Accepted: 4 March 2018

DOI: 10.1111/jonm.12639

ORIGINAL ARTICLE

WILEY

Should I stay or should I go? Nurses' wishes to leave nursing homes and home nursing

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Funding information
The data collection was funded by the Norwegian Nurses Organization. The second author's work on this paper was funded by the Research Council of Norway, project number 256644, and NOVA Norwegian Social Research, Oslo Metropolitan University.

The copyright line for this article was changed on 7 June 2018 after original online publication.

Aims: This study investigates the prevalence of nurses' wishes to leave work in elderly care services and aims to explain differences between younger and older nurses.

Background: Health-and-care services, and specifically elderly care services, experience problems recruiting and retaining nurses.

Method: A nationwide survey among nurses in Norway with 4,945 nurses aged 20–73 (mean age = 41.8), 95% female. Structural equation modelling was used, analysing the whole sample as well as analysing younger and older nurses as separate groups.

Results: Of the nurses surveyed, 25% wanted to work outside elderly care services and 25% were uncertain. The wish to leave was much more frequent among younger nurses. Reported working conditions were a strong predictor of the wish to leave, and a much stronger predictor among younger nurses than older nurses in nursing homes.

Conclusions: Working conditions are a major predictor of nurses' wishes to leave elderly care services, especially among younger nurses in nursing homes.

Implications for Nursing Management: Attempts to reduce turnover in elderly care services need to address the working conditions for younger nurses, for instance by reducing the time young nurses work in isolation.

KEYWORDS
home nursing, nurses' wishes to leave, nursing homes, older patients, retention, structural equation modelling

1 | INTRODUCTION

The ageing populations facing most modern societies (McKnight, 2006; Payne, Laporte, Deber, & Coyte, 2007) are increasing the demands on health-and-care services. Simultaneously, demographic ageing reduces the size of the working age population, intensifying the long-existing challenge of recruiting and retaining enough trained nurses. The shortage of nurses also leads to a competition between health services for qualified staff, in which the less prestigious elderly care services may lose out (Gautun & Grødem, 2015).

In the present research, we follow up on the challenge of retaining nurses in elderly care services by surveying approximately 5,000 nurses working in nursing homes and home nursing across Norway. We investigate how many nurses wanted to leave elderly care services and we test predictors of the nurses' wishes to leave, using structural equation modelling. Going beyond previous research, we compare younger and older nurses, analysing how predictors might vary between the two age groups.

2 | BACKGROUND

Many studies have investigated nurses' wishes to leave their jobs in hospitals (e.g. Flinkman, Laine, Leino-Kilpi, Hasselhorn, & Salanterä,

2008; Hasselhorn et al., 2008; Heinen et al., 2013; Josephson, Lindberg, Voss, Alfredsson, & Vingård, 2008; Jourdain & Chênevert, 2010; Lavoie-Tremblay, Paquet, Marchionni, & Drevniok, 2011; Li, Galatsch, Siegrist, Müller, & Hasselhorn, 2011; Liu et al., 2012; Ma, Lee, Yang, & Chang, 2009; Stordeur & D'Hoore, 2007; Van der Heijden et al., 2010; Yıldız, Ayhan, & Erdoğmuş, 2009). Fewer studies have been conducted on nurses' wishes to leave long-term care for older people (Bostick, Rantz, Flesner, & Riggs, 2006; Castle, 2006; McKnight, 2006; Rosen, Stiehl, Mittal, & Leana, 2011; Tummers, Groeneveld, & Lankhaar, 2013; Wiener, Squillace, Anderson, & Khatutsky, 2009). Some studies have considered both nursing homes and hospitals (Estryn-Behar, Van der Heijden, Fry, & Hasselhorn, 2010; Van der Heijden, van Dam, & Hasselhorn, 2009).

Research in this field often fails to give generalizable findings. For instance, the estimated prevalence of wanting to leave varies, with some studies suggesting that close to half of the nurses in hospitals wanted to leave (Lavoie-Tremblay et al., 2011; Liu et al., 2012; Ma et al., 2009); other studies provide lower numbers. Overall, however, the evidence on the substantial turnover among nurses highlights the need to identify causes and to develop strategies that help retain nurses. This is particularly important in long-term care for older people, which seems more vulnerable to turnover than hospitals (Josephson et al., 2008).

