HOW CAN I MAKE YOU STAY?

A Qualitative Study Examining Which Managerial Factors are Perceived to Affect the Nurse Turnover Rates in Region Stockholm

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Abstract

One of the biggest challenges for nurse managers in Sweden is employee retention and counteracting staff turnover. High nurse turnover is associated with major patient safety risks, inefficiencies and increased costs. The reduction in turnover is, therefore, critical to offer better health care and would benefit many stakeholders. Hence, through 14 in-depth interviews, this qualitative cross-sectional study aspires to map the managerial factors that are perceived to affect the nurse turnover by registered nurses and nurse managers operating in Region Stockholm. By analysing the empirical results through the lens of a Theoretical Framework which includes Transformational Leadership Theory, the Job Characteristics Model, the Job Embeddedness Theory and the phenomenon of Psychological Safety, the study aims to extend the existing field of research regarding systemic mechanisms behind nurse turnover. The study concludes that the managerial factors that previous studies have associated with nurse retention also are applicable to Region Stockholm and that some of the factors are significant in this context. Furthermore, the study identifies Psychological safety to be essential for nurse retention, an area where current research is limited.

Keywords

Nurse turnover, nurse retention, nurse manager, managerial factors, psychological safety.

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Definitions

Disposable Care Place:
A term that refers to a care place that physically is a bed but where staffing and equipment also ensures patient safety (Socialstyrelsen, 2022).

Employee Turnover:
The proportion of employees who leaves an organization and are replaced by new employees (Dictionary Cambridge).

Employee Retention:
Refers to how many employees that remain employed in an organization (Forbes, 2023).

Organizational culture:
The beliefs, values and attitudes existing in an organization and being shared by the employees (Dictionary Cambridge).

Region:
A term for each one of the autonomous regions in Sweden that organizes healthcare (SKR 2023).

Table of Contents

1. Introduction

1.1 Background

Employee turnover is an essential performance metric for effectiveness and functionality in all organizations. It is especially so in health care organizations that often consist of complex socio-technological systems where supply of competence is crucial (Kurnat-Thoma *et al* 2017; Socialstyrelsen 2018). High nurse turnover threatens the ability to conduct patient-safe care and is a critical issue internationally (Nantsupawat *et al.*, 2017). Likewise, nurse shortages are a highly topical issue in Sweden and is often discussed as one of the most critical problems in the national healthcare sector (Socialstyrelsen 2023; Villamin *et al* 2023). The demand for nurses in Sweden exceeds the supply, both in terms of non-specialized nurses and specialized nurses, and the inability of Swedish hospitals and health care clinics to retain nurses is associated with increased costs, major patient safety risks and lower efficiency (Kleinman 2004; Region Stockholm 2023; Reitz *et al* 2010; SKR 2022; Siverskog 2022; Socialstyrelsen 2018). In multi-faceted and challenging work environments like in health care organizations, the systems are yet more vulnerable to weaknesses. A lack of skilled personnel reduces the ability to handle unexpected difficult situations and impacts time efficiency. Furthermore, in the case of competence shortage, there is a higher risk of wrong diagnosis and wrong treatment (Socialstyrelsen, 2018). Moreover, nurse turnover is considered as one of the main explaining factors for the lack of disposable care places in Sweden, an issue which has been identified in at least 18 of 21 regions (SKR 2022; Socialstyrelsen 2023; IVO 2022). Although the reduction of employee turnover is a politically prioritized topic in Sweden and Region Stockholm, and many measures have been taken to solve the problem, there is no clear solution in sight. Since the consequences of nurse shortage have proven to be so dire, any methods that decrease nurse turnover could, ultimately, lead to the saving of lives. Thus, there are many stakeholders interested in the reduction of nurse turnover and in the retention of nurses, making any new knowledge to the explanatory model beneficial for many.

Furthermore, there is a need for greater attention to be paid to the specific *managerial factors* that might affect staff turnover, rather than structural factors such as pay and benefits limited by demands of cutbacks, and that is previously well researched and that managers may have little discretion over. If such *managerial factors* could be identified, that information could be used directly by nurse managers to reduce the turnover.

The Theoretical Framework that has been used in the study include the models and theories of Transformational Leadership Theory, The Job Characteristics Model, The Job Embeddedness Theory and Psychological Safety.

The findings show that many of the managerial factors proven to be of importance for nurse retention in previously conducted studies around the world, are perceived as important also among registered nurses and nurse managers in Stockholm. The main findings of the study are that *Focused Transformational Leadership* and a *Pro-retaining Organizational Culture* are perceived as the most important managerial factors for nurse retention, with psychological safety being an important mediator of the two.

1.2 Prior Research and Research gap

1.2.1 Previous Research on Nurse turnover

Employee turnover in general is one of the most researched areas within HR and management historically, and nurse turnover specifically has also been the focus of many studies internationally. Several personal characteristics and individual factors such as grit, motivation, resilience, self-leadership, work-engagement, job satisfaction, organizational commitment and empowerment have been shown to be positive predictors for nurse retention (Kim & Kim, 2021). Furthermore, demographic factors including marital status and older age have shown to be correlated with nurses' intentions to stay in their job in many studies (Ke *et al.*, 2017). Work environment factors including low workloads, less shift turnover, more flexible hours and low stress have also been positively associated with low turnover among nurses (Pedrosa *et al.*, 2021). Regarding interpersonal relationships, many studies have identified *Transformational Leadership*, *Leader-member Exchange*, *Social support* and *Supervisor trust* as positive predictors for retention (Kim & Kim, 2021). Moreover, organizational and unit level factors that have been found to have a correlation with nurses' intentions to remain in their employment are good support from supervisors, career opportunities, a positive organizational climate, person-organization fit and organizational socialization (Kim & Kim 2021; Nantsupawat *et al.* 2017; Pedrosa *et al.* 2021; Woodward & Willgerodt 2022). Furthermore, onboarding program interventions and integrating new employees into the current culture at a workplace early on, have been shown to be critical

components for retaining registered nurses (as cited in Kurnat-Thoma *et al*., Maurer 2015 & Trossman 2016).

1.2.2 Identified Research Gap

To the authors' knowledge, there have been no studies conducted regarding the influence of managerial factors in nurse turnover in Region Stockholm. Furthermore, although many researchers have investigated the topic internationally, there is a very limited body of evidence that has been conducted qualitatively. No other qualitative study has been conducted exploring this exact topic until now. The correlation between psychological safety and nurse turnover as well as the correlation with workplace fun, that have been investigated in this study, are likewise two unexplored topics of research.

Moreover, many studies that have been conducted have investigated the turnover-intention, rather than the actual turnover behaviour, of registered nurses. Since there is mixed evidence regarding the association between these two, it is important that actual turnover behaviour is examined in isolation (Sun & Wang, 2017). Although this study does not include nurses that have left their positions, it only includes registered nurses and nurse managers in health care units where nurse turnover has been low. Hence, the study takes actual turnover in consideration, not turnover intentions. Lastly, the empirics of the study conducted include the perspectives of *both* managers and employed registered nurses, which is a unique perspective.

1.3 Purpose and Research Question

The purpose of this qualitative cross-sectional study is to map and further investigate the managerial factors that affect the nurse turnover rates in Region Stockholm. The main aim is to bring new information about how to work at managerial levels to reduce the turnover, which ultimately could improve the quality of health care offered. Managerial factors can be defined as leadership qualities and behaviours, and in the term the authors' also include organizational factors that managers can affect. This includes factors on an individual-, group-, intergroup- and organizational level. The opposites to managerial factors in this matter are structural, demographic and fully individual factors, that are more difficult or impossible for managers to influence.

The research question of this study is stated as follows:

What managerial factors are perceived to affect the nurse turnover rates in Region Stockholm?

1.4 Primary Focus and Delimitations

This study will focus on nurses' and nurse managers' perceptions about what managerial factors that affect nurse turnover. Staff turnover can be categorized into two types of turnover: voluntary and involuntary (Sun & Wang 2017). Since the shortage of nurses is a well identified problem, only voluntary turnover will be the focus of this study. Other reasons for turnover such as retirement will not be included. Furthermore, the focus of the study will be such factors that managers are able to influence, rather than structural factors.

