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“Intention to Stay or Leave: How job resources and demands and hospital work environments impact recently graduated hospital nurses’ intentions to leave.”

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“This thesis has been written as a study assignment under the supervision of an Utrecht University teacher. Ethical permission has been granted for this thesis project by the ethics board of the Faculty of Social and Behavioral Sciences, Utrecht University, and the thesis has been assessed by two university teachers. However, the thesis has not undergone a thorough peer-review process so conclusions and findings should be read as such.”

Abstract

Background: The healthcare sector in the Netherlands is facing a shortage of nursing staff with hospitals, in particular, struggling to retain nurses. There is a need for recently graduated nurses to provide high-quality care and filling the shortages in the workforce. However, research has indicated that retaining nurses poses a challenge, as a significant number expressed intentions to leave the profession within the first few years of employment. Therefore, this study explores hospital nurses' perspectives regarding their reasons for intending to leave the profession. The research question addressed is: *“How do recently graduated hospital nurses decide to continue their nursing work or not, in terms of work resources and demands, and the support or hinderances from hospital work environments?”* **Methods:** In depth semi-structured interviews were conducted with recently graduated nurses to gain insights into their experiences regarding job resources and demands, the support or hinderances of hospital environments and how those factors were related to intentions to leave. The interviews were audio-recorded, transcribed, and analyzed using NVivo. **Outcomes:** The results indicated that while nurses experienced job demands in their profession, they could mitigate negative effects by finding job resources, leading to intention to stay. However, they also reported a lack support and recognition from hospitals in organizational structures and in financial aspects, which led to intentions to leave the profession. **Contributions:** This study highlights the importance of job resources and demands, as well as the role of the hospital work environment, which in turn affect intentions to leave. This study provides insights into the reasons why recently graduated nurses may contemplate leaving their profession and includes practical recommendations for hospitals to provide greater support, assistance, and recognition to retain nurses in the profession.

Keywords: Nurses retention, job resources and demands, hospital environment, intention to leave

Table of Contents

1. Introduction	4
1.1 Overview of existing literature.....	5
1.2 Theoretical framework	6
1.3 Research questions	8
2. Research methods.....	9
2.1 Study design	9
2.2 Study sample	9
2.3 Recruitment process	9
2.4 Data and measurements.....	11
2.5 Data analysis.....	11
2.6 Ethical aspects	12
3. Results	13
3.1 The nursing profession	13
3.2 The hospital environment.....	15
3.3 Intention to leave	17
4. Discussion and conclusion	19
4.1 Main findings	19
4.2 Strengths and limitations	21
4.3 Implications and recommendations.....	21
4.4 Concluding statement highlighting main insights	23
5. Bibliography	24
6. Appendices	27
Appendix A: Interview guide	27
Appendix B: Ethical Approval.....	28
Appendix C: Information letter	29
Appendix D: Informed consent form	32

1. Introduction

The healthcare sector in the Netherlands is facing a shortage of nursing staff and there is an anticipated rise in demand for qualified healthcare professionals (CBS, 2022). There is a need for recently graduated nurses (also named nurses) to replace the shortages and provide healthcare services within society (Rechel et al., n.d.). Although there has been an increase in the number of nursing students (CBS, 2021), concerns have arisen about retaining new graduates in nursing (Schug et al., 2022). Hospitals, in particular, are struggling to retain nurses to provide high-quality care (Hinno et al., 2012). Evidence has shown that recently graduated nurses leave the profession within the first years of clinical practice (Rudman & Gustavsson, 2011; Yeh & Yu, 2009). Moreover, another study reveals that within the United States, 29% of the 3000 new graduates started their second to fourth job within 12 months of working following graduation (Wu et al., 2011). While many studies have addressed intentions to leave due to work-related aspects in terms of resources and demands, fewer have explored the relationship between the resources and demands of the nursing profession and the role of the hospital work environment related to intentions to leave (Heinen et al., 2013). For instance, a recent study indicated that the role of the hospital work environment on these intentions remains relatively unknown (Buchan et al., 2019).

The present study contributes to the research field by interrogating the resources and demands of the nursing profession, as well as the role of the hospital work environment on nurses' intentions to leave. From a scientific standpoint, it is important to examine the interaction between job resources and demands in nursing and the role of the hospital environment because the extent to which hospitals support or hinder nurses in their work, thereby influencing intentions to leave, remains unclear. From a societal standpoint, leaving the profession is problematic due to existing shortages, making it more difficult to improve health outcomes (WHO, 2009). Therefore, understanding the reasons behind nurses' intentions to leave is crucial to develop adequate interventions for nurse retention for hospitals, as well as for the profession. To do so, this study first defines intention to leave, contributing factors, and the role of hospital work environments. Next, two theories regarding job resources and demands and extrinsic motivation of hospital work environments will be examined. This will come together to set up the research questions and outline of the method section. Finally, the results will be provided to further emphasize how nurses' experience job resources and demands and the role of hospital environments, with the ultimate goal of improving the understanding of how nurses decide to continue their work or not.

1.1 Overview of existing literature

Firstly, there is a considerable variation in definition of the term “intention to leave” across studies. In this study, intention to leave indicates a single phenomenon with two perspectives, encompassing both the intention to stay and the intention to leave. Nurses may have an intention to stay, which reflects their conscious and deliberate desire to continue working as a hospital nurse (Cho et al., 2009). Conversely, intention to leave refers to the willingness to leave the profession to find non-nursing work (Flinkman et al., 2010; Mowday et al., 1982). These terms were chosen because they are often implemented to investigate the connections between nursing shortages and intentions to leave (Heinen et al., 2013).

There is a growing body of literature recognizing factors related to nurses’ intentions to leave. The study of Rouhi-Balasi et al. (2020) indicated autonomy as an important resource in nursing work to have freedom how to execute tasks. Whereas other studies argued the importance of career advancement for recently graduated nurses to provide professional growth and development (Bakker & De Vries, 2020; Flinkman et al., 2010). The study of Henshall et al. (2022) found that patient and family appreciation was mentioned as a significant resource in nursing work. Despite these resources in the nursing profession, a study of Labrague & McEnroe-Petitte (2017) has claimed that recently graduated nurses also experience demands, such as high levels of stress, heavy workloads, anxiety when administering medications, difficulty in managing time and handling complex patient scenarios. Additionally, Rudman & Gustavsson (2011) have claimed that nurses feel inadequately prepared for their nursing responsibilities. Previous research has shown that these factors may negatively impact nurses and lead to exhaustion (Flinkman et al., 2013). However, there are still gaps in understanding how resources and demands in the nursing profession contribute to intentions to leave. Therefore, addressing these demanding factors and enhancing resources may provide insights into the reasons why nurses intend to leave.

Additionally, previous research has recognized the critical role of the work environment in nurses’ intentions to leave (Shields & Ward, 2001). Some studies have claimed that nurses experience more demands in the nursing profession due to hospital work environments (also named hospital environments). For instance, the study of Willem et al. (2007) stated that autonomy is lowered within hospitals due to organizational structures, such as rules and protocols. Other studies have concluded that hospitals do not support career advancement, and nurses perceived their work environment as not conducive or receptive to new ideas (Cohen et al., 2009). However, it remains unclear what measures hospitals undertake to provide support or whether they act as a hinderance. Therefore, to address this current research gap, the support

or hinderance from hospital work environments must be examined in relation to intentions to leave.

