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Work satisfaction and future career intentions of experienced nurses transitioning to primary health care employment

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Work satisfaction and future career intentions of experienced nurses transitioning to primary health care employment

Abstract

Aim: To explore registered nurses' reflections on transitioning from acute to primary health care employment, and future career intentions.

Background: Reforms in primary health care have resulted in increasing demands for a skilled primary health care nursing workforce. To meet shortfalls, acute care nurses are being recruited to primary health care employment, yet little is known about levels of satisfaction and future career intentions.

Method: A sequential mixed methods study consisting of a survey and semi-structured interviews with nurses who transition to primary health care.

Results: Most reported positive experiences, valuing work/life balance, role diversity and patient/family interactions. Limited orientation and support, loss of acute skills and inequitable remuneration were reported negatively. Many respondents indicated an intention to stay in primary health care (87.3%) and nursing (92.6%) for the foreseeable future, whilst others indicated they may leave primary health care as soon as convenient (29.6%).

Conclusion: Our findings provide guidance to managers in seeking strategies to recruit and retain nurses in primary health care employment.

Implications for Nursing Management: To maximize recruitment and retention, managers must consider factors influencing job satisfaction amongst transitioning nurses, and the impact that nurses' past experiences may have on future career intentions in primary health care.

Disciplines

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**Work satisfaction and future career intentions of experienced nurses
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Aim

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Background

Reforms in PHC have resulted in increasing demands for a skilled PHC nursing workforce. To meet shortfalls, acute care nurses are being recruited to PHC employment, yet little is known about levels of satisfaction and future career intentions.

Method

A sequential mixed methods study consisting of a survey and semi-structured interviews with nurses who transition to PHC.

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Most reported positive experiences, valuing work/life balance, role diversity and patient/family interactions. Limited orientation and support, loss of acute skills and inequitable remuneration were reported negatively. Many respondents indicated an intention to stay in PHC (87.3%) and nursing (92.6%) for the foreseeable future, whilst others indicated they may leave PHC as soon as convenient (29.6%).

Conclusion

Our findings provide guidance to managers in seeking strategies to recruit and retain nurses in PHC employment.

Implications for Nursing Management

To maximise recruitment and retention, managers must consider factors influencing job satisfaction amongst transitioning nurses, and the impact that nurses' past experiences may have on future career intentions in PHC.

Key Words

Transition, primary health care, nursing workforce, retention

Background

Health systems internationally are being re-designed to meet changing demographics and population health needs, resulting in increasing levels of service provision in primary health care (PHC) settings (World Health Organisation, 2008).

A key factor in ensuring that these services are sustainable is a stable skilled health workforce able to provide communities with accessible quality services. An approach used in many countries has been to recruit health professionals from acute care settings to fill shortfalls in the PHC workforce (Primary Health Care Advisory Group, 2015, World Health Organisation, 2016).

As in many countries, nurses are the largest health professional group in Australia, with approximately 30,000 (9% of the total nursing workforce) now working in PHC employment (Australian Institute of Health and Welfare, 2016). The workforce in some PHC areas has grown exponentially, for example the number of nurses in general practice has grown from 2,349 to over 13,000 nurses in the last decade (Australian Institute of Health and Welfare, 2016). To facilitate this exponential workforce increase, experienced nurses are being recruited from acute care settings to take up PHC employment (Australian Primary Health Care Nurses Association, 2015).

Transitioning causes career disruption, and requires nurses to adapt to a new role and establish new professional identities (Scornaiencki, 2012, Ashley et al., 2017b).

The experience of transitioning between employment settings is known to influence job satisfaction and may impact on staff retention (Cortese et al., 2010, Aiken et al., 2013). In order to enhance satisfaction and optimise retention within PHC, employers and managers need to be cognisant of the impact that transition experiences may have on future workforce sustainability and turnover (Gantz et al.,

2012). Armed with this knowledge, appropriate orientation and professional support systems can be designed and implemented to meet the needs of these nurses.

