Factors Affecting Turnover and Retention of Hospital Consultants and Midwives

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Abstract

Staff turnover represents a major problem for healthcare services (HS) in terms of cost and quality of care given, thus making the issue of improving retention a priority for the sector. This study reviews the literature on factors affecting turnover and retention of hospital consultants and midwives. Prevailing concepts regarding the reasons for voluntary turnover and factors affecting retention have been used to guide the conduct of the review, and the implications for practitioners and researchers have been identified.
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Introduction

Voluntary turnover means that there is no impediment to continued employment from physical disability or from company management (Maertz and Campion, 2001; Morrel et al., 2001). Turnover rates in healthcare remain high. Murray (2000) reported that about 50 per cent of the consultants in the North West of England wish to retire before the age of 60. According to the NHS Levers Study 2001 in the UK, nurses and midwives were the highest percentage of leavers in healthcare. The average percentage of nurses and midwives’ turnover was 33 per cent in 2000-2001. High turnover has led to a severe staff shortage in the healthcare sector. The financial costs of turnover are normally considerable, which include separation, temporary replacement, recruitment and selection and induction and training costs. The costs also include low productivity of new employees while learning and leavers working less effectively during the notice period, and the loss of revenue and of potential competitive advantage are hard to quantify. Other repercussions include skill loss, disruption of operations, time loss and the impact on staff morale (IDS, 2000: 3). However, the questions of which turnover is avoidable and how to manage it have been considered but not answered (Maertz and Campion, 2001). This paper aims to focus on factors affecting employee turnover and retention in healthcare, with particular attention paid to hospital consultants and midwives.

Literature on factors influencing turnover in general

The literature contains many turnover models. These consider both the labour market and the psychological perspective. The major factors affecting voluntary turnover intention and behaviour and contributing to retention include workload and shift patterns (Graham
et al., 1996; Jenner and Taylor, 2000; IDS, 2000; Izzo and Withers, 2002; Seccombe et al., 1997), career development and training (Graham et al., 1996; Izzo and Withers, 2002; Jenner and Taylor, 2000; Sturges and Guest, 1999), pay and benefits (Jenner and Taylor, 2000; IDS, 2000; Purcell and Pitcher, 1996; Smith and Seccombe, 1998; Winter and Jackson, 1999) and working environment (Arnold et al., 2002; IDS, 2000; Sturges and Guest, 1999). These factors can go either way to influence employee turnover and retention.

Methodology

This is a systematic literature review, which searched databases including Medline, Cinahl, ProQuest ABI Inform, Emerald, HMIC, Fade, Web of Science, IBSS, EBSCO and HELMIS. Publications included are limited to refereed journal articles in the English language from 1990. The search words and phrases were quit or retention or retaining or turnover, resign or resignation, job satisfaction, morale, pay or salary or salaries or wages, workload, on-job training, midwifery or midwives or midwife or consultant or consultants, appraisal. Articles addressing midwife and consultant satisfaction and dissatisfaction, rather than directly relating to retention and quit were excluded. The review screened 9411 initial citations, and assessed relevant studies against the methodology used and the presentation of their research findings.

Major findings

Factors affecting turnover

Midwives

Two studies have explored the reasons why midwives ceased to practice. One UK national survey (Ball et al., 2002) indicates that the largest group by far were those who
gave up their job because they were dissatisfied with the organisation of midwifery care and their role as a midwife. Bullying from managers and high grade midwives is a frequently reported source for dissatisfaction. Another source of dissatisfaction derived from the requirements placed upon midwives to rotate through all shifts and around all areas of clinical practice. Many midwives felt that they had insufficient control over their working lives. Frequent dislocations at work made it difficult to build and maintain confidence and expertise and difficult to develop and sustain relationships with colleagues and clients. Another study (Williamson, 1993) found that lack of recognition of contribution, stressful working environment, workload and working unsocial hours and lack of childcare facilities were the major factors causing dissatisfaction and could make neonatal nurses, including midwives, leave. However, this study only claimed that these factors could make midwives leave rather than had made them leave.

Two studies have only discussed the factors that made midwives dissatisfied. Cuesta and Bloom (1998) found that there was no significant relationship between stated job satisfaction and participation in a mentoring relationship. A significant correlation was found between stated job satisfaction and the quality of the mentoring relationship. According to Keith et al. (1998), restrictive regulations, such as method of reimbursement, physician supervision, organisational setting, high expectation of professional growth linked to education background and attachment to hometown are major factors causing nurses’ and midwives’ job dissatisfaction.

**Consultants**

Seven studies explored issues related to consultants’ leaving their organizations. Emmerson et al. (1996) found that the decision to leave non-metropolitan public
psychiatry are most likely be influenced by family and social factors, negative work factors, such as dealing with bureaucracy and lack of autonomy, workload and salary level. The family and social factors are location-related, therefore can be regarded as the location factor. Allen et al. (1999) indicated that the main reason for the likelihood of leaving practices was working too many hours or with a high workload. Consultants increasingly suffer from work-related stress, mainly because the changes in their own work and their management have disempowered them. Kendell and Pearce (1997) revealed that the main reasons for psychiatrists’ early retirement in 1995 and 1996 include disenchantment with the UK Conservative government’s policies for the care of the mentally ill, increasing bureaucracy and paperwork, personal safety, lack of appreciation of their work, job-related stress and bad relationships with managers and purchasers. However, it is necessary to be cautious when using their results because the questionnaires did not cover all potential factors and there were no follow-up interviews corroborating the participants’ responses. Atherton and Murray (2000) found that apart from the outside factors, such as more leisure time and personal health, the main reasons for early retirement were the overall increase in general activities, increasing out-of-hours working, increasing complaints, patient expectations and pressures from politicians and the Department of Health. Pathman et al. (2002) found that the percentage that anticipated leaving varied with physicians’ age, starting at 29 per cent of those 34 years or younger, steadily decreasing with age until reaching a nadir of 22 per cent of those from 45 to 49 years, then reversing direction to steadily increase thereafter. Burbeck et al. (2002) reported that there are high levels of psychological distress among consultants.
working in Accident and Emergency compared with other groups of doctors. There is likely to be an effect of working-related stress on staff moral and career longevity.