2. Literature review

2.1 The Healthcare Organization

2.1.1 The National Organization of Healthcare in Sweden

The Swedish healthcare system's area of responsibility is divided into different bodies. The Swedish parliament lays the foundation for the healthcare system by enacting the laws that act as the framework, and decides on the state budget. The incumbent government gives authorities tasks and has the opportunity to design specific investments and supplements. The governmental authorities are responsible for developing support and guidelines, licensing inquiries and for statistical data and registration. Regions and municipalities are responsible for staffing and compensation to the caregivers. There are 21 different autonomous regions in Sweden. Approximately 310 000 people work in these regions (SKR 2023; Socialstyrelsen 2023). The Swedish healthcare system is primarily financed by the regions at a local level through special rights of taxation, as well as government stimulus funds. Moreover, part of the healthcare system is also financed by patient fees (Ratio, 2022).

A problem related to high nurse turnover is the shortage of disponible care places. Despite the fact that there is a general trend of fewer disponible care places in all of Europe, Sweden is the country with the fewest disponible care places (Läkartidningen, 2018). A disponible care place refers to a care place that physically is a room or a bed, but where staffing and equipment also is ensuring patient safety. The National Board of Health and Welfare in Sweden has predicted that in the short-term, 2300 new open care places are needed in Sweden (Socialstyrelsen, 2023). The lack of care places is linked to patient safety risks, and research at the University of Linköping posits that regions that retained more beds during the period 2001-2019 saw greater decreases in mortality than regions that did not (Socialstyrelsen, 2023). Many other observational studies have also shown an association between high bed occupancy rates and mortality, as well as associations with lower admission rates and higher rates of readmission for patients (Siverskog, 2022).
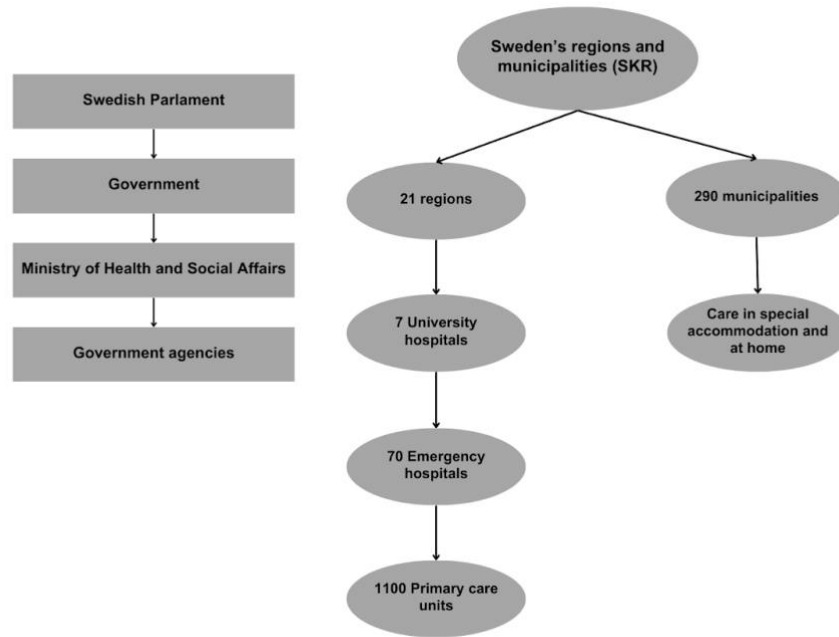
Figure I: Structure of the Swedish Healthcare System (Ratio, 2022).

2.1.2 The Organization of Healthcare in Stockholm County

Region Stockholm is responsible for all publicly funded health care in Stockholm county and is one of Sweden's largest employers. In 2022 the organization had 43 853 employees, and an estimated 2473 of those had a managerial position (Region Stockholm, 2022). The public hospitals in Region Stockholm are: Danderyds sjukhus AB, S:t Eriks ögonsjukhus AB, Södersjukhuset AB, Södertälje sjukhus AB, and Karolinska University Hospital (Region Stockholm, 2022). The different public hospitals are organized differently and the exact settings for managers and the number of direct reports will differ between hospitals and wards. However, nurse managers are usually only managers for the nurses and licensed assistant nurses, typically they are not managers for other occupational categories in the hospital.
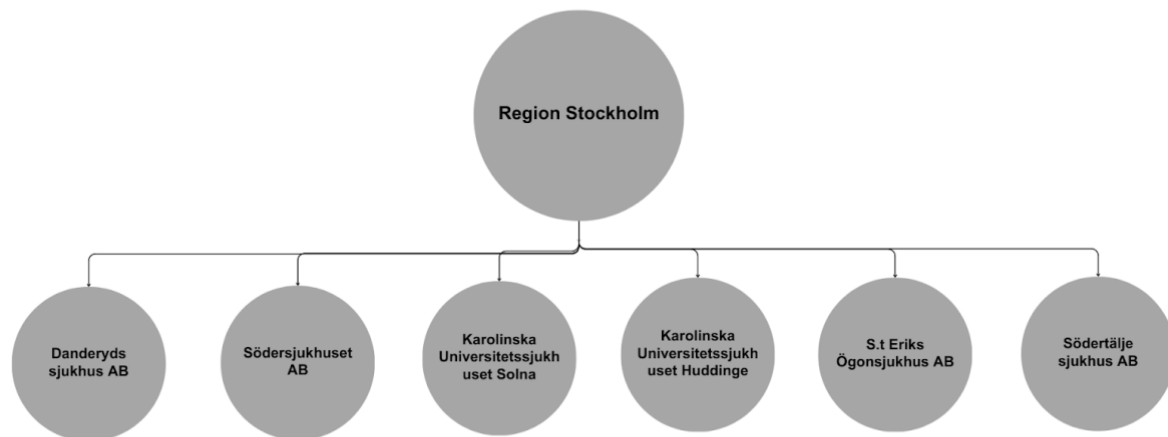
Figure II: Region Stockholm's Hospitals

2.2 The Nurse Profession and Workforce

2.2.1 The Nurse Workforce Internationally and in Sweden

Globally, the nurse workforce was estimated to be around 27.9 million in 2019, and there is an estimated shortage of nurses of 5.9 million that is expected to rise to 13 million within the next 10 years (Villamin *et al*., 2023). The nurse profession is one of the most common occupations in Sweden, in 2014 there were 11,9 nurses and midwives per 1000 inhabitants. In 2020 there were 128 600 registered nurses working in Sweden (SCB, 2022). Shift work is very common among nurses, around half of the workforce work in shifts (Vårdfokus, 2019). A large majority of the nursing profession are women (WHO, 2022). In 2022, 88 % of the nurses in Sweden were women (Socialstyrelsen, 2023). Although the nurse profession in its essence is quite similar around the world, there is a huge difference in work tasks for different nurses, including global differences. In Sweden for example, many nurses perform tasks that in other countries are performed by medical doctors (Region Stockholm, 2020). There are 12 different possible nurse specializations in Sweden and the different specializations comprise 60-75 Swedish higher education credits (Vårdförbundet, 2019). To become a midwife, a general nurse has to do a specialist training that comprises 90 Swedish higher education credits (Barnmorskeförbundet, 2023).

There were 22 916 employed nurses and 1975 midwives in Stockholm County in the year of 2021 (Socialstyrelsen, 2023). Thus, Stockholm County has a lower number of registered nurses per inhabitant than the national average. Also, there is an ongoing steady reduction in the numbers of nurses in the region (Region Stockholm, 2020). In 2022, the staff turnover for all personnel in Region Stockholm was 9.3 %, while the staff turnover for nurses in the public hospitals was as high as 14.8 % (*Danderyd's hospital*), 15.1% (*Karolinska University Hospital*) and 16 % (*Södersjukhuset*) (Table 1 in Methodology).

A so-called "competence-ladder" for nurses has been implemented in Region Stockholm, which consists of seven steps. One of the purposes of the competence ladder is to retain nurses (Region Stockholm, 2023). However, the higher steps in the competence ladder require further education. Some other approaches that have been tried to meet the nurse retention in Region Stockholm include hire-personnel and remunerated educational courses for nurses while they are specializing. Where there is an existing shortage of nurse specializations, Region Stockholm offers fully paid studies for nurses in these specializations, including midwifery (Region Stockholm, 2023).