This paper reports a subset of findings from a larger mixed methods study exploring the transitioning experiences of registered nurses moving from acute care to PHC employment. The aim of this paper is to report on respondents' satisfaction with their new roles, personal reflections, and future career intentions. Other aspects of the study, namely; the reasons that nurses transition to PHC and their transition experiences are reported elsewhere (Ashley et al., 2017c)

Methods

Ethics approval to undertake the study was obtained from the University of Wollongong/ISLHD Health and Medical Human Research Ethics Committee.

Design

This sequential explanatory study, undertaken between July 2015 and April 2016, consisted of an online national survey (Phase 1) and semi-structured interviews (Phase 2). The research was informed by the theoretical framework of role theory (Ashforth, 2000, Ashley et al., 2017b).

Data Collection

Survey respondents were registered (baccalaureate prepared, or equivalent) nurses (Nursing and Midwifery Board of Australia, 2016) who had previously worked in acute care (hospital) settings and had transitioned into PHC employment within the last five years.

Difficulties associated with researching the PHC nursing workforce have been widely reported due to the diversity of settings in which they work, and the lack of a national database of PHC nurses (Jessiman, 2013, Halcomb et al., 2014). Recruitment to the

survey (Phase 1) was therefore multifaceted combining snowball and convenience sampling. The survey was promoted via a link included in emails which were distributed by national professional nursing organisations, including the Australian College of Nursing, Australian Nursing and Midwifery Federation and the Australian Primary Health Care Nurses Association, as well as Primary Health Networks in each state and territory. Additional promotion occurred via social media such as Facebook™, LinkedIn and Twitter™.

Survey respondents who indicated willingness to be interviewed were purposefully selected for the second phase based on factors such as the PHC employment setting, geographic location, age, and nursing experience.

Survey tool

As no validated survey tool was identified which met the study criteria (Ashley et al., 2018), a tool was developed from a critical review of relevant literature, input from PHC experts and using the principles of role theory (Ashley et al., 2017b). This tool was subjected to a two phased piloting process. A purposefully selected group of experienced PHC nurses and research experts provided initial feedback on question content, structure, and survey design. Subsequent feedback related to the functionality of the survey in the online context. The survey consisted of three sections: section 1; demographic characteristics, acute care experience and reasons for moving to PHC, section 2; how nurses were orientated and supported in their new roles, and their levels of satisfaction with PHC nursing, and section 3; about their current status and career intentions. Free text options were included throughout the survey. This paper reports on section 2 and section 3 data relating to reflections

on PHC as a career move, satisfaction with PHC employment and future career intentions.

The survey, which was hosted online by Survey Monkey Inc.(2015), was open from July-September 2015, with reminders circulated at intervals prior to survey closure.

Interviews

Semi-structured interviews were conducted by one researcher between February and May 2016, to expand and explore survey findings(Ashley et al., 2017a).

Questions were informed by existing literature, survey findings and role theory concepts (Ashley et al., 2017b). Interviews, which ranged in length from 30 – 45 minutes continued until data saturation was achieved (Francis et al., 2010). Twelve interviews were conducted by telephone due to the geographic spread of participants, and one conducted face to face. Interviews were digitally audio-recorded and professionally transcribed verbatim, and then checked by the researchers for accuracy. Pseudonyms have been used to protect identities and maintain confidentiality.

Data Analysis

Survey data were exported from SurveyMonkey Inc.(2015) into SPSS Version 22 (IBM Corp., 2013), and were analysed descriptively. Pearson's chi-square test was conducted to compare demographic characteristics with levels of job satisfaction. A p value greater than 0.05 was considered significant.

Open ended responses from the survey and interview data from Phase 2 were imported into NVivo Version 10 (2012) and analysed using Braun and Clarke's (2006) thematic analysis approach. Integration of the data took place at several

points including; interview sampling and following separate analysis of findings from both phases of the study.

Results

Demographic characteristics

One hundred and eleven respondents representing every Australian state and territory completed the survey, and thirteen interviews were conducted. A full description and analysis of the demographic data of survey respondents and interview participants are reported elsewhere (Ashley et al., 2017c), however, a demographic summary is provided in Tables 1 and 2 to provide context.

