

Nursing unit turnover, workgroup processes, and unit-level patient outcomes

Author: Bae, Sung-Heui

ISBN

9780549535980

Abstract

Globally, nursing shortages are critically important to policy makers, healthcare managers, and the nursing community. Persistent shortages and instability in the nursing workforce raise questions about the impact of turnover on nurse morale, effectiveness, cost containment efforts, and the quality of patient care. However, limited research has focused on the impact of nursing turnover on hospital inpatient outcomes. Furthermore, little existing empirical research on turnover consequences focuses on the direct impact of nursing turnover on nurses and patient outcomes, although the general turnover literature suggests underlying mechanisms of the turnover-outcome relationship. Therefore, this study develops and tests a conceptual model incorporating the relationships among nursing turnover, workgroup processes, and patient outcomes, which is formulated around an input-process-outcome (IPO) framework posited by McGrath (1964). Specifically, this study examines how nursing unit turnover affects key workgroup processes (workgroup cohesion, relational coordination, and workgroup learning) and how these processes mediate the turnover-outcome relationship. Additionally, this study assesses positive aspects of nursing turnover through examining a nonlinear relationship between turnover and workgroup learning. This study uses registered nurse and patient data from 268 nursing units at 141 hospitals collected as part of the Outcomes Research in Nursing Administration II study (grant number 2R01NR03149). The findings support that nursing units with moderate levels of turnover (greater than 3.2% to 4.5%) are likely to have lower levels of workgroup learning compared to nursing units with 0% turnover. This study also found that nursing units with low levels of turnover (greater than 0% to 3.2%) are likely to have fewer patient falls than nursing units with 0% turnover. This suggests that low levels of nursing unit turnover may be beneficial in the prevention of patient falls. Additionally, workgroup cohesion and relational coordination have a positive impact on patient satisfaction, and increased workgroup learning leads to fewer occurrences of medication errors. Further investigation is needed to assess the turnover-outcome relationship as well as the mediating effect of workgroup processes on this relationship. This study provides healthcare managers with information about the underlying mechanisms involved in the turnover-outcome relationship and contributes to a limited body of knowledge on the consequences of nursing turnover. Therefore, the findings of the current investigation provide decision makers with more specific information on the operational impact of turnover so as to better design, fund, and implement appropriate intervention strategies to prevent RN exit from hospital nursing units.

Advisor

[Fried, Bruce](#)

Committee member

Jones, Cheryl; Mark, Barbara; Stearns, Sally; Wells, Rebecca; Zimmer, Catherine

School

The University of North Carolina at Chapel Hill

Department

Health Policy & Administration: Doctoral (residential)

School location

United States -- North Carolina

Degree

Ph.D.

Source type

Dissertations & Theses

Language of publication

English; EN

Document type

Dissertation/Thesis

Publication / order number

3304398

ProQuest document ID

304532132

Document URL

<http://libproxy.lib.unc.edu/login?url=https://search.proquest.com/docview/304532132?accountid=14244>