When attempting to explain why nurses want to leave, some studies or reviews provide no clear conclusion, instead suggesting that "factors contributing to attrition are complex and interact" (Urwin et al., 2010), or that the reasons for nurses' intention to leave "are complex and are influenced by organizational and individual factors" (Chan, Tam, Lung, Wong, & Chau, 2013). One reason for reviews having difficulties in generalizing findings is that measurements lack consistency across studies (Flinkman, Leino-Kilpi, & Salanterä, 2010; Hayes et al., 2006).

Another reason for the apparent lack of generalizability is the use of methods not fitted for identifying probable causes of a wish to leave. Several studies have relied on asking nurses who leave for their motives (e.g. Estryn-Behar et al., 2010). Such investigations can clarify the nurses' own views of their situation but the data do not easily lend themselves to statistical analyses that can compare competing predictors and contrast nurses who want to leave and nurses who do not want to leave. Instead, these studies tend to provide a list of reasons the nurses have given for their decision rather than concluding with the most likely causes.

Similar problems emerge in studies that focus on bivariate associations between a wish to leave and a set of potential predictors (e.g. Josephson et al., 2008; Lavoie-Tremblay et al., 2011; Ma et al., 2009; Wiener et al., 2009). Such analyses cannot identify the strongest among correlated predictors and will easily result in random findings. Indeed, even an early article (Cavanagh, 1989) criticized the use of bivariate associations and pointed out that the lack of consistency across studies was notable in those studies limited to looking for bivariate associations.

Other studies have used statistical methods that can compare predictors. Such studies (as well as some studies using less rigorous methods) have explained nurses' wishes to leave with factors related to overall working conditions, pointing at the psychosocial working environment and nurses' burnout (Coomber & Barriball, 2007; Heinen et al., 2013; Josephson et al., 2008; Jourdain & Chênevert, 2010; Li et al., 2011; Lu, Barriball, Zhang, & While, 2012; Rhéaume, Clément, & LeBel, 2011; Tummers et al., 2013; Van der Heijden et al., 2009). Nurses can have very demanding and strenuous working conditions (e.g. Jourdain & Chênevert, 2010; Van der Heijden et al., 2010) and it seems likely that emotional and physical stress due to heavy workload and time pressure, along with demands made by superiors, possibly made worse by a non-supportive working environment, can lead to burnout and nurses' decisions to quit their jobs. This, it seems, is a generalizable finding across several studies.

Working conditions for nurses may be particularly demanding in elderly care services. Nursing homes and home nursing tend to have very few doctors available and they also have few trained nurses (Gautun & Syse, 2017). In nursing homes and home nursing (but not in hospitals), nurses tend to work in isolation, or only with very few colleagues, and the staff tends to include unskilled caregivers, or caregivers with little formal competence, all adding to stressful conditions for trained nurses.

A second generalizable finding is that turnover is more frequent among younger nurses than older ones (Rhéaume et al., 2011). In a paper published a decade ago, Flinkman et al. (2008) wrote that although research had established that younger nurses are the most eager to leave their work, no research had investigated why. In their own study using data from 147 Finnish nurses under the age of 30, the authors pointed out factors such as personal burnout, lack of affective professional commitment, and low overall job satisfaction as predictors for young nurses' turnover. Thus, Flinkman et al. confirmed the significance of working conditions. The next step will be to compare younger and older nurses, testing whether working conditions are a stronger predictor for younger nurses than for older nurses.

3 | THE PRESENT RESEARCH

Like a few recent studies (Cowin, Johnson, Craven, & Marsh, 2008; Jourdain & Chênevert, 2010; Van der Heijden et al., 2009) we use structural equation modelling (Bollen, 1989) to compare potential predictors of the wish to leave. We focus on the wish to leave as the dependent variable, rather than intentions. An intention is a narrower concept, related to a wish to leave but also dependent on the availability of alternatives. We are interested in nurses' desire to leave the elderly care service, independently of whether they are aware of an alternative workplace. We also integrate into a single analysis nurses who maintained a wish to leave and those wanting to stay. Further, we go beyond the frequent measurement of an intention or a wish to leave as a dichotomous variable (e.g. see Heinen et al., 2013; Liu et al., 2012; Ma et al., 2009). A wish to leave can develop gradually and is probably best conceptualized as a process (Flinkman et al., 2010; Hasselhorn et al., 2008; Josephson et al., 2008). The

