for married nurses with young children).

Results

Quantitative section

Distribution of nurses

Upon examining the distribution of nurses in Lebanese hospitals by degree type, it was found that most of the nurses employed at the sampled hospitals held a BSN degree (40.5% in 2004, 41.9% in 2005 and 44.2% in 2006). Nurses with BT degrees respectively constituted 30.9%, 28.9% and 25.3% of the total nurses employed in the sampled hospitals for the years 2004–06 (Figure 2). Nurses holding a TS degree comprised approximately 20% of the total number of nurses (21.7% in 2004, 21.9% in 2005 and 22.1% in 2006). The per cent of LT (approximately 5%) and Diploma nurses was almost equal (approximately 3%).

In the period 2004–06, Figure 3 shows the distribution of resigned nurses in these hospitals by degree type. Most of the nurses who resigned from 2004 to 2006 held BSN degrees (52.9%, 51.9% and 50.1% for the years 2004–06, respectively). The next highest

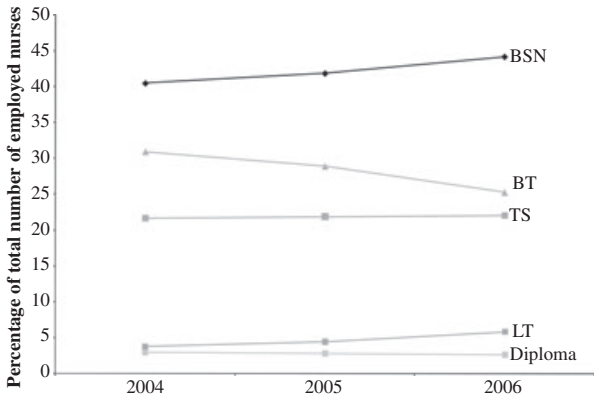

Figure 2
Distribution of employed nurses by degree type (2004–2006).

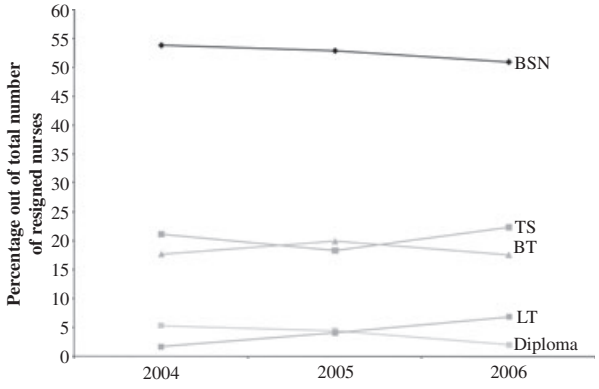

Figure 3
Distribution of resigned nurses by degree type (2004–2006).

Table 1
Distribution of turnover rates across the 29 hospitals reporting data for 2004, 2005 and 2006

	2004	*2005*	*2006*
Mean turnover rate	13.0%	15.8%	16.8%
Standard deviation	11.1	12.7	12.2

percentage is that of nurses holding a TS degree followed by nurses holding a BT degree (see Figure 3).

Turnover rate and length of service

Nursing directors were also asked to report the nurse turnover rates for the years 2004–06. Results showed that only 29 out of the 76 hospitals (38.2%) calculated turnover rates for all the 3 years together. For those 29 hospitals, the average turnover rate increased from 13.0% in 2004 to 15.8% in 2005 to 16.8% in 2006 (see Table 1). No statistical significance in turnover was observed when comparing values by hospital type (teaching/non-teaching, public/private), size and location.

Table 2
Average length of service for nurses in the sampled hospitals

	Length of service at resignation n (%)			*Average length of service n (%)*
	2004	*2005*	*2006*	*2007*
<1 year	10 (21.3)	8 (15.4)	7 (12.3)	4 (5.9)
1–3 years	15 (31.9)	23 (44.2)	28 (49.1)	23 (33.8)
3–5 years	15 (31.9)	13 (25.0)	13 (22.8)	18 (26.5)
>5 years	7 (14.9)	8 (15.4)	9 (15.8)	23 (33.8)
Total	**47 (100.0)**	**52 (100.0)**	**57 (100.0)**	**68 (100.0)**
Missing	*29*	*25*	*19*	*8*

It is worth mentioning that some hospitals reported turnover rates only for 2006 ($n = 5$) or both 2005 and 2006 ($n = 5$).