3. Theoretical Framework

3.1 Transformational Leadership

The theory of *Transformational leadership*, introduced first in the 1970's, has further developed in recent decades and has become the approach of choice for many leadership scholars and leadership research (Avolio & Bass, 2006). *Transformational leadership* is an approach and leadership style that influences followers to the degree that their personal commitment increase and their visions and goals harmonize with the organization's (Avolio 2004; Einarsson *et al*. 2022). In contrast to *Transactional leadership*, where the focus is set on the day-to-day tasks and the exchange process between individuals in an organization, *Transformational leadership* is a more holistic and long term-focused leadership approach (Kleinman, 2004). The main elements and characteristics in the *Transformational leadership*-model can be categorized into four different groups: *idealized effect, inspirational motivation, intellectual stimulation* and *individualized consideration* (Avolio & Bass 2001; Einarsson *et al* 2022). *Transformational leadership* means being motivational, to act as a role model, to instill pride and to give sensemaking to followers. It further aspires to stimulate followers intellectually, to question suppositions and to encourage innovation and creativity. To be a true transformational leader is also characterized by the involvement of followers in the decision-making processes and consideration for all followers' wellbeing. Such leaders tend to see and care for each and every member's potentials and needs, and put faith in them when they take on new responsibilities (Avolio 2004; Avolio & Bass 2001; Krishna 2022; Sun & Wang 2017). Most leaders perform both transactional and transformational leadership, but the best leaders tend to have more transformational behaviours (Einarsson *et al*., 2022). Multiple studies have shown that *Transformational leadership* is positively associated with many essential individual, as well as organizational, outcomes. There is a strong empirical body implying that transformational leadership is connected with *job satisfaction*, *organizational commitment* and *motivation* for individual employees, which in turn correlates with retention rate and staff turnover rates (Avolio 2004; Einarsson *et al*. 2022). As mentioned in the introduction, the association between transformational and employee retention per se has also been suggested in many studies (Sun & Wang, 2017).

Although the *Transformational Leadership Theory* is very established, the different leader qualities that are associated with transformational leadership have no priority order. Thus, the

theory does not answer what the most important behaviour for a Transformational leader is. Additionally, the model lacks adaptation to different work environments. Certain Transformational leader characteristics might for instance be of more importance in a healthcare setting, than in others.
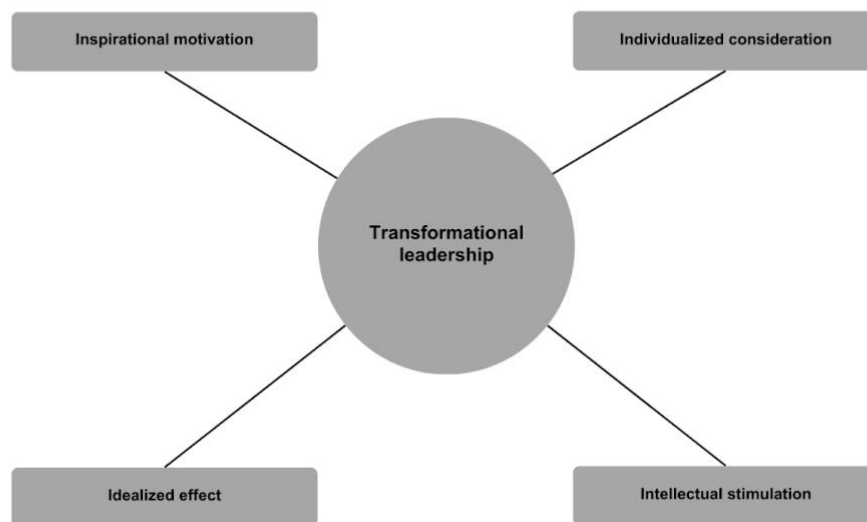
Figure III: The main elements of Transformational Leadership (Avolio & Bass, 2001)

3.2 Psychological Safety

Psychological safety is a group level phenomenon that was introduced in the management literature in 1999, and the term is used to describe the team members' shared perception of the consequences of interpersonal risk taking, such as speaking up in the group or asking for help (Edmondson 1999; Plester *et al*. 2023). If the team has high *Psychological safety*, it feels safe for the members in the group to do so. If the team has low *Psychological safety*, team members avoid it because of fear of reprimands, humiliation or marginalization. High psychological safety has been shown to increase and promote high performance in groups. The main drivers of the perception of *Psychological safety* seems to be the level of familiarity, trust and collective thinking between organizational members (Newman *et al*., 2017). *Psychological safety* has been associated with *wellbeing* among employees, *commitment*, *engagement*, *job satisfaction*, *reduced burnout*, *team learning*, *innovation* and better *information sharing* (Gilmartin *et al*. 2023; Plester *et al*. 2023). Further, *Psychological safety* has been shown to be of highest importance in work environments where customer

safety is of supreme importance, such as healthcare. *Leader inclusiveness*, perceptions of *organizational support*, access to *mentoring*, *trust* in the leader and *behavioural integrity* of the leader are associated with higher perception of *Psychological safety* (Newman *et al.*, 2017). Research also indicates that there is a correlation between specifically strong *hospital leadership support* and perceptions of *Psychological safety* (Gilmartin *et al.*, 2023). Summarily, the concept of *Psychological safety* is a group level phenomenon that is mediated by many different factors. However, limited research has been conducted about the particular relationship between *Psychological safety* and nurse turnover rates, and the association remains unclear.

3.3 The Job Characteristics Model

Intrinsic motivation refers to the tendency to participate in an activity due to the inherent, subjective gratification, rather than an external reward. In contrast, *Extrinsic motivation* relies on the engagement in behaviour on the premise to receive a reward or avoid punishment. When an intrinsically motivated individual performs an activity, it is due to their own curiosity, innate interest and satisfaction. In a well-functioning workplace, employees have both extrinsic- and intrinsic motivation (Di Domenico & Ryan 2017; Turner 2017). The *Extrinsic motivation* is evident such as salary and possible promotion, and the vast majority had not continued going to work without these. Be that as it may, the intrinsically motivated employee is not doing his or her job on the sole purpose of salary or the possibility of receiving a promotion, but rather because of genuine stimulation and curiosity about the work itself and thereby, sees the tasks as an opportunity for improvement and to work towards something bigger than themselves. The likelihood that tasks will be completed over time has been shown to be greater when they are driven by *Intrinsic motivation* (Grant, 2008).

Intrinsic motivation can express itself in different ways. The first type of *Intrinsic motivation* stems from the concept of *autonomy* in the workplace which represents self-determination, an opportunity to do the work on one's own terms and is a sign of trust from the employer and means less micro-management which renders greater engagement from the workforce (Collins, 2002). Another expression of *Intrinsic motivation* is the ambition to want to thrive professionally, develop one's ability to reach mastery. An improvement of work skills contributes to growth in self-confidence, highlighting the importance of opportunities for stimulating tasks with room for development. Lastly, one of the most important forms of

intrinsic motivation is *purpose*. Through inspiration employees feel that the tasks they perform have meaning and are part of something greater, which results in increased commitment (Cerasoli *et al.* 2012; Bieg *et al.* 2016).

Hackman and Oldham's *Job Characteristics Model* (JCM) describes how *Internal motivation* in employees is connected to the assigned tasks and the performed work, as well as identifying the crucial factors that increase the internal motivation. The model describes how the task design itself is fundamental to understanding the employee's motivation and job satisfaction. Moreover, it illustrates how certain character traits of an employee are transferred to psychological states that are associated with desirable outcomes, both for employers and employees. The JCM describes five core job characteristics. 1. *Skill variety* in the occupation tasks, which grants further incentive. 2. *Task identity*, clear identification of tasks and their boundaries, granting the employee a satisfying feeling of completing a task. 3. *Task significance*, the magnitude of tasks for the company, society and the world. 4. *Autonomy,* the extent of freedom when outlining and performing tasks. 5. *Feedback*, the amount of feedback the employee receives and to what degree they are informed about their performance. The different job characteristics can together be used to estimate job satisfaction and how motivated employees are (Hackman & Oldham, 1976;1980). A few previous studies where nurses' work environment has been examined through the lens of the JCM show that *task identity*, *task significance*, *feedback* and *autonomy* are important indicators of engagement and motivation and should be further promoted to strengthen the *Intrinsic motivation* for nurses. (Othman & Nasrudin 2019; Saber & Ebtisam 2021). However, the studies conducted on nurse turnover are limited, particularly in the Swedish context.