****INSERT TABLE 1 and TABLE 2 HERE****

Survey respondents had worked in PHC for a mean of 3.6 years and just over half worked in city or metropolitan areas (n=67; 60.9%). Respondents reported previously working in a diverse range of acute care settings, including general wards, critical care, child and family health and mental health. The largest sub-group in both the survey respondents (n=71, 64.5%) and interview participants (n=6; 46.0%) were employed in general practice.

Satisfaction with PHC employment

Respondents were largely satisfied with their PHC roles in the first six months following transition, with all aspects scoring a mean >3 indicating a mean rating of 'somewhat satisfied' (Table 3). Interaction with patients and families (mean 4.64), the professional nursing role (mean 4.27), workload (mean 4.27) and respect from colleagues (mean 4.25) were rated highest in terms of satisfaction. Free text survey comments confirmed these findings. *"I felt highly valued in the practice in a very*

short space of time” and *“I love my role in PHC and the interaction with my patients, we are an advocate for our patients by providing active team care and preventative health care”*. Satisfaction was also confirmed by interview participants; *‘It’s not as scary as it [first] seemed – it’s actually a lot of fun’* (Alex, practice nurse).

****INSERT TABLE 3 HERE****

Ongoing learning (mean 3.65) and orientation (mean 3.59) were rated as the least satisfactory aspects by survey respondents, with a mean of ‘neither satisfied nor dissatisfied’. Free text comments explained: *“There is no financial support for professional development and acceptance of ideas of new strategies into the work place”* and *“I was obliged to learn on the go”*. Interview participants provided further insights: *“professional development...that’s the biggest stand out [challenge]...not being able to access anything”* (Alex, practice nurse).

Pearson’s chi-square test (χ^2) failed to demonstrate a statistically significant relationship between age, previous acute care experience and aspects of satisfaction with PHC employment.

Reflecting on transitioning

Eighty nine (80.2%) survey respondents provided free text reflections on their transition experiences. Data were grouped according to positive, negative or mixed role experiences.

Positive experiences

Forty nine respondents (55.6%) described having positive experiences. Positive comments referred to the rewarding relationships with clients and families, the autonomous and diverse nature of PHC nursing, opportunities to develop new skills, and the excellent work life balance. Interview participants confirmed and expanded

these findings, with participants giving examples of the value of close client relationships in providing better care:

“I’ve got more time to know my patients, compared with the hospital. In primary health settings you will see the same patients all the time which I really enjoy...you become very close to the patient which is good as it means they trust you and you can provide better care to them” (Nicky, practice nurse).

The diversity and autonomy of the role and opportunities for professional growth were also positively described:

“I’ve learned so much more – chronic disease management, one on one with patients. I love the range. ..You get great exposure to all sorts” (Liz, practice nurse).

It’s definitely more autonomous...the advice that you’re giving to people is really between you and them...ICU was fantastic in that you were constantly developing your skills...[but] I do enjoy my [PHC] work. There’s a lot more room I feel here for growth” (Mieken, sexual health nurse).

Others described the value placed on the work life benefits of PHC:

“I loved my acute care [but] it was great to change and I love the position I’m in at the moment. The hours are far more family friendly and much nicer” (Barb, school nurse).

Sue also referred to the opportunity to have a global view of health in PHC nursing:

“I think PHC is more interesting because of those social determinants...you see the bigger picture” (Sue, refugee health nurse).

Negative and mixed experiences

Nine (10.2%) of the free text survey responses reported their experiences as negative or a mix of negative and positive, with remuneration, loss of skills and negative comments from colleagues identified as adverse aspects of PHC nursing. Lower levels of remuneration in PHC nursing were described as impacting on the perception of the role:

“It kind of makes you feel that you aren’t as important as the RNs in clinical (acute) settings because they are covered under an award...we’re out on the sideline here. We’re falling behind everyone else and I think it’s really important that community nurses are equally recognised” (Barb, community nurse).

“They won’t consider a pay rise. I didn’t get even a dollar extra an hour for getting my immunisation certificate. We’re not on an award...we’ve just been offered this money, and that’s it” (Natalie, practice nurse).