Only one study (Williams et al., 2001) found that poor mental health that resulting from work-related stress is related to intention to change specialty but unrelated to intentions of consultant physicians’ to quit. Physicians experiencing burnout, anxiety, and depression seem to deal with these problems by leaving patient care in some way, rather than quitting their jobs. Higher perceived stress that made physicians quit is only associated with low satisfaction. Williams et al. (2001) therefore stressed that the power effect of the combination of job stress and dissatisfaction is very significant.

Three studies focused on factors affecting consultants’ job satisfaction. Girard et al. (1991) found that job clarity is one of the most important predicators of psychiatrists’ satisfaction. It increases significantly perceived clinical autonomy, satisfaction with status and autonomy, satisfaction with professional relations and overall satisfaction. Involvement in management increases perceived clinical autonomy and indirectly enhances the various aspects of satisfaction with work. Greater participation in management and goal congruence also contributes to satisfaction. Graham et al. (1996) reported that palliative physicians lave lower levels of burnout and psychiatric morbidity than consultants in other specialties. Hospital-based palliative physicians reported more stress and less job satisfaction than their colleagues working in hospices. Feeling overloaded and its effect on home life made the greatest contribution to job stress and having good relationships with patients, relatives and staff made the greatest contribution to job satisfaction. Burnout was more prevalent among consultants who felt insufficiently
trained in communication and management skills than among those who felt sufficiently trained. Burbeck et al. (2002) found that long work hours is a cause of stress.

**Factors affecting employee retention**

*Midwives*

Two studies have discussed the factors affecting midwives’ intentions to stay. Both showed that valuing midwives’ skills and experience is a major factor inducing them to stay or return. Ball et al. (2002) revealed that the midwife leavers will only remain if their skills and experience are valued and their promotion prospects and career paths are improved. Williamson (1993) reported that the neonatal nurses’, including midwives’, perceptions of what would improve staff retention include opportunities for staff development, promotion to higher grades, better support and staff appraisal.

*Consultants*

Six studies explored the factors related to consultant retention. Emmerson et al. (1996) found that the major factors that influenced psychiatrists to stay in non-metropolitan positions included: lifestyle associated with the geographic location and position, the professional challenge and levels of interest of the position, the quality of relationship with other staff, the level of administrative and psychosocial support and the level of autonomy. Murray (2000) reported that consultants might continue beyond the age of 60 if there was more opportunity for part-time working, less on-call commitment, protected pension and earnings and more teaching, together with a reduced clinical workload. Williams et al. (2001) found that satisfied physicians were less likely to want to leave their practices. Pathman et al. (2002) revealed that to promote physician retention, building particularly high levels of satisfaction generally is not helpful for this end.
Avoiding relative dissatisfaction with pay and with community relationships appears broadly important. Allen et al. (1999) found that satisfaction with clinical workload is an important factor in the likelihood of retaining staff.

Conclusions

From the studies reviewed, it was found that job dissatisfaction of midwives and consultants relates to bureaucracy and lack of autonomy, workload/working hours/working pattern, lack of recognition of contribution and job-related distress are the main factors influencing midwives and consultants turnover. Midwives were also concerned about childcare facilities. Some consultants however were concerned about pay and the working environment in relation to personal safety, relationships and government healthcare policies. As for the retention factors, midwives worried about more about career development and promotion. They wanted their contribution to be highly valued. Consultants wanted a supportive professional environment, reduction in workload (hours) and flexible work patterns. Pay is found not to be a major factor for midwives and consultants to quit. This finding is in line with the prevailing literature that pay is normally deemed as an insignificant cause of voluntary turnover.

Finally, the factors identified in this study have a differentiated influence on turnover and retention. One factor’s influence may be stronger than another’s. However, it is inappropriate to rank these factors for the following three reasons: (1) Factors driving employees’ to leave or stay are occupation-related. Employee turnover and retention may be driven by different factors between different occupations. (2) Factors’ influence on turnover and retention varies with age, sex, education and individual characters. (3) All the factors concurrently affect employee turnover and retention rather than in isolation.
Encouraging stay and return to practice will require employers to comprehensively consider those factors.

Successfully managing turnover and retention needs fully understand the situation and implementing the right strategies. The implications for practitioners mainly lie with how to deal with job dissatisfaction and workload/working pattern. Employers should foster an organisational culture that recognises and values staff contributions. Also employers should address the issue of the appropriateness of the consultant workload and working hours, and allow midwives and consultants time to meet their patients’ expectation. Employers should improve the work schedule rotation and work responsibility rotation in order to reduce turnover.

This review study also reveals that compared to the literature devoted to nurse and GP turnover and retention, fewer studies have been conducted on midwives and consultants. Therefore, it is to a certain extent difficult to draw definite and convincing conclusion on factors affecting their turnover and retention. Further studies are clearly necessary, especially nationwide surveys and in-depth case studies.

References