Even though the JCM has been well established for five decades it is far from ubiquitous. Common criticism has been that the model is outdated in its perspective of the professional role, which often is defined with fixed tasks and thereby does not consider complexity and the shift towards more dynamic roles within organizations, something Hackman and Oldham themselves have touched upon (Hackman & Oldham, 2010). Furthermore, it can be argued that not all employees are encouraged in the same way, thus making the model's five characteristics disregarding individual inclination and not applicable to all working conditions (Kamani, 2020).
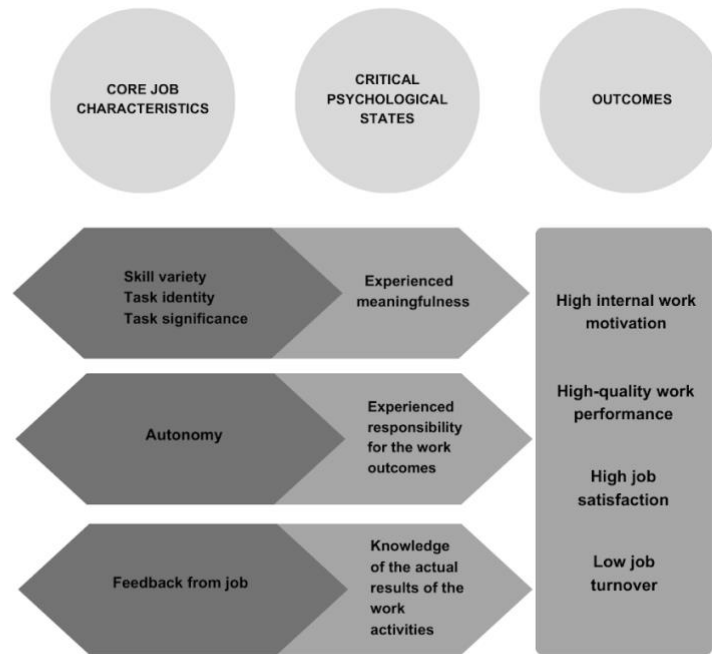
Figure IV: Job Characteristics Model (Hackman & Oldham, 1975)

3.4 The Job Embeddedness Theory

When studying the well-researched topic employee turnover, many studies have focused on why employees leave (Agrawal & Sing, 2018). *The Job Embeddedness Theory*, when introduced, aimed to shift this focus rather to why employees decide to stay. The theory can be described as an illustration of the web of forces that make employees feel that they cannot quit their employment, and is a construct of both organizational factors, but also 'off-the-job' community factors (Reitz *et al.*, 2010). The model includes three attributes: *fit*, *links* and *sacrifices*, both in relation to the organization and to the surrounding community.

According to the *Job Embeddedness Theory*, the more an employee is embedded in an organization and a community, the less likely the individual is to leave the organization. In addition, the extent to which the employee perceives the person-environment fit to be good, also affects how likely it is that he or she will remain in the organization (Agrawal & Sing 2018; Sun & Wang 2017) Thirdly, the bigger the sacrifice it is for the individual to leave the environment they operate in, and break the connections with it, the higher job embeddedness (Reitz *et al.*, 2010). As follows, both *organizational commitment* and *job satisfaction*, that are very researched topics in relation to nurse turnover, are inserted in this model.

The *Job Embeddedness Theory* has been tested as a construct in many settings, including in hospitals, and has shown to have good predictive power when it comes to retention and thus also staff turnover. However, there are limited studies that have investigated the model's application in the nursing profession.

3.5 General Theory Discussion

The theories of *Transformational Leadership*, *Psychological Safety,* the *Job Characteristics Model* and *Job Embeddedness* have been chosen after a thorough literature search of the topic of nurse turnover. The models are independent of each other, and thus can be seen as stand-alone disciplines. Nonetheless, in certain aspects, the disciplines also unquestionably intervene and interact. Practiced *Transformational leadership* strongly promotes *Intrinsic motivation*, which is a well incorporated element in JCM, among organization members (Khan & Rhemat, 2020). Hence, if true *Transformational leadership* is practiced, many of the criteria of Hackman & Oldham's JCM will be fulfilled as a consequence. Likewise, *Transformational leadership* is correlated with a strong and positive organizational culture, which might have a positive effect on the level of *Psychological Safety* in the workplace (Sun & Wang 2017). Further, some of the outcomes of *Transformational Leadership* have been suggested to be mediated through the mechanisms of *Psychological Safety* (Newman *et al*., 2017). At the same time, high *Psychological safety* is expected to often represent tight bonds between members in an organization, which should increase the *Job Embeddedness* according to the *Job Embeddedness* theory. Thus, these theories serve as the Theoretical Framework both as independent models and an integrated and holistic model.

4. Methodology

4.1 Research Approach

4.1.1 A Constructivist Study

This thesis adopts a Social Constructivist ontological perspective of the world, with its weight on the concept that describes how the human experiences and social contexts - like the ones of the authors and the interviewees - influence how the world is seen and how society to some extent can be viewed as continuously socially constructed by individuals interacting with each other, and in contrast to objectivism do not exist independently. Further, the Social Constructivist perspective recognizes the premise that several different versions of social reality contribute to the creation of reality as we know it (Bell *et al* 2019; Cunliffe 2008). This thesis, with its exploration of managerial factors with effects on nurse retention within nurse management, is focusing on human interaction through a management lens, making the constructivist ontological perspective a suitable approach to answer the research question.

4.1.2 An Interpretitivist Study

Moreover, the study explores individual nurses' and nurse managers' experiences from an individual subjective perspective with the aim to understand human behaviour, which demands interpretation of empirical data from the authors of the interviewee's actions and impressions, thereby making the Interpretivist Epistemological Theory applicable (Bell *et al*. 2019).

4.1.3 An Abductive Study

Due to the study's exploratory nature, an abductive procedure was chosen, where theory and empirics have been gathered in parallel to be revised and molded around each other. This enabled gradual adjustments of the Theoretical Framework as the empirical data was collected, which has assured applicability and enabled the opportunity to accentuate relevant elements of the theory (Alvesson & Sköldberg 2009; Bell *et al* 2019).

The empirical data has been collected through qualitative semi-structured in depth-interviews. The semi-structured method means that the horizontal transferability between the interviews is not absolute, which on the other hand gives an opportunity for a more in-depth understanding of each individuals' situation and thoughts. Since this study entails the comparison of multiple subjective experiences, a cross-sectional study design with individuals as constituents of the analysis was chosen, to make several perspectives visible and to gather a more exhaustive picture of the managerial factors. This has enabled the analysis of several subjective and circumstantial aspects (Bell *et al.*, 2019). Interviews-format was chosen to get a detailed understanding of the driving forces behind managerial factors and decision making, to understand which type of leadership and organizational culture promoted nurse-retention. Neither a case-study nor a questionnaire survey was therefore deemed suitable, as it would have entailed a lost opportunity for in-depth description. These details that the in-depth interviews managed to seize would have risked being lost had the study design had a methodical rigidity that overlooks contextual differences, like a fully structured interview or survey. Furthermore, the difference in the individual interviews contribute to an enrichment and contribute to making the results more conveyable.

4.2 Data Collection

4.2.1 Sample

First, employee turnover data for different care-units was requested from the different public hospitals in Stockholm, *Karolinska University hospital*, *Danderyd's hospital* and *Södersjukhuset*. The data that was requested was employee turnover metrics for the last five years from August-September 2023. Before contact and sampling, inclusion criteria for the care units were clearly defined with the research purpose in mind, see table III. Nurses with a manager role of care units with relatively low staff turnover, in comparison with the mean, were contacted and asked to be interviewed. When contacting the various care units, the goal was to strive for a certain homogeneity in the sample in order to exclude certain outliers whose conditions and work would not have been comparable to the other departments, for example, certain highly specialized departments with a small staff group.

27 nurse managers were contacted in total, by email addresses retrieved through public information on websites or with help from hospital administrators. Of those 27, 14 responded to the email, among a total of five nurse managers were interviewed. Among the eight nurse managers who responded but were not interviewed, the most common reason for not participating was difficulty getting schedules to go together. Each nurse manager then relayed information about the study to their employees to see who were available for interviews. Four of the nurse managers were able to include two employed nurses each for interviews, while the remaining nurse manager included only one employee. In conclusion, a total of 14 interviews were conducted, with five nurse managers, and nine employed registered nurses from five different care units. Two of the care units belonged to the same clinic, resulting in a total of four included clinics seen in table II.