The lower levels of remuneration were however, offset by some survey respondents who stated that this was balanced by the improved work life balance in PHC employment:

‘I thoroughly enjoy the variety of PHC and I enjoy nursing people across the lifespan. The best things about PHC are the sociable hours – the salary though is not enticing’ (survey response).

Another concern identified by over 12% of survey respondents and interview participants related to the potential loss of acute clinical nursing skills when employed in PHC:

“I’m only 23 years old – how will I ever get back into acute care because I’ve lost my basic [acute] nursing skills. I don’t do neurological assessments and things like that...it’s so easy to lose those acute care skills” (Alex, practice nurse).

“I am concerned about my clinical skills, so this year I’m working casually back at the hospital to maintain those skills” (Barb, school nurse).

Associated with the loss of skills were concerns relating to the capacity of PHC nurses to practice to their full scope:

“I often feel my skills are not utilised fully but remind myself that I left the stressful public health service due to continued stress and burnout” (survey response).

Some survey respondents reported experiencing a degree of negativity from their acute care peers in response to their move to PHC employment:

“the general population of nurses don’t have a great amount of knowledge about the role of PHC... I remember when I was ward nursing everyone [said] ‘oh god you’re going to GP nursing. It’s like the graveyard that nurses go to” (survey response).

“They’d say things like, oh, that’s such a waste of a good nurse to move into community nursing. A lot of them said, you know, that’s what you do just before you retire. They look down on community nurses as people that just

can barely do nursing...all the negative stuff was from the acute setting really. I don't think there was one person that was particularly positive" (survey response).

Future career intentions

Most respondents (90.0%; n=100) agreed or strongly agreed that they intended to continue their nursing careers for the foreseeable future, with 85.5% (n=95) agreeing or strongly agreeing that they planned to remain working in PHC for the foreseeable future (Table 4). Despite these positive findings, only 55.1% (n=59) of respondents agreed or strongly agreed that they would still be working as a PHC nurse in five years. Additionally, 20.4% (n=22) of respondents were undecided and 9.4% (n=10) agreed as soon as convenient they intended to leave PHC nursing. One third (n=36; 33.6%) indicated that they were undecided and 11.5% (n=12) disagreed that they would still be working as a PHC nurse in 5 years. This represented a sizeable group of respondents who were either uncertain about their future in PHC or intended to leave.

Age, years in nursing and previous experience did not predict future career intention. However, those working in city/metro areas indicated that they were less likely to be working in PHC in the next 5 years compared to those working in rural or remote areas ($\chi^2=6.79$, $p=0.03$).

****INSERT TABLE 4 HERE****

All interview participants spoke of their intentions to stay in PHC, whilst others spoke of the varied opportunities available within the various PHC settings:

“...you have to go in [to PHC] with an open mind, but once you get there it sort of sucks you in and you can't leave! It's a good job and very interesting. Yes...I'm planning to stay in PHC ...” (Margaret, school nurse).

“I'll be here probably ... next year and then I'll see, but I think even the other roles that I've been looking at are more public health -infection control, community health aspects. I don't know whether I'll go back to the hospital system and shift work again” (Mieken, sexual health nurse).

Discussion

The experience of transition has been described in the literature as being personally and professionally challenging (Banner et al., 2010, Currie et al., 2010, Ashley et al., 2016). This study has provided new data to explore the work satisfaction of experienced nurses new to PHC and their future career intentions. Work satisfaction has been found to be a significant predictor of staff retention (Lu et al., 2005, Currie and Hill, 2012). The study highlighted a number of areas in which respondents were highly satisfied, and also identified consistent areas of low satisfaction. Our findings that respondents were satisfied with their interactions with patients and families in the PHC environment, are similar to those reported in the literature (Castaneda and Scanlan, 2014, Desborough et al., 2013). Similarly, the relationship between manageable workloads and satisfaction found in our study resonates with previous work in acute care (Dawson et al., 2014, Halcomb and Ashley, 2017). The less satisfactory aspects of transitioning, such as the quality and nature of orientation programs and availability of ongoing educational support, concurs with previous broader studies of the PHC workforce (Parker et al., 2010, Halcomb and Ashley, 2017). The findings of these issues in the newly transitioned cohort indicates a need

to focus on improving access to structured orientation and education programs across the sector.