Nursing directors reported that 33.8% of their nurses' average LOS at resignation for 2005 and 2006 was 1–3 years. An equal 33.8% of nurses had an LOS exceeding 5 years (see Table 2).

Qualitative section

Retention challenges

The majority of the 76 hospitals (88.2%) reported facing challenges in retaining their nurses. The main reasons for leaving as perceived by the nursing directors included, but were not limited to: unsatisfactory salary and benefits (80.8%); unsuitable shifts and working hours (38.4%); presence of better opportunities abroad (30.1%); better opportunities in other hospitals within the country (30.1%); workload (27.4%); instability of the country (16.4%); marriage (16.4%); and the geographical location of the hospital (12.3%) (see Figure 4). Other less frequent reasons for leaving included the lack of incentives, shortage in qualified staff and nurses and work-related stress.

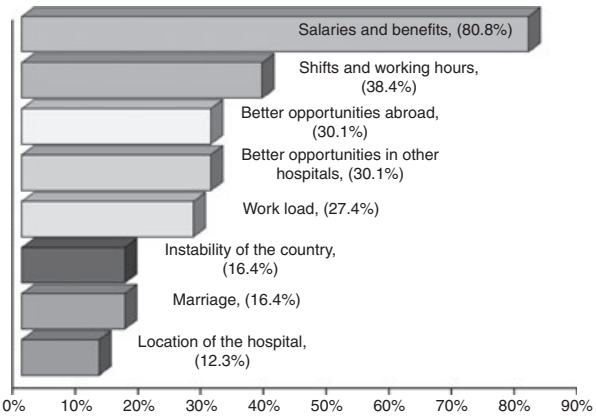

Figure 4
Top reasons for leaving as perceived by nursing directors.

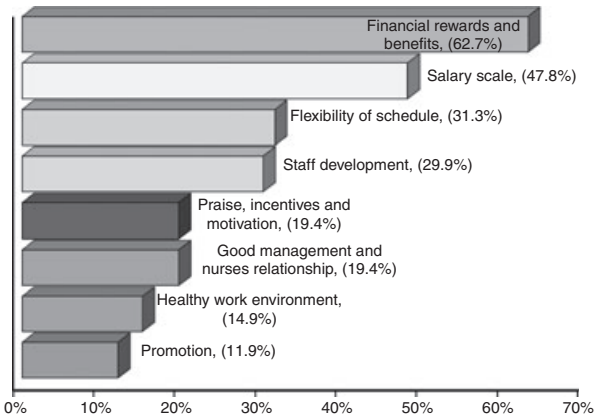

Figure 5
Retention strategies adopted by hospitals.

Retention strategies

A total of 88.2% of the participating hospitals (n = 67) indicated employing nurse retention strategies to mitigate the reported challenges, retain their nurses and decrease their turnover rates. The most common retention strategies adopted by these hospitals included: offering financial rewards and benefits (62.7%); implementing a salary scale (47.8%); flexible schedules (31.3%); staff development activities (29.9%); offering praise, incentives and motivation (19.4%); improving the relationship between nurses and management (19.4%); improving work environment (14.9%); and promotion opportunities (11.9%). Methods such as staffing, educational opportunities within and outside the hospital were also indicated among others as strategies of retention by some of the hospitals. Figure 5 shows the distribution of some of the strategies adopted by 67 of the hospitals.

As detailed in the discussion section of this paper, our results show that there is a mismatch between retention challenges and strategies. Although many of the directors perceived challenges in some aspects of nurse retention, their strategies did not reflect extensive action to remedy outcomes.

In answering the question on whether the strategies were successful, only 52 out of the 76 hospitals (68.4%) having retention strategies reported that the adopted strategies were effective in retaining their nurses. Moreover, 65% of nursing directors reported that they would recruit additional nurses if they had the necessary resources.