To further research demands and resources in the nursing profession and the role of hospital environments, it was important to examine what hospital environments and nursing profession characteristics looked like. The work environment encompasses organizational structures (e.g., protocols, rules, procedures, career advancement), and financial aspects (e.g., salary and benefits). The nursing profession pertains to job characteristics (e.g., appreciation, workload, mental and physical demands, shift work and time of tasks) and interpersonal relationships (e.g., relationships with employer, supervisor, co-workers) (Balzer et al., 2004). These factors were differentiated as all aspects under the nursing profession remain unaltered because the nursing work consists of the same characteristics. However, the hospital environment changes when nurses switch to a different organization, as every hospital has its own protocols and rules.

1.2 Theoretical framework

To research how recently graduated nurses experience resources and demands in the nursing profession and the role of hospital environments related to intentions to leave the Job Demands-Resources model (JD-R model) and the Self-Determination Theory (SDT) were combined. An interdisciplinarity approach was taken by combining these models, because the JD-R model focuses on health psychology and the SDT on work and organizational psychology. By integrating both disciplines this study yields a comprehensive understanding of health, work, and organizational psychology regarding the relationship between job demands and resources, and how nurses were supported or hindered by their work environment related to intentions to leave the profession.

The Job Demands-Resources Model

The JD-R model is popular in health psychology, particularly in the context of nursing, where it is commonly used to explore the impact of work conditions on burnout development (Bakker & de Vries, 2020; Rudman & Gustavsson, 2011). The model assumes that although people's work environments may differ, job characteristics always comprise resources and demands that contribute to the development of negative and positive health outcomes (Demerouti et al., 2001). Burnout is often attributed to high job demands that require sustained physical, emotional, or cognitive effort (Cottingham et al., 2015). Evidence suggested that nursing work was characterized by high physical and mental demands, workload and role ambiguity could

negatively impact nurses' well-being and work engagement, leading to burnout (Bakker & Demerouti, 2017; Hinno et al., 2012). On the other hand, job resources, including physical, psychological, and social aspects of work, can assist employees in achieving work goals and fostering personal growth and development. Autonomy and social support, for example, can positively influence employees' motivation (Bakker & Demerouti, 2017; Hinno et al., 2012).

Furthermore, the JD-R model emphasizes that job resources and demands are not independent and that their interaction is crucial to understand their impact on employee outcomes. Job resources can mitigate the negative effects of job demands, reducing the risk of burnout and enhancing motivation (Bakker & De Vries, 2020). Burnout is a long-standing problem in the healthcare sector, and several studies have explored its development (Rudman & Gustavsson, 2011). Given the challenges of retaining nurses in hospitals, this study has investigated whether the factors contributing to burnout development differ from those that predict intentions to leave. In terms of theoretical expectations, it was expected that job demands that lead to burnout, and can also predict intentions to leave, while job resources can mitigate the demands in nursing work and lead to the intention to stay.

The Self-Determination Theory

The Self-Determination Theory is one of the most prominent theories that focuses on understanding the underlying psychological needs that drive human behavior and motivation (Deci et al., 1989). Due to the lack of clarification regarding the role of the work environment in the JD-R model, this study combined the SDT to evaluate how work environments could impact nurses' extrinsic motivation, meaning a motivation that is driven by external rewards (Deci et al., 1989). While the JD-R model emphasized intrinsic motivation, which was derived from motivation within a person (Bakker et al., 2008; Fernet et al., 2012), this study has investigated how hospitals environments extrinsically motivated nurses in support or hinderances related to nurses' intentions to leave (Meyer, 2007). It was important to understand this relationship because studies indicated that improvements in extrinsic factors, coupled with supportive work environments, can foster a nurses' willingness to focus and work diligently (Deci et al., 1989).

This study focused on two potential impacts of hospital environments on nurses' intentions to leave: the impact of organizational structures and financial aspects. The first was the impact of organizational structures within hospitals on intentions to leave. Hospitals often have bureaucratic and hierarchical structures, such as rules, checklists, and protocols (Hearld et al., 2008). It was expected that organizational structures result would result in task dictation,

which could reduce autonomy within hospitals. While extrinsic motivation could vary in terms of autonomy, being externally controlled by external factors (Deci et al., 1989), it remains unclear whether organizational structures had an impact on nurses' intentions to leave.

Moreover, the second potential impact was the financial aspects within hospital environments. Empirical studies have shown that working for external job rewards affects motivation levels. The study of Mintzberg (1979) concluded when nurses received recognition for their work and perceived that it was connected to their competence, they are more likely to be motivated by reward. Additionally, research suggested that extrinsic rewards could impact nurses' career paths. When nurses were motivated by external rewards, they experienced benefits such as lower burnout, fewer physical complaints, and more significant work commitment (Dill et al., 2016). Given the potential outcomes for external rewards within the work environment it is expected that salary in nursing can impact nurses' intentions to leave.

1.3 Research questions

The relationship between job demands and resources and how that relates to burnout has been studied before (Bakker & Demerouti, 2007). However, it was unclear if this relationship extends to the intentions to leave the nursing profession. Additionally, few studies have investigated in extrinsic motivation within the work environment as related to intentions to leave. Therefore, job resources and demands were included as well as the role of work environments nurses' extrinsic motivation to give an answer on the research question: *“How do recently graduated hospital nurses decide to continue their nursing work or not, in terms of work resources and demands, and the support or hinderances from hospital work environments?”*

Three sub-questions were formulated to correctly answer all aspects of the research question:

- 1) What aspects of the nursing work do recently graduated nurses experience as resources and demands?
- 2) How do recently graduated nurses evaluate the hospital work environment in terms of support or hinderances?
- 3) How do recently graduated nurses come to the decision to continue or leave their work as hospital nurses?

2. Research methods

2.1 Study design

The research was conducted in collaboration with the internship organization, a foundation focused on humanization of work in society. Their project focuses, in part, on the staffing shortages in the healthcare sector, and doing research among young nurses regarding intentions to leave while they are needed to manage the demanding care, sparked my interest. A qualitative data collection was conducted through in-depth semi-structured interviews with recently graduated hospital nurses. Since open questions were necessary to evaluate nurses' perspectives related to their experiences, the use of interviews instead of another data collection technique was chosen. For instance, a quantitative approach, using data from a survey, would not have produced complete in-depth results about experiences. Therefore, a qualitative approach is feasible within the research question and within the scope of this study.

2.2 Study sample

The sample inclusion criteria in this study were as follows: participants must be nurses who completed a Bachelor of Applied Sciences in Nursing, work in regular hospitals, be between the ages 18 and 30, and have less than six years of work experience. This sample selection was made because research indicated that those nurses tend to experience more stress, especially in areas related to nursing skills, managing demanding care, interpersonal relationships, and equipment issues (Wu et al., 2011). To avoid recall bias, only registered nurses who were currently working in the healthcare sector were included. This was done to prevent skewing the results, because former nurses may have more negative attitudes towards nursing work.