When reflecting on their old acute and new (PHC) roles, our study revealed a range of professional and personal gains and challenges associated with their transition. Participants placed great importance on a positive workplace culture, including encouragement to be innovative in utilising new and existing skills. These positive findings are important as associations have been identified between satisfaction and better patient outcomes, increased safety, and improved retention rates (Curtis and Glacken, 2014, Garon, 2012).

Consistent with recent literature (Halcomb et al., 2018, Halcomb and Ashley, 2017) our study identified remuneration as a negative aspect of working in PHC. However for some, the benefits of family friendly hours and the practice location outweighed this. Previous literature has also reported that remuneration alone was rarely the chief source of dissatisfaction (Cogin, 2012, Currie and Hill, 2012). Other negative aspects such as loss of acute nursing skills, barriers to practising to their full scope, and lack of support to undertake professional learning, emphasise the need for organizational commitment to promote ongoing professional development.

Employers need to be innovative and supportive in identifying opportunities for PHC nurses to maintain existing skills and develop new skills, to facilitate a sustainable skilled PHC workforce. Such approaches may include providing educational opportunities, supporting attendance educational activities, and encouraging participation professional development.

Like Henderson et al. (2014), our cohort described a lack of understanding amongst their acute care peers about the career opportunities available in PHC. Similarly, Murray-Parahi et al. (2016) identified the limited understanding of PHC nursing

amongst newly graduated nurses. These findings suggest that promotion of careers in PHC has been inadequate. To meet the growing demand for nurses in PHC, and to fill the increasingly complex nursing roles, it is vital that PHC nursing is positively promoted, and PHC career pathways be developed (Halcomb et al., 2017, Australian Primary Health Care Nurses Association, 2016). Whilst organisations such as the Australian Primary Health Care Nurses Association (APNA) are seeking to address this, there remains an urgent need for employers and policy makers to strategically plan recruitment campaigns which focus on the unique opportunities and benefits available to PHC nurses.

The majority of participants indicated their intention to remain in nursing and PHC for the foreseeable future. This is an important consideration for employers, as intention to leave is often used as a proxy for turnover, strongly predicting actual departure from a job (Derycke et al. 2010). We identified that rural nurses were more likely to intend to stay working in PHC in the long term than urban/city nurses, possibly relating to the positive levels of community and social supports found in rural settings (Kulig et al., 2009) or due to the decreased employment opportunities in rural communities.

Conversely, the group of respondents (29.6%) who were either undecided or indicated an intention to leave so soon after moving to PHC provides evidence of the need for managers to give close consideration to implementing strategies to support workforce retention. Whilst improved work life balance and other personal reasons are cited as reasons initially triggering the move to PHC (Halcomb and Ashley, 2017)(Authors Own), these benefits seem insufficient to retain a proportion of the PHC workforce. This finding highlights the need for managers, educators and employers / policy makers to constantly review support and retention strategies.

Limitations

Undertaking research relating to PHC nursing in Australia is subject to difficulties due to the lack of a national database of the PHC nursing workforce (Halcomb et al., 2014). It is not possible, therefore to be sure how representative our survey cohort was of the broader PHC workforce. In acknowledging the limitations of the size of our survey sample, the techniques used, however, were similar to other recent studies of the Australian PHC nursing workforce (Australian Primary Health Care Nurses Association, 2015, Halcomb et al., 2018). An additional limitation was that participants were self-selected, and responses may represent personal agendas.

Conclusion

This study provides evidence about nurses' satisfaction with PHC employment, their reflections on the career move, and future career intentions. As the demand for a sustainable PHC workforce increases, our findings confirm that the benefits of a career in PHC need to be disseminated. Additionally, an increased emphasis on orientation and ongoing learning is required to enhance levels of satisfaction. The sizeable group of participants who were undecided or negative about their future career intentions also suggests that attention is required to retention strategies to address the negative aspects raised by participants and provide support to encourage their retention.