Discussion

The results of this survey showed that over 40% of employed nurses in the sampled hospitals held a BSN degree, whereas an approximate 30% held BT degrees and nearly 20% held a TS degree. However, approximately 50% of the resigned nurses held a BSN degree whereas BT and TS nurses comprised of approximately 20% each. The majority of the resigned nurses are university graduates holding BSN degrees, which implies that Lebanon is losing its qualified and experienced nurses. This phenomenon (losing BSN nurses) may have implications on the quality of care provided to Lebanese patients. Evidence in the literature demonstrated a strong association between an increased proportion of nurses with BSN or Masters Degrees and decreased patient mortality and odds of failure to rescue (Aiken *et al.* 2003). This signifies a need to better retain this group of qualified nurses or to consider strategies to increase supply of BSN nurses such as encouraging entry into the profession.

Market demand in Lebanon and the region is highest for BSN nurses and much lower for TS and BT nurses. This trend is alarming for Lebanon considering a recent study found that Lebanese nurses holding BSN degrees often work for 1–2 years to gain the experience needed to make them eligible for applying to better positions abroad (El-Jardali *et al.* 2008). Moreover, results from a recent national study in Lebanon on nurses' intent to leave showed that nurses with 1–3 years of experience are significantly more likely to leave the country; whereas those with more than 5 years of experience are more likely to leave their job and probably the profession (F. El-Jardali *et al.* unpublished study). Such information indicates that highly skilled Lebanese nurses, particularly those holding a BSN degree, are simply waiting for the earliest opportunity to find either a better paying job in Lebanon or emigrate to work in a country abroad. One could argue that the pull factors from abroad are too strong, making it difficult for hospitals in Lebanon to retain their nurses. However, these hospitals need to address some aspects of the nursing profession that may contribute to poor retention by developing simple and effective organizational retention strategies. Pull factors have been defined as incentives from abroad that encourage emigration (Hasselhorn *et al.* 2003).

As observed in the study results, turnover rates are increasing in the 29 hospitals sub-sample. The increase may be a byproduct of several factors including lack of or poor retention strategies and inability of hospitals and nursing directors to identify the predictors of turnover. Also, inability to implement targeted retention strategies to address issues related to salaries and benefits, career development, work environment, scheduling and working hours, etc. could be contributing to the increase in turnover rates. While the turnover rate for the 29 hospitals in 2006 was 16.8%, there

is no benchmark for turnover rates in Lebanon to allow us to determine whether this rate is high. However, international literature shows fluctuating turnover rates that range from 21% in the United States (Force 2005) to 15–20% in the United Kingdom (Zurn *et al.* 2005) and less than 10% in Taiwan (Zurn *et al.* 2005). One should also consider the fact the Lebanon has the 8th lowest nurse density in the EMR (1.18/1000 compared with a regional average of 2.20/1000 in the EMR) further aggravating the problem of the nursing shortage. Moreover, the region has an estimated shortage of 306 031 nurses, physicians and midwives and requires a 98% increase in Human Resources for Health (HRH) [World Health Organization (WHO) 2006] which makes it critical for the country and the region to retain its health workforce.

Our results show that there has been an increase in the number of hospitals that report turnover rates for nurses. This might be as a result of the recent national accreditation standards for Lebanese hospitals which require regular reporting of turnover of hospital personnel, including nurses.

Based on the response of nursing directors to the questionnaire, hospitals in Lebanon are facing challenges in retaining their nurses. The main retention challenges perceived by the nursing directors included salaries and benefits, scheduling and working hours, heavy workloads and better opportunities. Evidence in the literature showed that these were the main challenges to job dissatisfaction and is also associated with greater intent to leave (Chandra 2003, O'Brien-Pallas *et al.* 2006). The major retention strategies adopted by Lebanese hospitals in attempt to resolve retention challenges included implementing a salary scale, staff development, financial rewards, offering flexible schedules, improving the relationship between nurses and management and praise. Several of the above strategies were also documented in the literature such as financial incentives (Zurn *et al.* 2004), managerial support (Anthony *et al.* 2005, Tourangeau & Cranley 2006) and flexible scheduling (Vetter *et al.* 2001).