2.3 Recruitment process

While the internship organization was involved in the research process, they did not provide access to participants. Several steps were taken to recruit enough participants, including attempts to contact persons via three hospitals (Emmen, Hardenberg and Zwolle) and two applied universities (Utrecht and Zwolle). However, these organizations were not able to help due to privacy concerns, and others did not respond. A message was also posted on several LinkedIn nursing alumni groups, the internship page and a personal page, but these efforts were unsuccessful. Finally, through personal networks and the use of snowball sampling, one participant was selected, who recommended additional participants (Goodman, 1961).

Nine Dutch female nurses and one nurse of Asian background were identified. However, a male nurse was not found due to the relative scarcity of male nurses in hospitals as data from the CBS (2020) confirmed that female nurses constitute 81.5% of the nursing workforce, while male nurses constitute 18.4%, highlighting the gender disparities within Dutch hospitals. To address this gap, purposive sampling was used, and one male nurse with seven years of experience was included, despite not meeting the initial inclusion criteria of a maximum of six years of experience. This exception was made due to the underrepresentation of this subgroup, and to gather insights from a more diverse gender group.

Finally, the target population consisted of 11 nurses with an average age of 25 years old who worked 32 hours (full-time) per week in six different hospitals and had varying work experiences and positions. These included nurses undergoing educational studies for their position (trainee), flex nurses who worked on a temporary basis across departments, and junior (+) /senior nurses who worked permanent within a specific department (Table 1).

Table 1: Characteristics of participants

Interviewee	Gender	Function	Work experience	Position
1. Kylie	Female	Trainee Nurse Intensive Care	3	Junior
2. Jaimie	Female	Flex Nurse (department Cardiology)	2	Junior
3. Sami	Female	Trainee Flex Nurse (department Neurology)	1	Junior
4. Anouk	Female	Kidney Diseases Nurse	5	Senior
5. Tess	Female	Urology and Gynecology nurse/ Trainee Nurse Oncology	2	Junior
6. Sara	Female	Acute Admissions Nurse	2	Junior
7. Anna	Female	Intensive Care Nurse	3	Junior +
8. Julia	Female	Urology and Gynecology Nurse	1	Junior
9. Nora	Female	Hematology Nurse	3	Junior +
10. Rose	Female	Cardiology Nurse	1.5	Junior
11. Tom	Male	Child Intensive Care Nurse	7	Senior

2.4 Data and measurements

The data was collected through semi-structured interviews included an interview guide that addressed the following themes: introduction, resources and demands of the nursing profession, the role of hospital work environments, and nurses' intentions to leave the profession (Appendix A). Each theme was discussed during the interviews, but in different sequences based on the natural flow of the conversation, which conducted more realistic responses (Hsieh & Shannon, 2005). Considerations for the quality of the study were made by presenting the research process and findings to evaluators from the internship organization to obtain feedback and ensure accurate interpretation of the data (Baum, 2015). Trustworthiness was established through transparent decision-making and the formulation of conclusions, which allowed further consistency in the study (Denzin, 1978).

Furthermore, the researchers' positionality is taken into consideration. As the researcher, I am a female Dutch student who was positioned outside of the nursing profession and hospital environments. This allowed me to have an objective viewpoint in the interviews, preventing for any personal bias towards positive or negative opinions (Baum, 2015). This objectivity created rapport during the interviews, as participants felt comfortable sharing their experiences without being influenced by my personal background. However, this positionality may have impacted the interviews and results by being too heavily guided by nurses' responses due to my lack of prior knowledge regarding hospital nurses. In order to mitigate this impact, I compared all the interviews and when I felt unsure about outcomes, I consulted the internship organization to discuss.

A total of 11 interviews was sufficient for achieving qualitative saturation (Saunders et al., 2018). On average, interviews lasted 45 minutes and were conducted in Dutch to facilitate natural conversations and make expression more comfortable. The interviews were audio-recorded on a personal phone and done via MS Teams Platform from March till April, all recordings were transferred to the secure U-Drive and later stored in YODA.

2.5 Data analysis

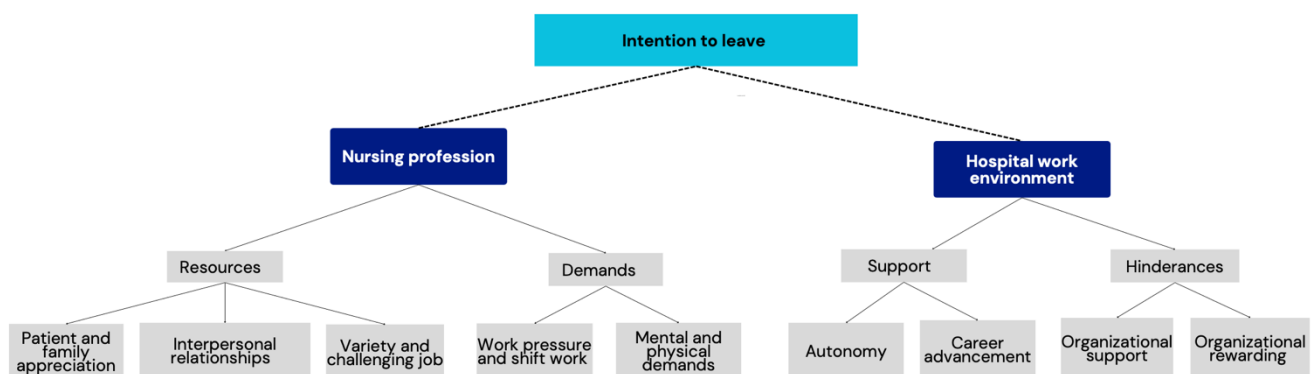
During the process of data analysis, each interview was transcribed into written text and patterns were discovered by identifying data. NVivo was utilized to upload the transcriptions and initiate a deductive coding process to tackle potential codes from the theory to select data methodologically (Table 2) (Doorewaard et al., 2019). The first step in the coding process involved recognizing codes from the text and assigning them under the three main codes to arrange and simplify the data. In the subsequent round of coding, data was analyzed, and main

codes were subdivided into subcodes. Finally, selective coding was used to identify relationships between resources and demands in the nursing profession as well as support or hinderances within the hospital environment that relate to intentions to leave. To present a visual representation of the analysis, a coding tree was developed (Figure 1).

Table 2: Themes in coding process

Codes	Subcodes
Resources and demands in the profession	<ul style="list-style-type: none"> • Patient and family appreciation • Interpersonal relationships with colleagues, supervisors and doctors • Mental and physical demands • Work pressure • Shift work
Support or hinderances within the hospital work environment	<ul style="list-style-type: none"> • Career advancement • Protocols • Organizational support • Organizational rewarding
Decisions for intention to leave	<ul style="list-style-type: none"> • Depending on work related factors • Depending on the hospital work environment

Figure 1: Coding tree



2.6 Ethical aspects

This study was approved by the Ethics Review Board of the Faculty of Social and Behavioral Sciences of Utrecht University (see Appendix B). Before starting the interviews, participants received an information letter detailing the study's objectives and expectations (see Appendix C). This letter led to the required informed consent form (see Appendix D). If participants signed the consent form, they understood that their privacy was protected. All participants have given informed consent to accept the rights and privacy in this study. To ensure confidentiality,

all participants were assigned to a pseudonym, and any references to strictly personal information have been avoided to protect their anonymity.