During the process, the sample size was frequently evaluated alongside the interviews, with regards to sample saturation (Bell *et al*., 2019). In the data collection process during the different interviews, particular patterns and themes with resemblance emerged indicating saturation. Among a homogenous sample population, saturation often is reached between 9-17 interviews (Hennink *et al*., 2022).

Nurse Turnover					
Year	2018	2019	2020	2021	2022
Södersjukhuset	18 %	17 %	17 %	16 %	16 %
Danderyd's Hospital	16,5 %	16,7 %	14,6 %	18,2 %	14,8 %
Karolinska University Hospital	17,3 %	15,3 %	14,9 %	16 %	15,1 %

Table I: Yearly nurse turnover rates collected from three different public hospitals in Region Stockholm

Average nurse turnover 2018-2022				
Clinic	A	B	C	D
	12,34 %	10,7 %	8,6 %	6,75 %

Table II: The Mean of yearly turnover for the included clinics

Inclusion Criteria for Care Units	Exclusion Criteria for Care Units
Offering care in any of the Public hospitals in Stockholm	Care unit only offering open care
Lower turnover rates than the Mean value in the same hospital	Psychiatry clinic
Including at least one hospital ward	Primary Care clinic

Table III: Inclusion and exclusion criteria for care units in the study

Inclusion Criteria for Nurse Managers	Exclusion Criteria for Nurse Managers
Being manager in a Public hospital	Being manager in a Private hospital
Being manager for at least 5 years in total	Being manager for a very small care unit

Table IV: Inclusion- and exclusion criteria for nurse managers in the study

Inclusion Criteria for Registered Nurses	Exclusion Criteria for Registered Nurses
Having Nursing Licensure	None
Working for a Nurse manager included in the study	

Table V: Inclusion- and exclusion criteria for nurses in the study

4.2.2 Interview Process

In the time period of October-November 2023, 14 interviews were conducted in five different care units in Stockholm. In all departments, a nurse in a managerial position was interviewed, followed by two employees in the same department (except for in one case where only one was included). A pre-made question-battery was used as a semi-structural framework in the interviews, which enabled follow-up questions, the possibility for the interview subjects to communicate more freely, room to elaborate and deep dive into certain topics that gave a more vivid picture (Fossey *et al*., 2002). Two different interview guides were used, one for managers and one for subordinates. Due to clashing schedules, all interviews at each department were not conducted on the same day.

In order to examine the relevance of the question-battery, a pilot interview was conducted. The interview was deemed relevant to include in the final study. Each interview was between 31 to 62 minutes long and were recorded in all cases but one, due to technical difficulties. Eleven interviews were conducted synchronous electronically, on Microsoft Teams or Zoom, and three interviews were held physically in person. The questions were mostly asked in an open manner, to avoid closed questions and minimize the risk of influencing wording. Notes were taken during the interviews and all the recorded interviews were then fully transcribed. The interviews were performed in Swedish and when quoted in the paper thoroughly translated to English by the authors', with help from translation software. An oblique translation technique was used, including both transpositions, modulations, reformulations and expansions (The Chartered Institute of Linguists). However, most quotes were translated literally. An anonymized overview of the interviewees can be seen in table VI.

Distance/Local	Date of interview	Role	Code name
Local	12/10	Nurse Manager	R1
Local	12/10	Nurse	R2
Local	13/10	Nurse Manager	R3
Distance	20/10	Nurse	R4
Distance	31/10	Nurse	R5
Distance	31/10	Nurse	R6
Distance	1/11	Nurse Manager	R7
Distance	1/11	Nurse	R8
Distance	7/11	Nurse Manager	R9
Distance	7/11	Nurse	R10
Distance	9/11	Nurse	R11
Distance	20/11	Nurse Manager	R12
Distance	13/11	Nurse	R13
Distance	27/11	Nurse	R14

Table VI: Overview of respondents

4.3 Data Analysis

The data collection through interviews and transcription of the recordings was done continuously. The transcribed data was analysed with a thematic procedure where various themes in the different interviews were identified, highlighted and coded through identification of similarities, repetitions and Theoretical Framework (Bell *et al.*, 2019). This process was done individually by each author to not influence each other, minimize discounting crucial details and reduce risk of confirmation bias. The highlighted themes were then compared between the authors and assembled into 38 first-order concepts by resemblance in empirics. Moreover, these first order concepts were then refined through a theoretical lens which created 12 second order themes which then culminated in two aggregated dimensions. This ultimately resulted in a comprehensive outlook of the empirics shown in figure V.
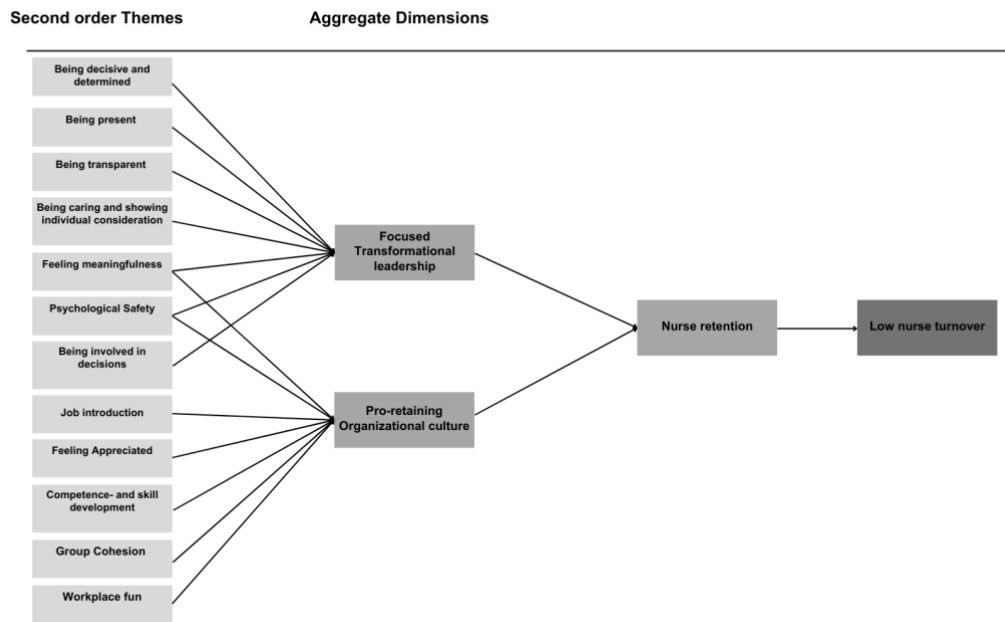
Figure V: Overview of Thematic empirical findings (Halvardsson Flores & Moradi, 2023)

4.4 Ethical Considerations

When conducting this study, several ethical matters have been taken into consideration through the whole process. Firstly, all participants were well informed about the study and its aim before the interviews started. Secondly, all interviewees and participating care units have been carefully anonymized, and all information that might reveal the interviewee has been deleted from the transcripts. Since most participants have been women, the pronouns used in the text have sometimes been switched to another than the sex of the participant, to counteract that readers can identify who it is. Also, in the purpose of anonymizing, the numbers that the interviewees are coded with, have been switched to not disclose the date of the particular interview. All participants participated voluntarily and were informed that they could withdraw at any moment and that all data would then be deleted. The interviewees were assured confidentiality under GDPR regulations.

4.5 Method Criticism

4.5.1 Choice of Method

To investigate high nurse turnover in Region Stockholm, a comparative analysis could have been brought out, that investigated the differences between care units with low respectively high nurse turnover. However, although the method of individualizing comparison can give

insights of importance, it is not a true comparative analysis (Tilly 1984, cited by Pickvance 2005). The usage of a comparative method such as *Qualitative Comparative Analysis*, that is a method suitable for comparing multiple cases with complex patterns, would have enabled to establish common causal relationships regarding nurse turnover. However, that approach would have required the identified factors to be translated into numerical formats. Also, that process would have required the inclusion of many participants from care units with high employee turnover, which were shown to be more difficult to recruit in the beginning of the research process.

The *Qualitative Comparative Analysis* is further an iterative process that can be very time consuming. Furthermore, qualitative-oriented researchers have questioned the *Qualitative Comparative Analysis* method's commitment to thorough and in-depth analysis cases (Kane & Kawati, 2023). Summarily, the usage of a Thematic Analysis and a strictly qualitative method was considered to have most benefits for carrying out this study. The qualitative method is clearly answering the research question about what factors that are *perceived* to affect nurse turnover, among the nurses and nurse managers that have participated.

