Perceived Strategies to Decrease Attrition Rates Among Nurses Practicing at Healthcare Institutions in India

Lyn S. Prater, PhD, RN, CNE
Shelby L. Garner, PhD, RN, CNE
Leena Raj, MPhil, RN
The Global Workforce

• A 2015 analysis estimated the global health workforce to be slightly above 43 million workers, including **20.7 million nurses/midwives**, 9.8 million physicians and approximately 13 million other health workers (WHO, 2016).
The Global Workforce Shortage

• Needs-based estimates, relative to a Sustainable Development Goals threshold of 44.5 skilled health professionals per 10,000 population indicated a shortage of approximately 17.4 million health workers in 2013

• 2.6 million physicians
The Global Workforce Shortage

- Over 9 million nurses and midwives
- Around 5.8 million other health-care cadres (WHO, 2016).
Shortage in South East Asian Region

• Relative to population density, the WHO Africa Region and WHO South-East Asia Region, which bear the greatest burdens of preventable disease, have the lowest density of health workers (WHO, 2016).
Shortage in India

• A severe nursing shortage exists in India, where nurses are increasingly migrating abroad to practice nursing (Senior, 2010; WHO, 2016).

• A gap in the literature exists on perceived and tested strategies to retain nurses and decrease attrition rates in Indian healthcare facilities.

Retrieved from http://www.itbhumglobal.org/chronicle/553b-migration.png
Aim

• To assess perceived strategies to decrease attrition rates among nurses practicing in healthcare facilities in India

Retrieved from http://i.ndtvimg.com/i/2016-02/nurse_650x400_71454674755.jpg
Theoretical Framework

• Paulo Freire’s theory on oppression and education for a critical consciousness was used to guide this study.
• Freire’s original research with the working class people of Brazil demonstrated and illuminated the idea of oppression and how oppressed people might make their own changes through dialogue, reflection, action, and education.

“No one is born fully-formed; it is through self-experience in the world that we become what we are.”
– Paulo Freire
Methods

- A qualitative descriptive approach was used. Purposive sampling resulted in N=10 participants who were interviewed using face-to-face semi structured, in depth, individual interviews. Data were collected from November 2014 to March 2015. Interviews were audio recorded and transcribed using a directed content analysis approach.
## Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>29.9 + 9.4</td>
</tr>
<tr>
<td>Years experience as a nurse</td>
<td>7.7 + 9.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Asian Indian</td>
<td>10</td>
</tr>
<tr>
<td><strong>Married</strong></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td><strong>Single</strong></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Type of Nurse</strong></td>
<td></td>
</tr>
<tr>
<td>General Nurse Midwife</td>
<td>6</td>
</tr>
<tr>
<td>Bachelor of Science</td>
<td>2</td>
</tr>
<tr>
<td>Master of Science</td>
<td>2</td>
</tr>
<tr>
<td><strong>State Where Employed</strong></td>
<td></td>
</tr>
<tr>
<td>Haryana</td>
<td>1</td>
</tr>
<tr>
<td>Delhi</td>
<td>1</td>
</tr>
<tr>
<td>Karnataka</td>
<td>8</td>
</tr>
<tr>
<td><strong>Area of Employment</strong></td>
<td></td>
</tr>
<tr>
<td>Anesthesia</td>
<td>1</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>2</td>
</tr>
<tr>
<td>Medical Surgical</td>
<td>3</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>2</td>
</tr>
<tr>
<td>Operating Theatre</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>1</td>
</tr>
</tbody>
</table>
Results

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement Reasonable Remuneration</td>
<td>Establish Equitable Pay</td>
<td>Remuneration, salary, pay, bucks per month, rupees, need, fair, equal, value, poor</td>
</tr>
<tr>
<td></td>
<td>Align Salary Scales</td>
<td>Remuneration, salary, inequitable, unfair, government sector, corporate sector, loans, education costs, pay back</td>
</tr>
<tr>
<td>Provide a Safe &amp; Effective Environment</td>
<td>Standardize Nursing Workforce Policies</td>
<td>Ratio, too heavy, workload, too much, overtime, long shift, no sleep</td>
</tr>
<tr>
<td></td>
<td>Ensure Equipment Availability and Use</td>
<td>Personal protective equipment, gloves, vaccines, standard precautions, HIV, HSV</td>
</tr>
<tr>
<td></td>
<td>Offer Transportation Services</td>
<td>Safety risk, night work, transportation, alone, cab service, dangerous</td>
</tr>
<tr>
<td>Recognize Nursing as a Profession</td>
<td>Build Pathways for Nurses</td>
<td>Higher education, continuing education, specialization, leader, value, society, within, profession, for nurses</td>
</tr>
<tr>
<td></td>
<td>Provide Opportunities for Recognition</td>
<td>Reward, value, recognize, opportunity, celebrate, nurse’s day, listen</td>
</tr>
</tbody>
</table>
Results

- Implement Reasonable Remuneration
- Establish Equitable Pay

Participant 5: An engineer comes out of 4 year course... His salary starts with 25,000 [Rs. per month], but our BSc nurse covers same 4 years and more into life studies. They are working with machines and computers but we work more in terms of caring individuals, society or the community. There she takes 12 to 15,000 [Rs. per month]. So the disparity is there.

- Align Salary Scales
Results

• Provide a Safe & Effective Environment
• Standardize Nursing Workload Policies

Participant 1: If you are working in a government hospital, in a 60 bed ward, at times we have 120 patients ... If it is 60 bed ward, two staff nurses will be allocated. It doesn’t matter they’ll be looking after 100 patients or 30 patients or 120 patients. In a corporate sector ... more or less they’re able to maintain norms... if it is general ward five patients to one nurse.
Results

• Provide a Safe & Effective Environment
• Ensure Equipment Availability and Use

Participant 1: And they’re able to maintain that over there but other things like I have told about the vaccination [Hepatitis B], the availability of gloves or the personal protective equipment for the nurses, these things still we are fighting for it and definitely that proves a great occupational hazard for the nurses.
Results

• Provide a Safe & Effective Environment
• Offer Transportation/Housing Services

Participant 4: But it is not safe to come alone at nighttime.

Participant 6: Those who are coming for 11:30 [PM] duty, what they will do, they will come at 8’o clock itself.

Participant 5: Transportation if it is taken care by the organization then the attrition rate will come down. Transportation in India is a major concern.... Nowadays you know what is happening around the world with women.
Results

- Recognize Nursing as a Profession
- Build Pathways for Nurses

Participant 5: See, one thing is that education is the major thing that brings change.
Results

- Recognize Nursing as a Profession
  - Provide Opportunities for Recognition

Participant 10: Marathons, events, seminars, poster competitions should be initiated for nurses. A council, which works for the nurses, by the nurses, of the nurses, will play a good strategy to keep nurses in India.
Discussion

• Nursing stakeholders, nursing organizations, and nurse researchers from India and around the world are called to partner with Indian nurses to advocate for change and to test and implement effective strategies to retain nurses in India.

• Participants in this study advocated for change in health and workforce policy to start from within the nursing profession towards positive practice environments to increase nursing capacity.
What’s Next?

• Grant awarded by the US Agency for International Development (USAID) American Schools and Hospitals Abroad (ASHA) Division to build a Simulation Education and Research Centre for Nursing Excellence in Bengaluru.
References


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Thank You!!!