3. Results

In this study, 11 recently graduated hospital nurses were invited to share their experiences of their profession and work environment. The outcomes are illustrated based on three goals: 1) to demonstrate which resources and demands nurses experience in their profession, 2) how nurses evaluate the support or hinderances from hospital work environments and 3) to explore how nurses come to the decision to continue or leave their nursing work.

3.1 The nursing profession

Resources in the profession

The interviewed nurses described having a deep-rooted passion for their work, a strong motivation to improve patients' lives and have specially chosen to work as a hospital nurse due to the challenges and variety in tasks from admissions to treatments. Anouk, a fifth-year kidney diseases nurse with an Asian background, said being a hospital nurse gives her a feeling of recognition: *"I do have a profession where it has result that counts for people. So, I think, oh yes, that is actually a nice profession"* [4]. Additionally, nurses argued receiving appreciation from patients and their families as a resource, as Anna, a third-year intensive care nurse, said: *"Of course patients do not always go well and then it is a pleasure to guide family. That someone can simply die in the presence of family, and sleep peacefully, without being in pain or stressed. And that the family compliment you because they were satisfied"* [7]. Nurses reported such moments not only brighten their day, but also reminder them why they chose to be a hospital nurse.

Furthermore, nurses described having strong interpersonal relationships with colleagues, supervisors and doctors as a resource in their work. Sami, a first-year neurology nurse, said: *"We are actually the ears and eyes of a doctor, so we can really tell how the patient is doing. I always thought my input does not count as a nurse, the doctor has the power, and they decide, but they certainly do not"* [3]. It was observed that strong relationships are important within a nursing team for the development of nursing skills. Julia, a first-year urology/gynecology nurse, said she is motivated by supervisors and doctors to look with her own clinical view to develop more nursing skills. However, not all nurses experienced interpersonal relationships as positive. Jaimie, a second-year flex nurse, has felt undervalued in contact with doctors, as she said *"I was really nervous before picking the phone and before I*

actually call doctors. I think I have to call but I do not feel comfortable'' [2]. Since Jaimie has a flex position and has worked in the cardiology department for only a few months, she may encounter more distance with doctors compared to permanent cardiology nurses.

Demands in the profession

Despite available resources in the profession, interviewed nurses experienced mental and physical complaints, work pressure and shift work as demanding factors. Many nurses described having stressful situations during their first months of employment due to uncertainties about their knowledge and ability to provide care. Jaimie, a second-year flex nurse, said: *''When I just started as a nurse, I was really nervous about what I was going to find for complex situations I had never dealt with before*'' [2]. Similarly, Rose, a first-year cardiology nurse, said such feelings stay for the first 6 months of employment and disappeared by more experiences. During the interviews, it was observed these situations may lead to mental exhaustion and could pose hidden risks for nurses. As Kylie, a third-year intensive care nurse, pointed out: *''Where is the difference between I do not like going to work today or I am so tired, I cannot go to work anymore?''* [1]. Additionally, interviewed nurses spoke more openly about physical demands than mental demands. For instance, Anna, a third-year intensive care nurse, said she found her work more physically demanding due to pulling and lifting patients and did not mention mental demands, which indicated that identifying physical complaints may be easier to explain than mental demands.

A second set of demanding factors was related to shift work and work pressure. Nurses argued that they had reached an age where they did not want to miss out on social activities with friends, which makes shift work, especially on weekends, more demanding. In addition, nurses reported a reduction of irregularity allowance for shift work within hospitals, which further exacerbated shift work as a demanding factor. Moreover, nurses described work pressure as a feeling of time pressure to complete tasks within a shift, as Kylie, said: *'In the morning I thought I have to finish all that. I might put pressure on myself, but I want to finish that before 15:30. So I was just focused to finish all that. It just really felt like a race against the clock*'' [1]. Kylie also said she is not able to postpone her work to a later moment, because when patients press the bell or need to go to the bathroom, she needs to help them. Nurses described that having constantly feelings of time pressure leads to rushed feelings and a sense of inadequacy in providing care, hindering the ability to interact with patients. However, it was observed that nurses have become accustomed to the demands and view them as an integral part of their job.

3.2 The hospital environment

Support

The majority of nurses described having autonomy in tasks, shifts and career advancement as support within hospital environments. Several nurses experienced a certain level of autonomy within hospital environments, as Julia, a first-year urology/gynecology nurse, said: *‘‘I look at how my patient is doing and what is feasible. And go along with this in consultation with the doctor or other specialists to work slightly different than protocol’’* [8]. Especially, nurses with a few years of experience argued that they view hospital protocols as a useful framework to gain more knowledge. An explanation for this might be that they are still looking for their role in the profession, whereas nurses with three years or more of experience, said protocols are restrictive and demanding. It was noted that they do not argue that protocols lowered their autonomy. Furthermore, Tess, a second-year nurse, said the hospital environment offers self-scheduling, which allows her to balance work and personal life by spreading out shifts. Tess argued that this supports her work as a hospital nurse in dividing workload. It was noted that not all nurses who were interviewed mentioned self-scheduling, which may indicate that not all hospitals provide nurses with the flexibility to divide shifts.

Additionally, interviewed nurses with one to four years of experience perceived hospital environments as a place for career advancement. Julia, a junior urology/gynecology nurse, said she can develop herself and has a lot of opportunities for professional growth. Also, other junior nurses reported many opportunities. However, nurses with senior positions expressed a lack of career advancement within hospital environments. During the interviews, Tom, a male nurse with seven years of experience, described that opportunities to new graduates are mainly restricted to working within a specific discipline. He stated: *‘‘I did education, but those studies are mandatory to be able to work in that position. If I want to do another education, a deepening or whatever, it is always hard, no time and no budget’’* [11]. Nurses have argued that career advancement is important for them to gain more knowledge about their job. While junior nurses often receive support in the early stages of their careers, this perception may change as nurses progress into senior positions.

Hinderances

Nurses reported different hinderances within hospital environments. Firstly, they described having feelings of inadequate support from hospital environments to deal with mentally demanding situations. Nora, a third-year hematology nurse said: *“...sometimes when you have an intense case. Recently we had a 22-year-old boy who...was going to die...that was terrible”* [9]. She explained that there was no support from the hospital with those situations, despite the need for it. Also, Rose, a first-year cardiology nurse, said that most of the organizational support is focused on nurses’ ability to carry out treatments, rather than on how nurses feel about standing by someone who is dying in their early career. She emphasized the need for additional (preventive) support mechanisms to help new graduates through their early careers. However, it is noted that there is a lack of support not only for new graduates but also for experienced nurses who have been working in hospitals for a couple of years.