4.5.2 The Interview Process

In the selection of interview subjects, there is a bias as it has been the nurses in a managerial position, which was first interviewed, who then have given suggestions of which of the registered nurses in their department that should be interviewed. This may have resulted in managers choosing nurses who they knew would respond in a specific way. However, from a practical perspective it would have been extremely difficult to schedule interviews with nurses during working hours without their managers knowing which nurses that were being interviewed.

Furthermore, the flexibility within the semi-structured interview process can prompt the fallacy of asking leading questions, resulting in biased responses. Moreover, the semi-structured interview method, although having several mentioned advantages, could decrease the transferability between the interviews (Saunders *et al.*, 2019). Additionally, all interviews were conducted in Swedish, but in the essay, translations have been made into English to exemplify the themes. Due to languages' inherent cultural and idiomatic contextualization, a flexible translation method was practiced to avoid mistranslations that occasionally occurred

during direct translation. However, the method connotes risks for misinterpretations as with all types of translations (Yunus *et al*., 2022).

Moreover, the sample size and whether a larger size would have resulted in a more reliable result can be discussed. However, throughout the interview the authors experienced signs of saturation with recurring themes in different interviews. Furthermore, Hennink *et al*. 2022 showed that saturation often is reached between 9-17 interviews, indicating an adequate sample size. The cross-sectional study design with its parallel data-collection reduces the study reliability as it exhibits correlation, rather than causality (Bell *et al*., 2019).

4.5.3 Geographical Scope

Additionally, the geographical scope of the study being limited to Stockholm further narrows the transferability of the study. Nonetheless, the research question focuses on the managerial decisions in relation to nurse turnover, which is an international concern with limited exploration in the Swedish context.

5. Empirics

Several factors that have been perceived as important for registered nurses and nurse managers for nurses to stay on their jobs have been recognized conducting this study. The empirics displayed in the section beneath aim to display the themes of managerial factors that were identified. The factors are categorized in *Leadership behaviours and characteristics*, *Job satisfaction for employees*, *Organizational culture* and *Social factors*.

As expected, many respondents also highlighted non-managerial factors when giving explanations on the matter. Thus, although not answering the research question, but still important for the explanatory model of the matter, these are also presented.

5.1 Leadership Behaviours and Characteristics

All participants in the study emphasized the importance of certain leader behaviours and characteristics for nurse retention, and almost all participants knew nurses or had themselves quitted previous jobs because of lack of leadership. Thus, the empirics clearly show that individual leaders are perceived to have a strong impact on nurse turnover rates. Most commonly identified themes regarding leadership behaviours and characteristics were: being *decisive* and *determined*, being *present* and being *transparent*. Practicing and showing *individual consideration* and *care* were also highlighted as important behaviours.

Being decisive and determined

Straightforward, clear, but with (…) what shall I say, a sense of humility (…) and personal concern. **R7, Manager.** [When asked about his leadership style]

Yes but of course responsive, and (…) present. And to have courage as well, to dare to change and dare to evolve and change. And be able to handle conflicts if they arise (…). **R3, Employee.** [When asked about important leadership qualities]

But the biggest characteristic I would say is my interest for the employees, to develop the organization with the tools I have. It has to be best, it has to be best. Then others can be as good, but not better. He then added: *I lead change, which all nurse managers actually do not.* **R2, Manager.**

Being present

Presence, presence of the manager. And with that I mean physically (…). It has to be a closeness, that they're there. An open door as well, no closed door to their room. **R6, Employee.**

What I experienced during the pandemic was that (…) our managers cared about our wellbeing and tried to back us up. And a big difference here (referring to the particular clinic) is that managers step in and work clinically. Sometimes we've worked together. (…) I think that is important. **R14, Employee.**

He was an experienced boss, he saw what we needed. He didn't run to meetings all the time, he was present instead. And one felt safe with that he was there, and you noticed early on that he wanted what was best for the ward. **R4, Employee.**

Being transparent

I think transparency is important, that you are open with what you know (…). Transparency and straightforwardness. **R5, Employee.**

Transparent, I would say (…). I have (…) worked a lot with information, because information is power. What I have been able to share, I have shared (…) so that they almost should be as updated as me. **R9, Manager.** [When asked about her leadership-qualities]

I am a very transparent manager, so I really don't have any filters (...). I tell them big and small. **R7, Manager.**

Being caring and showing individual consideration

I think it's very important that the manager's door is always open. (...) You should be able to talk about anything, if there are difficult things going on at home or at work. **R11, Employee.**

And I never thought, when I started to be a manager (…) that it was important. Or I understood that it was important, but maybe not that important. (…) I need to know

everyone's children's names and if they have cats or dogs, if they have relationship problems (...) I know a lot about very many. And it seems to be very, very important and appreciated. **R8, Manager.**

My manager shows concern for me at work but also cares for me as a private person. **R2, Employee.**

We are roughly at the same place in life, we have a special relationship. The manager knows that I like him a lot, and it creates a familiarity. **R8, Employee.**

5.2 Job Satisfaction for Employees

In the investigation of factors that are perceived to affect nurse retention, multiple factors that are associated with *Job satisfaction for employees* have been identified. The most common themes on job satisfaction identified in the interviews were the importance of experiencing *Meaningfulness* and to *Feel appreciated* as an employee. In addition, a good *Job introduction*, opportunities to *Competence- and skill development* and *Being in power to influence decisions* were called attention to in many of the interviews.

Feeling meaningfulness

To be honest, what has driven me through all these years is my own need for confirmation. To be confirmed that I do good. That has driven me quite a lot and has made me try to do more and better things than many others. **R6, Employee.**

I always prioritize the patient first (...) there can be contradictions between what is best, (...) it can be difficult sometimes, to move forward (...). What is most important? Then I usually say, yes, but the patients are the most important, but it can still be difficult. Although I think it goes without saying that the patient is most important. **R5, Employee.**

Competence- and skill development

It's about being able to develop in one's work (...) To feel that you can develop, that you don't just 'stand and stomp' but get time for development. **R14, Employee.**

There are career opportunities, but they are based on further studies, and are often research related. There has been a huge amount of academisation within our profession. (...) There are only few that feel called upon that, most want to work clinically. **R3, Employee.**

They have scheduled time for competence development in their schedule (...). I'm not involved and direct what they should do (...), but it has to benefit the clinic. And then they get to report what they did (...). **R8, Manager.**

Job introduction

I think it is very important with a good introduction to make people stay, to make them feel safe. (...) **R5, Employee.**

I (...) think the introduction is important, who teaches who. It is important that you get a role model in the workplace. **R6, Employee.**

They didn't get such a good intro. Perhaps they were thrown into everything too soon. [When talking about colleagues that have left their employment] **R2, Employee.**

Feeling appreciated

And I try to give some form of feedback each day, but I do not always succeed (...) And I can then go out and say, I see that you have a lot on your hands and I'm here. I just confirm that I've seen that they have had a rough day, so to say. And then I try to give positive feedback when I see something that is good. **R8, Manager.**

There are many things, but the most important is the working environment I would say, the working environment and the management... the leadership. That one feels seen, needed and involved in the work in some way. **R5, Employee.**

Being involved in decisions

We work in such a way that we always go out with the information that we get and make sure that the group is involved (...), so that we always have them with us when it comes to decisions on the floor and their ways of working (...). Always try to have the group with you in all the different changes and ask for their advice (...), I think. **R9,**

Manager.

I have them with me all the time in all decisions (...) I believe that in the long term, it's beneficial that they are along on the whole journey. **R7, Manager**

5.3 Organizational Culture and Social factors

Lastly, the empirics show the culture of the workplace to be of utter importance to prevent nurse turnover. *Psychological Safety, Group Cohesion* and *Workplace fun* were identified as the most common themes in this category.

Pscyhological Safety

Although expressed in different ways and with different words, the phenomenon of psychological safety was a recurrent theme in the interviews. Furthermore, most of the participants had the perception that psychological safety was high in their current working groups. No one graded it as less than 3 in the grading question included in the interview guide, most graded it 4 or 5 (On a scale from 1-5).