wish to leave can be weak or strong; a dichotomous variable may not capture such nuances (see also MacCallum, Zhang, Preacher, & Rucker, 2002 on dichotomous variables). We hypothesize that the working conditions are a substantial predictor of the wish to leave, and we assume that working conditions are a stronger predictor of younger nurses' than older nurses' wishes to leave, both in nursing homes and in home nursing.

Nursing homes in Norway are used by older people (at least 67 years old). These institutions often represent an end stage in the care trajectory for older patients who have too many needs or whose needs are too advanced to allow them to be cared for adequately at home. However, nursing homes also have a more temporary function—to accommodate poorly functioning patients unsuitable for home care services shortly after hospital discharge. *Home nursing* is provided in the users' homes, targeting mostly older people; more than two-thirds of the users are over 67 years (source: Statistics Norway, www.ssb.no/statistikkbanken). Others receiving home nursing include people with a physical or cognitive handicap, individuals with severe mental illness or a drug-abuse problem, or terminally ill people (see Gautun & Grødem, 2015).

4 | METHOD

4.1 | Sample

Data were collected in March 2016 with a nationwide Web-based survey among nurses working in nursing homes and home nursing in Norway. Participation was voluntary and respondents expressed consent by participating. We sent emails to all the 19,820 members of the Norwegian Nurses Organization who were registered as being employed by municipalities. No information was available on the actual workplace of the nurses. Thus, many of the nurses receiving our invitation worked in administration or in various community services not covered by the present research. Our email made it clear that we wanted only nurses working in nursing homes or home nursing to participate. Moreover, the questionnaire first asked for the workplace; nurses not working in nursing homes or home nursing were not included in the main part of the Web-based questionnaire.

Participating nurses were guaranteed anonymity. We sent two reminder emails, 1 and 2 weeks after the initial email. In total, 4,945 nurses between 20 and 73 years (mean age = 41.8, *SD* = 11.5) working in nursing homes or home nursing completed the questionnaire. Nearly all (95.5%) were female, reflecting the gender composition among nurses in this type of service. The nurses worked in municipalities across Norway of various sizes (from large cities to municipalities with less than 500 inhabitants). Nearly all (94% of the respondents) were employed by municipalities; a few were employed by private enterprises (2%) or non-governmental organizations, NGOs (4%)—we did not distinguish between these services in the analysis. Most of the participating nurses (84%) had no leadership responsibilities, and none of the nurses worked solely in an administrative position. Almost six out of ten (57%) worked in nursing homes, 37% worked in home nursing, and 6% worked both in nursing homes and home nursing. Further details about the sample are available in the Supporting Information.

4.2 | Measurements and analysis

Items on sociodemographic background had previously been validated (see Gautun & Syse, 2017), other items had been validated by means of expert evaluation by employees in the Norwegian Nurses Organization, and several of these items had been used in previous research (e.g. Gautun & Syse, 2017). Details on the items are available in the Supporting Information.

The wish to leave work in nursing homes or home nursing was first assessed with one item: "Do you want to change your job?" Possible answers were "no," "uncertain," and "yes." This gave a three-point ordinal variable (coded 0–2) for the wish to leave. Those uncertain or indicating that they wanted to leave were also asked: "If you are to change your job, which service do you prefer to work in?" If a nurse answered that s/he would prefer to continue working in a nursing home or home nursing, s/he was coded as not wanting to leave the elderly care services (even if s/he wanted to leave the current work place). The dependent variable was that of leaving work in nursing homes or home nursing.

We developed a continuous scale for the wish to leave by multiplying the score on the three-point ordinal variable for wanting to leave with responses to items listing arguments for staying or leaving. The Supporting Information show details on how we computed the continuous scale. When reporting analyses below, we mostly focus on the continuous scale. However, we also conducted analyses with the three-point ordinal variable for wanting to leave, thereby assessing the robustness of the findings (see the Supporting Information for comparisons of analyses with the ordinal and the continuous dependent variable).