Secondly, nurses argued that they do not feel supported in managing tasks within a shift, which contributes to increased work pressure. Julia, a first-year nurse, said she has many tasks to do within a shift, for instance arranging aftercare, giving medication, calling the pharmacy or polyclinic, and does not have time to complete all of these tasks. Nurses described having feelings of being assigned to more tasks, without support from hospital environment for taking measures to implement strategies that would reduce work pressure, as Anouk, a fifth-year nurse, concluded: *“I do think it is a shame that we and the patients suffer under organizational demands”* [4].

Thirdly, most nurses reported experiencing a lack of support in their work. Nurses described having inadequate salary related to their responsibility and effort. They reported high levels of responsibility, as Jaimie, a second-year cardiology nurse, said: *“Actually in a day shift, 5 lives are in your hands. That is just sick”* [2]. Also, Jaimie said she puts effort from her own time into reviewing patients’ dossier and hospitals do not compensate this time spending. In addition, nurses perceived wage disparity between their salaries and that from other professions, as Anouk, a fifth-years nurse, explained that a social worker, with the almost same degree, earns more than a nurse. While they both have large responsibilities, yet there is such a difference in salary. Also, Anna, a third-year nurse, said: *“People with an economics degree...earns double in the month as what I earn. While I have a lot more responsibilities”* [7]. Many nurses stated that they feel not taken seriously and reported that salaries do not reflect their efforts and responsibilities. They have addressed the need for hospitals to recognize and value their work more.

Moreover, nurses reported having not a differentiation in function between MBO and HBO educational degrees. Sara, a second-year acute admissions nurse, which had done MBO and later did HBO, summarized her experience: *“When I finished University of Applied Sciences (HBO), I thought I did a higher education level than School of Vocational Education (MBO), but I do not have another function and do not get paid anything extra. That was a shame because HBO costs a lot of money”* [6]. Nurses described feelings of frustrations and they did not feel recognized in their functions. They feel that their education was vain and yearn for an HBO position and a salary commensurate with their qualifications.

3.3 Intention to leave

All interviewed nurses expressed having considered leaving their current position, organization, or even the nursing profession. Based on the findings, it was clear that the intention to leave is a prominent issue among recently graduated nurses, as all nurses described having considered leaving the profession within the first three years of employment. Every nurse has different reasons for intentions to leave and in this section the reasons related to intentions to leave were discussed.

Senior nurses with five or more years of experience described that they tend to doubt their enthusiasm for providing care and experienced a lack of career advancement. Anouk, a fifth-year kidney diseases nurse, said she discussed with her colleagues whether she still enjoyed nursing work, as her enthusiasm for providing care was being doubted: *“I noticed within the team that we constantly change our mindsets in what we accept, and questioning if we still like the healthcare sector”* [4]. It was noted that nurses continued to work as a hospital nurse due to the strong relationships with colleagues. However, increasing demands in tasks, time pressure and patient vocalization has created that nurses become more skeptical about their career choices. Additionally, nurses argued not receiving organizational support and experiencing a lack of career advancement, result in intentions to leave, as Anouk stated that she has decided to pursue a master’s degree on own initiative, since she felt hospitals do not offer her a new challenge. Similarly, Tom, a seventh-year nurse, reported similar feelings concerning a lack of career advancement and expressed an intention to leave the profession. These feelings are consistent among senior nurses, as they contemplate their future as hospital nurses.

The majority of nurses described challenges of anxieties and uncertainties during their first 6 months of employment, leading to intentions to leave. Interviewed nurses argued

hospitals had unrealistic expectations, resulting in overwhelming feelings due to the extensive amount of knowledge they were expected to possess. Sami, a second-year flex nurse, shared her experience of almost leaving the profession: *‘I did almost quit indeed because I really went home crying...I am done with it’* [3]. However, Sami continued her nursing work due to her passion for the profession. Also, Tess, another second-year nurse, explained her passion for nursing work: *‘I still think that I put gratitude and appreciation of patients still put on top in comparison to the less pleasant things’* [5]. Moreover, other nurses, including Jaimie, Anouk, and Nora, have considered leaving the sector in their first months of their career due to the mentioned factors, but do not know what else to do, and therefore still work as hospital nurses. By now, nurses have reached a number of demanding factors in their profession, which they have learned to navigate and do not result in intentions to leave anymore.

Furthermore, nurses described having multiple hectic shifts in one week resulted in high levels of stress whether they complete all tasks within a shift, leading to mentally exhaustion, and intentions to leave. As previously mentioned, interviewed nurses have described work pressure as a demanding factor and have expressed a lack of support from hospital environments, as Kylie, a third-year nurse, said she must plan her tasks to have enough time for patients, and ensure that her colleagues are not starting in hectic shifts. Julia, a first-year nurse, shared her feelings after having a hectic shift and said: *‘When I get home and just lay on the couch, I think I cannot get off’* [8]. If nurses have several demanding shifts, they intended to leave the profession. Nevertheless, when they have calmer and normal shifts, they intended to continue nursing work. Consequently, the peaks and valleys of shift work impacted nurses’ considerations regarding their intention to leave.

Moreover, nurses have reported that their work primarily involves direct patient care roles, which is physically demanding, as exemplified by Nora, a third-year hematology nurse, she stated: *‘I do know that I am not going to be at the bedside forever. I have a few physical complaints already, so I am not going to keep that up anyway’* [9]. Consequently, when nurses experienced physical complaints, they contemplated leaving the profession multiple times throughout the year, particularly when confronted with a heavy workload involving numerous complex care tasks.

Lastly, nurses described not receiving support in terms of responsibility, effort, salary, and recognition in functions, contributes to their intentions to leave. Kylie, a third-year trainee intensive care nurse, said: *‘That would be one reason, I do not want that responsibility anymore or that I always have to be able to respond and keep an eye on your patients. Then maybe I could do an office job which is less stressful and earn more and you do not have to work*

irregular hours'' [1]. Also, nurses described feelings of frustration in not receiving recognition to value their function. Tess, a second-year nurse, summarized this feeling: *'In hospitals there is not a distinction between MBO and HBO, also in terms of salary. That is an ultimately reason to quit the hospital I think'* [5]. Nurses have emphasized a lack of recognition for the value of nurses' functions, not feeling supported and rewarded by financial benefits, result in intentions to leave the profession to find non-nursing work.

4. Discussion and conclusion

4.1 Main findings

The results of this study highlight the perspectives of recently graduated nurses related to resources and demands in the nursing profession, and the support of hospital work environments related to intentions to leave. The main findings will be related to expectations and compared in the context of other research and theory.

The first main finding of this study is that despite the demanding factors of the nursing profession, the participants expressed a strong desire to continue working as hospital nurses. The demanding factors identified by the nurses include high work pressure, the need to navigate mentally and physically situations, and uncertainties related to knowledge. Through interviews, participants emphasized the most important resources include patient and family appreciation and interpersonal relationships with colleagues, supervisors and doctors. Nurse have argued that these resources serve as reminders of the underlying reasons why they chose to become hospital nurses and are crucial for counteracting the negative effects of the demands associated with continuing nursing work.