We have really worked with this, that everyone should be able to say everything and raise their voices, that no question is too dumb (…). An assistant nurse should be able to tell a doctor (...) when something doesn't feel good. **R3, Manager.**

I think above all, that you feel that you dare to ask, that you have an open climate in the workplace. **R8, Employee.** [About important factors for job satisfaction]

Well, that (…) you feel listened to, and that you dare to say what you think, and that you dare that must also mean that you feel that you know them (referring to managers) *and that they listen as well as take you seriously.* **R5, Employee.** [When asked about important leadership behaviours]

One example of that (referring to psychological safety) *is when I scolded my boss during Covid. (...) I opened the door and kind of yelled at her, and she was like 'I get it'. And then I went home, and when I had slept for a while (...) I texted and*

apologized (...) and then I just got like 'I understand you're exhausted and didn't mean what you said'. **R13, Employee.**

Group Cohesion

It is important that you feel safe, that you are seen and confirmed by your colleagues. And that you have good cooperation and help each other out. (...) That you share your knowledge and support and include each other. **R12, Manager.**

We're a very tight group. We have fun in our workplace, although it can be tough (referring to the work tasks). *And if difficult things are happening, we have reflections afterwards. (...) So that we can strengthen each other instead of just going around and feel that everything is crap. I think it's very important that you can trust each other. You spend a lot of time at your workplace and it's a close collaboration. (...) We're a wonderful work group.* **R11, Employee.**

Workplace fun

Although we work within a heavy specialization it still has to be (...), I was about to say fun, but it has to be gratifying to be at work. Because you spend quite a lot of your time here. **R3, Manager.**

8! I have a lot of fun at my work, it is a nice place to work at. We can be very silly when we're not 'bedside'. **R6, Employee.** [When asked to grade how much fun she has at work from 1-5]

The most important is a good working environment. And a good working environment is not just about (...), but also about having good social relationships in the workplace. After all, I have been a manager in units that had a very high staff turnover compared to now (...) And the biggest difference is the community with the group that is here (...) They like each other, they like their job. **R7, Manager.**

5.4 Non-managerial factors

Many of the respondents have highlighted non-managerial factors such as salary and working time preferences as critical reasons for nurses to change workplace. Although these factors *can* be affected by managers to a certain extent, they are not primarily considered as managerial factors according to the authors' definition.

Dissatisfaction with salary

If one is to have a salary development within healthcare today, one must change employers. There is no opportunity to do a salary career in the same workplace today. **R6, Employee.**

I think (...) nurses change jobs a few times to get their salary's up, because it's difficult in some places. If you stay at the same workplace you won't get the same salary development (...) I would say. **R5, Employee.**

Dissatisfaction with shift work

They leave us because they need to work only during the daytime. We have a 24/7 operation, so it takes as many personnel during the evening and almost as many during the night, as during daytime, and then it doesn't fit in their life right now (...). Salary and daytimes are common reasons. **R3, Manager.**

6. Analysis

This section presents the analysis of the empirics and categorizes them into two different subgroups. One consisting of leadership qualities and behaviours, and one consisting of organizational culture created by unit-level factors that managers can influence. The two aggregated dimensions together hold the answer to the research question; *What managerial factors are perceived to affect the nurse turnover rates in Region Stockholm?*

6.1 The Practicing of Focused Transformational Leadership

The empirics have emphasized the importance of certain traits in leaders as very important for nurse retention. They reveal that qualities such as *Decisiveness, Presence, Transparency and Individual consideration* are critical. Decisiveness is a crucial trait of a Transformational leader, ensuring that the wanted organizational change can take place by directing and nudging one's followers in the right direction of that shared goal. *Presence* and *Transparency*, although they are not always explicitly mentioned as important attributes for a Transformational leader, are essential for the trust building between a Transformational leader and followers. To achieve Job satisfaction for employees, the empirics further show that it is vital for nurses to be intrinsically motivated and to feel *Meaningfulness*, *Feeling appreciated* and being able to *Influence decisions* for wanting to remain on their job. Leaders that are practicing Transformational leadership are giving *Sensemaking* through their leadership practices by being motivational. Furthermore, they show *Individual consideration* and signal *Caring* to their followers. Hence, if true Transformational leadership is practiced by nurse managers, they are fulfilling many of the principals that are considered vital for nurse retention in the empirics. However, it is clear that some attributes of Transformational leadership are valued higher than others by the participating nurses. This suggests that nurse managers could gain from practicing a *Focused Transformational Leadership*.

Early mainstream trait theories in leadership identified extraversion, conscientiousness, openness and agreeableness as traits correlated with effective leadership (Einarsson *et al*., 2022). In contrast only *Openness* was highlighted by the participants in this study when asked about important leader features, thus indicating that certain traits have more importance in certain settings. Although some of the employees implied that their managers possessed such qualities, characteristics such as charisma and extraversion were not explicitly mentioned

once in this study. Trait theories have been strongly criticized by manager scholars, as they have been shown to have low value for predicting purposes, compared to more context sensitive theories (Einarsson *et al.*, 2022). However, the empirics conducted in this study showed that leadership traits are perceived as very important for nurse retention by the interviewees, but traits proven to be of importance for effective leadership in other organizations, such as extraversion and intelligence, weren't perceived as important.

According to the empirics, *Psychological safety* is an important mediator for the processes between the leader and followers. This is in line with some previous research, with results implying that high *Psychological Safety* is an important prerequisite for the possibilities to practice Transformational Leadership (Xu *et al.*, 2022).

6.2 The Creation of a Pro-retaining Organizational Culture

There is a coherent trend in the empirical data indicating the importance of strong social cohesion and well-functioning organizational culture to maintain a work environment that promotes nurse-retention. Both the employed nurses and nurse managers have clearly emphasized the importance of the social culture in the workplace, as well as how the current congenial atmosphere in their current workplace, in contrast to previous jobs, is one of the decisive factors why they have chosen to stay. Of the twelve constructed second order themes, seven can be linked to a Pro-retaining Organizational Culture. The feeling of *Meaningfulness* linked to occupation has been shown to be a strong intrinsic motivator for healthcare professionals (Chang, 2022). The empirical evidence confirms this picture, and also indicates that the feeling of *Meaningfulness* can contribute to strengthen the group dynamics, which is vital for the mechanisms in the Job Embeddedness Theory.

An important aspect of a strong organizational culture is opportunities for *Competence- and skill development*. This alludes to the embedded personal development but is also an external indication of a devoted, pro-retaining organization that invests in its employees and in their development. Demands for opportunities like these were voiced among a majority of the interviewees.

There is a common thread in the empirics regarding the importance of a proper *Job introduction*. An introduction at the right pace sets the tone for a new employee, conveys

safety and enables the employee to be equipped to provide the best possible care. On the contrary, a lack of proper introduction leads to insecurity and is a sign of a Non-retaining Organizational Culture, which increases turnover.

Recognition from superiors has shown to be of great importance when it comes to nurses' job satisfaction (Alahiane *et al.*, 2023). Likewise, the empirics confirms this description, where employed nurses desire to be seen, heard and involved in the work, which is an important piece in creating a *Pro-retaining Organizational Culture* with strong group cohesion where the employees feel that they have a manager who understands their situation and thereby can advocate for them. In line with this, the empirics also show that *Psychological safety* is an important mediator for the creation of a pro-retention culture and that the cultivating of such a positive psychological climate is important, which is in conformity with previous studies suggesting that *Psychological safety* strengthens organizational commitment and retention intention in other sectors (Chang *et al.*, 2023).