We assessed background variables (age, years of experience as a nurse in nursing homes or home nursing, years working at the current workplace, additional nursing education after the 3-years basic training as a nurse, having a leader position—see the Supporting Information for descriptive statistics on each of these variables). We used confirmatory factor analysis to estimate latent variables representing the original motives for starting to work at the current workplace: the meaningfulness of working with older people in need of care, the working conditions, the social status of the workplace, and considerations of the convenience or inconvenience of working hours at the workplace (as shown on the left-hand side of Figure 1). We also used confirmatory factor analysis to develop measurements of the current evaluations of the workplace: the current working conditions and the quality of the nursing services (see the right-hand side of Figure 1).

The development of the factor models used a theory-based approach to identify items that clustered as indicators of latent variables but added exploratory adaptions of the models to achieve sufficient fit with the data. Specifically, we introduced (theoretically reasonable) crossloadings shown as broken paths in Figure 1 and correlated residuals based on modification indices (a measure

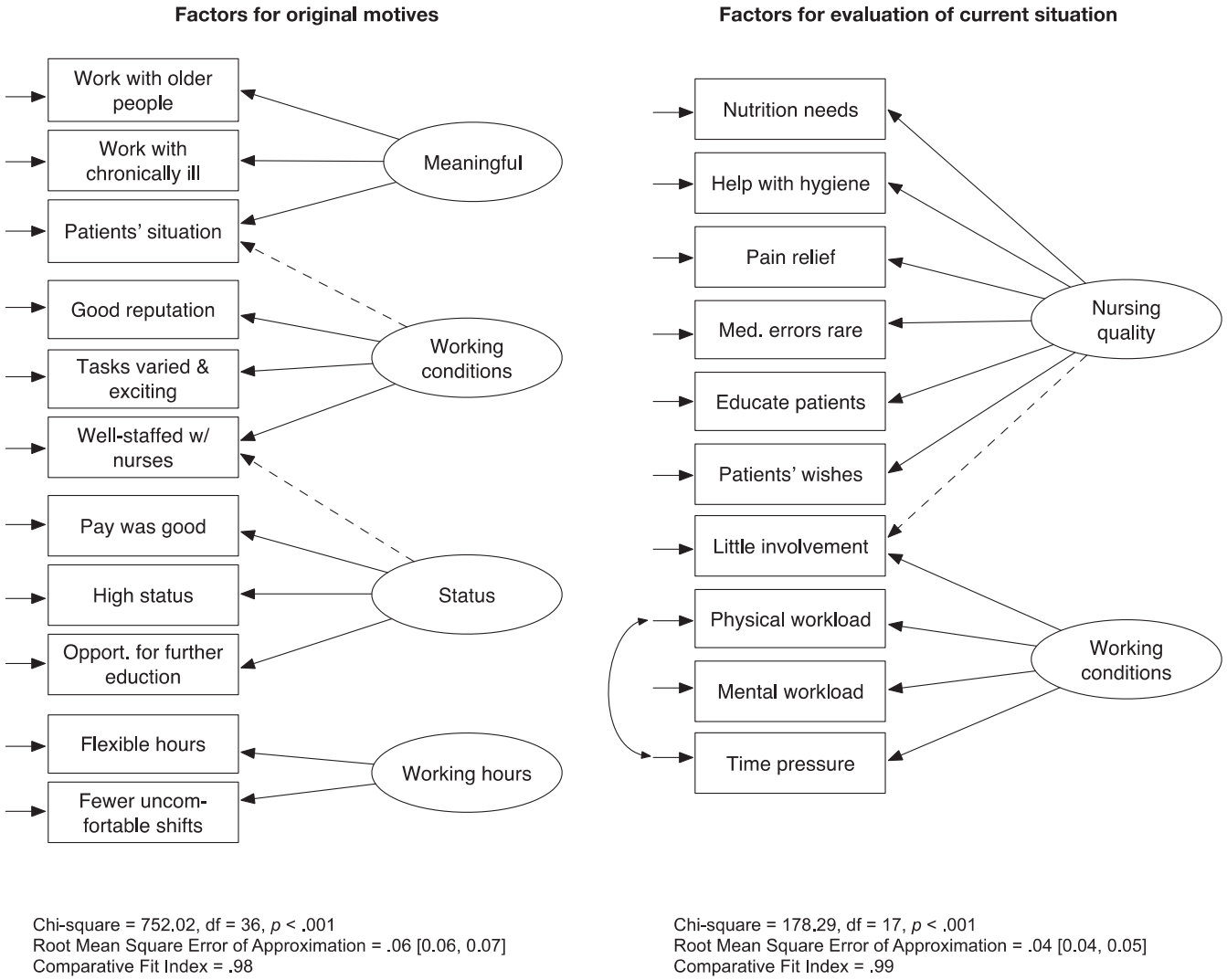

FIGURE 1 Factor models of the original motives to start working at the current workplace, and evaluations of the current nursing quality and working conditions

of improved fit between model and data by relaxing parts of the restriction in the model—see Sörbom, 1989). See Figure 1 for the resulting factors. The estimated factors had satisfying reliability, with Cronbach's alphas from .69 to .83. The Supporting Information include further details.

We compared younger and older nurses in a group-based structural equation model, using partial measurement invariance across age groups for latent variables. The imposed partial measurement invariance (equal factor loadings and indicator thresholds across age groups) was supported; it did not reduce model fit significantly according to the Wald test. All factor loadings could be fixed to be equal across groups, as could most of the indicator thresholds. See the Supporting Information for details.