Implications for Nursing Management

To maximise PHC recruitment and retention of nurses, managers must be aware of factors which influence satisfaction amongst nurses transitioning from acute care to PHC. In particular, well designed orientation programs and access to ongoing learning are important considerations for employers, educators and managers. The

amalgamation of individual work values and organisational management processes in PHC are also essential in order to enhance work satisfaction and minimise workforce turnover.

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Table 1. Survey respondent demographic characteristics		
	n	%
Age (years)	Range: 23–67yrs Mean: 45.4yrs	
23-29	10	9.0
30-39	18	16.2
40-49	39	35.1
50-59	35	31.5
60-67	9	8.1
Gender		
Female	106	95.5
	Mean	SD
Years worked as an RN	18.9	11.2
Years worked in PHC	3.4	3.5

Table 2. Interview participant demographic characteristics

PHC Setting	Geographic Location	Pseudonym	Age	Years nursing
Community health	Rural	Denise	52	13
Community mental health	Remote	Vanessa	32	7
General Practice	City/Metro	Alex	23	1
		Natalie	46	23
		Francine	52	32
		Christine	58	30
	Rural	Nicky	26	6
		Liz	56	23
Refugee health	City/Metro	Sue	39	4
School	City/Metro	Barb	45	25
		Suzanne	57	39
		Margaret	62	28
Sexual health	City/Metro	Mieken	30	10

Table 3 Satisfaction in first 6 months

	1 Dissatisfied		2 Somewhat dissatisfied		3 Neither satisfied or dissatisfied		4 Somewhat satisfied		5 Satisfied		Mean	SD
	n	%	n	%	n	%	n	%	n	%		
Interaction with Patients and Families	0	0	4	3.6	2	1.8	23	20.7	82	73.9	4.64	0.70
Professional Nursing Role	2	1.8	7	6.3	10	9.0	32	28.8	60	54.1	4.27	0.99
Workload	0	0	10	9.2	9	8.3	32	29.4	59	53.2	4.27	0.96
Respect from colleagues	3	2.7	8	7.2	8	7.2	31	27.9	61	55.0	4.25	1.05
Workplace Management (eg. Rostering, HR)	2	1.8	9	8.1	19	17.1	29	26.1	52	46.8	4.08	1.06
Being Involved in the team	4	3.6	11	9.9	9	8.1	34	30.6	53	47.7	4.09	1.13
Workplace Environment (eg. Facilities and equipment)	5	4.5	11	9.9	9	8.1	37	33.3	49	44.1	4.02	1.16
Ongoing Learning (eg. workplace role models, mentorship)	8	7.3	18	16.2	19	17.1	24	21.6	41	36.9	3.65	1.32
Orientation (eg. preceptors, feedback)	9	8.1	17	15.3	18	16.2	33	29.7	34	30.6	3.59	1.29

Table 4 Future career intentions

	1 Strongly Disagree		2 Disagree		3 Undecided		4 Agree		5 Strongly Agree	
	n	%	n	%	n	%	n	%	n	%
I intend to continue my nursing career for the foreseeable future	0	0	0	0	8	7.4	35	32.4	65	60.2
I intend to continue my nursing career in PHC for the foreseeable future	1	0.9	1	0.9	11	10.2	37	34.3	58	53.7
As soon as it is convenient I plan to leave the nursing profession	47	44.3	30	28.3	20	18.9	6	5.7	3	2.8
As soon as it is convenient I plan to leave PHC nursing	42	38.9	34	31.5	22	20.4	6	5.5	4	3.7
I am actively looking for another job outside the nursing profession	71	66.4	25	23.4	6	5.6	3	2.8	2	1.9
I am actively looking for another job outside PHC	62	57.4	26	24.1	7	6.5	7	6.5	6	5.5
I will still be working as a nurse in PHC next year	3	2.8	2	1.9	9	8.4	33	30.8	60	56.1
I will still be working as a nurse in PHC in the next five years	7	6.5	5	4.7	36	33.6	18	16.8	41	38.3