When comparing these findings with prior studies and expectations, a similarity can be observed with the study conducted by Cottingham et al. (2015), which identified similar demanding factors associated with burnout. It was expected that these factors would also contribute to intentions to leave the profession. However, contrary to expectations, the interview findings presented a difference, much like what Bakker & De Vries (2020) found that nurses demonstrated the ability to effectively manage job resources and demands, enabling them to continue in nursing work. One possible explanation is that nurses may have developed a level of resilience towards the inherent demands of their profession. Alternatively, it is essential to acknowledge that these findings solely represent nurses who have not yet left from the profession, which may influence their perception of the demands in a more favorable light.

Another main finding of this study is that, despite participants' ability to manage demands of the nursing profession through available resources, they expressed a feeling of inadequate support in hospital environments. Specifically, they reported a lack of recognition for their work, inadequate support in handling mentally and physically situations, limited opportunities for career advancement, and a salary that does not reflect their efforts and responsibilities. Participants have argued that hospitals often fail to recognize the value of nurses' functions and not provide adequate support in dealing with work pressure and mentally demanding situations. Nurses emphasized support is primarily focused on enhancing the quality of patient care rather than addressing the well-being and needs of nurses themselves. Additionally, participants highlighted the need for hospitals to offer continuous opportunities for career advancement throughout nurses' entire careers, rather than solely during the early stages. They also reported that salaries did not align with the level of effort and responsibility associated with their work. Collectively, these hinderances within hospital environments result in intentions to leave the nursing profession in the near future.

These findings provide support for Dill et al. (2016) assertion in the SDT that nurses are motivated by extrinsic rewards. However, a new insight gained from this study is that an inadequate salary can directly contribute to intentions to leave. One explanation could be that young nurses are in the process of establishing their lives and require financial resources to do so. Consequently, nurses may place greater importance on salary, rather than other aspects of the work environment. Furthermore, some nurses have reported perceiving a lack of career advancement opportunities within hospital environments while others have not. This finding has shown that the way in which hospital environments are organized, shape nurses' perception of whether it is a resource or a demand (Bakker & Demerouti, 2007; Deci et al., 1989). A lack of career advancement ultimately contributed to intentions to leave. One possible interpretation is that nurses may perceive their work as repetitive, and this prompts them to actively seek out for professional development.

Lastly, an interesting finding emerged regarding the expectation derived from the SDT that nurses would encounter decreased autonomy within hospital settings due to protocols, rules, and checklists (Hearld et al., 2008). Contrary to this expectation, the results of the study indicated that nurses perceived autonomy as a supportive factor within hospital environments. One possible explanation for this discrepancy could be that junior nurses experience a certain level of independence, while still requiring consultation with supervisors or doctors, and may seek more autonomy later on.

4.2 Strengths and limitations

This study has strengths and limitation which should be considered for further research. One strength of this study is the use of a deductive qualitative approach, which involved in-depth interviews to gain detailed insights into recently graduated nurses' perspectives. This approach is crucial in understanding the reasons behind nurses' behaviors and how various influencing factors impact their decision-making (Baum, 2015). However, at this moment, nurses do not know if they will remain in the profession. While they have considerations, it is not indicative if they will eventually resign from their positions. Further research could focus on interviewing nurses who have already expressed their decision to leave the profession, to ascertain the final reasons leading to leave. Another limitation of the study is the focus on young nurses in their first job, which may influence perceptions of resources and demands and may not provide valid results for more experienced nurses. However, emphasis on this period is a strength since it is a critical period when most nurses tend to fall out. Also, the generalizability of the results to populations beyond the scope of the study is limited. This study only involved 11 recently graduated Dutch nurses from different hospitals and departments. Results may not be generalized to other populations, such as older nurses or those from different cultural backgrounds. To minimize this impact, I conducted interviews with at least one nurse from an Asian background and one male nurse. However, further research is necessary to include a more diverse sample of participants from various cultural background, perhaps from one specific department in Dutch hospitals, to ensure broader applicability of the findings to real-world environments.

4.3 Implications and recommendations

This study investigated perceptions of recently graduated nurses regarding resources and demands in the nursing profession, as well as support or hinderances within hospital environments, related to intentions to leave. From a scientific perspective, although many studies have concentrated on job resources and demands leading to burnout in the JD-R model, this study indicated that resources and demands in the nursing profession do not directly contribute to intentions to leave. An implication of this finding is that nursing work is generally acknowledged to be strenuous and inherently demanding. Nurses may be aware of these challenges prior to starting their jobs. It is possible that nurses anticipate on these demands and therefore demanding factors do not necessarily contribute to intentions to leave. This may also explain why nurses perceived resources as important in their jobs. Consequently, it is

recommended that further research should be conducted to establish the validity of this assumption.

Moreover, this study has investigated the influence of extrinsic motivation derived from hospital environments in the SDT. The findings indicated that both organizational structures and financial aspects, such as salaries, have a significant impact on recently graduated nurses' intentions to leave the profession. This highlights the important role of hospital environments played in retaining nurses. However, it is important to note that only young nurses were interviewed in this study, and it remains unclear whether more experienced nurses also perceive the hospital work environment as contributing factor to intentions to leave. Hence, a recommendation for future research is to adopt a broader age criterion in order to compare the outcomes and ascertain whether the hospital work environment truly acts as a hinderance for nurses.

However, as previously mentioned, nurses have expressed intentions to leave the profession while they are still working as hospital nurses. They have discussed several factors for intentions to leave, but it remains unclear how these factors ultimately lead to the decision to leave the profession. Therefore, a recommendation for further research would be to conduct a longitudinal study that involves interviewing nurses over the next five years of their employment to gain an understanding of their life stages and the actual decisions they make regarding intentions to leave. An additional recommendation for conducting research on this topic would be to track nurses from universities through their careers to determine how many drop out of the program, as well as how many leave the nursing profession each year to identify patterns in intention to leave.

By addressing these findings from a societal perspective, hospitals can benefit from a comprehensive understanding of how recently graduated nurses perceive specific facilities and areas that may lack certain resources. Some practical findings from this study were that hospitals should consider providing greater support to new graduates by focusing more on personal feelings rather than on patient care. For instance, doing prevention training focused on complex situations in nurses' careers. Considering how nurses perceive the value of an applied sciences graduation could be an example of change to recognize them. Further research is required to explore how hospitals can change their work environments nationally to better reward and support nurses to enhancing the work environment and increase retention rates.

4.4 Concluding statement highlighting main insights

In conclusion, all interviewed nurses in this study expressed having considered leaving the nursing profession. The findings clearly demonstrated that despite the presence of various demanding factors, such as high work pressure, demanding physical and mental situations, and uncertainties regarding knowledge, these factors do not directly lead to intentions to leave. Nurses placed a higher value on resources such as patient and family appreciation, as well as interpersonal relationships with colleagues, supervisors, and doctors within the profession. Consequently, nurses indicated that they were able to mitigate the negative effects of the demands in the profession through the availability of such resources, enabling them to continue working as hospital nurses. However, findings have also revealed that nurses do not feel adequately supported within hospital environments in terms of recognition of their functions and salary, assistance in managing work pressure and demanding situations, and the provisions of opportunities for career advancement. These hinderances within hospital environments, particularly inadequate salaries impact the intentions of recently graduated nurses to leave the profession for non-nursing work. This study demonstrates that nurses reported that hospital environments exert a considerable influence on the intentions to leave the profession. Therefore, it is imperative for hospitals to recognize, support and reward the hard work and dedication of their nursing staff in order to retain recently graduated nurses within the workforce.