We used Stata 15 (StataCorp, 2017) for data management, ggplot2 (Wickham, 2009) in R (Version 3.3.2) for plotting distributions, and Mplus 8 (Muthén & Muthén, 1998–2017) for analyses with structural equation modelling. We used Mplus's default estimator for models with categorical indicators: weighted least squares means and variance adjusted (WLSMV). Models were evaluated with fit indices, using recommended cut-off values for indices of approximate fit (e.g., Mueller & Hancock, 2010)—specifically, the root mean square error of approximation (RMSEA, with values not higher than 0.06) along with its 90% confidence interval (the upper limit should not go beyond 0.08), and the comparative fit index (CFI, with a cut-off value at 0.95).

5 | RESULTS

One in four (25%) indicated that they wanted to quit work in elderly care services. An equal number (25%) indicated uncertainty. The remaining 50% of the sample either had no desire to leave the current workplace or wanted to continue working in elderly care services if they left the current workplace. The wish to leave was more prevalent among younger nurses, as shown in Figure 2. The analysis also showed a difference between nursing homes and home

nursing, with more nurses wanting to leave in nursing homes (26.5% yes and 23.9% uncertain) than in home nursing (21.6% yes and 26.1% uncertain). The difference between nursing homes and home nursing in the prevalence of wanting to leave was statistically significant (p = .001).

We first estimated a model with only background variables as predictors, then a model adding the original motives, then a model also adding the current evaluation of the workplace. We used the continuous variable for the wish to leave as well as the three-point ordinal variable, findings were overall similar. The Supporting Information give details for each of these initial models tested.

The analysis showed that the original concerns for the social status of the workplace and the convenience of the working hours both had regression weights equal to zero (and, of course, very high p values) and we dropped these two variables in the following analyses, thereby reducing the overall complexity of the subsequent models. Subsequent analyses also dropped background variables other than age, as age had substantial correlations with other background variables and itself was the only substantial predictor among background variables. A noteworthy finding in the initial analyses was that regression weights for age did not change substantially from one model to the next, suggesting that a helpful approach could be to use a group-based analysis that distinguished between younger and older nurses.

Using the findings in the initial analyses, we developed the path model shown in Figure 3. The overall explained variance of the wish to leave was substantial (R^2 = .30). As shown in this figure using standardized estimates, the current working conditions were the strongest predictors of the wish to leave (beta = .29, p < .001). Other predictors all had moderate effect sizes.