Despite the observed efforts of nursing directors to retain their nurses, a mismatch was noted when comparing the reported retention challenges against adopted strategies. For instance, poor salaries and benefits were perceived as a major reason for leaving (80.8%) among nurse directors but only 62.7% of directors were offering financial rewards and benefits whereas 47.8% were implementing a salary scale. On the other hand, 27.4% of the directors reported workload as a possible reason for leaving, but only 31.3% developed retention strategies that would address this issue (flexibility of schedule). In an attempt to mitigate the challenge of better opportunities abroad (30.1%) and within the country (30.1%), only 29.9% of hospitals initiated staff development programmes and 11.9% offered promotion opportunities. Furthermore, important strategies such as improving work environment and educational support did not appear among the most prominent retention strategies.

The mismatch between reported challenges and solutions can either indicate that nursing directors do not have the autonomy and authority to implement necessary retention strategies or they simply lack the management capacity required to develop such strategies. Some challenges may also be beyond the span of control of nursing directors, particularly those relating to the economic and political situation of the country. The impact of the economic hardships currently facing Lebanon has reached health organizations; third party payers are sometimes unable to pay hospitals on time which influences the financial viability of hospitals and their ability to pay their employees (Mohamad Ali Osseiran *et al.* 2005).

Some limitations to this study should be acknowledged. For instance, while 139 hospitals in Lebanon met our inclusion criteria, we were only able to contact 121 owing to outdated information on Lebanese hospitals. For example, several hospitals had closed down over the past few years. Other hospitals, particularly small-sized hospitals, did not have nursing directors. In such cases, hospital directors assume a dual role and may often lack a database on their nurses.

Another limitation related to the varying response rate to questions on turnover. Only 29 hospitals reported turnover rates for the three requested years. This might be because of either the limited knowledge on the importance of measuring this indicator or simply because of the lack of data. Another interpretation could be related to hospitals' concerns on confidentiality of data.

Although 68.4% of nursing directors reported that the retention strategies they adopted were successful, there was no question in the survey about how they measured the success of their strategies. Further research is required to document evidence on evaluating the success of retention strategies.

Implications for nursing management

The results of this study show that nursing directors in Lebanon should develop targeted retention strategies addressing the special needs of nurses with a high risk of leaving such as nurses with BSN degrees and those

whose LOS is between 1–3 years and more than 5 years. These results suggest that nursing directors should regularly measure and monitor nurse turnover rates as well as investigate its causes and predictors.

The findings of this study show that the nursing directors can adopt simple retention strategies that can have great impact on retaining their nurses. Such strategies may include financial and non-financial components that encourage recognition of nurses and opportunities to grow and develop their competencies. Nursing directors should, using various retention strategies, need to measure and evaluate their success in mitigating retention challenges. Supported by the Lebanese order of nurses, nursing directors in Lebanese hospitals can coordinate their efforts to develop and implement targeted retention strategies for their nurses.

Management capacities and leadership of nursing directors can also play a pivotal role in nurse retention. A well-documented strategy for improving nurse retention strengthens the leadership and management capacities of nursing directors. This includes ensuring an adequate number of directors (at all levels of a health system), building their competencies (knowledge, skills and behaviour), creating management support systems (to manage finances, staff, information, supplies, etc) in addition to creating a supportive and an enabling work environment (Egger & Ollier 2006). In this context, there is a need to know the management capacities of nursing directors in Lebanon by performing an assessment of managerial knowledge, skills and behaviours, as well as management educational gaps. Future research is needed to investigate the management capacity of nursing directors, including: What skills do nursing directors have in managing their staff? Are nursing directors well trained in managing the nursing workforce? What are the training and educational needs that they require? Do they have sufficient autonomy, span of control and authority to address nursing workforce challenges? How can nursing directors collectively develop a nurse workforce strategy for Lebanon?

In order to better manage the nursing workforce, nursing directors should be equipped with effective management capacities. Professionalizing the human resources management field and building the management capacities of nursing directors can have a positive impact on nurse job satisfaction and retention, quality of care and overall performance.

Conclusion

Nurse retention is a major challenge for nursing directors in Lebanon. If retention challenges are not adequately addressed, Lebanon will continue to lose competent and skilled nurses. The results of this study have served to demonstrate that Lebanon is in need of country-specific and targeted retention strategies. While some retention issues can be tackled at the country health system level, some should be tackled at an organizational level. As such, there is a need to know more about the span of control of nursing directors, as well as a need to strengthen their role in relation to nurse retention.

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