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6. Appendices

Appendix A: Interview guide

Algemene vragen

- Wat is je leeftijd?
- Wanneer ben je afgestudeerd, van welke opleiding en bij welke hogeschool?
- Op welke afdeling binnen het ziekenhuis werk je en wat is je functie?
- Hoelang werk je al in het ziekenhuis?

Vragen over hoe jij je baan als verpleegkundige ervaart

- Waarom wilde je verpleegkundige worden?
- Hoe ziet een dag eruit waarop je blij bent dat je verpleegkundige kunt zijn?
- Welke momenten in je baan als verpleegkundige ervaar jij als het meest belastend?

Vragen over waar jij als verpleegkundige tegenaan loopt in hoe het ziekenhuis georganiseerd is

- Hoe ervaar jij je werkomgeving als verpleegkundige in het ziekenhuis?
- Hoe ervaar jij je werkprocessen als verpleegkundige in een ziekenhuis?

Vragen over de eisen en hulpmiddelen van de baan en organisatieprocessen op jouw overweging om de zorg te verlaten of te blijven

- Als je nu terugdenkt aan je carrière als verpleegkundige in het ziekenhuis, wat geeft jou dan motivatie?
- Heb je er wel is over nagedacht om te stoppen met werken in het ziekenhuis?
- Als laatste vraag heb ik of je nog aanvullingen hebt, waarvan jij zegt dat is nog iets wat ik kwijt wil aan het werken als verpleegkundige

Appendix B: Ethical Approval

Approval Ethics Review Board of the Faculty of Social and Behavioral Sciences of Utrecht University

P.O. Box 80140, 3508 TC Utrecht The Board of the Faculty of Social and Behavioural Sciences Utrecht University P.O. Box 80.140 3508 TC Utrecht	Faculty of Social and Behavioural Sciences Faculty Support Office Ethics Committee Visiting Address Padualaan 14 3584 CH Utrecht
Our Description 23-0201 Telephone 030 253 46 33 E-mail FETC-fsw@uu.nl Date 23 January 2023 Subject Ethical approval	

ETHICAL APPROVAL

Study: The intention of recently graduated nurses to leave or stay in the Dutch healthcare sector.

Principal investigator: E. ter Horst

Supervisor: Janna Besamusca

The study is approved by the Ethical Review Board of the Faculty of Social and Behavioural Sciences of Utrecht University. The approval is based on the documents sent by the researchers as requested in the form of the Ethics committee and filed under number 23-0201. The approval is valid through 26 June 2023. The approval of the Ethical Review Board concerns ethical aspects, as well as data management and privacy issues (including the GDPR). It should be noticed that any changes in the research design oblige a renewed review by the Ethical Review Board.

Yours sincerely,

Peter van der Heijden, Ph.D.
Chair

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Appendix C: Information letter

Hoi...! Via kreeg ik je nummer doorgestuurd omdat je wel interesse hebt om mee te werken aan mijn onderzoek over het voortijdig verlaten van verpleegkundigen in de zorgsector.

Ten eerste leuk dat je interesse hebt om mee te doen! Ik zal mezelf even kort voorstellen. Ik ben Eva ter Horst, masterstudent aan Universiteit Utrecht en sinds februari stagiair bij de (...). De (...) maakt zich hard voor een menswaardige toekomst van werk en verspreidt kennis over verschillende maatschappelijke thema's. Ik focus hierin specifiek op de zorgsector met de vraag waarom verpleegkundigen de sector zouden willen verlaten. Daarom zou ik graag ervaringen van verpleegkundigen in beeld brengen, waar zij tegenaanlopen en wat vanuit de verpleegkundige oplossingen zijn om meer mensen voor de zorg te behouden. In de vorm van een (online) interview (max. 60 minuten) zou ik hierover graag met je in gesprek gaan. Bijgevoegd de informatiebrief over het onderzoek. Hierin staat eigenlijk alle informatie en leidt ook naar het geven van toestemming voor deelname. Mocht toestemming geven, dan zou ik graag zo snel mogelijk een interview plannen.

Ik ben benieuwd en hopelijk spreek ik je snel!

Groeten Eva ter Horst

*Goed om te weten, het onderzoek staat volledig los van de organisatie waar je werkzaam voor bent, en resultaten worden anoniem verwerkt, waardoor de onderzoeksresultaten niet te herleiden zijn naar jou of de organisatie.

Informatie over deelname aan onderzoek: Werken in het ziekenhuis als recent afgestudeerde verpleegkundige

1. Inleiding

Voor het onderzoek 'Werken in het ziekenhuis als recent afgestudeerde verpleegkundige' zoek ik jou. In deze brief kun je alle informatie vinden met betrekking tot het onderzoek.

Mijn naam is Eva ter Horst, masterstudent Social Policy & Public Health aan Universiteit Utrecht en ik zal dit onderzoek gaan uitvoeren voor mijn masterscriptie. Dit doe ik niet alleen, maar in samenwerking met (...).

Deze (...) maakt zich hard voor een menswaardige toekomst van werk. Binnen het programma (...), wordt dit onderzoek uitgevoerd, waarin ik specifiek focus op het vroegtijdig verlaten van zorgprofessionals in de zorgsector. Eerdere onderzoeken hebben geconcludeerd dat er een hoog personeelsverloop is onder recent afgestudeerde verpleegkundigen en dat er knelpunten zijn die kunnen leiden tot de intentie om de baan als verpleegkundige te verlaten. Het kan zijn dat deze werkeisen je baan soms minder leuk maken en dat die knelpunten je laten denken of je nog wel wilt blijven werken als verpleegkundige. Om dit in beeld te brengen, vind ik het belangrijk dat jouw stem als verpleegkundige meer gehoord wordt in het debat over krapte en de

toenemende zorgvraag. Het doel van mijn onderzoek is om te laten zien hoe verpleegkundigen zelf hun werk ervaren, waar zij tegenaanlopen en wat vanuit hun oplossingen kunnen zijn om mensen voor de zorg te behouden. Het is een onafhankelijk onderzoek, die dus niet in verband staat met de organisatie waar je werkzaam voor bent. Dit onderzoek is getoetst door de ethische commissie van de afdeling Social & Behavioral Sciences aan Universiteit Utrecht.

2. Wat is de opzet van het onderzoek?

In het onderzoek word je verzocht deel te nemen aan één interview van ongeveer 60 minuten. Het onderzoek is gestart in februari 2023 en er zullen verschillende recent afgestudeerde verpleegkundigen benaderd worden om deel te nemen aan het onderzoek. Het interview zal starten met een aantal introductievragen over je baan in het algemeen. Daarna zullen de vragen gaan over de ervaring die jij hebt met eisen die vanuit het werk worden gevraagd en hoe jij je daarbij voelt. Vervolgens zal worden gevraagd naar hulpbronnen die jou helpen om gemotiveerd en tevreden aan het werk te blijven. Als laatste zal er gevraagd worden of de hulpbronnen voldoende zijn om de werkeisen te kunnen compenseren in relatie tot misschien wel de overweging om je baan als verpleegkundige in het ziekenhuis te verlaten.