The analysis tested whether the working conditions (or one of the other predictors) would have different weights for younger and older nurses. For this analysis, we split the sample into two approximately equal-sized groups, one for nurses up to the age of 39 (n = 2,253), and one for ages 40–61 (n = 2,502). The split at age 40 was motivated by Figure 2, which showed that the prevalence of wanting to quit dropped notably from the age of 40. The group-based analysis did not include nurses 62 years or more (less than 5% of all respondents 40 years or older). Nurses in the public sector in Norway can retire at the age of 62, therefore these nurses constituted a qualitatively

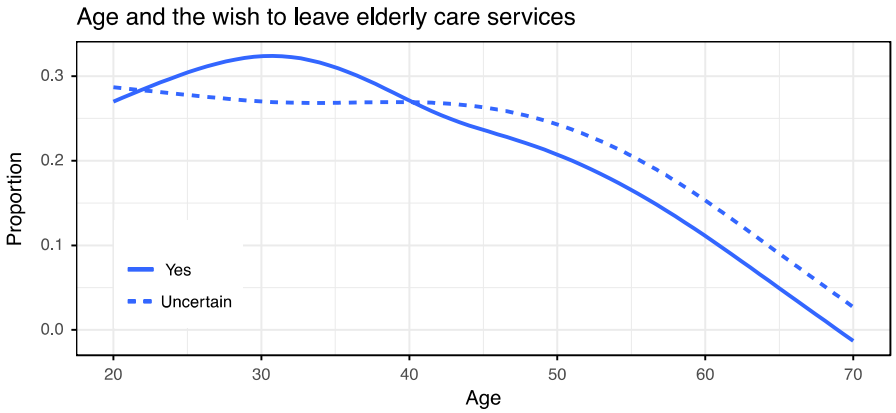

FIGURE 2 Average proportions dependent on age who wanted or were uncertain whether they wanted to leave elderly care services. *Note*: The plot shows a smoothed averages (method = gam) across age (in full years) for proportions (scale from 0 to 1) stating that they were uncertain or wanted to quit their current type of work (working in nursing homes or home nursing). [Colour figure can be viewed at wileyonlinelibrary.com]