Finally, the empirics in this study have shown the importance of *Workplace fun*. Fun at work and outside of work contributes to a pleasant atmosphere and social cohesion, which is a contributing factor to the maintenance of the *Pro-retaining Organizational Culture.*

6.3 A Summarizing Model

The model in Figure VI summarizes the results of this study. Despite strong existing factors of structural and non-managerial type, there are many *managerial factors* that strongly counteract nurse turnover. The study shows that *managerial factors* are paramount and can be summarized in the practice of *Focused Transformational Leadership* and the creation of a *Pro-retaining Organizational Culture*. Further, the empirics imply that *Intrinsic motivation*, *Psychological safety* and *Workplace fun* are important mediators of these practices. If these managerial behaviours are practiced, they can counteract the effects of structural factors and achieve an organization with low nurse turnover. The empirics clearly show that the participants consider structural factors, that are difficult for the managers to affect, to be causing job dissatisfaction and that the positive managerial factors lead to job satisfaction. The less burden the structural factors cause, in combination with the usage of the managerial factors, the more the seesaw in the model will move against *low turnover*, implying *nurse retention*.
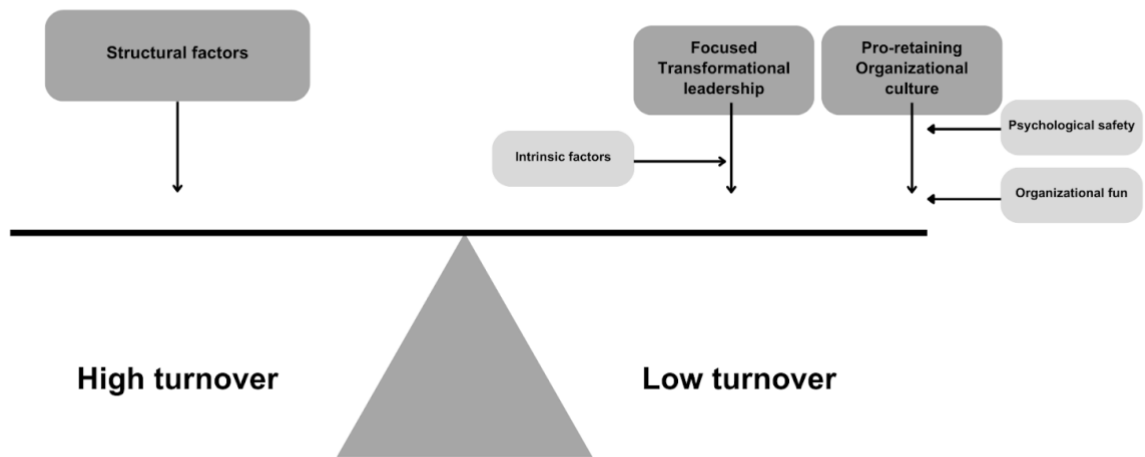
Figure VI: Managerial factors connected to nurse retention opposite structural factors (Halvardsson Flores & Moradi, 2023).

7. Discussion

7.1 Answer to the Research Question

The research question *"what managerial factors are perceived to affect the nurse turnover rates in Region Stockholm"* have been answered and the collected empirics suggest that the perceived most important managerial factors for retaining nurses are *Focused Transformational Leadership* and a *Pro-retaining Organizational Culture*.

7.2 Contributions

Notwithstanding the fact that no clear causal relationships about the most important managerial factors for nurse retention can be concluded from this study, the findings clearly show what are perceived as the most essential managerial factors among registered nurses and nurse managers in different care units with low nurse turnover in Stockholm. The findings thus imply that these factors also are perceived as important to the nurse workforce in general in Stockholm.

Although most of the study's results are similar to findings in previous studies, this study is the only one, to the authors' knowledge, that has been conducted in Region Stockholm. Thus, a main contribution of this study is that previous findings of pro-nurse retention factors in other health care organizations around the world, also are applicable in Region Stockholm.

Another contribution with this study is the investigation of the correlation between *Psychological safety* and nurse turnover, which is a relatively unexplored management research area. The findings are that *Psychological safety* is perceived to affect nurse turnover, both directly and indirectly through other mediators. Lastly, this study has also explored the importance of having fun at work for job satisfaction for nurses, which is also an unexplored topic.

7.3 Implications

As previously stated, all measures that could be used for nurse managers to retain their personnel could have a great positive impact on the health care offered in Region Stockholm, thus would benefit many stakeholders and most importantly patient care in the end. This

study's empirics imply that there are many measures that could be taken, both on a national, regional and local level - to increase nurse retention and decrease nurse turnover.

The findings suggest that one way to reinforce the bonds between an employee (the nurse) and the organization (the care-unit), is to increase *Intrinsic motivation* through the strengthening of the *task significance* and *task identity*. One way to do that is through specializations. As previously mentioned, there are only twelve different possible specializations for nurses. In comparison, there are as many as 63 different specializations for medical doctors (Saco, 2023). This major difference in possibilities exists although there are nurses working in almost all workplaces where medical doctors are working. Hence, one national measure with which one could meet the nurse shortages with, is to offer more different specializations and sub specializations for nurses. However, it is important that these specializations increase the competence in the organization and do not keep more nurses away from the 'floor'. Moreover, one solution to this could be the introduction of a clear salary scale for nurses based on experience and clinical merit.

Regionally, there are many measures that could be taken based on the findings. The findings imply that a training programme for nurse managers that enforces and improves their transformational leadership-skills, with focus on *Decisiveness, Presence, Transparency and Individual consideration*, could enhance job satisfaction and counteract nurse turnover. Moreover, the findings of the study also imply that more career opportunities involving clinical work should be offered to nurses. Almost all participants perceived the available career paths for nurses today to be more academically focused than practical.

Lastly, the empirics collected show how important *Workplace fun* is for job satisfaction among nurses. This suggests that Region Stockholm should invest more in social and fun activities for employees.

7.4 Discussion of Limitations

This study has several limitations that should be addressed. Firstly, when the empirics had been compiled and were analysed, some identified themes could be seen as both *managerial* and *non-managerial* factors according to the definition. Thus, the distinction between *non-managerial* and *managerial* factors have sometimes been difficult to make throughout the

process and could have affected the final results. Secondly, the choice of an interpretivist approach contains a risk that the results may have been influenced by the author's interpretations. Finally, the risk of bias in the interview process, explained in the method, is a limitation.

7.5 Recommendations for Future Research

Further research is needed to explore the underlying mechanisms of voluntary nurse turnover in Sweden, and should include a bigger sample, including nurses from clinics that were excluded in this study. Moreover, future research should further investigate the association between *Psychological safety* and job retention, which is a yet unexplored field of research. In addition, future studies should explore the possibility of quantitatively comparative studies between units with low and high staff turnover.

7.6 Conclusion

This study continues the important discussion about high nurse turnover rates and how managers can tackle it. With the research question *"what managerial factors are perceived to affect the nurse turnover rates in Region Stockholm"*, the study has aimed to examine which managerial factors have successfully mitigated nurse turnover in clinics with low turnover rates in Region Stockholm. The study reveals that despite strong existing factors of structural and non-managerial type, there are several managerial factors that strongly counteract nurse turnover and can be summarized in the practice of *Focused Transformational Leadership* and the creation of a *Pro-retaining organizational culture*. Further, the study indicates that *Intrinsic motivation*, *Psychological safety* and *Workplace fun* are important mediators of these practices.

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Appendix

Guide for semi-structured interviews

Questions for Nurses

What is your official role?

How long have you had your position?

Which factors do you think affects nurse turnover?

Which of the mentioned factors are missing at your current workplace?

Can you give an example of negative circumstances that have made you quit your job previously? Are any of these circumstances prevalent at your current employer?

What do you consider to be the individual benefits of staying at a workplace? What do you think are the disadvantages?

What are important qualities of a leader/manager to you? Do you think your current manager possesses these qualities?

Can you give examples of concrete measures taken at your workplace that resulted in reduced turnover?

Can you give examples of times when you have experienced low or high psychological safety at work?

How high would you rate psychological security in your workplace, on a scale of 1-5?

How would you grade your ability to influence the conditions at your workplace, on a scale from 1-5?

In your opinion, what career opportunities does your employer offer?

How much fun do you have at your workplace on a scale of 1-5?

How high would you rate your autonomy/independence at your workplace on a scale from 1-5?

How often and to what degree do you receive feedback at your workplace?

Questions for Nurse Managers

For how long have you been the manager of this unit?

What made you apply for a managerial job?

What factors do you consider counteract high staff turnover and result in nurses want to stay on?

What are the most important well-being factors in the workplace?

Have measures been taken to reduce staff turnover? If so, which ones?

Which measures that could potentially affect staff turnover, do you feel that you have power over, and which do you have no power over?

How would you describe your leadership qualities?

Are there informal leaders in your workplace?

The head-teacher system, do you think that is good and would work with nurses?

What kind of career opportunities are there in your workplace?

How much fun do you have at your workplace on a scale of 1-5?

How high would you rate your autonomy as a manager, on a scale of 1-5?

How often and to what degree do you give feedback in your workplace?

How high would you rate the psychological safety in your workplace, on a scale of 1-5?

Do you conduct exit interviews?