3. Wat gebeurt er met de verzamelde gegevens?

Tijdens deelname aan het onderzoek worden gegevens verzameld. Het interview zal via een audio-opname worden opgenomen en zal starten vanaf de introductie. Hiermee stem je in als je aan dit onderzoek meedoet. Je contactgegevens (naam en e-mailadres) worden alleen gebruikt om contact met je te leggen voor het plannen van een interview. Je naam of de naam van het ziekenhuis waar je werkzaam voor bent, zullen nooit gebruikt worden in dit onderzoek. In belang van het onderzoek wordt alleen gevraagd in wat voor functie je werkzaam bent, op welke afdeling dit is en voor hoelang je momenteel je huidige functie uitvoert. Deze gegevens zijn van belang omdat er bijvoorbeeld een verschil kan zitten in de ervaring van stress. Dit kan hoger zijn in het eerste jaar, dan in het derde jaar. De onderzoeksgegevens worden volledig geanonimiseerd en na de dataverzameling zullen ook je contactgegevens verwijderd worden, en kunnen de antwoorden nooit meer naar jou of jouw organisatie herleid worden. De data worden beheerd door twee personen, Janna Besamusca en door mijzelf. Janna is Universitair Docent aan Universiteit Utrecht en begeleidt mij met de masterscriptie. De (...) heeft geen toegang tot de data. Het is verplicht om de geanonimiseerde onderzoeksgegevens minimaal 10 jaar te bewaren. Daarvoor geeft je toestemming als je aan dit onderzoek meedoet. Je gegevens worden opgeslagen en bewaard op een door de Universiteit Utrecht beveiligde server.

4. Is mijn deelname vrijwillig?

Deelname is vrijwillig. Besluit je na het lezen van bovenstaand om toch niet mee te doen, dan wordt het op prijs gesteld dat je mij laat weten dat je niet meedoet aan het onderzoek, zodat je contactgegevens verwijderd kunnen worden. Je hoeft niet te zeggen waarom je niet mee wilt doen. Als je wel mee wilt doen, dan nodig ik je graag uit om een interview te plannen. In overleg kan bepaald worden waar dit interview plaatsvindt, voorbeelden zijn online via Teams (of een ander videoprogramma), op de Universiteit Utrecht of een zelfgekozen plek. Tijdens het interview ben je niet verplicht om alle vragen te beantwoorden. Sommige vragen worden in de AVG aangemerkt als bijzondere persoonsgegevens en daarmee extra beschermd. Het gaat hierbij om vragen over hoe jij je voelt. Onder geen beding ben je verplicht deze vragen te beantwoorden – als jij je hier niet comfortabel bij voelt, kun je de vraag openlaten. Ook kun je je bedenken en stoppen met het interview op ieder gewenst moment

– ook tijdens het onderzoek. De gegevens die we tot dat moment hebben verzameld, kunnen wel gebruikt worden in het onderzoek, maar zijn nooit terug herleidbaar naar jou. Er is geen vergoeding verbonden aan dit onderzoek, maar het wordt erg op prijs gesteld als je mee wilt werken aan dit onderzoek.

5. Wat wordt er van jou verwacht?

Voorafgaand aan het interview wordt verzocht om digitaal toestemming (zie link bij punt 7) te verlenen om deel te nemen aan dit onderzoek. Hiermee verklaar je dat je voldoende bent geïnformeerd over het onderzoek en dat je op basis daarvan toestemming geeft voor deelname, ook voor het later gebruik van de daarbij verzamelde data. Er wordt verwacht dat je instemt en akkoord gaat dat het interview wordt opgenomen. Verder wordt er verwacht dat je ongeveer 60 minuten de tijd hebt om een interview te willen doen.

6. Wat zijn mogelijke voor- en nadelen van deelname aan dit onderzoek?

Soms zitten er risico's verbonden aan het deelnemen aan onderzoek, daarom vraagt onze ethische commissie mij uit te leggen welke voor- en nadelen deelname met zich meebrengt.

Een nadeel aan dit onderzoek kan zijn dat het gefrustreerde gevoelens oproept over het werk en dat kan invloed hebben gehad op jouw mentale gezondheid. Zoals eerder genoemd, kun je het interview op elk moment pauzeren of stoppen. Je bent niet verplicht om alle vragen te beantwoorden. Daarnaast zijn jouw gegevens altijd beschermd en de privacy is gewaarborgd. Nogmaals je gegevens worden dus niet gedeeld met je werkgever. Dit onderzoek staat daar volledig los van. Op deze manier loop je nooit het risico dat antwoorden herleidbaar zijn tot jou.

Een voordeel van deelname is dat jouw stem gehoord wordt in het debat over krapte en de toenemende zorgvraag. Jouw antwoorden zullen bijdragen om inzicht te krijgen waar knel- en verbeterpunten liggen binnen het werken in het ziekenhuis om zorgpersoneel te behouden. Dankzij de (...) wordt dit maatschappelijke knelpunt in kaart gebracht en wordt kennis verspreid.

7. Goedkeuring van dit onderzoek

De Facultaire Ethische ToetsingsCommissie – Sociale Wetenschappen (FETC-SW) heeft dit onderzoek goedgekeurd. Wanneer je een klacht wilt indienen over de procedure omtrent dit onderzoek, dan kun je contact opnemen met de secretaris van de FETC-SW, e-mail: klachtenfunctionaris-fetsocwet@uu.nl, of met de functionaris voor gegevensbescherming van de Universiteit Utrecht, e-mail: privacy@uu.nl.

8. Deelname aan dit onderzoek

Indien je nog vragen hebt naar aanleiding van dit onderzoek, kun je contact opnemen met mij via e.terhorst1@students.uu.nl. Mocht je voldoende informatie hebben gekregen en wil je graag deelnemen aan dit onderzoek, dan verwijst ik je graag door naar deze link: <https://forms.gle/nJBkz2QUm9txgdwb9> om toestemming te geven voor je deelname aan dit onderzoek.

Appendix D: Informed consent form

Toestemming onderzoek 'Werken in het ziekenhuis als recent afgestudeerde verpleegkundige'

Na het lezen van de informatiebrief ben ik volledig geïnformeerd over de voorwaarden, verwachtingen en doel van de studie. Het is duidelijk dat ik vrijwillig deelneem en niet verplicht ben om alle vragen te beantwoorden. Ook kan ik het interview stoppen op elk moment. Ik ben op de hoogte van de geluidsopname tijdens het interview en weet dat de anonimiteit van persoonsgegevens gewaarborgd blijft, zodat deze nooit herleid worden naar mijzelf of de organisatie waar ik werkzaam ben. Bij het klikken op "Ik stem in met mijn deelname aan het onderzoek" geef ik mijn toestemming om deel te nemen aan dit onderzoek.



*Vereist

Naam *

Jouw antwoord

E-mailadres *

Jouw antwoord

Kies je optie *

- Ik stem in met mijn deelname aan het onderzoek.
- Ik stem niet in met mijn deelname aan het onderzoek.

Verzenden

Formulier wissen