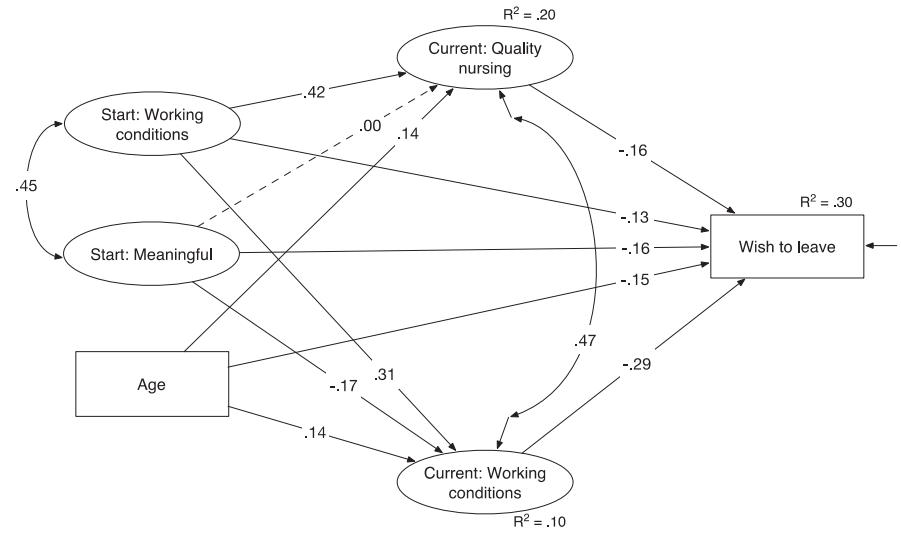

FIGURE 3 Predictors of the wish to leave; standardized estimates

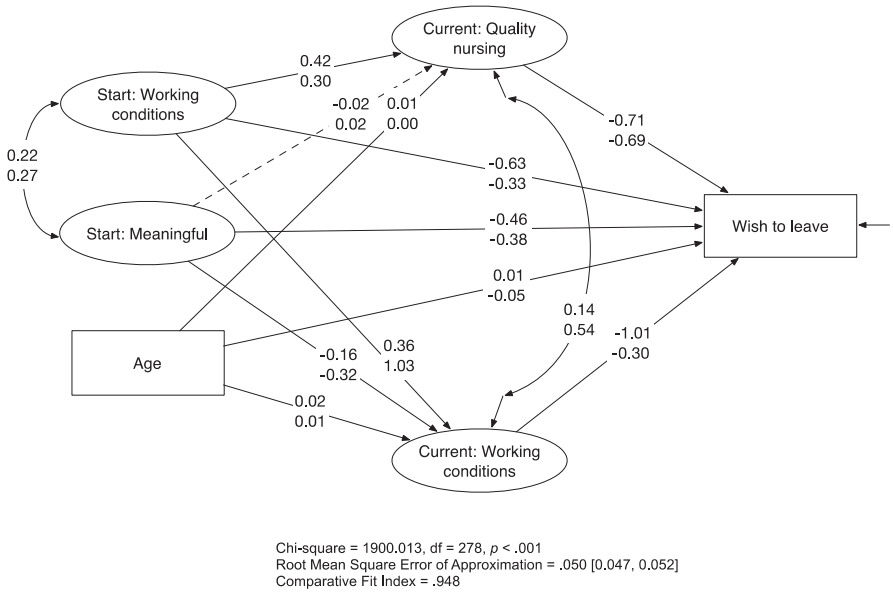

FIGURE 4 Predictors of the wish to leave, with separate results for younger (upper coefficients) and older nurses (lower coefficients); unstandardized estimates

different group from the remaining nurses. However, due to the fact that there were few of them, these nurses did not alter the findings if they were included in the analysis.

Figure 4 shows the results of the group-based analysis, with unstandardized estimates. The most notable difference between younger and older nurses in Figure 4 was the association between working conditions and the wish to leave. This path was more than three times stronger among younger nurses than among older ones, and even the confidence intervals did not overlap: $b = -1.01$ [−1.23, −0.79] among younger nurses, $b = -0.30$ [−0.58, −0.01] among older nurses. Further analyses showed that the difference between the younger and older age groups was substantial in nursing homes, $b = -1.03$ [−1.31, −0.74] for working conditions as predictor among younger nurses, $b = -0.40$ [−0.74, −0.06] among older nurses; no substantial difference was evident between the age groups in home nursing, $b = -0.73$ [−1.10, −0.35] for younger nurses, $b = -0.70$ [−1.36, −0.040] for older nurses.

6 | CONCLUSIONS

Using a large, nationwide sample in Norway we found that a fourth of the nurses working in elderly care services maintained a wish to leave this type of service and equally many were uncertain. Unfavourable working conditions (involving indicators such as heavy physical workload, psychological workload, and time pressure) were the strongest predictors of the wish to leave elderly care services.

Consistent with research on hospitals, we found that younger nurses maintained a wish to leave much more than older nurses. One explanation for this age difference is simple, yet seems not to have been discussed in previous research: older, more experienced nurses are predominantly "stayers"; the "leavers" in this group will already have left. Although often compared as being approximately equal apart from age, older and younger nurses constitute non-equivalent groups. However, it is still necessary to explain why many nurses want to leave.

Working conditions were the strongest predictors of the wish to leave elderly care services, and a much stronger predictor among younger nurses than among older nurses in nursing homes. Previous research on nurses in hospitals is clear in indicating that the younger and less experienced nurses would benefit from social support to cope with stressful working conditions (Flinkman & Salanterä, 2015; Lavoie-Tremblay, O'Brien-Pallas, Gélinas, Desforges, & Marchionni, 2008; Van der Heijden et al., 2010). This point may be even more important in nursing homes, where the nurses tend to work in isolation from colleagues. Even the younger and less experienced nurses will usually work alone and without support and supervision from a senior colleague, presumably making young and inexperienced nurses more vulnerable to the stressful working conditions. In contrast, the working conditions were an equally strong predictor for the two age groups in home nursing (even though, in home nursing, too, younger nurses expressed a wish to leave much more than older nurses). The contrast between the findings for nursing homes and for home nursing highlight the importance of considering the working conditions for younger nurses in nursing homes in particular.

Differences uncovered between younger and older nurses are not necessarily only an effect of age. Differences between younger and older nurses could reflect age effects, but also period effects or cohort effects. The three types of causal effects cannot all be disentangled simultaneously, but contrasting age with either cohort or with period effects would be reasonable for future research, using appropriate methods such as repeated cross-sectional measurements or longitudinal data that include a cohort design.

Some authors have argued for cohort effects, suggesting that the differences between younger and older nurses can be explained by the fact that they belong to different generations. For instance, scholars have attributed the different attitudes toward leaving to

different values among nurses from the "Baby-Boomer" generation and nurses from "Generation X" (Lavoie-Tremblay et al., 2008, 2011; Leiter, Jackson, & Shaughnessy, 2009; LeVasseur, Wang, Mathews, & Boland, 2009). We believe that age and period effects are more meaningful predictors than generation effects but this is for empirical studies to decide, using adequate data and adequate statistical methods.

Period effects might be important. Aiming at reduced costs, health authorities in many countries have initiated reforms that have shortened hospital stays and transferred responsibilities from specialists to primary care (Gautun & Syse, 2017). Patients still in need of medical care and treatment after being discharged from hospitals are now under the care of community services originally meant to provide traditional care (Gautun & Syse, 2017). Having few colleagues for supervision and support will affect the working conditions, and it might explain why the present research found a strong association between working conditions and the wish to leave among younger nurses in nursing homes. If older nurses worked in hospitals earlier in their careers, they will have gained experience from highly competent, medicalized nursing for ill patients under supervision by doctors and other senior personnel, and be better prepared for the new role ascribed to municipalities' elderly care services—treating patients recently discharged from hospitals and still in need of medical treatment. Neither the present research nor any other similar research we are aware of has assessed where the nurses started their career. Future research may investigate the extent to which nurses in nursing homes who originally worked in hospitals are better equipped for the modern, medicalized nursing in nursing homes.

Future research may also follow up on the distinction between nursing homes and home nursing. We hypothesized that the association between working conditions and the wish to leave would differ between younger and older nurses. This hypothesis was supported for nursing homes but not for home nursing. One explanation may be that younger nurses in nursing homes have a higher need for training near patients at the workplace because patients in nursing homes often require advanced, medicalized care. Consequently, young nurses working in nursing homes may benefit more from working along with senior colleagues, and these nurses may also need to have access to supervision by doctors when following up on medical needs of the patients in nursing homes. Still, the analysis showed that, even in home nursing, younger nurses considered leaving more than older ones, and working conditions appeared to be a substantial predictor of the desire to quit. Consequently, even in nursing homes, interventions meant to improve working conditions may principally target younger nurses. It is important for the future of home nursing services to retain as many of the younger nurses as possible.

This study relied on cross-sectional data and thus could not test bidirectional paths between nurses' wish to leave and working conditions. We also note that the present research did not use objective assessments of the working conditions but relied on the nurses' reports. These limitations also characterize previous studies of nurses' wishes to leave their jobs. Moreover, it was not possible to compute a response rate. This limitation comes as a side effect of an advantage in the present research: we prioritized obtaining a large, nationwide sample (by using the members list of the Norwegian Nurses Organization) rather than focusing on a limited number of nursing homes and home nursing in a few municipalities (where response rates could be computed easily). Further strengths of the present research include the use of structural equation modelling, and applying group-based modelling to compare younger and older respondents.

7 | IMPLICATIONS FOR NURSING MANAGEMENT

The present analysis of nurses in nursing homes and home nursing identified a frequent interest in leaving, compatible with previous research on hospitals (and the few previous studies on long-term care). However, elderly care services can be more vulnerable to turnover than hospitals are, and many of the nurses considered working in hospitals rather than nursing homes or home nursing. The analysis also identified substantial differences between younger and older nurses, not only in the prevalence of the wish to leave but even in the association between working conditions and the wish to leave among nurses in nursing homes. We concur with Hayes et al. (2012) in that countermeasures against nurse turnover should be age specific to be more effective. Measures to increase the retention of nurses in elderly care services may specifically target the working conditions of younger nurses, for instance by reducing the time young nurses work in isolation.

8 | ETHICAL APPROVAL

The survey received ethical approval from NSD, the Norwegian Social Science Data Service (project number 47134).

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SUPPORTING INFORMATION

Additional Supporting Information may be found online in the supporting information tab for this article.

How to cite this article: Bratt C, Gautun H. Should I stay or should I go? Nurses' wishes to leave nursing homes and home nursing. *J Nurs Manag*. 2018;26:1074–1082. https://doi.org/10.1111/jonm.12639